

Resource Family Approval Guide



A project of The Step Up Coalition
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Thank you for considering becoming a resource parent for a young person in your life!

Your willingness to be a resource parent is so important; children who enter safe, loving homes—especially homes that are familiar, such as the home of a relative or close family friend—recover more quickly from past difficulties and have the greatest chance for a happy future.

Right now, if you already have a child in foster care living with you, that child may be overwhelmed and anxious, upset, confused or frightened. Children cannot always tell you how they are feeling; sometimes they are only able to show you through their behavior. Over time, the child will regain trust and a sense of security with your help. Your patience and empathy will help them adjust.

There are many resources and supports to help you care for a child. Be sure to reach out to local resource family organizations, kinship care service providers and community organizations that serve children in foster care. They will have support groups and lists of books and other resources to help you.

You will soon be contacted by many people concerning the child in your life. We've created this toolkit for you - to help you to understand the process of getting approved to be a resource family to a child in foster care and help you through the process.

Our child welfare system depends on caregivers to provide safe and loving homes for children in need. Remember, there is no one model for being a parent. Older parents, single parents, gay and lesbian parents—children need and accept the love of parents who can meet their needs. Your ability to do that is the focus of the resource family approval process.

If, at any point in the process, you are having trouble, we have included a list of hotline numbers to call in the appendix. From legal help to parenting coaches, there are many supports available to you.

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Introduction

As of January 1, 2017, anyone providing a home for a child in foster care must go through what is called Resource Family Approval. The sooner you start and complete the process the better. This toolkit is specifically designed to help relatives and family friends (called “non-relative extended family members”) go through Resource Family Approval. The toolkit applies to these situations:

1. Emergency Placement

In this situation, a child is removed from their home by child welfare authorities (or, in the case of older youth, sometimes by probation authorities) and placed with you on an emergency basis. You must begin the Resource Family Approval process within five days of the child being placed with you, and the county will need to do some immediate background checks. You must **complete and submit the RFA-01(A) form (page A1 in this manual) within 5 business days of the child being placed in your home.** After the child is placed with you, you must complete training and other requirements to be approved as a Resource Family and receive foster care payments. That process should take a maximum of 90 days.

2. Child Already Placed With Someone Else

In this scenario, a child in your family or the child of a close family friend is in foster care and you want to become an approved Resource Family so the child can live with you. You must complete the RFA Approval Process as soon as possible.

3. Re-approval for Existing Caregivers

You may already have a child in foster care living with you and you may have been approved as a caregiver previously. In this situation, you need to be re-approved through the new Resource Family Approval process. (You have until December 31, 2019, to complete this process.) The only exception is if you had an adoption home study completed prior to January 1, 2018, in which case you are deemed approved under RFA guidelines.

ALL caregivers for children in foster care must be in compliance with the new RFA standards by December 31, 2019.

This workbook applies to all three of the situations above. It will serve as your guide to Resource Family Approval. Be sure to check the appendix; there, you will find all the tools you need to support you, from sample letters to court forms and lists of contacts.

Overview

Children who have been removed from home due to abuse, abandonment or neglect by a child protection agency need a safe place to live while their parent or parents attempt to regain custody. In California, as of January 1, 2017, the system for approving caregivers for these children is called Resource Family Approval (RFA for short).

The goal of Resource Family Approval is to:

- Ensure that all caregivers, relative and nonrelative, meet the same standards.
- Prepare families to care for vulnerable children.
- Support a smooth transition to permanency and stability for children in foster care.

Juvenile courts

When a child enters foster care, their case is overseen by the juvenile court, also known as the children’s court. The child will be assigned an attorney, called the “minor’s attorney” and a primary caseworker, also called a social worker. (In the case of older youth on probation whose placement is overseen by the probation department, the placement is overseen by a probation officer. You will need to understand how the court process works to support the child while they are in foster care. The chart on page A21 will help.

- It’s important to understand that in juvenile court, the attorney represents the child, not you, the caregiver.
- The child is required to be present at the hearing. You are not required to be there unless you are asked to attend by the attorney, social worker or probation officer. However, it’s a good idea to attend anyway so you can talk to the child’s attorney and find out what is going on. Also, court can be a stressful experience for a child and it may be helpful to them to have you there.
- There will be an attorney representing the county at court. They will usually explain to the judge what the child welfare system is planning for the child.
- The attorneys and the judge may discuss the birth parents’ rights during the court proceeding, because birth parents continue to have parental rights even after a child is placed in foster care. At some point in the case, the court may terminate those parental rights, but typically that is after twelve or more months of services aimed at helping the family reunify.
- The child may also have an education rights holder who has been appointed by the foster care system to make education-related decisions for the child. You may hear that person discussed at the court hearing. See A78 for more.
- You will probably not be asked or allowed to speak during the court hearing. However, there are ways to share your input with the juvenile court. The appendix includes forms you can use to submit information to the juvenile court. See A27 and A31.
- The court hearing may go very quickly and people may use a lot of abbreviations and legal language that you do not understand. The child’s social worker can explain to you what was said and what was decided. You can also ask to speak to the child’s attorney before and after the hearing. You may want to familiarize yourself with a list of common acronyms. See page A15.

- If the child is not currently placed with you and you want to see them, you can let the child’s attorney and the child’s social worker know that prior to the hearing and they can request that phone calls and visits be set up.
- Don’t be upset if you find the court proceeding confusing and alienating. You may feel overlooked at these moments, but you are an important person in the child’s life and the child’s social worker and the child’s attorney should hear what you have to say before or after the court hearing. Be sure to reach out to them. Use the tools A27 or A31 to share information with the juvenile court.
- The child may also be assigned a Court Appointed Special Advocate (CASA). A CASA volunteer is appointed by the court to advocate for the child and may assist the court in making decisions for the child. Be sure to reach out to them. Use the tool on page A20 to keep track of everyone involved with the child in your care.

Juvenile delinquency court

Some older youth enter the foster care system through the juvenile delinquency court if they have been charged with a crime. In some cases, the youth will have two separate court cases—one in the juvenile court, regarding their foster care placement, and one in the delinquency court, regarding their criminal case or the terms of their probation. If the delinquency court orders a youth to be placed with a resource family, then that process should look identical to the process described in this toolkit, except that in many counties a probation officer—not a social worker—will be supporting the family through the approval process. That probation officer has the same duties and obligations that a social worker has. If a child you wish to care for has a delinquency court case, make sure you are in touch with the child’s probation officer and that the probation officer knows that you wish to care for that child. Attend their juvenile delinquency court proceedings if possible.

Requesting Placement of a Child

It is important to understand the difference between **approval** and **placement**.

- **Approval** is a process where the placing agency (child welfare or probation) is making sure *generally* that you can provide a safe home for a child
- **Placement** occurs when county child welfare or probation moves a *specific* child into your home. Emergency placements can happen before full approval but eventually you must go through the full RFA process.



If you wish to have a child placed with you:

- **Request placement immediately.** A loving and committed caregiver can reduce trauma for children in care. The law requires county agencies to give first priority to relatives and extended family members when looking for a home for a child in foster care. However, that can change depending on the status of the case, how long it has been since the child came into foster care, and the best interests of the child based on his or her individual needs. If you want to have a child placed with you, it is important to ask to be considered right away and to work with the county agencies to get approved as described in this workbook.
- **Start the resource family approval process in advance** (even if you do not have the child placed with you yet) if you think that a child in your family *might* come into foster care and you want to be considered for placement, by filing an application following the steps in this handbook. If the child ends up being placed in your home, you will be required to go through this process. Starting in advance can help make sure the child is placed with you as soon as possible and ensure timely funding and also will give you time to address any issues with your home.
- If there are multiple relatives/family friends interested in placement, **work with each other** to figure out the best plan for your family and for the child. For example, you might decide one relative can be the resource parent while another relative provides support, like babysitting, driving the child to appointments, or helping with schoolwork.
- **Be persistent.** There are many different ways to request placement and you might have to try multiple times. Your effort will be worthwhile!

How To Request Placement

- 1. Inform the social worker.** It is important that the county agency knows you are interested in caring for the child. The social worker/probation officer must try to place the child with a responsible relative at the beginning of the case (even before the first court hearing). In some counties, there might be a number of social workers assigned to the case for different reasons (i.e. one social worker to investigate the allegations and another to provide services to the family). Make sure to inform each one, as they do not always share information. If you do not know who the social worker is, call the child welfare hotline for your county and tell them you are a relative or close family friend of a child who has been removed from home, and ask how to contact the child's social worker. You will need to give the hotline the child's full name and, if you know it, their date of birth. Keep a list of all important numbers using the tool included here on A20.
- 2. Come to the court hearing.** Children's court cases are confidential, so you might not be allowed in the courtroom, but often relatives and family friends are able to come in if nobody objects. Even if you cannot come into the courtroom, you can wait outside and ask to speak with the attorney representing the child, or parent's attorney, before the hearing to ensure they know you want to have the child placed with you.
- 3. If you are a relative, file a relative information form (called a JV-285 form) at the court.** You will find it in this manual on page A27. This form allows you to give the court information about a child and also to inform the court that you would like a child to live with you. You can file this form at the first court hearing or any time after the first hearing.
- 4. File a request for a WIC 361.3 hearing.** The law says that if a relative has requested placement and the child welfare agency does not assess that relative in a timely way, the relative has a right to a hearing under Welfare & Institutions Code 361.3. To get such a hearing, you must request one at court or file a motion for a WIC 361.3 hearing with the dependency court.
- 5. Petition the court for a WIC 388 hearing.** Anyone can file a request to change a court order in a children's court case. You can use the WIC 388 petition to ask the court to change the current placement of the child. Use the form on A33-35 in this manual.

Emergency Placements

California law requires that a child who is removed from the custody of his or her parents be released to a relative if one is available as soon as the relative can be assessed. The law also requires that a social worker assess the suitability of any relative or family friend (called a non-relative extended family member, NREFM for short) who requests placement of the child at the beginning of a case. To comply with this law, social workers have the ability to place children with relatives or NREFMs once they have taken the following steps (this is called an emergency placement, though it may not be an actual emergency):

- Completed an **in-home inspection**. The social workers must determine that the home and grounds are free of conditions that pose an undue risk to the health and safety of children.

- Received the results of a **criminal records check** for all of the adults living in the home. A criminal records check through the CLETS database is different than a Livescan (fingerprinting). CLETS is a database check and often times the results can be received within a few hours. A Livescan (fingerprinting) is not required for an emergency placement but must occur within 10 days of the placement. If the CLETS check shows any criminal convictions for any adult in the home, even if they are for minor crimes or a long time ago, a child cannot be placed on an emergency basis until an exemption has been granted. Arrests do not require an exemption but they might be cause for a delay in placement until more information is gathered.
- Checked allegations of **prior child abuse or neglect** on the Child Abuse Central Index (CACI) for all of the adults living in the home. The social worker and/or the court might decide not to make an emergency placement if the CACI report raises any child safety issues.

Next Steps Following an Emergency Placement

- Within 5 days, you must file an application to begin the resource family approval process. See A1-14 in this manual.
- Within 5 days, the social worker must complete a home environment assessment.
- **Within 10 days**, you and any adult living in the home must undergo a Livescan (fingerprint). The county will provide you with instructions, and often a form, to take to a location where your fingerprints are electronically scanned and checked with the CA Department of Justice and FBI databases. (**Please note:** Any form of photo ID is acceptable. It does not need to be a driver’s license, and the county is not investigating immigration status, nor is immigration status a reason to disqualify a relative from becoming an approved Resource Family. County agencies may place a child with relatives regardless of immigration status.)
- You should work with the social worker to ensure an expedited CalWORKs application is filed so you have temporary funding until you are approved as a Resource Family. In addition, ask your social worker if the county provides any additional funding or a stipend to support the care of the child while the family is working to be approved. See A25, A61, A71-74.

Placement for a Compelling Reason

In addition to the emergency placement option, a child can also be placed prior to resource family approval if there is a “compelling reason” even if you are not a relative or non-related extended family member (close family friend). The process for a “compelling reason” placement is similar to the emergency placement process.

Examples of “compelling reasons” are:

- You are caring for a child’s sibling;
- You can help the child stay connected to other family members.
- The child has special needs and you would be the best caregiver for the child.

The process for a “compelling reason” placement is similar to the emergency placement process.

Resource Family Approval Checklist

This checklist is your best guide to everything required to be approved as a resource family so you can care for a child who has entered foster care. **All caregivers will need to complete all of the following requirements. These steps may not happen in order.** Work closely with your social worker to let them know where you are in the process and ask them for help if you are having trouble completing any of these requirements.

- RFA Application (A1-A14)
- Form RFA-01(B): Resource Family Criminal Records Statement (A5)
- Form LIC 198B: Out-of-State Child Abuse Neglect Report Request
- Proof of identity (e.g. driver's license, California State ID, etc.) (**Note:** other identification can be provided if the applicant does not have either of these forms of ID, and immigration status is not a reason for the county to deny placement of a child with a relative.)
- Consent for DCFS to obtain DMV reports for you and for any other adults residing or regularly in your home that may frequently transport children in your care
- Verification of good physical health, including a health screening by a licensed health professional not older than one year before the RFA application date
- Tuberculosis screening for all adults in the home, conducted within 1 year of RFA application date
- DCFS-approved caregiver orientation (likely to be conducted in your home)
- CPR/First Aid training (See A58)
- 12 hours of DCFS-approved caregiver training (does *not* include orientation or CPR/First Aid training) (Note: Some counties may have additional requirements)
- Verification of your employment (if employed)
- Documents verifying ownership or rental of your home
- Documentation of any prior history and/or present status you may have as an approved relative caregiver
- Names and contact information for three (3) people who can attest to your character and your ability to safely care for the youth

Additionally, a social worker will interview or visit you to conduct what is called a Psychosocial Assessment. They may give you some additional forms during the assessment. The goal of this assessment is to get to know you and evaluate your ability to provide a safe and loving home for a child in foster care. It is also an opportunity for you to ask questions and gain an understanding of your role as a caregiver. See the section of this manual titled Psychosocial Assessment for more.

Note: Some counties may have special requirements such as pet vaccinations. Be sure to check with your social worker to find out if there are special local requirements in addition to the above.

The social worker is required to document each visit to the home of a resource family and to complete a form summarizing the visit. You are entitled to a copy of the form from the social worker.

The checklist can be overwhelming when you are getting started. **You can do it!** The resource family approval process is designed to make sure the child is entering a stable home so they can recover as quickly as possible and to prepare you for the important work of caring for a child in foster care. If you need help, ask. Your social worker should support you during the process and there are groups listed in this manual that can also provide help. See A18.



- **Respond as soon as possible** to all requests for information during the approval process.
- If you have trouble obtaining any information that the social worker or the agency is requesting, ask your social worker to help you get the needed information.
- **Check in** with the social worker regularly to see where the agency is in the approval process and ask the social worker if they need anything further from you to move forward.
- **Document everything.** Keep notes about who you talked to, what was said, and contact information for everyone involved in the child's case.
- Keep notes about every time you try to contact the social worker so that if they fail to respond to you, you have a record of your attempts. You may need to escalate your needs to someone above the social worker if you are not able to get the help you need. Find out who your social worker's supervisor is. Ask a Foster Family Agency or one of the other advocacy organizations listed on pages A18-19 if you need to know how to escalate an issue.
- **Ask friends and family for support during this time** - you may need extra childcare, or someone to help with meals or housework to give you time to focus on the resource family approval process.

Most important: don't give up! You are helping a child who really needs you.

Resource Family Application

One of the first steps in RFA approval is filling out a State of California Resource Family Application form, also known as the RFA-01(A) form. See pages A1-14. If you are applying for RFA approval for a child who is *already* placed in your home, you must complete and submit the RFA-01(A) form **within 5 business days of the child being placed in your home.**

Make sure you fill out each field in the form. Any missing or incomplete information could cause the RFA approval process to be delayed. Be completely honest in providing answers. You may be embarrassed or apprehensive about sharing certain information, like past arrests, substance abuse treatment, or your mental health history. However, it is far better to be completely honest and discuss the issue with the social worker than to withhold information.

If you do not have exact information (e.g. an exact date, a former salary, etc.), then give the most accurate answer you can and make a note showing that the information is not exact. (Example: "I was hired sometime in January 2015.").

If any particular field does not apply to you or your home, do not leave it blank. Instead, enter "N/A" (not applicable). If you leave it blank, the county might think your application is incomplete, which could delay the approval process.

Only indicate that someone is related to you if he/she is actually *legally related* to you. For example, if you have a family friend whom you refer to as "cousin," do *not* list them as "cousin" on the form. Instead, list their relationship to you as "none." It is especially important to list the exact nature of your relationship to the children in your care.

If you plan to care for the child along with someone else like a spouse, partner or other relative, make sure that both of you sign and date the form.

The county will not begin the RFA assessment process until you have fully completed the RFA-01(A) form. So don't delay. Complete the form as soon as possible!



What to Ask the Social Worker

During the RFA approval process, check in frequently with the social worker assigned to your case to make sure that the approval process is moving forward. Be sure to ask:

- Did you get all of the information that you needed on the RFA Application Form?
- When will my home assessment be scheduled?
- Is there anything that I need to do in my home to prepare for the assessment?
- Did you have any trouble contacting any of my references?
- When will the orientation be scheduled?
- When will the psychosocial assessment be scheduled?
- Have the Livescans (fingerprints) for all of the adults in my home been processed? If not, is there anyone who needs to Livescan who hasn't yet done so?
- Have any pre-approval funds available in my county been initiated yet? (In some counties, such as Los Angeles, an emergency stipend is available right away, even before you are approved.)
- Can you help me apply for CalWORKs?
- Is there *anything* else that you need from me to process my application?

Personal References for Resource Family Approval

The RFA Application Form requires you to provide three references to support your application.

How to Select References

- All of your references should be adults, *i.e.* at least 18 years old.
- At least 2 of your references must be *unrelated* to you.
- Select people you know will reply quickly to the request.
- Let them know that they will be contacted so they are prepared.
- Select people who know you very well, who can testify to your character.
- Select people who have known you for a long time. Avoid selecting anyone with a criminal history or a history of child abuse and/or neglect, including anyone who has had children removed from their care in the past.
- If you don't have 3 references, you may be able to ask for an exception, if you let your social worker know why.

Your references should talk about:

- Your ability to safely and effectively care for children and provide them with love, with specific examples.
- How you handle responsibility generally: for example, how you perform at work, or how you have helped take care of friends or other family.
- How you handle stressful situations. Your references should be able to provide specific examples of stressful situations you've encountered and how you were able to cope with that stress and still function effectively.
- Examples of your involvement in your community: for example, your volunteer activities, membership in a religious community, coaching or mentoring activities.
- Any other traits that would make you a great caregiver: for example, a strong work ethic, patience, generosity, etc.

Background Check

An important part of the approval process is a background check to identify whether you or anyone else in your home has any criminal convictions, arrests or child abuse/neglect incidents. (**Note: Your RFA application must be received prior to the Livescan background check!** Otherwise, you may need to complete a second Livescan after you submit the RFA application.)

You and all other adults in the home will need to go to a Livescan (electronic fingerprinting) office. (In Los Angeles County, there is one in the children's courthouse in Monterey Park.) The social worker can give you a list of Livescan locations. Anyone in your home who is between 14 and 18 may also have to undergo a Livescan if they have been convicted of a serious crime.

You will have to sign a form to allow the child welfare agency to check the CLETS database for criminal records, and to check the Child Abuse Central Index (CACI). If you or anyone else in your home has lived out of state, DCFS will need to check for

criminal records and child abuse records in the other state as well. You will also be asked to fill out a “Criminal Record Statement” form. See page A5 (English) or A12 (Spanish). It is very important to include any criminal history when you fill out this form. Being truthful about criminal history may help you get approved.

Even if you or someone else in your home has a criminal conviction, you may still be able to get approved. You can request a waiver or “exemption” for less serious crimes (misdemeanors) and for felonies that are not violent, not sex crimes, and do not involve harm to a child. Tell the social worker if you want to request a criminal history exemption.

If you request an exemption, you will need to give DCFS proof of rehabilitation (proof of activities such as education, employment, therapy or counseling, drug or alcohol treatment), a pardon or certificate of rehabilitation if you have one, and at least 3 character references from non-relatives.

If you or anyone else in your home has had arrests that did not lead to a conviction, the social worker will investigate the facts and decide if the arrest raises any concerns about the potential safety of a child in your home. Also, if you or anyone else in your home is listed on the CACI due to a child abuse/neglect incident, DCFS will investigate the facts and decide if the incident raises any child safety issues.

Home Assessment

The home environment assessment is a review of your home, including outdoor spaces, to ensure they are safe for the child. Use the materials in this section of the handbook to prepare for your home assessment. Note that some counties may have additional requirements, so be sure to communicate with your social worker!

To prepare for the home assessment, be sure you can answer YES to all of the following. In some cases, you can request an exception. Items marked with * may be waived with a Documented Alternative Plan “DAP” that provides the same level of safety.

REQUIREMENTS		Yes	No	N/A
1.	An applicant’s home is clean, safe, sanitary and in good repair.			
2.	Smoke detector(s) and carbon monoxide detector(s) must be approved, commercially manufactured, functioning and installed in hallway(s) in each sleeping area. Exceptions: Homes with sprinklers.			
3.	Outdoor and indoor passageways, stairways, inclines, ramps, and open porches are free of obstruction.			
4.	Indoor bathroom with individual privacy & operational toilet, sink, tub/shower. Faucets for personal care have hot water at a safe temperature.			
5.	Fireplaces, open-faced heaters or woodstoves are safely operated.			
6.	Temperature of the home is safe and comfortable. Lighting in all rooms and other areas of the home to ensure safety and comfort.			
7.	Bedrooms: No more than 4 children or non-minor dependents, or one child and one non-minor dependent shall share a bedroom. Children of a different sex/gender may share a bedroom if they are under the age of 8. Exceptions: Children under 5 years, or minor parent and child, or based on gender identity.			
8.	Bedrooms: Not commonly used for another purpose, is not used as a passageway, has safe, direct emergency exit to outside, and has a bed with clean linens in good repair for each child.			
9.	Bedrooms: Bunk beds are not more than 2 tiers high, have railings on upper tier, and are not used for children under 6.			
10.	Bedrooms: Each bedroom has sufficient closet & drawer storage.			
11.	Each infant is supplied with an age and size appropriate, safe & sturdy bassinet or crib, with a clean comfortable mattress, is not tiered or stacked, and crib slats do not pose a risk of trapping the infant.			
OUTDOOR ACTIVITY SPACE				
12.	Yards and outdoor activity spaces shall be free from hazards that endanger the health and safety of a child or nonminor dependent.			
13.	All swimming pools, spas, and other bodies of water are inaccessible to children. (*RPPS applies)			
14.	Medicines, disinfectants, cleaning solutions, poisons, and other dangerous items are appropriately stored. (Exceptions: the caregiver may allow a child to have access to the above, and household knives and appliances, if age and developmentally appropriate, and safety is assured.) (*RPPS applies)			
STORAGE SPACE				
15.	Firearms and dangerous weapons are stored in locked area. (Exceptions: firearms that have the firing pin removed or a trigger lock.) Ammunition is stored in a separate locked area.			
16.	Waste is located, stored, and disposed of in a manner that will not permit the transmission of diseases or odors, create a nuisance, or provide a breeding place or food source for insects and rodents.			
TELEPHONES				
17.	Cellular, internet, or landline telephone service is accessible at all times and a list of emergency telephone numbers is posted in a prominent place in the home.			
FIRE CLEARANCE				
19.	Required for capacity greater than 6 or non-ambulatory clients			
COOPERATION AND COMPLIANCE				
20.	No false or misleading information has been made or disseminated by applicant.			

