

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT**

Bureau of Child Care and Health Facilities  
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Website: [www.kdheks.gov/kidsnet/](http://www.kdheks.gov/kidsnet/)



**CONTINUED RECOMMENDATION FOR USE BY CPA**  
(Complete at Annual Reassessment)

FOSTER PARENT(S) NAME(S)

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**INSTRUCTIONS:** The CPA social worker is to complete a written narrative social study of the foster home, including a walkthrough and complete this survey form to be in compliance with K.A.R. 28-4-175(c).

The foster parent(s) are willing to consider children with the following conditions or behaviors and agree with the licensing social worker's recommendation for use:

**I. Conditions Requiring Special Care which the licensees are willing to consider are changed since the last assessment:**

YES  NO

If the answer is 'Yes' , please specify the changes

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**II. Behavior Patterns which the licensees are willing to consider are changed since the last assessment:**

YES  NO

If the answer is 'Yes' , please specify the changes

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**III. Special Considerations which the licensees are willing to consider are changed since the last assessment:**

YES  NO

If the answer is 'Yes' , please specify the changes

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**Information previously reported about the household are changed since the last assessment:**  YES  NO

If the answer is 'Yes' , please specify the changes

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**V. Recommendations for use:**

A. Number of Children \_\_\_\_\_ B. Age Range \_\_\_\_\_ to \_\_\_\_\_ C. Sex (circle) M F

**D. Type of Placements (check all that apply)**

Pre-adoption  Specific Child(ren) Only  Emergency/temporary care  Respite care  
 Maternity care  Mother and child  Therapeutic  Sibling group  
 ICPC  Child in Need of Care  Juvenile Offender  Private placement

**VI.** A. List changes in the family since last assessment and how this has impacted the family members and foster children:

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B. Have there been concerns or complaints regarding either care of children in this home or regulatory violations? (If yes, please explain how they are resolved. Attach separate page if 1 needed.)

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C. We recommend renewal of this Family Foster Home License and intend to continue sponsorship. YES  NO

D. Complete placement data below:

