



Homemaker Services

Parents who feel overwhelmed get help to stabilize, improve their ability to maintain their home, and either avoid having children enter foster care or speed their reunification.

Service Description:

Homemaker services help biological, foster, adoptive and other primary caregivers who are involved with CFSA and who may be overwhelmed with parenting and responsibility for household maintenance.

The homemaker service provider meets with the family to assess their needs and provides a written summary of findings to the social worker. The homemaker service provider assists and coaches families regarding cleaning regularly in common living areas (kitchen, bathrooms, bedrooms, living rooms, and hallways). They provide both heavy duty and regular cleaning of living and common areas, including carpet cleaning. In addition, families also get time management and organization tips, home-making classes, and laundry services.

Who Qualifies:

Parents with an **open** . . .

- Child Protective Services investigation or family assessment.
- CFSA In-Home case.
- CFSA Out-of-Home case with the goal of reunification.

Referral Process:

1. The referring social worker completes the referral form (attached) and emails it to nichole.cobbs-sterns@dc.gov. Ms. Cobbs-Sterns reviews the form and then submits the referral to the service provider (Carson Cole Cleaning Company, LLC) within 24 hours.
2. Within 24 business hours of approval, the service provider assigns a staff person to assess the family. The assigned staff person then contacts the social worker to discuss the client's need for services and details of the case. Afterwards, the staff person contacts the parent and schedules an intake assessment. Once the family is assessed and enrolled, the provider determines how many hours per week will be spent in the home.

For More Information:

Contact Brittney Hannah, supervisory Safe and Stable Families planning advisor, brittney.hannah@dc.gov, 202-724-3658



Child and Family Services Agency Homemakers Referral

Submit completed form to Nichole.Cobbs-Sterns@dc.gov

Referring Social Worker:					Telephone:		Email:	
Supervisor:					Telephone:		Email:	
Describe reason for referral to Homemakers:								
Caregiver 1		First Name:			Last Name:			
DOB / Age								
_____		Address:			Ward:			
		Phone:			Email:			
Caregiver 2		First Name:			Last Name:			
DOB / Age								
_____		Address:			Ward:			
		Phone:			Email:			
Children		Dates Of Birth		Age	School			
1.								
2.								
3.								
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8.								
9.								
OFFICE USE ONLY								
Disposition: <input type="checkbox"/> Referral complete: _____ <input type="checkbox"/> Not Appropriate / <input type="checkbox"/> Other: _____ Date: _____								