Documented Alternative Plan for Home Approval

A Documented Alternative Plan (DAP) is a written plan approved by DCFS allowing you to meet the home safety standards in a different way. See page A44 for an example.

For example, if your home has smaller rooms or fewer bedrooms than required, there may be a way to ensure that the child or children have enough space through a DAP. The social worker must make sure the alternate plan is appropriate and will not be detrimental to the health and safety of any child in the home. DCFS may approve a DAP on a case-by-case basis, and may consider the needs of a specific child (for example, if you are caring for a teenager you may not need a fence around a pool).

Corrective Action Plan (CAP)

A Corrective Action Plan (CAP) is a plan you develop with DCFS to fix a problem in your home so you can be approved as a Resource Family. See page A48 for an example. The social worker must provide you with a written list of things that need to be fixed and decide how long you have to fix the problem, and should help you with the process.

Some problems can be fixed after the child is placed in your home if they do not put the child's health or safety at risk. The CAP will specify how much time you have to fix these problems. Some problems must be fixed BEFORE the child is placed in your home, if they have an "immediate impact" on child and safety. For example, these things MUST be fixed:

- obstructed passageways inside or outside of the home
- unsafe fireplaces, open face heaters, or woodstoves
- insufficient lighting to ensure comfort and safety
- no fence, cover or other obstruction to prevent access to pools
- poisons, firearms, medicines, and other dangerous medicines are not stored in a locked area
- no cellular, internet, or landline telephone services readily available at all times

Psychosocial Assessment

During the approval process, you will be asked to meet face-to-face with a social worker to discuss your interest, willingness and ability to care for a child in foster care. This is called a psychosocial assessment. The name sounds daunting, but really this is just a series of conversations.

You may feel you are being judged. Remember, there is no "perfect" caregiver as there is no perfect person. The social worker knows this. Most people have had some obstacles to overcome in life, so the social worker will be interested to know how you deal with setbacks, what lessons you have learned, how different experiences may have changed you and how you are currently living. The meetings will identify your strengths and areas where supports and resources would be helpful to you and for the children in your care.

There is no need to fear the assessment. There is a great need for relatives to step up and parent children who enter foster care, and the social worker is there to try to help support you in providing a home for the child in your life.

Why is the assessment needed?

Children come into foster care having experienced trauma, abuse and/or neglect. Because of these experiences, children build coping skills or behaviors that can be unusual and challenging to manage. Often, these skills or behaviors were a critical survival skill for the child. Lying, stealing, hitting, hoarding food, and disconnecting emotionally are all examples of responses which at the time may have been necessary for the child to survive.

In addition, when a child lives in constant fear or chaos, their bodies feel threatened over and over again and the brain remains in a state of high alert. When the brain remains in high alert over time, this actually impacts how the brain functions and develops. This means that some of the child's behaviors and emotions may seem immature or unreasonable. This will change once the child feels safe and heals over time.

The assessment helps evaluate how you respond to stressful and challenging situations, and what support you might need to care for a traumatized child while they recover. It is a way for the social worker to get to know you and your family and for you to plan together for the needs of the child.

What to expect during your psychosocial assessment

You will receive a letter or a call from a social worker requesting to meet with you and those who live in your home.

Make sure that the meetings/interviews take place as soon as possible. Inform the social worker if your work or other important appointments do not allow you to meeting during certain days or times. This will make scheduling easier.

Interviews are usually 1-2 hours long. There are a **minimum of three face-to-face meetings**, with at least one in your home.

Each person applying to become a resource parent must have an individual interview. If there is more than one applicant, a joint interview with both applicants must occur. One additional interview of all applicants, either separately or together, will occur

There will also be at least one meeting in-person with all other people, including children and adult children, living in your home. At this meeting, the social worker will ask others in the home about your parenting skills, strengths and any areas that may need to be improved upon.

After the interviews are completed, the social worker will write up the assessment.

Preparing for the interviews

Sharing history may be uncomfortable, particularly if you are asked about things that are difficult to discuss, such as criminal history, past abuse or traumas. Try to be as honest and open as possible. Honesty is a huge strength and seen as a very positive attribute. False or misleading statements can lead to mistrust.

Let others who live in your home know that they too will be asked a few questions so they are prepared. If you have children in the home, let them know that someone is coming to visit so that their relative can live with them. Ask questions or bring up concerns as they arise.

The social worker will let you know if they have any concerns so that you will have an opportunity to discuss further. There should be no surprises.

Make sure your home is clean. You do not need to be dressed up. Dress in a way that is respectful but comfortable.

What will be discussed in an assessment?

Childhood upbringing and experiences

The social worker will ask you how you were raised, what type of home environment you grew up in, and what experiences were key parts of shaping you as an adult.

Adult experiences and personal characteristics

You will discuss events that have shaped you in adulthood along with how you see yourself and how you think others see you.

Risk assessment

The social worker will ask you about past and current alcohol and other substance use. The social worker will also want to know about any history you may have with physical, emotional or sexual abuse, or domestic violence. The social worker will also need to know about your past and current physical and mental health. This is a key part of understanding how you came to be where you are today and what strengths you have and what support you may need to assist you in parenting. Remember that anything in your past that may have been a weakness may now be viewed as a strength because you gained wisdom from experience.

Current marital status and relationship history

Your relationships with others help shape who you are and how you interact with the world around you. You will discuss your current and past marriages, partnerships and other significant relationships. All sorts of people become resource and adoptive parents, including single men and women, gay and lesbian couples and older people. The social worker is interested in your connection to the child and your ability to care for them. An honest discussion of your relationship history will help give a picture of who you are and how you will parent a child placed in your home. You do not need to fit a certain model.

Children living in or out of the home

Provide the name, gender, and date of birth of all of your children. You will also be asked to discuss your children's general health, along with any past or current behavioral issues. If your children are not currently living in your home, you will discuss the reason and explain any custody arrangements.

Parenting approaches

The social worker will ask you about family traditions and beliefs and what kind of activities you do with your family. The social worker will also ask how you discipline children in your home, and how you parent.

Does anyone else use your home address?

Provide the social worker with information about anyone who uses your home address as a mailing, billing, or residential address and why. A social worker will contact each of these individuals to talk about why they use your home address. There are many reasons others may use your home address. Having an open discussion about these situations will help the social worker assess who will be regularly coming in and out of your home and any potential risks to the child.

The results of the background check assessment

The social worker will talk with you about the results of your background check including any previous arrests, convictions or child abuse referrals. It is important to have an open dialogue regarding the results of background checks.

Social support system

The social worker will ask about your support system. This may be your neighbors, friends, family, a church group or others. We all need help at times, especially when raising a child. This discussion will help the social worker understand what support you may need to help you be an effective parent and care for yourself.

Employment

The social worker will ask about your current employment including how long you have been employed and your typical work schedule, if applicable. You will also discuss your ability to take time off. This discussion will help the county understand both your financial stability and the flexibility you have to deal with the needs of a child in your life.

Financial situation

The social worker will ask you about your financial ability to provide stability for the family. You will also discuss the legal and financial responsibilities of caring for a child. This discussion will take into account the foster care benefits you will receive to help meet the needs of the child placed with you. The social worker is just looking to make sure you can provide necessities for the family; preference is not given based on income.

Motivation to become a resource family

The social worker will ask what motivated you to step forward to care for a child. You will discuss your relationship with the child needing placement and whether you would be willing to take in any of the child's siblings, if necessary.

Ability to parent a child from a different background

You will be asked about parenting a child of a different race, ethnicity or religion from your own. You will also discuss your ability to parent a child whose sexual orientation (straight, gay, lesbian or bisexual), gender identity or expression (identification as male or female, and expression of that identity) is different from yours.

Training

In order to be approved as a resource family, you will need to complete:

- 12 hours of pre-approval training. (Outside of Los Angeles County, there may be additional resource parent training requirements so be sure to check with your social worker for your county's requirements.) **It is very important to complete this training as soon as possible.**
- An introduction to resource parenting.
- CPR and first aid certification. (See A58.)

Pre-approval training must be completed within 90 days of placement unless you are able to show there is a good reason why you are unable to complete your training within that timeframe.

It is extremely important to stay on top of your training hours because a failure to complete training could result in you being denied approval. Document all trainings you have attended. Be sure to ask the instructor during your trainings if there will be certificates of completion given to attendees after the training.

Once you have been approved as a resource family, you will be required to complete 8 hours of annual training. You may be able to complete this training online.

What to expect in pre-approval training

In Los Angeles County, pre-approval training is made up of four 3-hour classes offered by the Los Angeles County Department of Children and Family Services or a qualified training provider.

If you are outside of Los Angeles County, check with your social worker about requirements in your area, as there may be additional pre-approval trainings required. Your social worker will have more information about where and when to attend these classes.

The purpose of pre-approval training is to ensure that caregivers understand the child welfare system and are prepared to parent a child who is experiencing trauma and confusion.

The following topics will be covered during training:

- An overview of the child welfare and probation systems
- The effects of trauma, including grief, loss, child abuse and neglect, on child development and behavior, and methods for parenting children through recovery from trauma
- Role of the resource family, including working cooperatively with the child's other relatives, service providers and agencies to develop and implement a case plan, including the role of the resource family on the Child and Family Team
- Positive discipline and the importance of self-esteem
- Common health issues of children in foster care
- Accessing education and health services and supports available to children in foster care to address education needs, physical, mental, and behavioral health and

substance use disorders, including culturally relevant services

- Personal rights of children in foster care including your responsibility to safeguard those rights
- Options for permanency
- Birth parent relationships and safety issues regarding contact
- Knowledge and skills relating to the reasonable and prudent parent standards
- Cultural needs of children, including instruction on cultural competency and sensitivity, and related best practices for providing adequate care for children across diverse ethnic and racial backgrounds, as well as children or youth identifying as lesbian, gay, bisexual, or transgender
- Basic instruction on existing laws and procedures regarding the safety of foster youth at school
- Permanence, well-being and education needs of children
- Child and adolescent development, including sexual orientation, gender identity, and expression

Additional training requirements for children with special needs

If a child with special needs is placed with you, you may be required to complete additional training hours. You will be notified if you are required to complete specialized training and will be given specific information on how to complete your specialized training.

Post-approval training: Once you have been approved as resource family, you are required to complete a minimum of 8 hours of training a year. Check with your county to determine how many hours of post-approval training are required each year. Your county and/or social worker will provide you with more information on annual training requirements.

CPR and First-Aid Certification Requirements

In addition to pre-approval training, you also must get CPR and first aid certified before becoming approved as a resource family. Many places offer CPR and first aid certification together as one class. CPR and first aid classes typically take a few hours to complete and there are online options available. It is important to make sure that you are taking a CPR and first aid class that is appropriate for your child's age. See A58.

Ask your social worker if your county provides funding to pay for your CPR and first aid training classes or other supports to assist you with meeting the training requirements (such as transportation help or child care during trainings). If you are having trouble getting to the trainings, also let your social worker know. You can ask if any training can be completed online. An RFA worker may also be able to come to your home to provide training.

During your annual reassessment, you will have to provide an up to date CPR and first aid certification. Certification is typically valid for 2 years. It is your responsibility to keep documentation of your CPR and first aid certification.

Child Specific Approval

In general, an individual who is approved as a Resource Family is approved to care for any child in foster care. Children are then placed in the home according to an assessment of the child's needs and the approved resource family's ability to care for the child.

However, there are exceptional situations where an applicant may be approved to care only for a specific child. This happens when there are concerns about approving the individual or family during the course of the assessment process but the county decides that the familial relationship between the applicant and the child is of such significance that it outweighs the concerns identified about the applicant during the assessment process.

If you are approved to care for a specific child, as opposed to being granted resource family approval generally, you cannot have additional children placed in your home unless your approval is updated to account for that additional child or you are granted resource family approval generally.



Funding & Level Of Care

Once you are approved as a resource family, you will receive a monthly check to provide for the care of the child or children who are placed in your home.

California has adopted a new rate system to provide financial support to caregivers. It is called the Home Based Family Care Rate and will be available to all approved or licensed homes beginning January 1, 2017. The Home Based Family Care (HBFC) rate is being rolled out in two phases beginning January 1, 2017.

Phase 1:

- All families who are approved under either the old approval standards (prior to January 1, 2017) or the new resource family standards will receive a monthly check of **at least \$889** a month per child beginning January 1, 2017. \$889 is the minimum amount that an approved family will receive. You may be able to receive more than \$889 a month.
- If you were caring for a child in foster care prior to January 1, 2017, and receiving less than \$889 per month for that child, you will be increased to \$889 effective January 1, 2017. Caregivers approved under the old system do not have to be approved as a resource family to receive the new rates.
- If your check does not automatically increase to \$889, you should be able to receive the increased amount back to January 1, 2017. If you have not yet been approved (either under the old approval system or the new resource family approval system), you cannot start receiving the monthly home based family care rate until you are fully approved. **If you are already caring for a child but are still going through the approval process, you will not be eligible to receive the home based family care rate until the approval is complete.** The home based family care rate is paid back to the date of approval. In the meantime, if you are a relative you can apply for CalWORKs funding to support the children until you are approved. There is an expedited CalWORKs application. (Non-related extended family members are not eligible for CalWORKs to support a child in foster care.) See A71 and A74.
- By law, rates increase every July if there is an increase in the cost of living. The HBFC rate structure will continue to increase on July 1st of each year if there is an increase in the cost of living.

Phase 2:

- Phase 2 of the HBFC structure will establish a tiered structure that begins December 1, 2017. The tiers are known as “level of care”, and are tied to the needs of the child. Each child/family will be individually assessed to determine the appropriate level of care. The assessment will cover the behavioral, health care, mental health and educational needs of the child. The monthly benefit will then be based on the level of care of the child. **You will not receive the monthly benefit until you are fully approved. If you are a relative who is caring for a child while you are working to be approved, you can receive CalWORKs.** See A71 and A74.

Supplements: If you are caring for a teen who is parenting or a child with specialized needs, you may be able to receive additional support to supplement the HBFC rate. There are several different benefits to help children and youth with additional needs and/or youth who are parenting. Here is what you need to know:

- **Specialized Care Increments:** Almost every county operates a Specialized Care Increment program to provide additional financial support to families caring for a child with additional or special needs. The eligibility rules and the amount of specialized care are different for each county. You should consult the eligibility rules in the county where you are living.
- **Dual Agency Rates:** Children who are in foster care who are also clients of a Regional Center are eligible for a monthly payment that is referred to as the dual agency rate.

Regional Centers serve children and youth with developmental disabilities including children with (1) intellectual disabilities; (2) cerebral palsy; (3) epilepsy; (4) autism; (5) or disabilities closely related to an intellectual disability. A child who is diagnosed with one of these 5 disabilities qualifies for the full dual agency rate.

In addition, regional centers serve children aged 0 – 3 who qualify for early intervention services prior to an official diagnoses. These children qualify for the Early Intervention dual agency rate, which is less than the child would receive if he/she had one of the 5 diagnoses listed above.

Note: Not all relatives caring for a child who is the client of a regional center are eligible to receive the dual agency rate. **If the child is not federally eligible, then the relative caregiver cannot receive the dual agency rate.** For an explanation of federal eligibility, consult your social worker or one of the advocacy organizations listed on page A18. See A59 for more about federal eligibility.

- **Infant Supplement:** If you are caring for a young person in foster care that has had a child, you may receive an infant supplement to cover the additional cost of providing food, clothing and shelter to the child of the foster youth. (A child born to a young person in foster care is not automatically in foster care.).

The infant supplement is \$900 per month and is paid in addition to the HBFC rate received for the foster youth. In Los Angeles County, a supplement of \$440 is also available during the last three months of the pregnancy to help prepare for the baby's arrival.

Note: Not all relatives are eligible to receive the infant supplement. If the foster youth is not federally eligible, then you cannot receive the infant supplement—consult your social worker or one of the advocacy organizations listed on page A18 or see the chart on page A60 for help in determining eligibility.

- **Clothing Allowance:** Some counties offer a yearly clothing allowance to help you purchase new clothes for the children in your care. Not every county offers a clothing allowance.
- **Educational Travel Reimbursement:** If you are transporting the child in your care to their school of origin and that school is more than 3 miles away from your home, you may be eligible for Educational Travel Reimbursement. Please consult with your child's social worker.

Educational Rights & Needs Of Children In Foster Care

If the child is school-age, you will need to help meet the child's educational needs. **A child's birth parents have the right to make education decisions even after a child is removed by DCFS, unless the county has appointed a special Education Rights Holder for the child.** Talk to the child's attorney or social worker about this.

If possible, the child should continue attending their 'school of origin' – the school they attended before being placed with you. **Children in foster care have a legal right to stay in their school of origin even if they move outside the school attendance area.** If you can transport the child to their school of origin, the child welfare agency should reimburse you for mileage or bus fare as noted above. If it is too far, or not in the child's best interest to stay at their school of origin, then the child has a right to enroll in a local school right away, even if you do not have the child's school records or immunizations. See A78.

Children in foster care have the right to attend regular schools. You should not be told to enroll them in an alternative or continuation school, even if they are behind in credits or have behavior problems. Talk to the child's attorney or social worker right away if you have a hard time enrolling the child in school.

If the child is having trouble at school, such as low grades, poor attendance or behavior problems, this may be caused by a learning disability. Children with disabilities have the right to special education supports to help them succeed in school; a parent or Education Rights Holder can ask for an assessment and an Individual Education Plan (IEP). Talk to the child's attorney or social worker if you think the child needs special education. See page A84 for a Special Education Assessment request form.

Also, schools should not suspend or expel children without trying to understand what is causing behavior problems, especially if the child has a learning disability. Call the child's attorney right away if the child is suspended or sent home from school due to behavior problems.

Children between 3 and 5 are eligible for Head Start, Transitional Kindergarten, and State Preschool programs. Please consider enrolling your foster child in a preschool program to help them prepare for school. Ask the social worker if you need help finding a preschool or Head Start program. See A82.

Emotional Needs Of Children In Foster Care

When a child is removed from the parents placed in your home, he or she may have experienced a lot of trauma. The child may be confused, sad, or angry. Ask the social worker or the child's attorney for help if you are worried about the child's health or safety. The child may also require therapeutic services like counseling to help them overcome the effects of trauma. Contact the social worker if you see changes in the child's behavior at school or at home that worry you and you feel the child needs more support. All children in foster care who have certain behavioral health needs are entitled to mental health services in California. If you are not getting the support you believe the child needs, consult one of the advocacy organizations on pages A18-19.

Try to make sure the child can continue doing activities they enjoy, like sports, music and visiting friends. Also seek out support for yourself. Traumatized children may display behaviors that are unusual or difficult to understand. Make sure you are getting enough rest and support so that you can be patient and available as the child recovers. Your social worker or a local foster family agency may be able to refer you to support groups and other services for foster parents.

Medical Care For Children In Foster Care

The social worker should help you get a Medi-Cal card for the child, and give you referrals for pediatricians, therapists, and any other health care the child may need. If the child was in another foster home before being placed with you, the social worker should have a folder of important documents including copies of the child's birth certificate and medical insurance information to share with you. The social worker should also give you a paper that shows that you are caring for the child and are allowed to take them to the doctor and dentist so that you can obtain healthcare for the child.

Children who have developmental delays or certain disabilities can get services from regional centers. If the child has a disability, or you are worried that the child is not able to do things that children the same age can usually do, talk to the social worker or the child's attorney.

Child Care Supports

You are allowed to have someone provide temporary child care up to 24 hours at a time in your home for a child in foster care without that individual being approved or completing a background check.

If you need childcare and cannot afford it, talk to the child's social worker. The child welfare agency may be able to provide 'bridge' child care voucher until you can get permanent child care. You should also contact the local Child Care Resource and Referral Agency or a CA Department of Education Alternative Payment Program for assistance (contact your social worker if you need help). Children in foster care often meet financial requirements for subsidized child care, but there may be a waiting list for child care subsidies that can take up to 6 months to access. The Alternative Payment Program provides vouchers so that you can choose any child care. In many counties, there are child care centers that have contracts with the CA Department of Education to provide free child care, but these may also have waiting lists. You may need to put your child's name on multiple waiting lists until a spot opens.

If you anticipate being absent from the home for longer than 24 hours or need someone to care for the child outside of your home for a short period of time so that you can care for yourself or attend to other matters, you may access what is called respite care by making a request to your social worker.

Respite Care

There are different rules that apply to care depending on whether the child is staying in your home or going to another home for respite care. For example if the child will be cared for outside of your home, the home and the caregiver(s) will need to be approved under RFA. If the alternative caregiver is providing care in your home, s/he will need to undergo a Livescan background check.

Visitation With Family Members

When a child in foster care is living with you, you are likely involved in visits between the child and other family members including birth parents. In general, you are expected to use your best judgement in helping the child manage visits with relatives. While the court is determining where the child will live, the child's family members may have questions for you. You may wish to refer them to the child's social worker if it is uncomfortable to discuss the child's placement with them directly. In addition, the court will often order visitation between the child and his/her birth parents to promote family reunification. The court may say that these visits must be supervised or they may allow them to be unsupervised. Be sure to discuss visitation with the social worker so you understand what the court has ordered and how to comply.

Although managing visits may be tricky or even uncomfortable, being in touch with the people the child cares most about can help him or her feel more secure. It is especially important to support contact with siblings who may be in other foster homes. This helps the child understand that the relationships that are important to them are still intact, even though they may not be living together in the same home right now.

In most cases, the court will require phone calls and visits between the child and the child's birth parents, and between any siblings who are not placed together. You may be asked to transport the child to visits, and to supervise visits. Talk to the social worker to make sure you understand the visitation plan and what to do if any problems come up.

The court case will usually specify whether the parents from whom the child was removed are allowed to visit. If a birth parent or other relative who is not court-approved for visits shows up unexpectedly at your home, do your best to manage the situation calmly. Refer to the child's social worker for guidance. Do your best to avoid any commotion that may further distress the child.

Participating In Case Decisions

As the child's caregiver, you have the right to attend all court hearings, and give information to the court. You can use the Caregiver Information Form included in the back of this workbook, pages A31, or ask to speak during court hearings. You may also be asked to be part of a Child and Family Team to help DCFS make decisions about the child's case.

Effective January 1, 2017, there must be a Child and Family Team (CFT) meeting within 60 days of a child entering foster care. These meetings are intended to develop a plan for the care of a child, and to help identify the needed supports and services for the child and family. Your participation in the CFT meeting is very important. It provides you with the opportunity to share your perspective on the needs of the child and what you need to care for the child. Additional CFT meetings are be scheduled as needed to support you and the child in your care. If you believe that the CFT meeting is not happening as it should, and your social worker is not able to help, contact one of the advocacy organizations listed on pages A18-19.

