



County of Onondaga

**Children & Family Services**

Child Welfare ♦ Juvenile Justice ♦ Youth Bureau ♦ Children’s Mental Health ♦ School-Based Initiatives

JOHN H. MULROY CIVIC CENTER

421 MONTGOMERY STREET

SYRACUSE, NY 13202

[www.ongov.net](http://www.ongov.net)

**J. Ryan McMahon II**  
County Executive

**Richard Gasiorowski**  
Commissioner

**Relative/Suitable Other Safety Assessment**

Section I – To be completed by Investigations (or when a relative has been identified in a services case)

Case Name:

Caregiver Name:

Caregiver Address & Phone:

Name of Child(ren) to be Placed:

DOB:


Name/Aliases of ALL Adults (18+) in the home:

DOB:

Relation to Child:


Clearances: Check if completed

Adult’s Name	Warrants	Sex Offender	CPS	DOCS



Where will the placed children go to School/Daycare/Medical/Mental Health:


Plan for Visitation with parents:


Caretaker's Physical/Mental Health Issues (i.e., ability to care for child(ren)):


Caretaker's Source(s) of Income (check all that apply):

Employment	TA/SNAP	SSI

Caretaker's Debt (if any): (check if in arrears)

Rent	National Grid	Other (please specify)

Willing to Submit to Jurisdiction of the Court?       Yes       No

Willing to be a long-term resource?                       Yes       No

Referred for foster care emergency certification?       Yes       No

Other Relevant Information:


Caretaker's or Relative's Home:

Any apparent risk to health & safety of the child?     No                       Yes

If "Yes", please describe:


**Caretaker's or Relative's Family** – Please address the following factors:

- 1) The family's relationship with the child and child's parent(s) or stepparent(s):


- 2) The care provided to other children in the home by potential caregiver or relative:


- 3) The caregiver's or relative's knowledge of the circumstances and conditions that led to the need for the child's foster care placement:


- 4) The past role of the caregiver or relative in helping and/or protecting the child from and/or preventing occurrences of abuse or maltreatment of the child:


- 5) The present ability of the caretaker or relative to protect the child placed in its home from abuse of maltreatment and the caretaker's or relative's ability to understand the need to protect the child from abuse or maltreatment:


I have explained to the caregiver or relative the agency's role and authority to supervise the placement.

Yes       No

**Triage/Caseworker Name:** \_\_\_\_\_

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

**Attachments:**

- Foster Parent Application
- Self-Assessment Form