Kim Mashego
Director

SHELBY COUNTY
Department of Human Resources
P.O. Box 1096
Columbiana, AL 35051
Phone (205) 669-3006
Fax (205) 669-3095

Nancy Buckner
Commissioner

PLEASE READ PRIOR TO FILLING OUT THE HOME EVALUATION PACKET

The Shelby County District Court has ordered a home evaluation on your home as well as all household members for the possible placement of the child (ren) named in the petition. **You are required to complete and return the attached home evaluation packet to this DHR within 7 days of receipt of filing the petition**. I will **not accept** home evaluation packets that are not thoroughly completed. It is your responsibility to complete all of the following items prior to submitting the packet to the Department.

- **THREE REFERENCE FORMS: Please have three separate individuals complete the attached forms. These individuals are required to complete the reference forms- NOT YOU. Only ONE of these references can be a relative; therefore, the remainder forms may be completed by a friend, neighbor, co-worker, minister, etc...**
- **HOME EVALUATION PACKET: Please thoroughly and accurately complete the attached packet. Answer *ALL* questions to the best of your ability. Please do not remove any pages from the package.**

I will contact you to schedule a time for the home evaluation to be conducted after receiving and reviewing your home evaluation packet. It is my usual practice to complete home evaluations as they are due in court; therefore, I will contact you closer to your court date to schedule an appointment.

Additional Option
You may contact a private practitioner, who is a licensed certified social worker, to expedite the home evaluation process. Private practitioners request a fee to complete a home evaluation; therefore, if you elect to use a private practitioner you will be financially responsible for any cost incurred. If you decide to use a private practitioner, please notify our office so the court can be notified that a private practitioner will be conducting your home evaluation.

Socialwork.alabama.gov

Please feel free to contact me at **(205) 669-3037** or email me at **Janice.Garrett@dhr.alabama.gov** for any further questions regarding this matter.

Sincerely,

Janice Garrett, LBSW
Shelby County DHR
Resource Unit

Approved:

Lorie McCullough, MSW
Shelby County DHR
Resource Supervisor

Shelby County Department of Human Resources
Post Office Box 1096
Columbiana, AL 35051
(205) 669-3000

REFERENCE

***PLEASE ANSWER *EVERY* QUESTION.**

Name of individual you are writing a reference for: _____

INFORMATION ON THE REFERENCE:

Name:_____

Mailing Address:_____

Phone number:_____

How long have you known each other:_____

What is/was your relationship with this person? (friend, employer, pastor, neighbor, etc…)

_____

Do you have any safety concerns with this person caring for children? If so, please list concerns?

_____

_____

In your opinion, is this person:				To your knowledge, does this person?		
Dependable ?		Yes	No	Use drugs?	Yes	No
Honest?	Yes	No		Drink excessively?	Yes	No
				Use abusive language	Yes	No

Please write a detailed summary.
If you have any additional comments you feel would be helpful in assessing his/her ability to care for children, please state below. Do you know the child (ren)? Have you observed the petitioner's disciple practice?

_____

_____

_____

Signature:_____ Date:_____

Shelby County Department of Human Resources
Post Office Box 1096
Columbiana, AL 35051
(205) 669-3000

REFERENCE

***PLEASE ANSWER *EVERY* QUESTION.**

Name of individual you are writing a reference for: _____

INFORMATION ON THE REFERENCE:

Name:_____

Mailing Address:_____

Phone number:_____

How long have you known each other:_____

What is/was your relationship with this person? (friend, employer, pastor, neighbor, etc…)

_____

Do you have any safety concerns with this person caring for children? If so, please list concerns?

_____

_____

In your opinion, is this person:				To your knowledge, does this person?		
Dependable?		Yes	No	Use drugs?	Yes	No
Honest?	Yes	No		Drink excessively?	Yes	No
				Use abusive language	Yes	No

Please write a detailed summary.
If you have any additional comments you feel would be helpful in assessing his/her ability to care for children, please state below. Do you know the child (ren)? Have you observed the petitioner's disciple practice?

_____

_____

_____

Signature:_____ Date:_____

Shelby County Department of Human Resources
Post Office Box 1096
Columbiana, AL 35051
(205) 669-3000

REFERENCE

***PLEASE ANSWER *EVERY* QUESTION.**

Name of individual you are writing a reference for: _____

INFORMATION ON THE REFERENCE:

Name:_____

Mailing Address:_____

Phone number:_____

How long have you known each other:_____

What is/was your relationship with this person? (friend, employer, pastor, neighbor, etc…)

_____

Do you have any safety concerns with this person caring for children? If so, please list concerns?