How To Appeal If You Are Denied Resource Family Approval

Challenging Denials/State Hearings

A resource family parent, applicant, or individual who has received any of the following notices has a right to a state hearing and other due process rights set forth in Article 12 and WIC 16519.5:

- a notice of a denial or rescission of approval,
- notice of an exemption denial or rescission,
- notice of an exclusion

The child welfare agency must provide you with a written document (known as a "Notice of Action" – see Appendix page A91 for an example) informing you of the county's action or intended action. If you disagree with the reasoning on the Notice of Action, or you have been unable to obtain a written notice of denial, you have the right to appeal and can do so by requesting an administrative fair hearing.

If you choose to appeal the county's action, you must submit a written appeal to the county address listed in the Notice of Action within **25 days** from the date the notice was personally served to you or within **30 days** if the Notice of Action was served on you by mail. This date will be specified in Subsection (a) of the Notice of Action.

The reasoning on the Notice of Action will determine whether you appear before an administrative law judge at the **State Hearings Division** or an administrative law judge at the **Office of Administrative Hearings**.

If you choose to request a fair hearing on your own, the following is a list of helpful tips to assist you in the appeal process:

How to File

You may file a fair hearing by mailing a written request to the address provided on the Notice of Appeal. State the reasons for appealing the decision. It is important that you keep a copy/confirmation sheet as documentation of your request.

While you Wait

While you are waiting for the state to schedule a hearing date and time, your case will be assigned to a State Hearing Specialist who works for the State of California. Please note that the State Hearing Specialist represents the County, the **opposing party** in your case. The State Hearing Specialist should **not** dissuade you from continuing with the hearing process. The administrative law judge works for the State of California and is a neutral fact finder.

At the Hearing

At the fair hearing, you will need to prove that you satisfy the requirements to be approved as a resource family. You should also bring all supporting documentation relevant to your issue.

Please see pages A92-97 to assist you with your appeal.

Conclusion

Congratulations on your decision to step up and become a resource family for a young person in foster care! What you are doing is so important, and the love and stability you provide for a child will support them into adulthood and help them to thrive.

If at any point along the way you need help, please contact one of the legal resources included in the appendix of this workbook. You will also find forms and guidelines there to support you during the approval process.

You are doing a very important thing that will create a brighter future for a deserving young person.

On behalf of all of us who work with young people in foster care: **thank you!**

Resource Family Approval Guide

APPENDIX



A project of The Step Up Coalition
Powered by the Alliance for Children's Rights

Appendix

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FOR COUNTY USE ONLY

COUNTY: _____

RESOURCE FAMILY APPLICATION



Instructions: This is the application form for Resource Family Approval. Please type or print clearly.

INITIAL APPLICATION CHANGE OF LOCATION OTHER (SPECIFY) : _____

I. APPLICANT(S): EACH APPLICANT MUST COMPLETE A CRIMINAL RECORD STATEMENT RFA 01 (B).

FIRST		MIDDLE		LAST	
APPLICANT ONE:					
PREVIOUS NAMES USED: <i>*including maiden name</i>				HIGHEST LEVEL OF EDUCATION COMPLETED	
DATE OF BIRTH	GENDER	RACE/ETHNICITY	DRIVER'S LICENSE NUMBER		
NAME/ADDRESS OF EMPLOYER		WORK PHONE NUMBER	OCCUPATION	ANNUAL INCOME	
EMAIL ADDRESS (OPTIONAL)		CELL PHONE NUMBER	HOME PHONE NUMBER		

FIRST		MIDDLE		LAST	
APPLICANT TWO:					
PREVIOUS NAMES USED: <i>*including maiden name</i>				HIGHEST LEVEL OF EDUCATION COMPLETED	
DATE OF BIRTH	GENDER	RACE/ETHNICITY	DRIVER'S LICENSE NUMBER		
NAME/ADDRESS OF EMPLOYER		WORK PHONE NUMBER	OCCUPATION	ANNUAL INCOME	
EMAIL ADDRESS (OPTIONAL)		CELL PHONE NUMBER	HOME PHONE NUMBER		

II. APPLICANT(S)' RESIDENCE

PHYSICAL ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
Do you own, rent or lease the residence?		Check one: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease		
Weapons in the home?		Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does any person not listed in this document use the residence as their mailing address?		Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If Yes Who: _____		
Please provide directions, including major cross-street information, to your residence.				
Languages spoken in the home?				



Body of Water	Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the location of the body of water and its size?	

III. RELATIONSHIP BETWEEN APPLICANTS

IF MORE THAN ONE APPLICANT, WHAT IS YOUR RELATIONSHIP? Please check one.	
<input type="checkbox"/> MARRIED <input type="checkbox"/> DOMESTIC PARTNERSHIP <input type="checkbox"/> RELATED (FAMILY MEMBER) <input type="checkbox"/> COHABITANTS <input type="checkbox"/> OTHER _____	
DATE OF CURRENT MARRIAGE/DOMESTIC PARTNERSHIP	_____
PLACE OF CURRENT MARRIAGE/DOMESTIC PARTNERSHIP (CITY AND STATE)	_____

IV. MINOR CHILDREN RESIDING IN THE HOME

RELATIONSHIP TO APPLICANT(S)	DATE OF BIRTH	GENDER	DO YOU FINANCIALLY SUPPORT THIS CHILD?	ADOPTED
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. OTHER ADULTS RESIDING IN THE HOME

Each adult residing or regularly present in the home must complete a Criminal Record Statement RFA 01(B).

FULL NAME (FIRST, MIDDLE INITIAL & LAST)	DATE OF BIRTH	RELATIONSHIP TO APPLICANT(S)

VI. APPLICANT(S) HISTORY

MARITAL HISTORY			
NAME OF FORMER SPOUSE	MARRIAGE DATE AND PLACE (CITY AND STATE)	DIVORCE DATE & PLACE	DEATH DATE & PLACE
APPLICANT ONE:			
APPLICANT TWO:			

ADULT CHILDREN OF APPLICANT(S)				
FULL NAME	ADDRESS & PHONE NUMBER	RELATIONSHIP	LIVES IN HOME?	DATE OF BIRTH



VII. CHILD DESIRED

- Has a child been identified? Check one: Yes No If yes, complete RFA 01(C).
- Is the child currently in your home? Check one: Yes No

IF A CHILD HAS NOT BEEN IDENTIFIED, PLEASE INDICATE YOUR PREFERENCES:

AGE(S)	SEX	ETHNICITY	SIBLING (GROUP OF)	CHECK ALL THAT YOU ARE WILLING TO ACCEPT
<input type="checkbox"/> 0 TO 3 yrs	<input type="checkbox"/> Male	<input type="checkbox"/> Caucasian	<input type="checkbox"/> 0	<input type="checkbox"/> History of physical abuse and/or neglect
<input type="checkbox"/> 4 TO 8 yrs	<input type="checkbox"/> Female	<input type="checkbox"/> Hispanic	<input type="checkbox"/> 2	<input type="checkbox"/> History of sexual abuse
<input type="checkbox"/> 9 TO 12 yrs	<input type="checkbox"/> No Preference	<input type="checkbox"/> African American	<input type="checkbox"/> 3	<input type="checkbox"/> History of mental illness
<input type="checkbox"/> 13 TO 15 yrs		<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> 4	<input type="checkbox"/> Medically Fragile
<input type="checkbox"/> 16 TO 18 yrs		<input type="checkbox"/> Native American	<input type="checkbox"/> 5 or more	<input type="checkbox"/> Physically Disabled
<input type="checkbox"/> 18 TO 21 yrs		<input type="checkbox"/> Other		<input type="checkbox"/> Intellectually Challenged
<input type="checkbox"/> No preference		<input type="checkbox"/> No Preference		<input type="checkbox"/> Learning Disability
				<input type="checkbox"/> Alcohol/Drug Exposure
				<input type="checkbox"/> Oppositional/Defiant Behavior
				<input type="checkbox"/> Adverse Parental Background
				<input type="checkbox"/> Different Religious Faith
				<input type="checkbox"/> Different Ethnic and/or Cultural Background
				<input type="checkbox"/> Non-Ambulatory
				<input type="checkbox"/> Probationary Youth
				<input type="checkbox"/> LGBTQ

VIII. FOSTER CARE/ADOPTION/ LICENSURE HISTORY

- Have you been previously licensed, certified, or approved to provide foster care?
If yes, name of Agency(s): _____
Type of license/certification/approval: _____
- Have you previously applied for adoption?
If yes, name of Agency(s): _____
- Have you previously been licensed to operate a non-foster care community care facility, child care center, family child care home, or residential care facility for the elderly?
If yes, type of license: _____
- Have you previously been employed by or volunteered at a community care facility, child care center, family child care home, or residential care facility for the elderly?
If yes, name the facility(s): _____
- Have you had a previous license, certification, relative or nonrelative extended family member, or resource family approval application denial?
Check one: Yes No
- Have you had a license, certification, or approval suspended, revoked, or rescinded?
Check one: Yes No
- Have you been subject to an exclusion order?
Check one: Yes No



IX. REFERENCES

Please list the name, telephone numbers, address, and email address of three individuals who have knowledge of your home environment, lifestyle, and capacity to be a caregiver.

FULL NAME	TELEPHONE NUMBER(S)	MAILING ADDRESS/CITY/STATE/ZIP	EMAIL ADDRESS

X. APPLICANT(S) DECLARATION

I/We declare that:

- I/We have the financial ability to ensure the stability and financial security of the family.
- I/We have the ability and willingness to comply with the applicable laws, regulations, and Written Directives governing the Resource Family Approval Program.
- I/We understand that children and nonminor dependents have personal rights under Welfare and Institutions Code section 16001.9 and the Written Directives, and I/we have the ability and willingness to safeguard those rights.
- I/We have the ability and willingness to understand the safety, permanence, and well-being needs of children and nonminor dependents who have been victims of child abuse and neglect, and the capacity and willingness to meet those needs, including the need for protection.
- I/We have the ability and willingness to understand my/our role as a Resource Family and the capacity to work cooperatively with the agency, county, and other service providers in implementing the child's or nonminor dependent's case plan.
- I/We have an ability and willingness to maintain the least restrictive and most family-like environment that serves the needs of the child or nonminor dependent.
- In signing this application, I/we understand that the completion of routine forms will be required by my/our references, physician, and employer, that my/our financial status will be verified, and a criminal background check will be conducted.
- I/We affirm that the information provided on this form is true, and correct, and contains no material omissions of fact to the best of my/our knowledge.
- I/We understand any false or misleading statements made to the county or department to obtain or maintain Resource Family approval can result in a denial or rescission of a Resource Family approval.
- I/We understand that I/we have the right to appeal any decision regarding the disposition of this application.

APPLICANT(S) SIGNATURE	CITY AND COUNTY WHERE SIGNED	DATE

RFA Application, English, RFA01 (B) Criminal Record Statement

FOR COUNTY USE ONLY
COUNTY: _____



RESOURCE FAMILY CRIMINAL RECORD STATEMENT

CONFIDENTIAL DOCUMENT — FOR COUNTY USE ONLY

Instructions: Each Resource Family applicant and adult residing in or regularly present in the home must complete this Criminal Record Statement.

I. OUT-OF-STATE DISCLOSURE (This section applies only to applicants and adults residing in the home.)

- Have you lived in a state other than California within the last five years? YES NO

If YES, identify each state and complete a **LIC 198B** for each state listed: _____

II. CRIMINAL RECORD STATEMENT

- Have you ever been convicted of a crime in California? You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified in Health and Safety Code sections 11361.5 and 11361.7. YES NO
- Have you ever been convicted of a crime in another state, federal court, military, or a jurisdiction outside of the U.S.? Criminal convictions from another state or federal court are considered the same as criminal convictions in California. YES NO
- Have you ever been arrested for a crime against a child or for spousal/cohabitant abuse? YES NO

If YES, give details on a separate page indicating the nature and circumstances of each crime, date, and location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

- It happened a long time ago;
- It was only a misdemeanor;
- You didn't have to go to court (your attorney went for you);
- You had no jail time or the sentence was only a fine or probation;
- You received a certificate of rehabilitation; or
- The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) MAY RESULT IN AN EXEMPTION DENIAL, APPLICATION DENIAL, RESCISSION OF APPROVAL, OR EXCLUSION FROM A RESOURCE FAMILY HOME.

<i>I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.</i>		
NAME OF RESOURCE FAMILY:		
YOUR FULL NAME (PRINT CLEARLY):		
RESIDENCE ADDRESS (STREET, CITY, ZIP):		
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT):	DATE OF BIRTH:	DRIVER'S LICENSE NUMBER/STATE:
SIGNATURE:		DATE:

FOR COUNTY USE ONLY
COUNTY: _____

RESOURCE FAMILY APPLICATION-CONFIDENTIAL

VII. CHILD DESIRED (to be completed only if a child has been identified prior to approval)

- Has a child been identified? Check one: Yes No
- Is the child currently in your home? Check one: Yes No

NAME OF CHILD	DATE OF BIRTH OF CHILD	GENDER	COUNTY OF JURISDICTION	DATE OF PLACEMENT	RELATIONSHIP TO APPLICANT(S)	EDUCATION (GRADE, NAME & ADDRESS OF SCHOOL)

SOLICITUD PARA FAMILIA DE APOYO (RESOURCE FAMILY)

Instrucciones: Ésta es la solicitud para aprobación de una Familia de Apoyo. Por favor escriba a máquina o escriba claramente con letra de molde.

SOLICITUD INICIAL CAMBIO DE UBICACIÓN OTRO (ESPECIFIQUE) : _____

I. SOLICITANTE(S) CADA SOLICITANTE TIENE QUE COMPLETAR UNA "DECLARACIÓN SOBRE ANTECEDENTES PENALES" RFA-01(B)

PRIMER NOMBRE	NOMBRE QUE USA EN MEDIO	APELLIDO			
SOLICITANTE NÚMERO UNO:					
SOLICITANTE NÚMERO DOS:					
NOMBRES QUE USÓ ANTERIORMENTE: <i>*incluyendo nombre de soltera</i>				NIVEL DE EDUCACIÓN MÁS ALTO QUE COMPLETÓ	
SOLICITANTE NÚMERO UNO:					
SOLICITANTE NÚMERO DOS:					
FECHA DE NACIMIENTO	SEXO	RAZA/ETNICIDAD	NÚMERO DE LICENCIA DE MANEJAR		
SOLICITANTE NÚMERO UNO:					
SOLICITANTE NÚMERO DOS:					
NOMBRE/DIRECCIÓN DEL EMPLEADOR		NÚM. DE TELÉFONO EN EL TRABAJO	OCUPACIÓN	INGRESOS ANUALES	
SOLICITANTE NÚMERO UNO:					
SOLICITANTE NÚMERO DOS:					
EMAIL (OPCIONAL)		NÚM. DE TELÉFONO CELULAR	NÚM. DE TELÉFONO EN EL HOGAR		
SOLICITANTE NÚMERO UNO:					
SOLICITANTE NÚMERO DOS:					

II. RESIDENCIA DEL SOLICITANTE(S)

DIRECCIÓN	CIUDAD	ESTADO	CÓDIGO POSTAL
DIRECCIÓN PARA EL CORREO (SI ES DIFERENTE)	CIUDAD	ESTADO	CÓDIGO POSTAL
¿Es usted dueño de su residencia o renta o arrienda?	Marque una: <input type="checkbox"/> Soy el dueño <input type="checkbox"/> Rento <input type="checkbox"/> Arriendo		
¿Hay armas en el hogar?	Marque una: <input type="checkbox"/> Sí <input type="checkbox"/> No		

Extensión de agua	Marque una: <input type="checkbox"/> Sí <input type="checkbox"/> No
Si la respuesta es "Sí", por favor describa la ubicación de la extensión de agua y su tamaño:	

Por favor proporcione instrucciones, incluyendo información de cruces de calles principales, para llegar a su residencia.

III. RELACIÓN/PARENTESCO ENTRE LOS SOLICITANTES

SI HAY MÁS DE UN SOLICITANTE, ¿CUÁL ES SU RELACIÓN/PARENTESCO? *Por favor, marque una.*

CASADOS RELACIÓN DOMÉSTICA PARIENTES (MIEMBRO DE LA FAMILIA) COHABITANTES OTRA _____

FECHA DEL MATRIMONIO/RELACIÓN DOMÉSTICA ACTUAL	
LUGAR DEL MATRIMONIO/RELACIÓN DOMÉSTICA ACTUAL	

IV. NIÑOS MENORES QUE VIVEN EN EL HOGAR

RELACIÓN/PARENTESCO CON EL SOLICITANTE(S)	FECHA DE NACIMIENTO	SEXO	¿APOYA USTED ECONÓMICAMENTE AL NIÑO?	ADOPTADO
			<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
			<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
			<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
			<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No

V. OTROS ADULTOS QUE VIVEN EN EL HOGAR

Cada adulto que vive en el hogar tiene que completar una "Declaración sobre antecedentes penales" RFA-01(B).

NOMBRE COMPLETO (PRIMER NOMBRE, NOMBRE QUE USA EN MEDIO, Y APELLIDO)	FECHA DE NACIMIENTO	RELACIÓN/PARENTESCO CON EL SOLICITANTE(S)

VI. HISTORIAL DEL SOLICITANTE(S)

HISTORIA MARITAL			
NOMBRE DEL ESPOSO(A) ANTERIOR	FECHA Y LUGAR DEL MATRIMONIO (CIUDAD Y ESTADO)	FECHA Y LUGAR DEL DIVORCIO	FECHA Y LUGAR DEL FALLECIMIENTO
SOLICITANTE NÚMERO UNO:			
SOLICITANTE NÚMERO DOS:			

HIJOS ADULTOS DEL SOLICITANTE(S)				
NOMBRE COMPLETO	DIRECCIÓN Y NÚMERO DE TELÉFONO	RELACIÓN/PARENTESCO	¿VIVE EN EL HOGAR?	FECHA DE NACIMIENTO

HISTORIAL DE CUIDADO DE CRIANZA TEMPORAL/ADOPCIÓN

- ¿Ha presentado anteriormente una solicitud para adopción?
Si la respuesta es "Sí", nombre de la oficina/agencia: _____
- ¿Ha sido anteriormente certificado o aprobado, o tiene una licencia para el cuidado de crianza temporal?
Si la respuesta es "Sí", nombre de la oficina/agencia: _____
- ¿Qué tipo de licencia obtuvo? _____
- Anteriormente, ¿ha estado empleado o ha trabajado como voluntario en un establecimiento de cuidado en la comunidad? Si la respuesta es "Sí", nombre del establecimiento(s): _____
- ¿Ha tenido anteriormente la negación de una licencia, certificación, solicitud para cuidado de crianza temporal como miembro o no miembro de la familia extendida; suspensión o revocación de licencia; o ha estado sujeto a una orden de exclusión?
Marque una Sí No

VII. EL NIÑO QUE DESEA

- ¿Se ha identificado al niño? Marque una: Sí No
- ¿Está el niño actualmente en su hogar? Marque una: Sí No

FECHA DE NACIMIENTO DEL NIÑO	SEXO	CONDADO DE JURISDICCIÓN	FECHA DE COLOCACIÓN O FUTURA FECHA DE COLOCACIÓN	RELACIÓN/ PARENTESCO CON EL SOLICITANTE(S)	EDUCACIÓN (GRADO, NOMBRE Y DIRECCIÓN DE LA ESCUELA)

SI NO SE HA IDENTIFICADO AL NIÑO, POR FAVOR INDIQUE SUS PREFERENCIAS:

EDAD(ES)	SEXO	ETNICIDAD	HERMANOS (GRUPO DE)	MARQUE TODAS LAS CONDICIONES QUE ESTÁ DISPUESTO A ACEPTAR
<input type="checkbox"/> 0 A 3 años <input type="checkbox"/> 4 A 8 años <input type="checkbox"/> 9 A 12 años <input type="checkbox"/> 13 A 15 años <input type="checkbox"/> 16 A 18 años <input type="checkbox"/> 18 A 21 años <input type="checkbox"/> No preferencia	<input type="checkbox"/> Masculino solamente <input type="checkbox"/> Femenino solamente <input type="checkbox"/> No preferencia	<input type="checkbox"/> Caucásico <input type="checkbox"/> Hispano <input type="checkbox"/> Afroamericano <input type="checkbox"/> Asiático/ Isleño del Pacífico <input type="checkbox"/> Indígena de los Estados Unidos <input type="checkbox"/> Otra <input type="checkbox"/> No preferencia	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 o más <input type="checkbox"/> N/A (no aplica)	<input type="checkbox"/> Historial de abuso físico y/o descuido <input type="checkbox"/> Historial de abuso sexual <input type="checkbox"/> Historial de enfermedad mental <input type="checkbox"/> Médicamente frágil <input type="checkbox"/> Discapacidad física <input type="checkbox"/> Discapacidad intelectual <input type="checkbox"/> Discapacidad de aprendizaje <input type="checkbox"/> Expuesto al alcohol/drogas <input type="checkbox"/> Comportamiento de oposición/desafiante <input type="checkbox"/> Antecedentes adversos de los padres <input type="checkbox"/> Fe religiosa diferente <input type="checkbox"/> Origen de diferente etnia y/o cultura <input type="checkbox"/> No puede caminar

VIII. REFERENCIAS

Por favor anote el nombre, dirección y número de teléfono de tres personas que conozcan su ambiente en el hogar, estilo de vida, y capacidad para ser un proveedor de cuidado.

NOMBRE COMPLETO	NÚMERO(S) DE TELÉFONO	DIRECCIÓN PARA RECIBIR EL CORREO CIUDAD/ESTADO/CÓDIGO POSTAL

IX. DECLARACIÓN DEL SOLICITANTE(S)

Yo (o nosotros) declaro que:

- Yo (o nosotros) tengo la habilidad financiera para mantener el nivel de cuidado que requiere un Hogar de Familia de Apoyo (*Resource Family Home*).
- Yo (o nosotros) tengo la habilidad y la voluntad para cumplir con las leyes, reglamentos, y directivas escritas que gobiernan el Programa de Aprobación de Familias de Apoyo.
- Yo (o nosotros) entiendo que los niños y los dependientes que no son menores tienen derechos personales bajo la Sección 16001.9 del Código de Bienestar e Instituciones (*Welfare and Institutions Code*), y tengo la habilidad y voluntad de salvoguardar esos derechos.
- Yo (o nosotros) tengo la habilidad y la voluntad para entender las necesidades de seguridad, permanencia, y bienestar de los niños y los dependientes que no son menores que han sido víctimas de abuso y descuido de niños, y la capacidad y voluntad para satisfacer esas necesidades, incluyendo la necesidad de protección.
- Yo (o nosotros) tengo la habilidad y voluntad para entender mi papel como Familia de Apoyo y la capacidad para trabajar en cooperación con la oficina/agencia, condado, y otros proveedores de servicios para implementar el plan de caso del niño o dependiente que no es menor.
- Yo (o nosotros) tengo la habilidad y voluntad para mantener el ambiente menos restrictivo y lo más parecido a una familia que satisface las necesidades de un niño o un dependiente que no es menor, y estoy preparado para usar el Estándar de un Padre Razonable y Prudente (*Reasonable and Prudent Parent Standard - RPPS*).
- Al firmar esta solicitud, yo (o nosotros) entiendo que: se requerirá que mis referencias, doctor, y empleador, completen los formularios rutinarios; se verificará mi situación financiera y marital; y se llevará a cabo una verificación de antecedentes penales.
- Yo (o nosotros) afirmo que la información proporcionada en este formulario es verdadera y correcta según mi leal saber y entender.
- Yo (o nosotros) entiendo que yo (o nosotros) tengo el derecho a apelar cualquier decisión acerca de la disposición de esta solicitud.

