



Riverside County Department of Public Social Services – Children’s Services
Home Study Request to Foreign Consulate/Embassy

Consulate/Embassy:

Date:

Address:

Telephone:

Dear

I am requesting the assistance of your country’s social service agency in completing a home evaluation for the possible placement of the following children:

Child’s Name (first, middle and all last names)	Date of Birth	Place of Birth (City and State)	Mother’s Name (first, middle and all last names)	Father’s Name (first, middle and all last names)

The above mentioned child(ren) is/are under the supervision of the Department of Public Social Services in Riverside County. The child(ren) has/have been under protective custody due to _____
TYPE OF ABUSE

since _____
DATE. The court case number is J# _____.

The DPSS case number is _____.

Mr./Mrs. _____ is the _____ of the child(ren) and is believed
NAME OF RELATIVE RELATIONSHIP TO CHILD

to reside at _____ may be able to care for the child(ren) in the absence of the
ADDRESS

parent(s). It is appreciated if your country’s social service agency can visit the home and provide our agency with a report indicating whether or not the family is willing and capable of providing care for the specified child(ren).

The following is an outline of the information required about the receiving family to complete the home study.

I. Background Information

1. Family composition, parenting experience and support system.
2. Criminal History.
3. Health.
4. Education.

II. Financial Stability

1. Adequacy of income.
2. Adequacy of housing.
3. Work flexibility/child care.
4. Access to resources to meet any special needs of the child.

III. Miscellaneous/Special Circumstances

IV. Recommendations

If you need more information please call _____
NAME OF SOCIAL WORKER

at _____ and refer to the case number.
TELEPHONE NUMBER



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Upon completion of the home study, please forward the information to:

Name of International Liaison:

Address:

Name of Requesting Social Worker:

Signature of Social Worker: _____