_____

_____

In your opinion, is this person:			To your knowledge, does this person?		
Dependable?	Yes	No	Use drugs?	Yes	No
Honest?	Yes	No	Drink excessively?	Yes	No
			Use abusive language	Yes	No

Please write a detailed summary.
If you have any additional comments you feel would be helpful in assessing his/her ability to care for children, please state below. Do you know the child (ren)? Have you observed the petitioner's disciple practice?

_____

_____

_____

_____

Signature:_____ Date:_____

SHELBY COUNTY
DEPARTMENT OF HUMAN RESOURCES

P.O. BOX 1096
Columbiana, Alabama 35051
669-3006

Kim Mashego, Director

HOME EVALUATION

Private Petitioner(s): _____
Place the Case worker name here: _____

CHILD(REN) BEING PETITIONED FOR:

1. Name _____ DOB_____Race____ SSN_____
Place of Birth ___ _____
School attending and Grade Level _____
Child (ren) physician_____
List medication _____
Behaviors and/or Diagnosis for medication_____
Type of Medical Insurance:_____

Where are the children today?
Physical Location of child/Legal Custodian _____ Phone ____
Relationship to Child _____ Mailing Address __ _____
City_____ State _ ____ Zip Code ____
Street Address ___ _____ City _____ State _____ Zip Code ____
County in which child resides _____Shelby_____

Child's parent information
Mother _ _____ DOB _____ Race____ Driver Licenses_____
Mailing Address _____ City _____ State _____
Zip Code _____
Street Address _____ City _____ State _____
Zip Code _____County in which parent reside _____
Phone _____ Any Other Names Used _____ Other States and Counties Lived in _____

Father _____ DOB _____ Race _____ SSN _____ Driver Licenses _____

Mailing Address _____ City _____ State _____ Zip Code _____

Street Address _____ City _____
State _____Zip Code _____County in which parent reside _____
Phone _____ Any Other Names Used _____ Other
States and Counties Lived in _____

Paternity Established _____
In What Court were Paternity established and the approximate date?
_____

If more than one child complete each section per Child# 2

1. Name _____ DOB_____Race____ SSN_____
Place of Birth ___ _____
School Attending _____ _____
Child (ren) physician_ _____ Distance from resident _____
List any medical issues_____ _____
List medication _____None_____
Type of Medical _____

Physical Location of child/Legal Custodian _____ Phone ____
Relationship to Child _____ Mailing Address __ _____
City_____ State _ _____ Zip Code ____
Street Address ___ _____ City _____ State _____ Zip Code ____
County in which child resides _____Shelby_____

Mother _ _____ DOB _____ Race____ Driver Licenses_____
Mailing Address _____ City _____ State _____
Zip Code _____
Street Address _____ City _____ State _____
Zip Code _____County in which parent reside _____
Phone _____ Any Other Names Used _____ Other States
and Counties Lived in _____

Father _____ DOB _____ Race _____ SSN
_____ Driver Licenses _____

Mailing Address _____ City _____ State _____ Zip
Code _____
Street Address _____ City _____
State _____Zip Code _____County in which parent reside _____
Phone _____ Any Other Names Used _____ Other
States and Counties Lived in _____

Paternity Established _____
In What Court were Paternity established and the approximate date?
_____

Child #3

1. Name _____ DOB_____Race____ SSN_____
Place of Birth ___ _____
School Attending _____ _____
Child (ren) physician_ _____ Distance from resident _____
List any medical issues_____ _____
List medication _____None_____
Type of Medical _____

Physical Location of child/Legal Custodian _____ Phone ____
Relationship to Child _____ Mailing Address __ _____
City_____ State _ ____ Zip Code ____
Street Address ___ _____ City _____ State _____ Zip Code ____
County in which child resides _____Shelby_____

Mother _ _____ DOB _____ Race____ Driver Licenses_____
Mailing Address _____ City _____ State _____
Zip Code _____
Street Address _____ City _____ State _____
Zip Code _____County in which parent reside _____
Phone _____ Any Other Names Used _____ Other States
and Counties Lived in _____

Father _____ DOB _____ Race _____ SSN
_____ Driver Licenses _____

Mailing Address _____ City _____ State _____ Zip
Code _____
Street Address _____ City _____
State _____Zip Code _____County in which parent reside _____
Phone _____ Any Other Names Used _____ Other
States and Counties Lived in _____

Paternity Established _____
In What Court were Paternity established and the approximate date?
_____

PRIMARY ADULT FEMALE IN THE HOME OR/AND OTHER ADULT HOUSEHOLD MEMBERS:

Name _____ DOB _____ Race _____ SSN_____
Driver Licenses _____
Mailing Address _____ City _____ State _____
Zip Code _____ Counties in which you reside _____
Street Address _____ City _____ State _____ Zip Code _____
Phone _____ Any Other Names Used _____
Other States and Counties Lived in _____

Place of Birth _____ Relationship to Child _____How well do you know these child (ren)?