FIRMA DEL SOLICITANTE(S)	CIUDAD Y CONDADO DONDE SE FIRMÓ	FECHA

FOR COUNTY USE ONLY
COUNTY: _____



DECLARACIÓN SOBRE ANTECEDENTES PENALES (FAMILIAS DE APOYO)
DOCUMENTO CONFIDENCIAL — SOLAMENTE PARA USO DEL CONDADO

Instrucciones: Cada solicitante del programa de Familias de Apoyo y cada adulto que vive o seguido está presente en el hogar tiene que completar esta Declaración Sobre Antecedentes Penales.

I. DIVULGACIÓN DE OTROS ESTADOS (Esta sección solamente aplica a los solicitantes y a los adultos que viven en el hogar.)

- ¿Ha vivido en algún estado que no fuera California en los últimos cinco años? SÍ NO

Si contestó "Sí", anote cada estado y complete un formulario LIC 198B para cada estado que anotó:

II. DECLARACIÓN DE ANTECEDENTES PENALES

- ¿Alguna vez ha sido declarado culpable de un delito en California? *Usted no tiene que revelar ninguna ofensa relacionada a la marihuana cuando esa ofensa está cubierta bajo la reforma en la legislación codificada en las Secciones 11361.5 y 11361.7 del Código de Salud y Seguridad sobre la marihuana.* SÍ NO
- ¿Alguna vez ha sido declarado culpable de un delito en otro estado, en la corte federal, en el servicio militar, o en una jurisdicción fuera de los Estados Unidos? *Las sentencias criminales en otra corte estatal o federal se consideran igual que las sentencias criminales en California.* SÍ NO
- ¿Alguna vez ha sido arrestado por cometer un delito en contra de un niño o por abuso en contra de su esposa(o)/persona que vivía con usted? SÍ NO

Si contestó "Sí", anote los detalles en una hoja por separado indicando el tipo y las circunstancias de cada delito y también la fecha y el lugar donde ocurrió cada delito.

Tiene que revelar cualquier condena, incluyendo condenas por haber manejado peligrosamente o bajo la influencia del alcohol, aun si:

- eso sucedió hace mucho tiempo;
- sólo fue un delito menor;
- no tuvo que ir a la corte (su abogado fue por usted);
- no tuvo que ir a la cárcel o la sentencia sólo fue una multa o un período de libertad condicional;
- recibió un certificado de rehabilitación; o
- la condena se descartó o se canceló más tarde, o se suspendió la sentencia.

NOTA: SI LA REVISIÓN DE LOS ANTECEDENTES PENALES REVELA ÁLGUNA CONDENA(S) QUE USTED NO DIÓ A CONOCER EN ESTE FORMULARIO, EL NO HABER DADO A CONOCER LA CONDENA RESULTARÁ EN LA NEGACIÓN DE UNA EXENCIÓN, EN LA NEGACIÓN DE LA SOLICITUD PARA LA LICENCIA, EN LA REVOCACIÓN DE LA LICENCIA, O EN LA EXCLUSIÓN DE USTED DE UN ESTABLECIMIENTO CON LICENCIA.

<i>Declaro bajo pena de perjurio, según las leyes del Estado de California, que he leído y entiendo la información que contiene esta declaración jurada y que mis respuestas y cualquier documento adjunto son verdaderos y correctos.</i>		
NOMBRE DE LA FAMILIA DE APOYO:		
SU NOMBRE COMPLETO (ESCRIBA CLARAMENTE CON LETRA DE MOLDE):		
DIRECCIÓN DE SU RESIDENCIA (CALLE, CIUDAD, CÓDIGO POSTAL):		
NÚMERO DE SEGURO SOCIAL (VEA LA DECLARACIÓN SOBRE LA CONFIDENCIALIDAD):	FECHA DE NACIMIENTO:	NÚMERO/ESTADO DE LA LICENCIA DE MANEJAR:
FIRMA:		FECHA:

RFA Application, Spanish, RFA01 (B) Criminal Record Statement

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
RESOURCE FAMILY APPROVAL

DIVULGACIÓN DE ANTECEDENTES CRIMINALES

Si usted ha sido declarado culpable de un delito en California, en otro estado, o en una corte federal, proporcione la siguiente información:

¿Cuál fue la ofensa? _____

¿En cuál estado y ciudad cometió usted la ofensa?

¿Cuándo ocurrió esto? _____

Díganos qué sucedió. (Use hojas de papel adicionales si es necesario) _____

Declaración bajo perjurio - Declaro bajo pena de perjurio, de acuerdo con las leyes del Estado de California que he leído y entiendo la información que contiene esta declaración jurada y que mis respuestas y cualquier documento adjunto son verdaderos y correctos.

FIRMA	FECHA

DECLARACIÓN SOBRE LA CONFIDENCIALIDAD

De acuerdo con el Decreto Federal sobre la Confidencialidad (P.L. 93-579) y el Decreto de 1977 sobre la Divulgación de Información (Sección 1798 y siguientes, del Código Civil), se da aviso que se solicita el número de Seguro Social (SSN) en este formulario. El Departamento de Justicia de California usa el SSN de una persona como un número identificador. El dar el SSN que se pide es voluntario. El no dar el SSN pudiera demorar la tramitación de este formulario y la revisión de los antecedentes penales.

Para poder ser aprobada como una Familia de Apoyo, o para vivir o estar presente en el hogar de una Familia de Apoyo, la ley requiere que usted complete una revisión de antecedentes penales (Secciones 309, 361.4, y 16519.5 del Código de Bienestar Público e Instituciones). La oficina de licenciamiento o la oficina aprobatoria creará un expediente sobre la revisión de sus antecedentes penales, el cual incluirá ciertos documentos, incluyendo la información que usted proporcione. Usted tiene derecho a tener acceso a ciertos expedientes que contienen datos personales y que son guardados por la oficina de licenciamiento o la oficina aprobatoria (Sección 1798 y siguientes, del Código Civil). Bajo el Decreto de California sobre Registros Públicos, la oficina de licenciamiento o la oficina aprobatoria posiblemente tenga que proporcionar copias de algunos documentos en el expediente a miembros del público que los pidan, incluyendo a reporteros del periódico y de la televisión.

FOR COUNTY USE ONLY (PARA USO DEL CONDADO SOLAMENTE)
COUNTY: _____

SOLICITUD DE FAMILIAS DE APOYO-CONFIDENCIAL

VII. NIÑO DESEADO (para completarse solamente si un niño ha sido identificado antes de la aprobación)

- ¿Ha sido identificado un niño? Marque uno: Sí No
- ¿Está el niño en su hogar actualmente? Marque uno: Sí No

NOMBRE DEL NIÑO	FECHA DE NACIMIENTO DEL NIÑO	SEXO	CONDADO DE JURISDICCIÓN	FECHA DE COLOCACIÓN	RELACIÓN CON EL SOLICITANTE(S)	EDUCACIÓN (GRADO, NOMBRE Y DIRECCIÓN DE LA ESCUELA)

A Guide to Acronyms & Abbreviations

AAP	Adoption Assistance Program <i>Financial assistance paid to families on behalf of adopted children</i>	CASA	Court Appointed Special Advocate
AB	Assembly Bill <i>Legislation proposed in the State Assembly</i>	CAT	Comprehensive Assessment Tool
ACF	Administration for Children and Families <i>A division of the US Department of Health & Human Services responsible for federal programs that promote the economic and social well-being of families, children, individuals and communities.</i>	CBHDA	County Behavioral Health Directors Association
ACIN	All County Information Notice <i>Formal communication from CDSS to counties. Provides information.</i>	CCF	Community Care Facility
ACL	All County Letter <i>Formal communication from CDSS to counties. Provides instructions, requirements, etc.</i>	CCLD	Community Care Licensing Division
ACYF	Administration on Children, Youth, & Families <i>Part of the ACF (see above)</i>	CCR	Continuum of Care Reform
AFCARS	Adoption & Foster Care Analysis & Reporting System <i>Federal data set on all children in foster care. States required to submit data twice per year.</i>	C-CFSR	California Child & Family Services Review
AFDC-FC	Aid to Families with Dependent Children-Foster Care	CDAD	Contracts Development & Administrative Division
AOC	Administrative Office of the Courts/Judicial Council	CDSS	California Department of Social Services
APSR	Annual Progress & Services Report <i>Provides annual updates to federal government in two areas: (1) progress made during previous fiscal year toward accomplishing goals & objectives that are contained within a state's Child and Family Services Plan; (2) planned activities for coming fiscal year.</i>	CFPIC	Child & Family Policy Institute of California
ARC	Approved Relative Caregiver	CFSD	Children & Family Services Division
CalSWEC	California Social Work Education Center	CFSP	Child & Family Services Plan <i>Five-year strategic plan required by the federal government that describes a state's vision and goals to improve the overall child welfare system.</i>
CalWORKs	California Work Opportunity & Responsibility to Kids	CFSR	Child & Family Services Review <i>Periodic reviews of state child welfare systems conducted by the federal government</i>
CACI	Child Abuse Central Index	CFT	Child & Family Team
CALPADS	California Longitudinal Pupil Achievement Data System	CFH	Certified Family Home
CAP	Child Welfare Waiver Demonstration Capped Allocation Project <i>Project that provides participating counties a fixed amount of federal funds that are used flexibly to provide services to children & families regardless of their federal eligibility status. These funds are otherwise restricted to supporting only board and care costs for federally-eligible children in out of home care.</i>	CFL	County Fiscal Letter
CAPP	California Partners for Permanency	CHDP	Child Health & Disability Prevention
CAPC	Child Abuse Prevention Councils	CMS	Centers for Medicare & Medicaid Services
CAPIT	Child Abuse Prevention Intervention &	CNI	California Necessities Index
		CPD	County Probation Department
		CPM	Core Practice Model
		CPFSB	Child Protection & Family Support Branch
		CPOC	Chief Probation Officers of California
		CQI	Continuous Quality Improvement
		CRC	Children's Research Center
		CSEC	Commercial Sexual Exploitation of Children
		CSOE	Children Services Operations & Evaluation Branch
		CTF	Community Treatment Facilities
		CWC	Child Welfare Council
		CWDA	County Welfare Directors Association <i>Organization representing the welfare directors of all 58 counties.</i>
		CWD	Child Welfare Department
		CWDAB	Child Welfare Data Analysis Bureau
		CWIP	Child Welfare Improvement Project
		CWS	Child Welfare Services

A Guide to Acronyms & Abbreviations

CWS/CMS	Child Welfare Services/Case Management System <i>California's automated system used for case management, services planning, and information gathering for child welfare.</i>	HBFC	Home-Based Family Care
CY	Calendar Year	HCPCFC	Health Care Program for Children in Foster Care
DCFS	Department of Children & Family Services	HIPAA	Health Insurance Portability & Accountability Act
DHCS	Department of Health Care Services	HSC	Health and Safety Code
DDS	Department of Developmental Services	ICAMA	Interstate Compact on Adoption & Medical Assistance
DMH	Department of Mental Health	ICC	Intensive Care Coordination
DOJ	Department of Justice	ICPC	Interstate Compact on the Placement of Children
DR	Differential Response <i>Program that provides child welfare agencies ability to respond to reports of abuse or neglect in multiple ways according to level of risk.</i>	ICWA	Indian Child Welfare Act
DV	Domestic Violence	IFCCS	Intensive Field Capable Clinical Services
EPSDT	Early & Periodic Screening, Diagnosis, & Treatment	IHBS	Intensive Home Based Services
ER	Emergency Response	ILP	Independent Living Program
EYS	Emancipated Youth Stipend	IPP	Individual Program Plan
FFA	Foster Family Agency <i>Community based non profit organizations licensed by CDSS to provide foster care</i>	ITFC	Intensive Treatment Foster Care <i>Program for children in foster care who have intense mental health needs. Eligible children are placed with foster families who receive specialized training and support on caring for children with special needs.</i>
FFA/NT	Foster Family Agency/Non-Treatment	KinGAP	Kinship Guardianship Assistance Payment Program
FFA/T	Foster Family Agency/Treatment	KSSP	Kinship Support Services Program
FFE	Family Finding & Engagement	LAARS	Legal Administration Action Records System
F2F	Family to Family	LIS	Licensing Information System
FFH	Foster Family Home	LMHP	Licensed Mental Health Professional
FFP	Federal Financial Participation <i>Amount of federal funds that support specific programs</i>	LOC	Level Of Care
FFY	Federal Fiscal Year <i>October 1 - September 30</i>	LPHA	Licensed Practitioner of the Healing Arts
FM	Family Maintenance <i>Time-limited protective services for families where social workers work with the family and the child remains in the home</i>	LRF	Local Revenue Fund
FPRRS	Foster Parent Recruitment, Retention, & Support	MCP	Managed Care Plan
FR	Family Reunification <i>Process of returning children in temporary out of home care to their family of origin</i>	MHP	Mental Health Plan
FRC	Family Resource Centers	MHSA	Mental Health Services Act
FSP	Full Service Partnerships	MHSUDS	Mental Health & Substance Use Disorder Services
FY	Fiscal Year	MOU	Memorandum of Understanding
FYS	Foster Youth Services	MPP	Manual of Policies & Procedures <i>Collection of regulations and statutes that govern social services programs</i>
GF	General Fund	MTFC	Multi-Dimensional Treatment Foster Care
GH	Group Home	NMD	Non-Minor Dependent
stepupforkin.org/rfatoolkit		NOA or NA	Notice of Action
		NPEES	National Plan & Provider Enumeration System
		NPI	National Provider Identifier
		NRC	National Resource Center
		NREFM	Non-Related Extended Family Members

A Guide to Acronyms & Abbreviations

NRLGs	Non-Related Legal Guardians	SD/MC	Short/Doyle Medi-Cal
NTI Health	National Adoption Competency Mental Training Initiative	FY	State Fiscal Year <i>July 1 – June 30</i>
NYTD	National Youth in Transition Database	SGF	State General Fund
OA	Outcomes & Accountability Bureau (in CFSD)	SILP	Supervised Independent Living Placement
OCAP	Office of Child Abuse Prevention Bureau (in CFSD)	SIP	System Improvement Plan
OO	Out Of County	SIT	State Interagency Team
OOS	Out Of State	SKCP	Safe Kids California Project
OYA	Older Youth Adoptions Pilot Program	SMHS	Specialty Mental Health Service
PFAR	Provider File Adjustment Request	SOP	Safety Organized Practice
PIP	Program Improvement Plan	SPA	State Plan Amendment
PL	Public Law <i>Federal law. Acts of Congress that relate to the general public.</i>	SSB	Safely Surrendered Babies
PP	Permanent Placement	STAR	Successful Transitions to Adult Readiness
PQCR	Peer Quality Case Reviews	STEC	Statewide Training & Education Committee
PSB	Provider Support Bureau	STRTC	Short-Term Residential Treatment Center
PSSF	Promoting Safe & Stable Families Act	STRTP	Short Term Residential Treatment Program
QA	Quality Assurance	T/TA	Training and Technical Assistance
QIP	Quality Improvement Project	TANF	Temporary Assistance for Needy Families
QPI	Quality Parenting Initiative	TAY	Transitional Age Youth
RBS	Residentially Based Services <i>Pilot program in four California counties that provides short-term intensive treatment, combined with community-based services that focus on transitions from group care to family settings. Intended to decrease reliance on group home care for children with intensive needs.</i>	TB	Tuberculosis
RCAPC	Regional Child Abuse Coalition	TCA	Tribal Customary Adoptions
RCL	Rate Classification Level <i>A point system for group homes used to identify the level or intensity of care and supervision a child will receive.</i>	TDM	Team Decision Making
RCFFP	Resource Center for Family-Focused Practice	TFC	Therapeutic Foster Care
RFA	Resource Family Approval	THPP	Transitional Housing Placement Program (ages 16-18)
RFA	Request for Application	THP-Plus	Transitional Housing Placement Plus Program (ages 18-24)
RFP	Request for Proposal	TILP	Transitional Independent Living Program
RP	Resource Parent	TLFR	Time-Limited Family Reunification
RTAs	Regional Training Academies	TOP	Treatment Outcomes Package
SB	Senate Bill <i>Legislation proposed in the State Senate</i>	TPR	Termination of Parental Rights
SCI	Specialized Care Increment	TSCF	Temporary Shelter Care Facility
SCP	Substitute Care Provider <i>Adults who agree to provide substitute care for a child in their homes, either short or long term</i>	WIC or WIC	Welfare & Institutions Code
SDM	Structured Decision Making	YEP	Youth Engagement Project
		YSS	Youth Services Survey
		YSS-F	Youth Services Survey Families

Los Angeles Legal Service Organizations That Assist Resource Families

Alliance for Children's Rights

(213) 368-6010

kids-alliance.org

Guardianship; Emancipation; Special Education; Foster Care Adoption;

Bet Tzedek Legal Services

(323) 939-0506

bettzedek.org

Contested Guardianships; Debt/Credit Issues; Housing Identity; Theft; SSI

Children's Law Center of Los Angeles (CLCLA)

(323) 980-1700

clccal.org

To find child's dependency court attorney

DCFS Post Adoption Services

(800) 735-4984

Counseling; Residential treatment; Rate adjustments

DCFS Public Inquiry Line

(213) 351-5602

Locate name & phone number of Social Worker assigned to a case; general information

DCFS Child Abuse Hotline

(800) 540-4000

To report child abuse

DCFS Kinship Support Center

(888) 694-7263

Services for relative and other foster caregivers

Disability Rights California

(800) 776.5746

disabilityrightsca.org

Services for disabled clients statewide; regional center clients

Disability Rights Legal Center

(213) 736-1334

drlcenter.org

Special Education; Disability related legal issues; Inland Empire advocacy

Health Consumer Alliance

(800) 896-3203

healthconsumer.org

Health insurance eligibility and denials

Immigration Center for Women & Children

(213) 614-1165

icwclaw.org

Immigration matters

Los Angeles Center for Law & Justice

(323) 980-3500

laclj.org

Teen parents custody; Probate Guardianship; Family Law; Housing

Los Angeles County Bar Association

(213) 243-1525

lacba.org

Lawyer referral service

Los Angeles Dependency Lawyers, Inc.(LADL)

(323) 262-0472

ladlinc.org

To find the Parent's dependency court attorney

Learning Rights Law Center

(213) 489-4030

learningrights.org

Disability and Special Education Law

Legal Aid Foundation of Los Angeles

(800) 399-4529

lafla.org

Federal ineligibility for benefits due to "deprivation," "linkage," or the bio parents' income

Mental Health Advocacy Services

(213) 389-2077

mhas-la.org

Mental Health, Disability and Special Education Law; Government Benefits; Housing

Neighborhood Legal Services

(800) 433-6251

nls-la.org

General low income advocacy for San Fernando Valley residents

Office of Clients Rights Advocacy (OCRA)

(800) 390-7032

Regional Center advocacy for clients over 3 years old.

Public Counsel

(213) 385-2977

publiccounsel.org

Guardianship; Emancipation; Special Education; Foster Care Adoption;

Resource Center for Self-Represented Litigants

Los Angeles Superior Court

4th Floor - Room 426

111 North Hill Street, Los Angeles, 90012

Relative Support Services

Alliance for Children’s Rights | (213) 368-6010

Los Angeles County

Intake forms available at: kids-alliance.org/client-intake/

Bay Area Legal Aid, Youth Justice Unit | (510) 663-4744

Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, and Santa Clara Counties

Youthjustice@baylegal.org

California Department of Social Services—Foster Care Ombudsman’s Office | (877) 846-1602

fosteryouthhelp@dss.ca.gov

fosteryouthhelp.ca.gov

Public Counsel | (213) 385-2977 x500 (Mon-Wed only)

Los Angeles County

Important Telephone Numbers and Addresses Tracking Tool

Medical or Fire Emergencies: 911

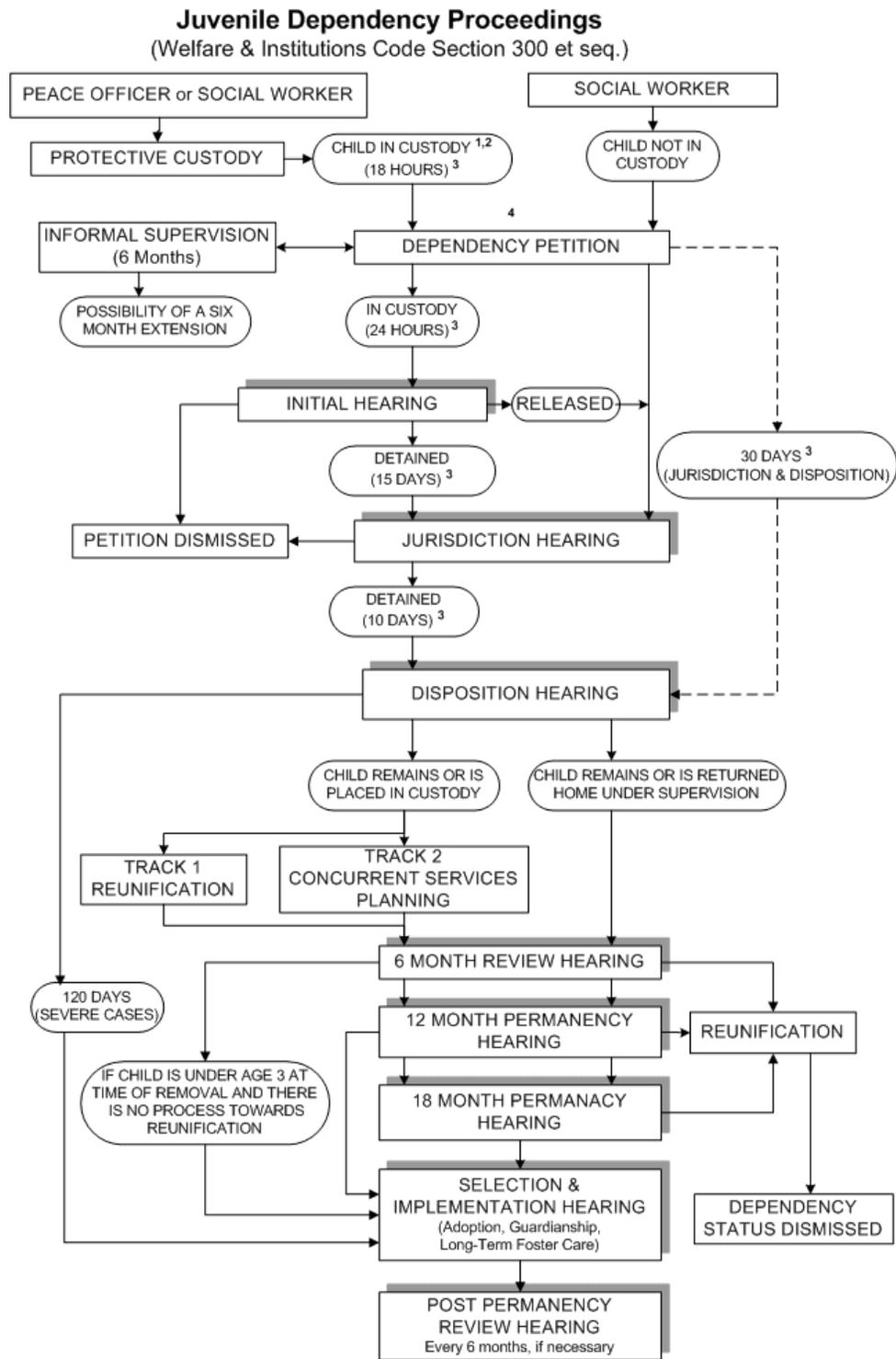
Poison Control: 800-222-1222

Partnership Health Plan Member Services: 800-863-4155

CPS Hotline: _____

RFA Worker:	
Phone:	
Social Worker:	
Phone:	
Social Worker Supervisor:	
Phone:	
Kinship/Foster Parent Mentor:	
Phone:	
CASA (Court Appointed Special Advocate):	
Phone:	
Child's Attorney:	
Phone:	
Child Care Resource & Referral:	
Phone:	
Child's Birth Parents:	
Address:	
Phone:	
Other Relative:	
Address:	
Phone:	
Child's Physician:	
Address:	
Phone:	
Child's Hospital:	
Address:	
Phone:	
Child's Therapist:	
Address:	
Phone:	
Child's Dentist:	
Address:	
Phone:	
Child's School:	
Teacher:	
Address:	
Phone:	

What Happens in the Juvenile Court Process Flowchart



¹ If a child is under the age of three at the time of removal, court ordered services shall not exceed six months. (See W & I Code section 361.5(a)(2) for exceptions.) When calculating the 6-month period, the time shall begin either 60 days after the child was placed in protective custody or from the date of the jurisdiction hearing, whichever is earlier.