_____
_____
_____
_____

Describe your extended families relationship (who are your parents, your siblings, family activities etc.)

_____
_____
_____
_____
_____

EDUCATION BACKGROUND

High School attended _____
Grade completed _____ G.E.D _____
College or Technical School attended _____
Degree(s) earned _____

HEALTH HISTORY

Name of Doctor(s) whose care you are under _____
Type of Medical insurance _____
List any major medical problems _____
List any prescription drugs you are taking _____

Overall, I consider my health to be ☐ excellent ☐ good ☐ fair ☐ poor

EMPLOYMENT

☐ Employed ☐ Unemployed How Long Employed as an adult_____

Employer: _____ How Long? _____
Phone number _____
Address _____ City _____ State _____
Zip Code _____
Type of Position: _____ Days: _____ Hours: _____ Hourly
Wages: _____

Other Employment:

Employer: _____ How Long? _____
Phone number _____
Address _____ City _____ State _____ Zip Code
_____
Type of Position: _____ Days: _____ Hours: _____ Hourly
Wages: _____

List any other sources of Income (Child support, SSI, SS, AFDC, etc.)

_____

_____

Work History in the past five years:

Where_____ When _____
How Long _____
Reasoning for leaving _____

Where_____ When _____
How Long _____
Reasoning for leaving _____

MARITAL HISTORY

Current marriage (including Common-law) or current relationship:

Name of Spouse/Paramour _____

Date and Place of Marriage _____
☐ Common-law How long together? _____
List of Children and Birth dates: _____

_____

_____

Strengths: _____

Weakness: _____

First Marriage or paramour

Name of Spouse/Paramour _____

Date and Place of Marriage _____
☐ Common-law How long together? _____
List of Children and Birth dates:

_____
_____
_____

Date and Place of Divorce/Death: _____
Reason for Divorce _____

RELIGION

Religious Preference _____
Comments: _____

CRIMINAL HISTORY

☐ No History ☐ History
List any Felonies or Misdemeanors _____

Comments _____

MENTAL HEALTH HISTORY

☐ Out-patient treatment (counseling) Place _____ Counselor _____ Date _____
Reason _____

☐ In patient treatment (counseling) Place _____ Counselor _____ Date _____
Reason _____
Any extended family mental health history? _____
Comments: _____

ALCOHOL/DRUG ABUSE HISTORY

☐ Out-patient treatment Place _____ Counselor _____ Date _____

☐ In patient treatment Place _____ Counselor _____ Date _____

Age started using _____

☐ Social drinker
Approximately amount of alcohol consumed _____

☐ Non-smoker ☐ Smoker How Long? _____

CHILD ABUSE/NEGLECT HISTORY WITH ANY PROTECTIVE SERVICE AGENCY

☐ As a child yourself
What State and County _____ Date _____
☐ Closed child protective service case Date _____
What State and County _____
☐ Current/Ongoing case
What State and County _____ Date _____ Case worker _____

****

PRIMARY ADULT MALE IN THE HOME OR OTHER ADULT HOUSEHOLD MEMBERS:

Name _____ DOB _____ Race _____ SSN_____
Driver Licenses _____

Mailing Address _____ City _____ State _____

Zip Code _____ Counties in which you reside _____

Street Address _____ City _____ State __ Zip Code

_____Phone _____ Any Other Names Used _____

Other States and Counties Lived in _____

Place of Birth _____ Relationship to Child _____

Describe your extended families relationship (who are your parents, your siblings, family activities etc.) List siblings and something about family activities.

_____
_____
_____
_____
_____

EDUCATION BACKGROUND

High School attended _____
Grade completed _____ G.E.D _____
College or Technical School attended _____
Degree(s) earned _____

HEALTH HISTORY

Name of Doctor(s) whose care you are under _____
Type of Medical insurance _____
List any major medical problems _____

List any prescription drugs you are taking and the diagnosis:

_____
_____

Overall, I consider my health to be ☐ excellent ☐ good ☐ fair ☐ poor

EMPLOYMENT

☐ Employed ☐ Unemployed How Long Employed as an adult? _____

Employer: _____ How Long? _____
Phone number _____
Address _____ City _____ State _____
Zip Code _____
Type of Position: _____ Days: _____ Hours: _____ Hourly Wages: _____

Other Employment:

Employer: _____ How Long? _____
Phone number _____
Address _____ City _____ State _____ Zip Code _____
Type of Position: _____ Days: _____ Hours: _____ Hourly Wages: _____

List any other sources of Income (Child support, SSI, SS, AFDC, etc.)

_____
_____

Work History in the past five years:

Where_____ When _____
How Long _____
Reasoning for leaving _____

Where_____ When _____
How Long _____
Reasoning for leaving _____

MARITAL HISTORY

Current marriage (including Common-law) or current relationship:

Name of Spouse/Paramour _____

Date and Place of Marriage _____
☐ Common-law How long together? _____
List of Children and Birth dates: _____
_____
_____
Strengths: _____

Weakness: _____

First Marriage or paramour

Name of Spouse/Paramour _____

Date and Place of Marriage _____
☐ Common-law How long together? _____
List of Children and Birth dates:

_____

_____

_____

Date and Place of Divorce/Death: _____
Reason for Divorce _____

RELIGION

Religious Preference _____
Comments: _____

CRIMINAL HISTORY

☐ No History

Cleared on _____ through Shelby County Sheriff Department

List any Felonies or Misdemeanors _____
Comments _____

MENTAL HEALTH HISTORY

☐ Out- patient treatment (counseling) Place _____ Counselor _____ Date _____
Reason _____

☐ In patient treatment (counseling) Place _____ Counselor _____ Date _____
Reason _____
Any extended family mental health history? _____
Comments: _____

ALCOHOL/DRUG ABUSE HISTORY

☐ No History

☐ Out- patient treatment Place _____ Counselor _____ Date _____

☐ In patient treatment Place _____ Counselor _____ Date _____

Age started using _____

☐ Social drinker
Approximately amount of alcohol consumed _____

☐ Non-Smoker ☐ Smoker How Long?_____

CHILD ABUSE/NEGLECT HISTORY WITH ANY PROTECTIVE SERVICE AGENCY

☐ As a child yourself
What State and County _____ Date _____
☐ Closed child protective service case Date _____
What State and County _____
☐ Current/Ongoing case
What State and County _____ Date _____ Case worker _____

Comments:

_____
_____
_____

****

****
Comments:

_____
_____
_____

Comments:

_____
_____
_____

DIRECTIONS TO HOME (PLEASE BE AS SPECIFIC AS POSSIBLE)

_____

_____

_____

_____

****

MONTHLY HOUSEHOLD EXPENSES

Monthly Income _____ Car Payment _____
Food Stamps _____
Rent _____ Insurance: Auto _____ Health _____ Home _____
Mortgage _____ Other: _____
Water _____ _____
Gas _____
Power _____
Phone _____

DESCRIPTION OF HOME

How long has the family lived at this home?_____
How many bedrooms? _____
Does anyone share a bedroom? _____ _ Who? _____
How many beds are in each room? _____ Does anyone share a bed? _____
Who? _____ how old are the children? _____ Are the children the same sex? _____
Are there any rooms that allow the adults privacy in the home? _____
How many bathrooms? _____

Where do you keep your medication? _____
Do you have a fire extinguisher and smoke alarms? ☐ Yes ☐ No
Do you have pets? How many _____ what are they? _____ Do you have current Rabies Vaccine? ☐ Yes ☐ No
Do you have a pool or Jacuzzi? ☐ Yes ☐ No
Do you have guns in the home? ☐ Yes ☐ No

General description of the home:

_____

_____

_____

Household Composition: Please list the relationship to the child (ren) that is/are being petition for:

1. Name _____ DOB_____ Race _____ Sex _____
   SSN_____ _Relationship _____

2. Name _____ DOB_____ Race _____ Sex _____
   SSN_____ Relationship _____
3. Name _____ DOB_____ Race _____ Sex _____
   SSN_____ Relationship _____
4. Name _____ DOB_____ Race _____ Sex _____
   SSN_____ Relationship _____
5. Name _____ DOB_____ Race _____ Sex _____
   SSN_____ Relationship _____
6. Name _____ DOB_____ Race _____ Sex _____
   SSN_____ Relationship _____
7. Name _____ DOB_____ Race _____ Sex _____
   SSN_____ Relationship _____

Who would **Discipline** child (ren)?_____

Method(s) of discipline to be used _____

CHILD CARE ARRANGEMENTS

☐ Daycare Home or Center Name of Facility _____

☐ Child (ren) cared for at home By Whom? _____

Comments:

_____

_____

WHY ARE YOU PETITIONING FOR CUSTODY OF CHILD(REN)?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____