² If a child is three years of age or older at the time of removal, court ordered services shall not exceed 12 months. (See W & I Code section 361.5(a)(2) for exceptions.) The twelve month time period is calculated the same as in footnote #1.

³ Judicial Days/Hours

⁴ When a minor is a dependent child of the court and remains in the home and there is a reasonable cause to believe that the minor is a person described in subdivision (a), (d) or (e) of section 300 of the Welfare and Institutions Code, court proceedings shall commence and the minor shall be committed to the care, custody and control of the probation officer.

Dependency Court vs Probate Court

	Dependency Court	Probate Court
Primary Focus	Preservation or reunification of the family while protecting the emotional and physical well-being of the child(ren)	Permanent living arrangement when it is “necessary and convenient”. Focus on proposed guardian’s qualifications and child’s needs without focusing on parent’s circumstances or any preference to maintain family unit
Investigation	Social worker reports to the court why the child has been removed from the parent’s physical custody, the need, if any, for continued detention, and identify available services that could facilitate the return of the child to the parents	Probate investigation discretionary
Pre-Removal Services and Effort to Avoid Removal	Before the child can be detained, the Court must determine that remaining in the parent’s home is contrary to the child’s welfare and make a finding that reasonable efforts were made to prevent the need for removal	No similar requirements
Parent’s Right to Counsel	Indigent parents have a right to appointed counsel whenever the child has been placed in out-of-home care or the agency is recommending the same	No right to appointed counsel
Reunification services	Parents receive reunification services aimed at reuniting the family. The services must be tailor made for the needs of the individual family.	Court cannot order reunification services

Tips for Caregivers Who Are Seeking Approval

1. Ask for help.

The next several weeks will be busy and may be difficult. Ask neighbors, friends or a faith community if they are willing to help out with meals, transportation, or child care. You will need the support of your community.

2. Understand your role.

Your child has most likely come to you having suffered some trauma. Try to understand their behavior by considering that they are experiencing a sense of loss they may not be able to talk about.

3. Document!

Keep a log of everyone you come in contact with. Names, titles, their role in the process and contact information. Compile a list of important phone numbers in one place.

4. Child Information.

Compile a list of information about the child you are caring for, including: medical needs, school information, extra activities or appointments, likes/dislikes/allergies, bedtime routines and other special needs. Try to get as much information about the child when the child first comes to live with you.

5. Support.

There are many types of support for you out there. Support groups are a great place to talk with others, vent and share ideas and resources in a safe non-judgmental environment. Get in touch with a foster or kinship parent network for advice about how to get the support you need.

6. Safe Home Environment.

It is important that the children in your care know that your house is now their home (for the time being). Set a positive tone for everyone. They should know your rules and expectations of your household are (in an age appropriate manner). You should also try to gather as much information as possible about how to create the home environment that they need.

7. Predictable Home Environment.

Sticking to a predictable routine provides comfort and security to children who feel a loss of control in their lives. Post a schedule of the day (with pictures for non-readers), and keep regular meal and bed times. Predictability often prevents (or at least decreases) the frequency of meltdowns and tantrums.

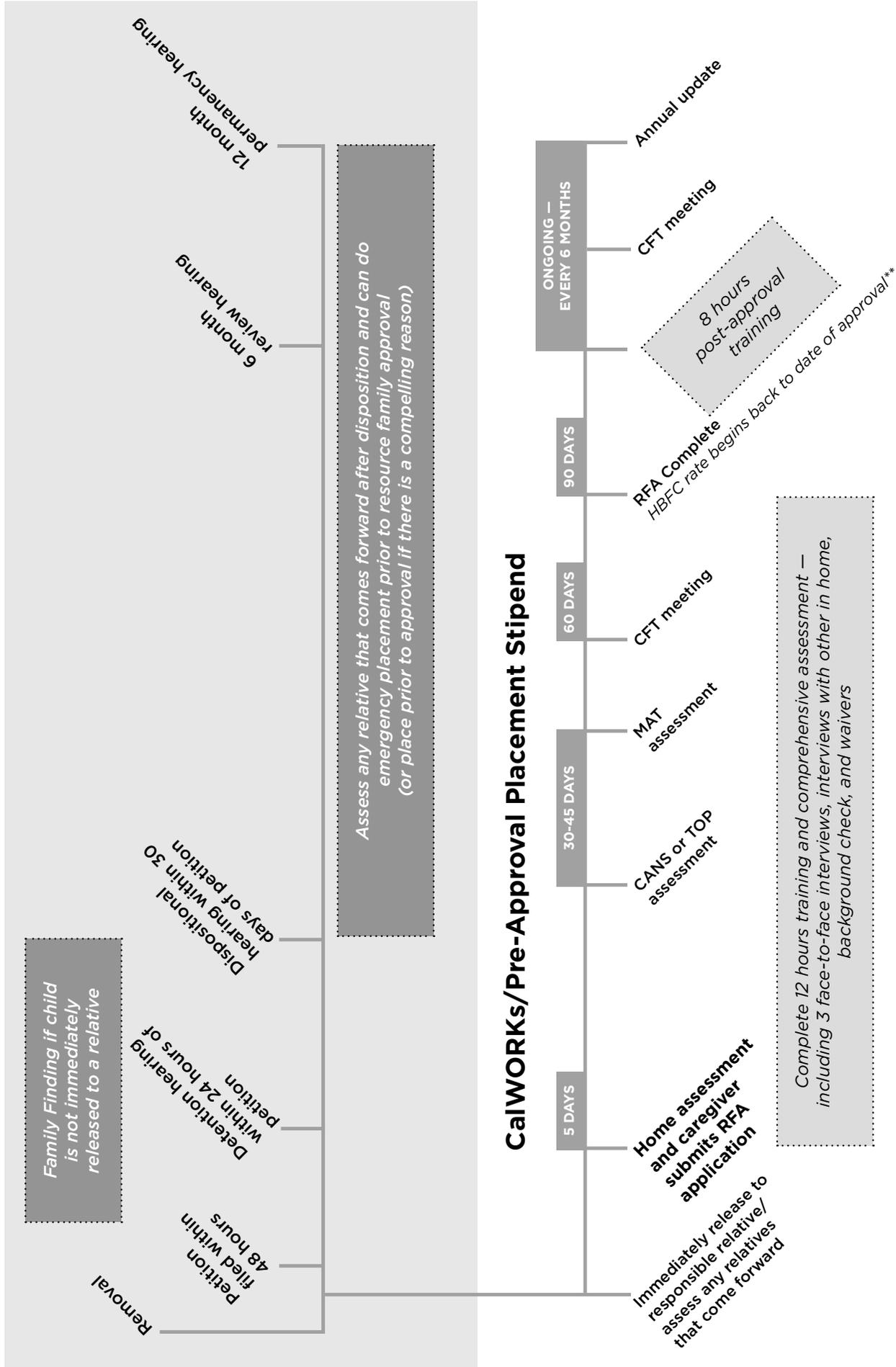
8. Become an Advocate.

Become an advocate for your child. You have a right to have your voice heard. As a caregiver, you have unique information to provide. Document and share with a social worker any issues or special needs you are able to identify.

9. Ask questions.

Ask many questions! Some information about the child's history is confidential. However, you will need to know information that affects your care of the child. If you are not getting answers to important questions, ask to speak to the social worker's supervisor and explain why you need additional help or information.

Overview of Timeline from Removal to Permanency



****Rates to be at child's assessed level of care, but the LOC system will not be rolled out until Spring/Summer 2017**

County of Los Angeles Notice to Relative Caregivers re Funding Options



PHILIP L. BROWNING
Director

County of Los Angeles Department of Children and Family Services

425 Shatto Place, Los Angeles, CA 90020
(213) 351-5602

Board of Supervisors

GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

Date:

NOTICE TO RELATIVE CAREGIVERS RE: FUNDING OPTIONS FOR RELATIVE CAREGIVERS

(Please Read Carefully)

This letter is to inform you of a change in law that directly impacts requirements for Foster Care funding, which changed the way the Department of Children and Family (DCFS) does business. Relative Caregivers homes must, among other things, meet the same licensing standards as regular foster parent homes. In addition, it is important that Relative Caregivers who are in need of financial assistance for children placed in their homes while awaiting an assessment and approval by a Kinship CSW, be aware of the following:

- In order to be eligible to receive federal funds through the Foster Care Program, there are specific criteria, which must be met. In addition to other Title IV-E requirements, under existing law, a caregiver is entitled to receive AFDC-Foster Care funds only if his/her home is approved by DCFS.
- If the home is approved, the payment date will reflect the date of the Kinship approval, and **cannot be retroactively dated** to the date of placement.
- The date of the approval for the home is determined by the Kinship CSW and **cannot** be determined by the case-carrying CSW.
- Caregivers who are related within the 5th degree who are in need of immediate financial assistance should immediately apply for "CalWORKS" benefits at their nearest Department of Public Social Services (DPSS) office. The DCFS Eligibility Worker can help you with this process by providing you with a copy of the documents that DPSS will need such as: 1) A copy of the SAWS 1 application for Foster Care benefits that was completed when the child was placed in your home 2) Social Security card or birth certificate for the children, 3) Any other document on file that will help you establish relationship. Ask the DCFS Eligibility Worker if you have questions about relationship within the 5th degree. You can find the nearest DPSS offices to you by calling 1-877-481-1044.
- Caregiver's homes must also be re-approved every twelve (12) months. This means, if your home is not re-approved, there may be an interruption in Foster Care funding and you should immediately (re)apply for CalWORKS at your nearest DPSS office.
- If you move or additional household members assume residence in your home, you must notify the child's CSW immediately so an updated relative assessment can be completed. Failure to notify the CSW of these critical changes to your household and/or composition can interrupt the placement funding until an updated assessment is completed and approval is granted.

The CSW has explained and discussed the facts as described above, and I understand my rights and options.

CSW: _____ Date _____
 Oldest child's name _____ State Number _____
 Caregiver: _____ Date _____

"To Enrich Lives Through Effective and Caring Service"



**DEPARTAMENTO DE MENORES Y SERVICIOS DE LA FAMILIA
DEL CONDADO DE LOS ANGELES**

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

NOTIFICACIÓN AL PARIENTE

Fecha:

Nombre del pariente:

Domicilio:

Re: Nombre del niño/a:

Estimado(a) Sr./Sra:

Soy trabajador/a social de el Departamento de Menores y Servicios de la Familia del Condado de Los Angeles. Le envío esta carta para informarle de los procedimientos que se han comenzado para remover a _____ de sus padres o tutor y que puede ser o ha sido temporalmente colocado en cuidado de crianza.

La Ley de California requiere que cuando un niño es removido de su hogar, sus parientes deben de ser localizados, contactados, e informados que el niño ha sido removido y como es que el pariente puede elegir ayudar al menor durante este tiempo difícil. Debido a su parentesco con _____, le estoy enviando información acerca de las maneras en que usted puede ayudar, si así lo desea, y como puede ponerse en contacto conmigo acerca de eso. Algunas de las maneras en que puede asistir incluye estar comprometido en ayudar a _____ a reunirse nuevamente con sus padres, hacerme saber acerca de otros parientes que quieran ayudar, visitar a _____ en su hogar de crianza o que _____ viva con usted. También puede proporcionar información al tribunal de menores verbalmente o por escrito. Usted puede tener otras ideas acerca de cómo usted puede ayudar del cuál podemos hablar.

He incluido alguna información adicional acerca de esta situación y del cuidado de crianza. Yo estaría encantado/a de hablar con usted y responder a cualquier pregunta que usted tenga. Su respuesta a esta carta no le obliga en modo alguno, pero por favor tome en cuenta que esta podría ser la única notificación que reciba, y la falta de respuesta puede resultar en la colocación y cuidado del niño sin su opinión. Favor, de ponerse en contacto conmigo o con mi supervisor en los números indicados abajo tan pronto como sea posible. Si usted está llamando de larga distancia, puede hacer la llamada por cobrar.

Sinceramente,

Nombre del trabajador/a social:

Domicilio:

Teléfono:

Correo electrónico:

Nombre del supervisor/a:

Teléfono:

Correo electrónico:

"El Enriquecer Vidas a través de Servicio Efectivo y Atento"

JV-285

Relative Information

As the relative of a child who has been removed from the home, you may give written information to the court about the child at any time on this form or in a letter. After filling out this form, give it to the clerk of the court.

Please note that other people involved in the case, including the parents, will see your answers on this form. If you prefer to keep your contact information private, fill out the *Confidential Information* (form JV-287) and do not write your address or telephone number below.

- 1 Your name: _____
Your address: _____

- Your telephone number: _____
- Check here if contact information is confidential and form JV-287 is attached.

- 2 Your relation to the child: maternal paternal
 grandparent brother/sister aunt/uncle cousin
 family friend
 tribal extended family member
 other (specify): _____

- 3 Child's name: _____

- 4 I would like to talk to the judge at the next court hearing.

Please fill in as much of the following information as you know. If you need more space to respond to any section on this form, attach additional pages as needed and check the box at item 12.

- 5 Information about the child's medical, dental, and general physical health:

- 6 Information about the child's emotional and behavioral health:

- 7 Information about the child's education:

- 8 Other information that might be helpful to the court:

Clerk stamps date here when form is filed.

Social worker fills in court name and street address:

Superior Court of California, County of

Social worker fills in child's name and date of birth:

Child's Name: _____
Date of Birth: _____

Social worker fills in case number:

Case Number: _____

JV-285 Relative Information Form, Sample

Case Number: _____

Child's name: _____

Below are some things you might do to help the child. You can pick some or none of the things listed below. It is up to the social worker and the court whether you will be asked to do these things.

- 9 I want to
- telephone the child.
 - write letters to the child.
 - take the child on outings.
 - take the child to/from school.
 - take the child to visits with brothers or sisters.
 - take the child to therapy.
 - take the child to family gatherings.
 - help the social worker make a case plan for the child.
 - take the child to visits with parents.
 - take the child to medical appointments
 - supervise the child during visits with brothers or sisters.
 - watch the child after school.
 - have the child live with me.
 - other (describe): _____

You can also help the parents. For example, you might help with transportation, housing, visits, or child care. It is up to the social worker and the court whether you will be asked to do these things.

- 10 I want to help the father mother
 (Describe): _____

- 11 Other relatives who might be able to help the child:
- a. Name: _____ Relationship to child: _____
 Contact information: _____
 or I want to keep the contact information confidential and ask that the child's social worker get this information from me.
- b. Name: _____ Relationship to child: _____
 Contact information: _____
 or I want to keep the contact information confidential and ask that the child's social worker get this information from me.
- c. Name: _____ Relationship to child: _____
 Contact information: _____
 or I want to keep the contact information confidential and ask that the child's social worker get this information from me.

- 12 If you need more space to respond to any section on this form, please check this box and attach additional pages.
 Number of pages attached: _____

Date: _____

Type or print your name

Sign your name

INSTRUCTION SHEET FOR CAREGIVER INFORMATION FORM

Background

1. **What is the "Caregiver Information Form"?** The *Caregiver Information Form*, also called form JV-290, is intended to provide an easily accessible way for foster parents, relative caregivers, preadoptive parents, nonrelative extended family members, legal guardians, community care facilities, and foster family agencies (or any other individual or agency currently caring for a foster child) to provide information about the child to the court.
2. **When does it need to be filled out and filed?** The *Caregiver Information Form* is an optional form. If you choose to use it, fill it out and file it with the court along with eight copies, at least five days before the hearing, or mail it to the court for filing at least seven days before the hearing. Follow the instructions below. Do not wait until the day of the court hearing to file the form.
3. **Current foster parents, relative caregivers, preadoptive parents, nonrelative extended family members, legal guardians, and other individuals caring for a child:** You may fill out this form even if a staff person from the child's foster family agency or community care facility is also filling it out. You may write a letter to the court, instead of using the form. Either way, follow the procedures described on the next page about making copies, filing, and attending the hearing. Be aware that the form or letter will be provided to parties and attorneys. If you are a confidential foster parent, provide information to the child's social worker rather than filing the form or letter with the court.
4. **Foster family agencies or community care facilities:** You may complete this form and use it as the mandatory report required by Welfare and Institutions Code section 366.21. It is recommended that each agency or facility develop a policy about who is responsible for filling out and filing the form or report on behalf of each child.
5. **What should I be thinking about as I fill out the form?** Use the form to provide factual information about the child, such as behavior you have observed and information about the child's needs. Avoid including opinions or information not related to the child. The goal is to provide information to the court that helps the judge make informed decisions about the child.

How to Fill Out Form JV-290

1. **Complete the caption.** These are the boxes at the top of the page.
 - *Court name, street address, and mailing address.* Write the name of the county where the court is located and the street and mailing addresses of the court. If you do not know the name and address of the court, look on the notice of the court hearing you received in the mail or go to www.courtinfo.ca.gov/courts/find.htm to find the local court in your county. For branch name, write "Juvenile."
 - *Child's Name.* Write the child's first and last names.
 - *Hearing Date and Time.* Write the hearing date and time. Ask the social worker if you do not have this information.
 - *Case Number.* This number is on the notice of the court hearing you received in the mail. If you do not have the number, ask the child's social worker or attorney for the number. If the case involves brothers and sisters (siblings), there may be more than one case number. Be sure to use a separate form and the correct number for each child.
2. **Complete information about the child and about yourself or your agency.**
 - *Item 1.* Fill in the child's first and last names, date of birth, and age.
 - *Item 2.* Foster parents, relative caregivers, and other individuals caring for children should complete item 2. Include your name, what type of caregiver you are, and how many years and/or months the child has lived in your home. Skip item 3. If you are a confidential foster parent, provide information to the child's social worker rather than filing this form with the court.
 - *Item 3.* Foster family agencies, community care facilities, and staff at any other group-care setting should skip Item 2 and complete item 3. Indicate the facility name, address, telephone number, the type of facility, how long the child has been with your agency, and how long he or she has been in the current placement. Then write your name (the person completing form) and your title. If it is not clear from your title, explain in what capacity you work with the child. Indicate how many hours each week you spend with the child. Finally, check the box to indicate whether you are filling out the form based on your own observations and recommendations or on those of a group or team. If applicable, specify the members of the group or team.

3. **Complete items 4–10 about the child.** For each question, check the box to indicate whether there is new information since the last hearing. Briefly write new information in the appropriate section of the form. Do not describe anything you have not personally observed.
 - *Item 4.* Provide information on the child's medical, dental, and general physical and emotional health (e.g., doctor visits, hospitalizations, and medications; descriptions of physical or emotional development).
 - *Item 5.* Provide information on the child's status at school, if applicable (e.g., child's grade level; public or nonpublic school; how the child is doing in school; outcomes of testing or school conferences).
 - *Item 6.* Indicate whether the child is a special education student and, if so, the date of the most recent Individualized Education Plan (IEP).
 - *Item 7.* Provide information on how the child is adjusting to your home/facility (e.g., child's social skills and behavior at home; how the child is interacting with other family members; how the child expresses feelings and needs; the child's eating and sleeping patterns).
 - *Item 8.* Provide information on how the child is getting along with others (e.g., peer relationships, relationships with teachers and other adults outside of your family).
 - *Item 9.* Provide information on the child's special interests and activities (e.g., participation in sports or music lessons; how often the child participates; any talents, interests, or hobbies).
 - *Item 10.* Provide any additional information that you believe the court should know about the child (e.g., behavioral information; services the child is receiving; your recommendations for additional services that are needed; visitation information, such as dates of visits with parents or siblings).
4. **Recommendation for Disposition (Outcome).** If you are a community care facility or foster family agency, you must include your recommendation for disposition if the JV-290 form is being used as your report required under Welfare and Institutions Code section 366.21(d). Foster parents and other individual caregivers may include their recommendation for disposition (outcome) if they choose.
5. **Add any attachments.** Check the box in item 12 to add additional pages. You may attach information from the child's teacher, doctor, or other service providers and a photograph of the child.
3. **Sign and date the form.** On the bottom of page 2, write the date, type or print your name, and sign your name.

What to Do With the Form After You Have Filled It Out

1. **Make copies.** Caregivers should make eight or more copies of the completed JV-290 form and any attachments.
2. **If you choose to file the form in person.** At least **five** calendar days before the hearing date, bring the original form and the recommended eight copies to the court clerk's office at the courthouse where the hearing will be held. Ask the clerk to file the form for you. Keep one copy of the date-stamped form for yourself. The clerk is responsible for providing the form to all parties and completing and filing the proof of service form.
3. **If you choose to file the form by mail.** At least **seven** calendar days before the hearing date, mail the original form and all but one of the copies to the court clerk's office at the courthouse where the hearing will be held. Put two stamps on the envelope. Include a note indicating "For filing and service" and including the case number. The clerk is responsible for providing the form to all parties and completing and filing the proof of service form.
1. **Confirm the hearing time, date, and place.** If you plan to attend the hearing, call the social worker to confirm the hearing date, time, and courtroom.

What to Do on the Hearing Day

1. **Bring extra copies of the form.** If you decide to attend the hearing, it is suggested that you make additional copies of the form and any attachments in order to provide copies to anyone at the hearing who did not receive them.
2. **Comments in court.** If you choose to attend the hearing, any comments you make should be short, factual, and based on your own observations. You may raise your hand to let the judge know you would like to speak, or let the courtroom clerk or deputy/bailiff know before the hearing.

CHILD'S NAME:	CASE NUMBER:
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5. Current Status of Child's Education

- a. There is no new or additional information since the last court hearing.
- b. There is new or additional information since the last court hearing, as follows (*do not include the names of schools*):

6. Child's Special Education Status

- a. The child is a special education student. Date of last Individualized Education Plan (IEP):
- b. The child is not a special education student.
- c. I do not know the child's special education status.

7. Current Status of Child's Adjustment to Living Arrangement

- a. There is no new or additional information since the last court hearing.
- b. There is new or additional information since the last court hearing, as follows:

8. Current Status of Child's Social Skills and Peer Relationships

- a. There is no new or additional information since the last court hearing.
- b. There is new or additional information since the last court hearing, as follows:

9. Current Status of Child's Special Interests and Activities

- a. There is no new or additional information since the last court hearing.
- b. There is new or additional information since the last court hearing, as follows:

10. Other Helpful Information

- a. There is no new or additional information since the last court hearing.
- b. There is new or additional information since the last court hearing, as follows:

11. Recommendation for Disposition (*Outcome*)

- a. I have no recommendation for disposition (*outcome*).
- b. I am recommending the following disposition (*outcome*):

12. If you need more space to respond to any section on this form, please check this box and attach additional pages.
 Number of pages attached: _____

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF CAREGIVER OR FACILITY/AGENCY STAFF PERSON WHO HAS COMPLETED THIS FORM)
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JV-180

Request to Change Court Order

This form can be used to ask the court to change an order, to ask the court to dismiss your case, to ask the court to terminate reunification services, or to ask the court to recognize your relationship with your sister or brother. After filling out this form, take it to the clerk of the court.

Clerk stamps date here when form is filed.

1 Your information:

a. I am the:

- child or youth mother father legal guardian
- foster parent sibling or other relative (specify): _____
- social worker probation officer attorney
- other _____

b. My name: _____

c. My address: _____

d. My city, state, zip code: _____

e. My telephone number: _____

f. *If you are an attorney:*

My client's name: _____

My client's address (if confidential, see item 3): _____

My client's relationship to the child or youth: _____

My State Bar number: _____

Fill in court name and street address:

Superior Court of California, County of

Fill in child's name and date of birth:

Name of Child or Youth:

Clerk fills in case number when form is filed.

Case Number:

2 Type of request (check the appropriate box below and add specific details in items 6–9, as applicable):

- a. I am asking the court to change an order.
- b. I am asking the court to terminate its jurisdiction.
- c. I am asking the court to terminate reunification services.
- d. I am asking the court to recognize my relationship with my brother or sister.
 - (1) I am related to him or her on our mother's side on our father's side.
 - (2) I am related to him or her by blood or adoption by marriage.

3 *If you want to keep your address or your client's address confidential, fill out Confidential Information (Request to Change Court Order) (form JV-182) and do not write the address on this form.*

Check here if form JV-182 is attached.

4 Child's or youth's information:

a. Name: _____

b. Date of birth: _____

c. Attorney (if known): _____

d. The child or youth lives with or in a (check all that apply):

- parent legal guardian relative
- foster home group home I don't know

e. Name of the person the child or youth lives with or the place where he or she lives: _____

Address: _____

Check here if unknown.



JV-180 Request to Change Court Order

Case Number:

Name of child or youth: _____

5 Information about parents, legal guardians, and others:

a. Names of parents or legal guardians:

Check here if unknown.) _____

b. Address of parent/legal guardian: _____

Check here if unknown.) _____

c. Address of parent/legal guardian: _____

Check here if unknown.) _____

d. Indian tribe (if applicable and known): _____

e. CASA volunteer (if applicable and known): _____

f. Educational rights holder (if applicable and known): _____

g. Social worker or probation officer (if applicable and known): _____

If you are asking the court to recognize your relationship with your brother or sister but not asking the court to change an order, you may skip to item 8.

6 On (date, if known): _____ the judge made the following order that I think should be changed:

7 What has happened since that order that might change the judge's mind? (Give new information that the judge did not have when the order was made):

8 What new order or orders do you want the judge to make now?

9 Why would the requested order or action be better for the child or youth?

10 Check here if you need more space for any of the answers. Attach a sheet of paper and write "JV-180" at the top of the page. Number of pages attached: _____



JV-180 Request to Change Court Order

Case Number:

Name of child or youth: _____

11 I have had a copy of my request sent to the people listed below, as applicable. I have checked the correct box to the right of each name to show whether, as far as I know, that person agrees with my request.

If you do not have an attorney, the clerk will send notice and copies of your request to all persons required to receive notice under Welfare and Institutions Code sections 297 and 386 and rules 5.524 and 5.570 of the California Rules of Court.

Name	Agree	Disagree	Don't Know	Not Applicable
Child <i>(if 10 years old, or older)</i> or youth: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's or youth's attorney: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal guardian: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal guardian: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social worker: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation officer: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current caregiver/foster parent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preadoptive parent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASA volunteer: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational rights holder: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian tribe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian custodian: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling <i>(if petition filed & 10+ years old:)</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling's caregiver: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling's attorney: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney for parent/legal guardian: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney for parent/legal guardian: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County counsel: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District attorney: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12 You can ask the judge to make a decision without a court hearing if all the people named above agree with your request. Check here if you want a decision without a hearing.

13 If anyone disagrees with your request, please explain why *(if known)*:

14 I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct to the best of my knowledge.

Date:

Type or print name



Signature

Health and Safety Standards Checklist

COUNTY OF LOS ANGELES

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Eldest Child's Name _____ SSN _____ DOB _____ Eldest Child's Case Number _____

Name	SIBLINGS	
	SSN	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Checklist of Health and Safety Standards for Approval of Family Caregiver Home

Pursuant to Division 31 MPP 31-445.3, in order to be approved, all Foster Care Homes must meet the following standards, set forth in Title 22, Division 6, Chapter 9.5, Article 3.

STANDARDS PERMITTING ALTERNATIVE PLANS <i>The following statements must be answered YES, unless not applicable or an exception is granted, to approve the home for placement.</i>	Yes	No	N/A	*Alternative
1. Adequate bedroom space is provided: [§89387(a)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) No more than 2 children share a bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) No sharing a bedroom by children of opposite sex unless each child is under 5 years of age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Each child has individual bed with clean linens, pillow, blankets, mattress in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Each bedroom has sufficient portable or permanent closet and drawer space for each child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(e) The child does not share a bedroom with an adult unless the child is an infant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(f) There are no more than 2 infants and no more than 2 adults sharing the same bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(g) Infant has age-appropriate, safe/sturdy bassinet or crib.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(h) No room commonly used for other purposes or as a public or general passageway to another room is used as a bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(i) Easy passage is allowed between beds and room entrance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The home has telephone service (may be waived if telephone access is available). [§89373]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

STANDARDS NOT PERMITTING ALTERNATIVE PLANS <i>The following statements must be answered YES, unless not applicable or a corrective action plan has been agreed upon. # indicates a standard for which "not applicable" is an unacceptable response.</i>	Yes	No	N/A	»CAP
3. The home appears to be clean, safe, sanitary and in good repair. [§89387(b)]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
4. Indoor and outdoor halls, stairs, ramps, and porches are free of obstructions and hazards [89387(c)]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
5. Home contains at least 1 toilet, sink, tub or shower maintained in safe, clean operating condition. [§89387(i)]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
6. Bunk beds of more than two tiers must not be used. [§89387(j)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Upper tier has bed rails. [§89387(j)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Children under five years of age or those who are unable to climb into or out of the upper tier unassisted shall not be permitted to use the upper tier. [§89387(j)]				

Health and Safety Standards Checklist

COUNTY OF LOS ANGELES

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Child's Name: _____
 Child's SSN: _____

Case Number: _____
 DOB: _____

7. Home is maintained at comfortable temperature at all times. [§89387(k)]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
8. Child's safety is ensured in homes with fireplaces, open forced heaters and woodstoves. [§89387(l)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Lamps and necessary light is provided in all rooms and other areas to ensure comfort and safety of persons in the home. [§89387(m)]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
10. Home has indoor sprinkling system or functioning smoke detector installed in the hallway(s) of each sleeping area audible in each bedroom or sleeping room. [§89387(p)]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
11. Hot water from faucets is delivered at a safe temperature. [§89387(n)]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
12. Medicines, disinfectants, cleaning solutions, poisons, firearms and other dangerous items are stored where inaccessible to children. [§89387.2]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
13. Storage areas of firearms and other dangerous weapons are locked or in lieu of locked storage the applicant is utilizing trigger locks or has removed and locked the firing pin/s separately from the firearm/s. Ammunition is stored and locked separately from firearms. [§89387.2]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Solid waste is stored, located and disposed of in a manner that will not permit the transmission of communicable disease or of odors, create a nuisance, or provide a breeding place or food source for insects or rodents. [§89387(o)]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
15. Each sleeping room has at least one operable window or door that ensures safe, direct, emergency exit to the outside. If security window bars are used, the window is considered operable only if equipped with safety release devices. [§89387(q)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Yard or outdoor activity space is provided free from hazards to life and health. [§89387.1)]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>

* Alternative: Documented Alternative Plan must be attached.
 » Correctable Deficiencies: Corrective Action Plan must be attached.
 I certify that the above-named caregiver's home meets the standards for approval as described in this form.

I certify that the home of _____ meets the standards
 (Caregiver's Name)

 Signature (County CWS or Probation Worker)

 Date

Health and Safety Standards Checklist

COUNTY OF LOS ANGELES

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Child's Name: _____ Case Number: _____
Child's SSN: _____ DOB: _____

DEFICIENCIES AND PLANS OF CORRECTION

When a violation of health and safety standards is observed, the county worker has the responsibility to determine the length of time by which a correction must be made and to provide the relative with reasonable assistance in meeting that standard. The basic factors to be considered in making this assessment are the potential consequences to a child placed in the home and the immediacy of the need to correct.

The types of deficiencies are as follows:

1. **Immediate Impact.** Deficiencies that, if not corrected, would have a direct and immediate risk to the health, safety or personal rights of the foster child. If placement is imminent, correction **MUST BE MADE** prior to placement of the child.
2. **Potential Impact:** Deficiencies that without correction could become a risk to the health, safety or personal rights of the child.

Examples of Immediate Impact Deficiencies:

For initial approval:

1. Health Related: unlocked medications, inappropriate storage of medications.
2. Food Service: food contaminated with mold, fungus or bacteria; bloated or ruptured canned foods; infestation of insects or vermin; unsanitary conditions in food preparation areas that present immediate health hazard; storing of food next to or with toxic substances.
3. Building and Grounds: no fence or approved cover for bodies of water; broken stair or stair railings; poisons, toxic substances, firearms in areas accessible to children; unlit stairwells used by children.
4. Fixtures, Furniture, Equipment and Supplies: toilet not in working condition, garbage accessible to children, unsafe fireplace or heaters that are in use, unsafe water temperature, condition of bedding or towels is unsanitary, furniture is broken and could cause injury if used.
5. Criminal record Clearance and Child Abuse Index Check: failure to obtain a CLETS clearance and submit a fingerprint or Criminal Record Clearance and Child Abuse Index Check for those individuals whom have frequent and routine contact with the child(ren) in care.

Health and Safety Standards Checklist

COUNTY OF LOS ANGELES

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Child's Name: _____ Case Number: _____
Child's SSN: _____ DOB: _____

For re-assessment, all of the above, and:

1. Personal Rights: abuse, neglect, inappropriate use of restraints, the use of corporal punishment, and similar violations having a direct negative impact on either the physical or emotional well-being of children in care.
2. Health Related Services: storing mislabeled, unlabeled, outdated or discontinued medications; failure to ensure that needed medical care is provided to those in care.
3. Food Service: failure to maintain enough food to meet the needs of the children for the next 24 hours.
4. Care and Supervision: child requires a level of care that cannot be met by the caregiver without the provision of additional supports or services.
5. Supplies: failure to maintain enough basic hygiene items to meet the needs of the child(ren).

Examples of Potential Impact Deficiencies:

For initial approval:

1. Food Service: failure to clean dishes and utensils.
2. Buildings and Grounds: conditions that may have a negative impact on children in care if not corrected, such as multiple conditions that indicate an overall deterioration of the home; widespread neglect of maintenance; unsanitary living and food preparation areas.
3. Furniture, Fixtures, Equipment and Supplies: furnishings should be considered as deficient only when they are clearly damaged to the extent they are not functional, (e.g., a tear in the seat of a chair vs. exposed springs); no operable sink or shower; inadequate linens.

For re-assessment, all of the above, and:

1. Reporting Requirements: Failure to notify the Department regarding incidents of abuse, neglect, death, injury, etc. as required by §89361.
2. Record Keeping: Failure to maintain children's records as required by §89370.

Health and Safety Standards Checklist

COUNTY OF LOS ANGELES

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Child's Name: _____ Case Number: _____
Child's SSN: _____ DOB: _____

Plan of Correction

When a child welfare worker has determined that a deficiency exists, the proposed caregiver and the worker will discuss each deficiency and develop a plan for correcting each deficiency. If the deficiency is not corrected during the visit, then the plan of correction must be in writing, with a copy provided to the caregiver, and shall include at least the following information:

1. Citation of the regulation section that is violated.
2. Description of the nature of the deficiency.
3. The actions to be taken by the applicant and the assistance to be provided by the County.
4. The date by which each deficiency shall be corrected.
5. The phone number of the county office responsible for approval of the home.

WHEN THERE ARE CHILDREN IN THE HOME, THE WORKER MUST REQUIRE IMMEDIATE CORRECTION OF A DEFICIENCY IF THE DEFICIENCY WOULD POSE AN IMMEDIATE THREAT TO THE HEALTH AND SAFETY OF CHILDREN. UNDER THESE SAME CIRCUMSTANCES, IF THERE ARE NO CHILDREN IN CARE, AND PLACEMENT IS IMMINENT, CORRECTION SHOULD BE WITHIN 24 HOURS OR LESS, AND BEFORE PLACEMENT IS MADE. OTHERWISE, THE DATE FOR CORRECTING A DEFICIENCY SHALL NOT BE MORE THAN 30 CALENDAR DAYS FOLLOWING THE DATE OF THE VISIT, UNLESS THE WORKER DETERMINES THAT THE DEFICIENCY CANNOT BE CORRECTED IN 30 CALENDAR DAYS. IN THIS CASE, THE WORKER MUST DETERMINE AN APPROPRIATE COMPLETION DATE. *TITLE IV-E IS NOT AVAILABLE UNTIL THE MONTH IN WHICH THE CORRECTIONS ARE COMPLETED AND THE HOME FULLY MEETS THE STANDARDS.*

THE CORRECTIVE ACTION PLAN SHALL SPECIFY CORRECTIVE ACTIONS WHICH MUST BE TAKEN WITHIN 30 DAYS AND THE DATE ON WHICH THE CORRECTIONS WILL BE COMPLETED.

In determining the date for correcting a deficiency, the worker should consider the following:

1. Whether there are children in care.
2. The potential hazard presented by the deficiency.
3. The availability of equipment or personnel necessary to correct the deficiency.
4. The estimated time necessary for delivery and installation of any necessary equipment.

If a written plan of correction is used, the worker is responsible for ensuring corrections have been completed within the required timeframes.

Relative Home Assessment Services in Los Angeles County

AGENCY NAME	SPA	DCFS REGIONAL OFFICES
Antelope Valley Partners For Health avph.org (661) 942-4719	1	Lancaster 300 E. Avenue K-6, Lancaster, Ca 93535
Optimist Boys Home & Ranch Inc. oyhfs.org (323) 443-3175	1	Palmdale 39959 Sierra Highway, Suite A-150, Palmdale, Ca 93550
El Centro Amistad - The Friendship Center elcentrodeamistad.com (818) 898-0223	2	Van Nuys 7555 Van Nuys Blvd., 5th Floor Van Nuys, Ca 91405
Aviva Family And Children's Services avivacenter.org (323) 876-0550	2	West San Fernando Valley 20151 Nordhoff St., Chatsworth, Ca 91311
Penny Lane pennylane.org (818) 892-3423	2	Santa Clarita 28490 Avenue Stanford, Suite 100, Santa Clarita, Ca 91355
Rosemary Children's Services rosemarychildren.org (626) 844-3033	3	Pasadena 532 E. Colorado Blvd., Pasadena, Ca 91101 El Monte 4024 N. Durfee Avenue, El Monte, Ca 91732 Covina Annex 1373 E. Center Court Drive, Covina, Ca 91724 Glendora 725 S. Grand Avenue, Glendora, Ca 91740 Pomona 801 Corporate Center Drive, Pomona, Ca 91768
Aviva Family And Children's Services avivacenter.org (323) 876-0550	4	Metro North 1933 S. Broadway, Suite 6, Los Angeles, Ca 90007
Guardians of Love guardiansoflove.org (323) 295-6030	5	West L.A. 5757 Wilshire Blvd., Suite 200, Los Angeles, Ca 90036
Dangerfield (323) 290-5050 (323) 752-9314	6	Compton East 921 E. Compton Blvd, 2Nd Floor, Compton, Ca 90221 Compton West 11539 Hawthorne Blvd, 1St Floor, Hawthorne, Ca 90250 Vermont 8300 S. Vermont Avenue, 4Th Floor, Los Angeles, Ca 90044
Guardians of Love guardiansoflove.org (323) 295-6030	6	Wateridge 5110 W. Goldleaf Circle, Los Angeles, Ca 90056
Penny Lane pennylane.org (818) 892-3423	7	Belvedere 5835 S. Eastern Avenue, 2Nd Floor, Los Angeles, Ca 90040 Santa Fe Springs 10355 Slusher Drive, Santa Fe Springs, Ca 90670
Childnet Youth And Family Services, Inc. childnet.net (562) 498-5500	8	South County 4060 Watson Plaza Drive, Lakewood, Ca 90712 Torrance 2325 Crenshaw Blvd. Torrance, Ca 90501

RESOURCE FAMILY EVALUATION REPORT – The RFA 809 is to be used to document all visits or meetings conducted between a Resource Family applicant(s), a Resource Family and the County. Care should be taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance and content of these reports may be directed to the Resource Family Worker or office whose address and telephone number are listed on the front.

OFFICE VISITS – are when the Resource Family come into the County office and the visit is conducted.

PRE-APPROVAL VISITS – are made prior to the Resource Family being approved. The Resource Family Worker determines whether the applicant meets all Written Directives and applicable laws.

ADVISORY VISITS – are made when the Resource Family asks for consultation that requires a visit to the home or can be used to assist the Resource Family instead of issuing a corrective action plan for deficiencies that are technical in nature and do not present an immediate or potential health, safety or personal rights risk.

ANNUAL UPDATE VISITS – shall begin no sooner than 60 days prior to the anniversary date of the Resource Family and shall be completed no later than 30 days after. The Resource Family Worker shall update the approval of a Resource Family by using form RFA 06: Resource Family Written Update Report or an equivalent form.

CORRECTIVE ACTION PLAN VISIT – is a plan developed by the County which describes how the Resource Family is not meeting the requirements of one or more of the Written Directives or any applicable law, and the steps the Resource Family and the County will take to ensure that the Resource Family meets the requirements of the Written Directives or any applicable law. The county is encouraged to request input from the Resource Family in developing a Corrective Action Plan (CAP) A Corrective Action Plan Visit can also be made to determine if those deficiencies previously CAPed have been corrected. The Corrective Action Plan will be documented on the RFA 809C.

CASE MANAGEMENT VISITS – are made for the following reasons: (1) There is a change to the Resource Family Approval Certificate, (2) One or more special incident reports raise concerns that the Resource Family Worker needs to review with the Resource Family or applicant at the home, (3) Deficiencies are observed during a complaint investigation by the Resource Family Worker that are not part of the allegation(s) in the original complaint being investigated, and (4) Other.

CENSUS – The number of children or nonminor dependents a Resource Family has under their care at the time of the visit.

Alternative Plan, Sample

COUNTY OF LOS ANGELES

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

ALTERNATIVE PLAN

	Child's Name	DOB	CWS/CMS Case #	Caregiver's Name	Relationship to Child
1					
2					
3					
4					
5					
6					
7					
8					
9					

Pursuant to Title 22 Division 6 Chapter 9.5 of California Regulations, Relative Caregiver Homes must meet required standards for the provision of Childcare and supervision.

The following statements must be answered YES, unless not applicable or exception is approved for placement in the home.

REQUIREMENTS		Yes	No	N/A	Exception*
1	Adequate bedroom space is provided:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(a) No more than two (2) children share a bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) No sharing a bedroom by Children of opposite sex unless each Child is under 5 years of age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Each Child has individual bed with clean linens, pillow, blankets and their mattress is in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Each bedroom has sufficient portable or permanent closet and drawer space for each Child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) The Child does not share a bedroom with an adult unless the Child is an infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(f) There are no more than 2 infants and no more than 2 adults sharing the same bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(g) Infant has age-appropriate, safe/study bassinet or crib.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(h) No room commonly used for other purposes is used as a bedroom, or as a public or general passageway to another room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(i) Easy passage is allowed between beds and room entrance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	The home has telephone service (may be waived if telephone access is available).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Exception**

Document the alternate plan to file an exception on any of the above requirements demonstrating why the alternate plan is appropriate and how it will not be detrimental to the health and safety of any Child in the home.

Resource Family Evaluation - Corrective Action Plan

SAMPLE

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

OCTOBER 21, 2016

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

RESOURCE FAMILY EVALUATION-CORRECTIVE ACTION PLAN (CAP) REPORT – The RFA 809C is to be used to document if a Resource Family is not meeting the requirements of one or more of the Written Directives or any applicable law, and the steps the Resource Family and the County will take to ensure that the Resource Family meets the requirements of the Written Directives or any applicable law. The RFA 809C documents deficiencies observed during a Resource Family Evaluation visit as documented on the RFA 809.

DEFICIENCIES – are a nonconformance with Written Directives or any applicable laws. Resource Families must be notified in writing of all Written Directives or any applicable law deficiencies. Deficiencies may be identified on the left side of this form with references to the applicable section.

CORRECTIVE ACTION PLAN – The Corrective Action Plan (CAP) is a plan developed jointly by the Resource Family and the County or Department which describes how the Resource Family is not meeting the requirements of one or more of the Written Directives or any applicable law, and the steps the Resource Family and the County will take to ensure that the Resource Family meets the requirements of the Written Directives or any applicable law. It is incumbent that the County establishes the time limit for the CAP. In order to set the time limit, the County must take into consideration the seriousness of the deficiency, the number of children, or non-minor dependents in care involved, and the availability of resources and support. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The Resource Family who encounters problems beyond his/her control in completing the corrections within the specified timeframe may request and be granted an extension of the correction due date by the County. The CAP will be documented on the RFA 809C.

CORRECTION NOTIFICATION – The Resource Family is responsible for completing all corrections and promptly notifying the County of corrections. Resource Families are advised to keep a dated copy of any letters sent to the County concerning corrections, or if corrections are telephoned to the County, the date, person contacted and information given.

APPEAL RIGHTS – The Resource Family has a right, without prejudice, to discuss any disagreement in this report with the County concerning the proper application of the Written Directives or any applicable laws. When visiting a Resource Family during the course of an investigation, the County shall ensure that the Resource Family is aware of their rights and responsibilities during the investigation process, including appeal rights for any actions which may result.

APPEAL REVIEW – The County has a duty to review the facts presented without prejudice. Upon review of the facts and in accordance with Written Directives or applicable law, the County may amend any portion of the action taken, or may dismiss the violation. Levels of appeal are provided by the County.

Corrective Action Plan Form

COUNTY OF LOS ANGELES

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

CORRECTIVE ACTION PLAN

Date	Relative/NREFM Caregiver's Name(s)		
Street Address		City	Zip
SPA/Regional Office		RA	
ARA	SCSW	CSW	

PLEASE INDICATE AREAS OF DEFICIENCIES/ISSUES:

Deficiencies/Issues: (Description of the nature of the deficiencies)

Unsafe/unsanitary condition in or near the home

House [§89387] _____

Yard [§89387.1(a)] _____

Garage/Shed _____

Pool [§89387(d)] _____

Other (specify) _____

Storage of medications and cleaning solutions [§89387.2] _____

Storage of weapons and ammunition [§89387.2(a)] _____

Hot water [§89387(h)(n)] _____

Smoke detectors [§89387(p)] _____

Windows/Security window bars [§89387(d)(q)] _____

Heater and fireplace [§89387(l)] _____

Automobile/Car seat [§89374] _____

Bedrooms/sleeping areas meet Title 22 requirements [§89387] _____

Others (specify) _____

Corrective Action Plan Form

COUNTY OF LOS ANGELES

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

SIGNATURES: (Give a legible copy to the caregiver)

SIGNATURE OF CAREGIVER

DATE

PRINT CAREGIVER'S NAME

SIGNATURE OF CSW

DATE

FINAL APPROVAL:

SIGNATURE OF SCSW

DATE

SIGNATURE OF ARA

DATE

SIGNATURE OF RA

DATE

SOC 817, 818, and 815 attached Yes No

DCFS 800-A attached Yes No

Relative or Non-Relative Extended Family Member Caregiver Assessment

Child's Name: _____ Case Number: _____
Child's Name: _____ Case Number: _____
Caregiver Name: _____

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Relative or Non-Relative Extended Family Member Caregiver Assessment

If any statements below are answered No, the caregiver cannot be approved. The worker should assess whether the provision of reasonable assistance or additional services to the caregiver would enable the caregiver to properly respond to the child(ren)'s needs and the child(ren)'s health and safety. If the worker later reassesses the caregiver and determines that conditions supporting the No answer have changed sufficiently to answer Yes, approval may be given at that time.

Responses to the following statements have been assessed by the undersigned.

1. The caregiver has been provided a summary of State home approval regulations and is capable, having sufficient physical and mental health, to meet these requirements for the care and supervision appropriate to the type of child(ren) to be served. [§89317]
 Yes No

Comments: _____

2. The caregiver is aware of the child(ren)'s immediate medical, psychological, and educational needs and is able to respond to those needs. [§89378]
 Yes No

Comments: _____

3. The caregiver understands State child abuse and neglect laws and agrees to report any circumstances indicating the child(ren) has been abused or neglected. [§89361]
 Yes No

Comments: _____

4. The caregiver can provide the child(ren) opportunities for and encouragement in participation in group sports, leisure time, family, school and daily living activities. [§89379(a)]
 Yes No

Comments: _____

Relative or Non-Relative Extended Family Member Caregiver Assessment

Child's Name: _____ Case Number: _____
Child's Name: _____ Case Number: _____
Caregiver Name: _____

5. The caregiver is able to care for the child(ren) in a healthy and safe way. [§89378]
 Yes No

Comments: _____

6. The caregiver will ensure that only positive discipline practices which promote the health and well being of the child(ren) are used in the home, and will not use nor allow any form of discipline that violates the child(ren)'s personal rights. [§89372]
 Yes No

Comments: _____

7. The caregiver understands and agrees to maintain the child(ren)'s records, including the placement agreement, health and educational records and written consent for medical/dental treatment. [§89370]
 Yes No

Comments: _____

8. The caregiver agrees to report all changes in household composition, or change in the residence or mailing address, or absence of the caregiver from the home of more than 48 hours. [§89361]
 Yes No

Comments: _____

9. The caregiver agrees to post emergency telephone numbers, discuss emergency situations with the child(ren) and practice emergency procedures every 6 months. [§89323]
 Yes No

Comments: _____

10. The caregiver agrees to report any accidents, injuries or incidents that threaten to harm the physical or emotional health or safety of the child(ren). [§89361]
 Yes No

Comments: _____

Relative or Non-Relative Extended Family Member Caregiver Assessment

Child's Name: _____ Case Number: _____
Child's Name: _____ Case Number: _____
Caregiver Name: _____

11. The caregiver has been provided with a copy of the child(ren)'s personal rights and understands them and agrees to ensure that all members of the household will abide by them. [§89372]
 Yes No

Comments: _____

12. The caregiver agrees to ensure direct care and supervision is provided to meet the child(ren)'s needs during participation in those activities that are sponsored by third parties. [§89379(b)]
 Yes No

Comments: _____

13. The caregiver will provide at least three nutritious meals daily to meet the child(ren)'s dietary needs. [§89376]
 Yes No

Comments: _____

14. The caregiver will ensure all transportation for the child(ren) is provided in vehicles in safe operating condition, by a driver complying with all applicable laws. [§89374]
 Yes No

Comments: _____

Relative or Non-Relative Extended Family Member Caregiver Assessment

Child's Name: _____ Case Number: _____
Child's Name: _____ Case Number: _____
Caregiver Name: _____

Assessment Summary:

The relative/non-relative extended family member has the ability and capacity to provide care and supervision to meet the child(ren)'s needs.

Yes No

Signature of County CWS or Probation Worker

Phone Number

Date

Relative or Non-Relative Extended Family Member Caregiver Assessment

Child's Name: _____ Case Number: _____
Child's Name: _____ Case Number: _____
Caregiver Name: _____

RELATIVE or NREFM CAREGIVER DECLARATION AND AGREEMENT

I/We declare that:

1. I/We have been provided with a summary of the state regulations regarding the approval and operation of a relative foster home and agree to abide by them. _____ (Caregiver Initial)
2. I/We agree to cooperate with the county in the maintenance of caregiver standards. _____ (Caregiver Initial)
3. I/We have been provided with a copy of the child(ren)'s personal rights and understand them and agree to ensure that all members of the household will abide by them. _____ (Caregiver Initial)
4. I/We agree to provide for the special needs of any child placed in my/our care, including but not limited to:
 - To provide the services identified in the child's Needs and Services Plan and, if applicable, Transitional Independent Living Plan. [§89378(b) and §89387.2] _____ (Caregiver Initial)
 - If the child is a minor parent, to provide direct care and supervision of the child of the minor parent whenever the minor parent is at school or otherwise unavailable/unable to care for the child. [§89378] _____ (Caregiver Initial)
 - If the child has a disability, to make necessary specific provisions as required to protect and assist the child and maximize the child's potential for self-help. [§89387] _____ (Caregiver Initial)
 - If the child is under age 10 or is developmentally disabled, mentally handicapped, or needs special care and supervision, any pools or open body of water will be secured as required by §89387(d). _____ (Caregiver Initial)

I/We have not and will not make any false or misleading statements associated with application for approval, including information regarding the caregiver, family members, family home, or any of the services to be provided in the home.

Caregiver Signature

Date

Caregiver Name (Print)

Caregiver Signature

Date

Caregiver Name (Print)

RESOURCE FAMILY RISK ASSESSMENT

RESOURCE FAMILY INFORMATION

APPLICANT'S NAME: _____ DATE: _____

ASSIGNED SOCIAL WORKER: _____

RISK ASSESSMENT GUIDELINES

Prior to the approval of a Resource Family, the social worker shall complete a caregiver risk assessment; which, at a minimum, considers the components listed below. Results of the risk assessment shall be consistent with the factors listed in sections 16519.5(d)(1)(A-D) of the Welfare and Institutions Code (Welf. & Inst. Code).

The results of this risk assessment do not necessarily determine the final approval or disapproval of a potential resource family.

AREAS ASSESSED

<input type="checkbox"/> Physical Health	Comments:
<input type="checkbox"/> Mental Health	Comments:
<input type="checkbox"/> Substance Use/Abuse	Comments:
<input type="checkbox"/> Family/Domestic Violence History	Comments:

RESOURCE FAMILY RISK ASSESSMENT

Summary of Risk Assessment

The following evaluation(s) are necessary for completion of the Resource Family Assessment Process.

Based upon an assessment of the information obtained, there are no presenting risk factors at the time of assessment.

SOCIAL WORKER SIGNATURE: _____

MONTH/DAY/YEAR

SUPERVISOR SIGNATURE: _____

MONTH/DAY/YEAR

CPR and First Aid Class Providers

In person CPR and First Training classes available in Los Angeles:

- redcross.org/local/california/take-a-class/cpr-los-angeles-ca
- ymcala.org/metro/classes/cpr-first-aid-training
- acls123.com/free-cpr-aed-first-aid-los-angeles
- cprlosangeles.com
- gmedicalcpr.com
- lifesaverteamcpr.com
- cprtrainingpro.com
- firstaidcprsafety.com

Online training options:

- firstaidweb.com
- nationalcprfoundation.com
- cprandfirstaid.net
- cprtoday.com
- elearning.heart.org
- onlinecprcertification.net
- firstaidforfree.com

Understanding Eligibility for Federal Foster Care Benefits

Funds to support a child in foster care come from a variety of government sources, including state and federal funds. There are some differences based on whether a child is deemed “federally eligible” and whether they are placed with a relative caregiver or a non-relative caregiver.

How does federal eligibility impact you as a caregiver?

In California, all children in foster care are supported through a Home Based Family Care Rate regardless of whether the child is federally eligible and whether the caregiver is related to the child. For children who are federally eligible, the federal government pays for 50% of the cost of whatever funding the caregiver receives to care for the child. When children are not federally eligible, the state and county bear the full cost of the funding the caregiver receives to care for the child.

California offers some supplements to the Home Based Family Care Rate that are ONLY available for children who are in a non-relative placement OR who are in a relative placement AND federally eligible. The following supplements are NOT available to children who are not federally eligible if those children are placed with relatives:

- the dual agency rate if the child is disabled and receiving services from a regional center
- the infant supplement if the child in your care becomes a parent herself and is caring for an infant in your home.

The Federal Rule: For a child in foster care to be eligible for **federal** foster care benefits, the child must be removed from a home that would have met the eligibility criteria for the Aid to Families with Dependent Children (AFDC) program as it existed in 1996 AND must have been physically residing in the home of removal in the month the petition is filed or one of the six months prior to the month the petition is filed.

The income standards in 1996: In 1996, income limit for a family of 3 to qualify for AFDC was \$723 in California. By contrast, the income limit for the same family to qualify for cash assistance in California today is \$1,169. That means a child can be removed from a parent who is poor enough to receive CalWORKs benefits and STILL not qualify for federal foster care benefits

Federal eligibility is a **one-time determination** done at the time that the child is removed.

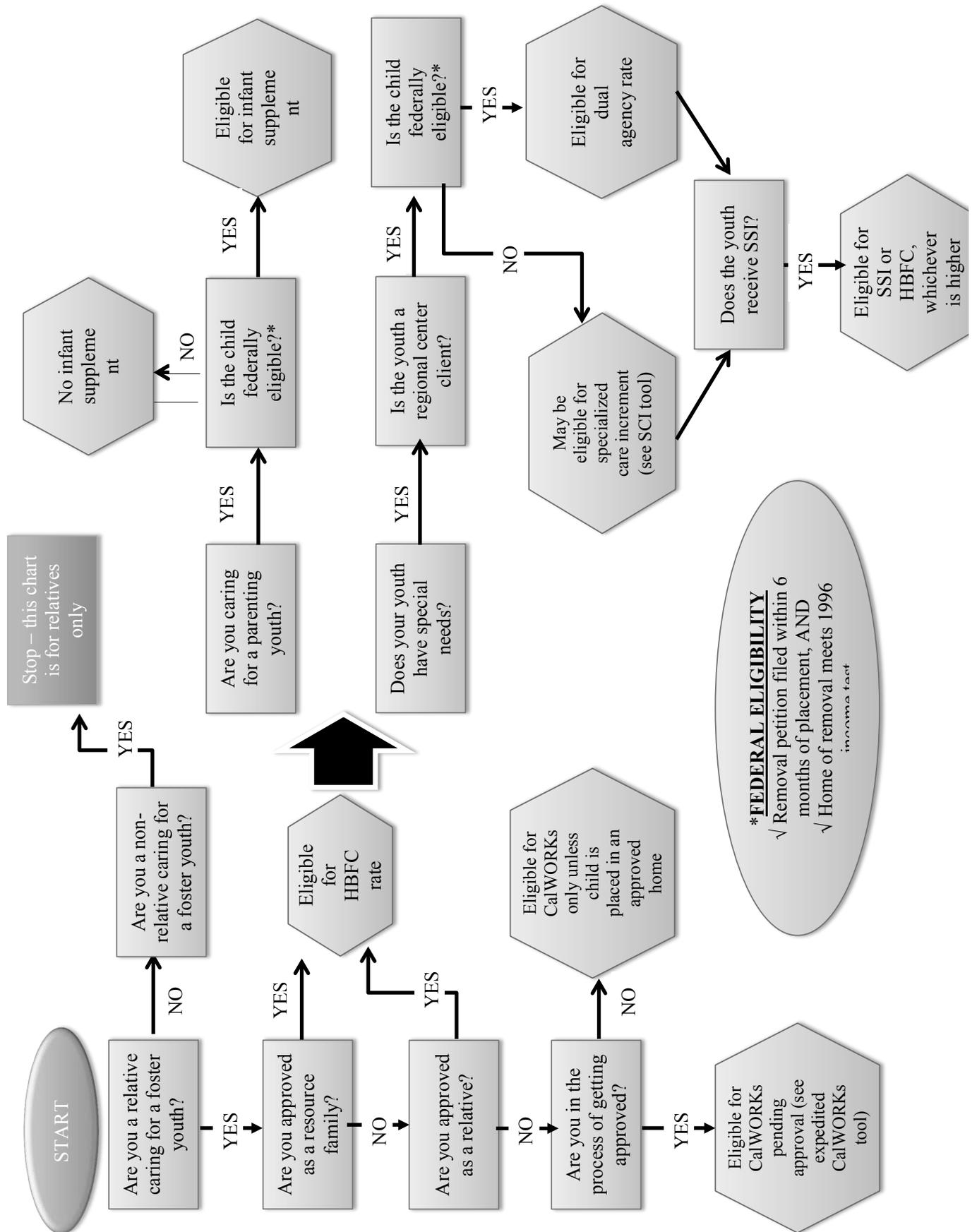
Example: Molly is 15 years old and was removed from home due to abuse. At that time, Molly was living in the home of her mother, who was earning \$1,200 a month.

When Molly is placed into foster care, will she be eligible for federal foster care benefits? No, because she was removed from a home that does not meet the 1996 eligibility criteria for AFDC benefits.

What benefit is Molly eligible for if placed with a relative? She is eligible for the Home Based Family Care Rate of \$889. If Molly has specialized needs, she may receive a specialized care rate. Molly will NOT receive an infant supplement if she has a child and will NOT receive the dual agency rate if she is developmentally disabled and a client of the regional center.

What benefit is Molly eligible for if placed in a non-relative foster home? She is eligible for the Home Based Family Care Rate of \$889. If Molly has specialized needs, she may receive a specialized care rate. Molly WILL receive an infant supplement if she has a child and WILL receive the dual agency rate if she is a developmentally disabled client of the regional center.

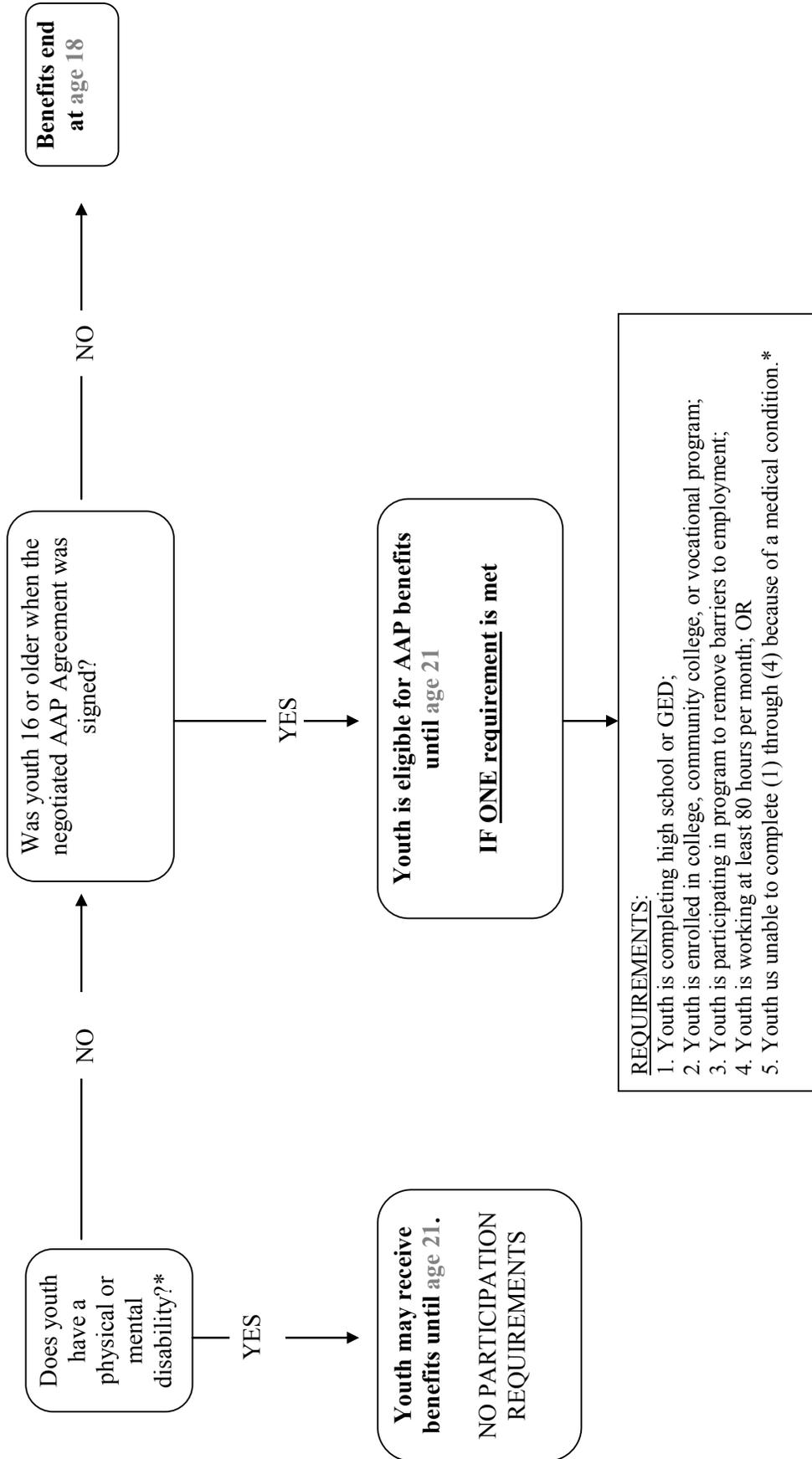
Flowchart for Relative Caregivers Regarding Federal Eligibility



Source: baylegal.org

stepupforkin.org/rfatoolkit

Chart, Availability of Adoption Assistance Program Benefits Past Age 18



* There is not a definition for “physical or mental disability” or “medical condition.” If you believe your child has a disability or condition, you should attempt to obtain an extension of Kin-GAP benefits.

NOTE: Youth can be adopted after age 18 and receive AAP benefits!!

Comparison of Financial Benefits

A Comparison of Financial Benefits Adoption, Legal Guardianship, and Foster Care

FACTOR	LEGAL GUARDIANSHIP		EXTENDED FOSTER CARE AB12/212/1712
	RELATIVE GUARDIANSHIP (Kin-GAP funded)	NON-RELATIVE GUARDIANSHIP (Supported by Foster Care funds)	
<p>1. ELIGIBILITY FOR FINANCIAL SUPPORT/ DETERMINATION OF RATE</p> <p>To be AAP eligible a child must meet:</p> <ul style="list-style-type: none"> Three Part Special Needs Determination [see WIC 16120(a) through (c) and CCR Title 22 Section 35326(a)] and Citizenship Requirements and <p>If AAP eligible (federal or state) the responsible public agency will negotiate the AAP benefit with the adoptive parent, sign the AAP agreement prior to the adoption finalization.</p> <p>The negotiated AAP benefit is based on the special needs of the child and circumstances of the family. There shall be no use of a means test of the child or the adoptive parent/family.²</p> <p>The AAP benefit shall not exceed the rate the child would have received had they not been adopted.³</p> <p>The AAP benefit is intended to assist the adoptive parents in meeting their child's needs. How the adoptive parent chooses to use the funds to meet the child's needs is at their discretion. Agency approval and oversight is not required nor may the agency request a list of expenditures or an accounting of how the benefits are used to meet the child's needs.⁴</p> <p>If the adoptive parent elects to not utilize the AAP benefits or request the AAP benefits be terminated including Medi-Cal/Medicaid coverage a deferred AAP agreement should be signed.</p>	<p>For both the state or federally funded Kin-GAP Program, a youth must have:</p> <ul style="list-style-type: none"> Been adjudged a dependent child of the juvenile court. Additionally, for federal Kin-GAP ONLY: Been removed from the parental home pursuant to a voluntary placement agreement or as the result of a judicial determination. Been residing for at least six (6) consecutive months in the approved home of the relative while under the jurisdiction of the juvenile court or a Voluntary Placement Agreement. A written binding agreement entered into by the Kinship Guardian and the county welfare agency, probation department, or Title IV-E agreement tribal agency. For federal Kin-GAP ONLY: the negotiated agreement must be signed prior to the establishment of the guardianship. A Kinship Guardianship established and dependency dismissed. <p>The Kinship Guardian is to use the Kin-GAP funds for the support and care of the minor/nonminor or ward.</p> <p>If the Kin-GAP negotiated payment starts after signed on or after the child's 16th birthday benefits may be extended beyond age 18 to age 21, if specific criteria are met (see ACL 11-86).</p> <p>Kin-GAP may be extended beyond the age of 18 to the age</p>	<p>Non-relative guardians with open services cases are eligible for nonfederal AFDC-FC payment.⁹</p> <p>The payment is based on the child's age and when guardianship was established. There may be a specialized care increment.</p> <p>A nonminor youth whose nonrelated legal guardianship was ordered in the juvenile court is eligible for AFDC-FC payments until age 21, if certain criteria are met, regardless of the age of the youth when the guardianship was established.</p>	<p>Eligibility for EFC:</p> <ul style="list-style-type: none"> Beginning 1/1/12 there was a placement order in effect on the youth's 18th birthday. Must meet one of the participation criteria identified in ACL 11-69. IV-E Eligibility remains the same for a NMD remaining in care. A new eligibility determination is made only when a NMD re-enters foster care. If re-entry, IV-E eligibility is based solely on NMD income & circumstance. <p>There are two additional placement types available for NMDs:</p> <ul style="list-style-type: none"> THP+FC is licensed by CCL and has its own rates. SILP which is a basic rate that may be paid directly to a NMD. NMDs must be assessed as ready to live in a SILP and the site must be approved by the county prior to placement (SOC 157A&B). <p>The election by an Indian youth over age 18 under WIC section 224.1(b) to continue to be considered an Indian child per ICWA, does not affect eligibility for any of these benefits.</p>
		<p>When a minor/nonminor dependent is in a county licensed foster home or with an approved relative and is "federally eligible", foster care funds are paid based on the child's age.</p> <p>A special care increment may be individually applied.</p> <p>If the minor/nonminor dependent is in a relative placement and does not meet federal eligibility guidelines, the relative must apply for CalWORKS.¹⁰</p> <p>The Foster Family Agency (FFA), group home, or residential treatment rate applies when the minor/nonminor dependent is in a certified FFA home, group home, or residential treatment program & these rates do not include a special care increment.</p>	
		<p>PLANNED PERMANENT LIVING ARRANGEMENT</p>	

Comparison of Financial Benefits

FACTOR	ADOPTION (Adoption Assistance Program (AAP) funded)	LEGAL GUARDIANSHIP		PLANNED PERMANENT LIVING ARRANGEMENT	EXTENDED FOSTER CARE AB12/212/1712
		RELATIVE GUARDIANSHIP (Kin-GAP funded)	NON-RELATIVE GUARDIANSHIP (Supported by Foster Care funds)		
	<p>The deferred AAP agreement will retain the child's AAP eligibility should the parent request benefits at an unspecified future date.⁵</p> <p>AAP may be extended beyond the age of 18 to age 21, if there is a physical or mental disability that warrants the continuation of benefits regardless of when the initial AAP agreement was signed.⁶</p> <p>If the initial AAP agreement was signed on or after the child's 16th birthday AAP benefits may be extended beyond the age of 18 to age 21, if specific criteria are met.⁷</p> <p>An Indian child under a tribal customary adoption is eligible for AAP on the same basis as any other adopted child.</p>	<p>21, if there is a physical or mental disability that warrants the continuation of benefits regardless of when the initial Kin-GAP agreement was signed.⁸</p>			
2. PAYMENT AMOUNT- BASIC RATE	<p>The AAP basic rate is based on the child's age, the date the initial AAP agreement was signed, and the date of adoption finalization.¹¹</p>	<p>The payment amount is based on the foster family home care rates set by the state (refer to Foster Family Homes Schedule of Basic Rates) based on the dependent's age; age-related rate increase occur automatically. Circumstances of the Kinship Guardian and the needs of the minor are considered in determining the Kin-GAP payment amount. However, the Kin-GAP payment cannot exceed what the minor/nonminor would have received while in Foster Care.¹²</p>	<p>The basic payment amount is based on the child's age, based on approved foster family home care rates set by the state (refer to Foster Family Homes Schedule of Basic Rates).¹³</p>	<p>Payment amount is based on the type of placement as described above (refer to Foster Family Homes Schedule of Basic Rates).¹⁴ If the minor/nonminor dependent in foster care is not found to be federally eligible, and is placed with a relative caregiver, then the relative must apply for CalWORKS funds to support the child as a 'non-needy caretaker'.</p>	<p>Payment amount is based on the type of placement as described above (refer to Foster Family Homes Schedule of Basic Rates).¹⁵</p>
3. SPECIAL NEEDS ALLOWANCE	<p>If the child's needs are greater and require a higher level of care and supervision, they may qualify for a Special Care Increment (SCI) in addition to the basic rate. The SCI rate varies county to county as each county has their</p>	<p>If the child's needs are greater and require a higher level of care and supervision, they may qualify for a Special Care Increment (SCI) in addition to the basic rate. The SCI rate varies county to county as each county has their</p>	<p>If the child's needs are greater and require a higher level of care and supervision, they may qualify for a Special Care Increment (SCI) in addition to the basic rate. The SCI rate varies county to county as each county has their</p>	<p>In county licensed homes or approved relative/nonrelative extended family member placements with foster care funding, the special needs allowance (specialized care increment) is for the cost of supervision (and the cost of providing that supervision) to</p>	<p>In county licensed homes or relative placements with foster care funding, the special needs allowance (specialized care increment) is for the cost of supervision (and the cost of providing that supervision) to</p>

Comparison of Financial Benefits

FACTOR	LEGAL GUARDIANSHIP		PLANNED PERMANENT LIVING ARRANGEMENT	EXTENDED FOSTER CARE AB12/212/1712
	ADOPTION (AAP) (AAP) funded	RELATIVE GUARDIANSHIP (Kin-GAP funded)		
	own SCI rate schedule. A minor/nonminor may be eligible to receive an SCI rate, if the county with jurisdiction has a Specialized Care Rate Plan. If the needs of the minor/nonminor change, this allowance may be renegotiated. The amount of the SCI is determined based on the county where the child is living unless the county does not have a specialized care plan. If the county does not have one, the amount of the SCI is based on the plan of the county with jurisdiction/payment responsibility. ⁶	own SCI rate schedule. A minor/nonminor may be eligible to receive an SCI rate, if the county with jurisdiction has a Specialized Care Rate Plan. If the needs of the minor/nonminor change, this allowance may be renegotiated. The amount of the SCI is determined based on the county where the child is living unless the county does not have a specialized care plan. If the county does not have one, the amount of the SCI is based on the plan of the county with jurisdiction/payment responsibility. ⁶	supervision (and the cost of providing that supervision) to meet the additional daily care needs of an Aid to Families with Dependent Children-Foster Care (AFDC-FC) child who has a health and/or behavior problem. ¹⁸ A special needs allowance is not available for FFA, group home, or residential treatment placements as these programs have a different rate setting structure; consideration of the special needs of the child are built into the rates. Special rates are not available for relative placements funded through CalWORKS.	meet the additional daily care needs of an Aid to Families with Dependent Children-Foster Care (AFDC-FC) child who has a health and/or behavior problem. This rate is not available for SILP, THP+FC, FFA, group home, CalWORKS or residential treatment placements.
4. PAYMENT AMOUNT- DUAL AGENCY RATE	A child who is developmentally delayed and a current consumer of California Regional Center (\$2,328 - \$3,328) or who is receiving services under the California Early Intervention Services Act (\$1,041) may qualify for the dual agency rate. ¹⁹	A child who is developmentally delayed and a current consumer of California Regional Center (\$2,328 - \$3,328) or who is receiving services under the California Early Intervention Services Act (\$1,041) may qualify for the dual agency rate. ²⁰	The dual agency rate is available for a child who meets eligibility criteria and is placed in a county licensed foster home or with an approved relative receiving a federal foster care payment. The dual agency rate is not available for a child placed with an FFA or group home; rather if this type of facility is vendORIZED by a regional center the rate is set by the regional center based on the vendORIZATION. ²²	A dual agency rate is available to the same types of placements as listed elsewhere. This rate is not available for SILP, THP+FC FFA, group home, ARC, CalWORKS recipients, or residential treatment placements. ²³
5. CONSIDERATION OF FAMILY CIRCUMSTANCES	Circumstances of the family are considered when negotiating the AAP benefit. However, the amount of the AAP cannot exceed what the child would have received in foster care. There shall be no use of a means test of the child or the adoptive parent/family. ²⁴	Circumstances of the Kinship Guardian and the needs of the minor/nonminor are considered in determining the Kin-GAP payment amount. However, the Kin-GAP payment cannot exceed what the minor or nonminor former dependent would have received in Foster Care. ²⁵	Family circumstances are not considered in determining the payment amount.	For a NMD who leaves and then re-enters foster care IV-E determination is based solely on the young adult's income and assets. Parent or relative income is not considered.
6. CLOTHING ALLOWANCE	The AAP benefit does not include payment for a specific good or service. ²⁶	A county clothing allowance may be available if the county has such a program. Due to budget realignment, counties are no	A minor/nonminor dependent in long term foster care is eligible for a clothing allowance pursuant to the county's clothing allowance	Nonminor dependents in extended foster care are eligible for a clothing allowance pursuant to the county's clothing allowance

Comparison of Financial Benefits

FACTOR	ADOPTION (Adoption Assistance Program (AAP)) funded)	LEGAL GUARDIANSHIP		PLANNED PERMANENT LIVING ARRANGEMENT	EXTENDED FOSTER CARE AB12/212/1712
		RELATIVE GUARDIANSHIP (Kin-GAP funded)	NON-RELATIVE GUARDIANSHIP (Supported by Foster Care funds)		
		longer given state funds for clothing allowances and counties have an option whether to continue to fund, discontinue, or revise their county's clothing allowance program. ²⁷	program. Due to budget realignment, counties are no longer given state funds for clothing allowances and counties have an option whether to continue to fund, discontinue, or revise their county's clothing allowance program. ²⁶	program. Due to budget realignment, counties are no longer given state funds for clothing allowances and counties have an option whether to continue to fund, discontinue, or revise their county's clothing allowance program.	
7. FINANCIAL RECERTIFICATION	A reassessment of the child's needs and family's circumstances may occur every two years. ²⁹	Kin-GAP is recertified biennially (every two years) or if the needs of the minor/nonminor dependent and/or the circumstances of the Kinship Guardian change. ³⁰	The guardian must cooperate with the child welfare agency to develop a written assessment that must be updated no less than every six months. ³¹	The case manager recertifies child's eligibility annually. ³²	The case manager recertifies every 6 months through completion of an updated SOC 161. ³³
8. TAX DEPENDENCY	Adoptive parents may qualify for a federal tax credit for the adoption of an eligible special needs child, under Section 23 of the Internal Revenue Code of 1986 (26 U.S.C. Sec. 23) and a state tax credit for an adoptive child who was in the custody of a California public child welfare agency, under Section 17052.25 of the Revenue and Taxation Code. ³⁴	The child may be an allowable tax exemption of the Kinship Guardian. ³⁵ Families should consult with their tax consultant for direction.	The child may be an allowable tax exemption of the Legal Guardian. ³⁶ Families should consult with their tax consultant for direction.	The minor/nonminor dependent may be an allowable tax exemption of the foster parent(s). The foster parent(s) should consult with their tax consultant for direction. ³⁷	Caregivers need to consult their tax consultant.
9. CHILD'S MISCONDUCT/ DESTRUCTION OF PROPERTY	The adoptive parent is legally and financially responsible for the support of their AAP eligible child. ³⁸	A relative Guardian is liable to the same extent as a birth parent. ³⁹ An attorney should be consulted regarding specific situations.	A Legal Guardian is liable to the same extent as a birth parent. ⁴⁰ An attorney should be consulted regarding specific situations.	Generally, the foster parent is not legally liable for the behavior of the minor/nonminor dependent to the same extent as a parent or guardian. An attorney should be consulted regarding specific situations. ⁴¹	As an adult, the NMD is legally liable for their own behavior.

Comparison of Financial Benefits

FACTOR	ADOPTION (Adoption Assistance Program (AAP)) funded)	LEGAL GUARDIANSHIP		PLANNED PERMANENT LIVING ARRANGEMENT	EXTENDED FOSTER CARE AB12/212/1712	
		RELATIVE GUARDIANSHIP (Kin-GAP funded)	NON-RELATIVE GUARDIANSHIP (Supported by Foster Care funds)			
10. MEDICAL INSURANCE	<p>Medi-Cal/Medicaid coverage is an AAP benefit and is intended to cover the costs of the child's medical, dental and mental health needs.⁴²</p> <p>The adoptive parent may also enroll their child in their private health insurance plan with Medi-Cal as secondary coverage. If the child is State AAP Eligible and resides in another state, there may be limitations in accessing Medi-Cal coverage. If the child resides in another country there may be limitations in accessing Medi-Cal/Medicaid coverage.</p> <p>Adoptive parent and minors moving out of California are encouraged to research the applicable laws of the new State or country of residency to determine the impact the move will have on the ability to arrange for health coverage and accessibility to other appropriate services.</p>	<p>A youth under Kin-GAP determined Title IV-E eligible for Kin-GAP is categorically eligible for Medicaid in his/her state. A minor/nonminor receiving non-Title IV-E, state-funded, Kin-GAP is eligible for Medi-Cal as long as the minor/nonminor is eligible for the Kin-GAP payment and is a resident of California in accordance with residency requirements pursuant to Title 22, California Code of Regulations (CCR) section 50320.</p> <p>Prior to the termination of a Kin-GAP payment (either Title IV-E or state funded Kin-GAP), individuals will continue to receive Medi-Cal while the Medi-Cal worker completes a redetermination to reevaluate eligibility of the child for all Medi-Cal programs in accordance with WIC § 14005.37 prior to terminating the Medi-Cal.</p>	<p>A youth under non-relative legal guardianship is eligible for Medi-Cal if the youth is eligible for a state foster care payment or meets the eligibility criteria for the appropriate Medi-Cal program coverage group.⁴⁴</p> <p>Youth who exited foster care before 18 should visit the closest Eligibility Office for Medi-Cal determination.</p> <p>A youth who exits foster care after age 18 is eligible for extended Medi-Cal and Early and Periodic Screening, Diagnosis, and Treatment services (EPSDT) up to age 26.</p>	<p>The minor/nonminor dependent is eligible for Medi-Cal if the minor/nonminor is eligible for a Title IV-E cash payment or meets the eligibility criteria for the appropriate Medi-Cal program coverage group.⁴⁴</p> <p>Youth who exited foster care before 18 should visit the closest Eligibility Office for Medi-Cal determination.</p> <p>A youth who exits foster care after age 18 is eligible for extended Medi-Cal and Early and Periodic Screening, Diagnosis, and Treatment services (EPSDT) up to age 26.</p>	<p>A NMD is eligible for Medi-Cal if the NMD is eligible for extended foster care payments and resides in California. There is no income or asset test.</p> <p>A NMD who exits foster care after age 18 is eligible for extended Medi-Cal and EPSDT up to age 26, this is known as Former Foster Care Children (FFCC) program.⁴⁵</p>	<p>According to POMS section: RS 00203.001 A dependent over the age of 18 is entitled to Title II benefits if they qualify under a disability that began before the age 22 or is a full-time secondary school student under age 19. Also, see RS 00205.001 Consult with the Social Security Administration.</p>
11. SOCIAL SECURITY- TITLE II BENEFITS (SSA- DEPENDENT OR SURVIVOR BENEFITS)	<p>If the AAP eligible child is receiving SSA-dependent or survivors' benefits from the adoptive parent or birth parent, they may continue to receive AAP benefits.⁴⁶</p> <p>The receipt of SSA-dependent or survivors' benefits does not affect the child's eligibility for AAP benefits.⁴⁷</p>	<p>When a parent dies, becomes unable to work due to disability, or retires, a minor may be eligible for dependent or survivor benefits assuming the parent was insured for Title II benefits regardless of Kin-GAP benefits.⁴⁸</p>	<p>When the birth parent(s) retires, becomes unable to work due to disability, or retires, or dies, the minor may be eligible for dependent benefits or survivor benefits assuming the parent was insured for Title II benefits regardless of foster care benefits.⁴⁹</p>	<p>SSA determines who the payee is for SSA funds for dependent children, when the birth parent is disabled or dies.⁵⁰</p> <p>If the county is the representative payee, the funds may be applied to the cost of the minor's/nonminor dependent's needs while in placement.⁵¹</p> <p>A dedicated account is established for any extra funds, and the case manager is responsible to use these funds to meet the child's needs.⁵²</p>	<p>SSA determines who the payee is for SSA funds for dependent children, when the birth parent is disabled or dies.⁵⁰</p> <p>If the county is the representative payee, the funds may be applied to the cost of the minor's/nonminor dependent's needs while in placement.⁵¹</p> <p>A dedicated account is established for any extra funds, and the case manager is responsible to use these funds to meet the child's needs.⁵²</p>	

Comparison of Financial Benefits

FACTOR	ADOPTION (Adoption Assistance Program (AAP)) funded)	LEGAL GUARDIANSHIP		PLANNED PERMANENT LIVING ARRANGEMENT	EXTENDED FOSTER CARE AB12/212/1712
		RELATIVE GUARDIANSHIP (Kin-GAP funded)	NON-RELATIVE GUARDIANSHIP (Supported by Foster Care funds)		
12. SOCIAL SECURITY BENEFITS (SSI-BASED ON THE CHILD'S ELIGIBILITY)	If the AAP eligible child is SSI eligible and/or receiving SSI benefits, the child may continue to receive AAP benefits. The receipt of SSI benefits does not affect the child's eligibility for AAP benefits. ⁵³ If AAP is federally funded then it counts as income against the SSI benefit and would affect SSI eligibility. ⁵⁴	If the Kin-GAP eligible child is SSI eligible and/or receiving SSI benefits, the child may continue to receive Kin-GAP benefits. ⁵⁵ If Kin-GAP is federally funded then it counts as income against the SSI benefit and would affect SSI eligibility. ⁵⁶	A minor, if disabled, may or may not be eligible based on funding source. The county offsets the amount of SSI against nonfederal foster care benefit. ⁵⁷	When the minor/nonminor dependent is disabled, the same offsetting rules apply as previously described. The payee of funds may or may not be determined by SSA to be the county and the funds may be applied to the cost of the child's needs while in placement. ⁵⁸ WIC 13754 permits the NMD to be own payee.	When the NMD is disabled, the same factors apply as previously described. The payee of funds may or may not be determined by SSA to be the county and the funds may be applied to the cost of the child's needs while in placement. ⁶⁰ WIC 13754 permits the NMD to be own payee.
13. RESIDENTIAL TREATMENT (group home)	AAP may pay for an out-of-home placement up to 18 months per episode or condition, if the placement is necessary for the temporary resolution of a mental or emotional problem, and that the placement meets the requirements stated in Welfare and Institutions Code Section 16121(b).	To access funds for group home placement or residential treatment, guardianship may need to be rescinded and/or dependency reinstated.	To access funds for group home placement or residential treatment, guardianship may need to be rescinded and/or dependency reinstated.	Funding is provided for placement in group home or residential treatment, based on minor's/nonminor dependent's eligibility, and the state approved rate. ⁶¹	Funding for group homes is available until a NMD completes high school or attains age 19, whichever is first. If the NMD meets the participation condition of medical condition, s/he can stay in a group home beyond age 19 as a short term transition to an appropriate system of care. ⁶²
14. FINANCIAL ASSISTANCE/ DEATH OF CAREGIVER	AAP benefits are terminated following the adoptive parent's death. The child may be eligible to receive AAP benefits in a subsequent adoption, if the Three Part Special Needs Determination and Citizenship requirements are met. ⁶³	Guardianship funding terminates in the event of death of the guardian(s); however, in the state-funded program, Kin-GAP Guardianship benefits may continue if there is a successor Guardian. ⁶⁴	Guardianship funding terminates in the event of death of the guardian(s); however, FC Guardianship benefits may continue if there is a successor Guardian.	The responsible public agency continues to be responsible for the financial care and placement needs of the minor/nonminor dependent upon the death of the foster parent(s) or caregivers.	The responsible public agency continues to be responsible for the financial care and placement needs of the NMD upon the death of the foster parent(s) or caregivers.
15. FINANCIAL ASSISTANCE / CHILD'S RESIDENCE / MOVES OUT OF COUNTY	AAP continues regardless of the child's residence in another county. ⁶⁵	Kin-GAP benefits continue regardless of county of residence so long as all eligibility criteria continue to be met. Guardians have the right to move out of county, but must notify Court in writing. ⁶⁶	Guardians have the right to move out of county, but must notify Court in writing. ⁶⁷	Legal residence is determined by residence of birth parents (However, the child is eligible to attend school in the jurisdiction where he or she is placed). ⁶⁸ Courtesy supervision is arranged when a minor/nonminor dependent moves with a caregiver out of county. The court and the county determine where a child is placed.	The NMD may reside out of county and remain eligible for EFC. The county of jurisdiction is fiscally responsible for the NMD. If a NMD continuously resides in a county that does not have jurisdiction over the NMD for one year, jurisdiction can be transferred to the county of residence per WIC 17.1(f) and WIC 375.

Comparison of Financial Benefits

FACTOR	ADOPTION (Adoption Assistance Program (AAP)) funded)	LEGAL GUARDIANSHIP		PLANNED PERMANENT LIVING ARRANGEMENT	EXTENDED FOSTER CARE AB12/212/1712
		RELATIVE GUARDIANSHIP (Kin-GAP funded)	NON-RELATIVE GUARDIANSHIP (Supported by Foster Care funds)		
16. FINANCIAL ASSISTANCE/ CHILD'S RESIDENCE/ MOVES OUT OF STATE/COUNTRY	AAP continues regardless of the child's residence in another state or country. ⁶⁸ If the child is State AAP Eligible and resides in another state, there may be limitations in accessing Medi-Cal coverage. If the child resides in another country there may be limitations in accessing Medi-Cal/Medicaid coverage.	Kin-GAP benefits continue regardless of state or of residence so long as all eligibility criteria continue to be met. ⁷⁰ Kinship Guardians have the right to move out of state, but must notify the court in writing. ⁷¹ Kinship guardians and minors moving out of California are also to be encouraged to research the applicable laws of the new State or country of residency to determine the impact the move will have on all other issues, including the ability to enroll the child in school, arrange for health coverage and accessibility to other appropriate services.	Court permission must be obtained to move out of state. If Guardian moves out of state, they are no longer eligible for state foster care funding from California. Guardianship and/or funding may need to be re-established in the new state/country, and is subject to the new state or country's laws and eligibility rules.	Legal residence is determined by residence of birth parents. Courtesy supervision is arranged when a minor moves w/ caregiver out of county or out of state. Interstate Compact Program rules must be followed when a minor/nonminor dependent moves out of state and licensing/certification procedures for that state must be followed, in order for payment to be made to caregiver by the county. The court must make findings specified in WIC 361.21 prior to placement of the minor into an out-of-state group home. An out of state group home must be certified by Community Care Licensing (CCL) before foster care funds are paid. ⁷²	The NMD may reside out of state and remain eligible for EFC. Monthly face to face supervision must still be maintained. Courtesy supervision can be arranged through ICPC if the other state agrees. If the other state does not agree, supervision can be provided by the sending county or contracted out through a private agency in that state. ⁷³
17. ILP (INDEPENDENT LIVING PROGRAM) ELIGIBILITY	Only those youth adopted on or after their 16 th birthday are eligible for ILP programs, up to age 21. Youth may be eligible for ILP when placed in another state, depending on the other state's eligibility rules.	Kin-GAP youth are eligible for ILP services regardless of the age the guardianship was established. Services start at age 16 (or 14 in some counties). ⁷⁴	Youth with a non-relative legal guardianship that was established on or after their 8th birthday who are receiving permanent placement services are eligible for ILP services up to age 21. Services start at age 16 (or 14 in some counties). ⁷⁵	A minor/nonminor dependent who was in foster care at any point between the ages of 16-18 is eligible for ILP services up to age 21. Services start at age 16 (14 in some counties).	NMD are eligible for ILP up to age 21.
18. ELIGIBILITY FOR CHAFEE GRANT PROGRAM (Chafee Education and Training Voucher Program (ETV))	A youth who was in foster care on or after their 16th birthday and subsequently adopted is eligible to apply for the Chafee Grant Program as long as they have not reached 21 years of age by July 1 of the award year. Youth participating in the voucher program on the date they attain 21 years of age, remain eligible until they attain 23 years of age, as long as they are enrolled in a postsecondary education or training program and are making satisfactory progress toward completion of that program.	A youth who was in foster care on or after their 16th birthday and subsequently in a relative guardianship is eligible to apply for the Chafee Grant Program as long as they have not reached 21 years of age by July 1 of the award year. Youth participating in the voucher program on the date they attain 21 years of age, remain eligible until they attain 23 years of age, as long as they are enrolled in a postsecondary education or training program and are making satisfactory progress toward completion of that program.	A youth who is/was in foster care for at least one day between the ages of 16 and 18 is eligible to apply for the Chafee Grant Program as long as they have not reached 21 years of age by July 1 of the award year. Youth participating in the voucher program on the date they attain 21 years of age, remain eligible until they attain 23 years of age, as long as they are enrolled in a postsecondary education or training program and are making satisfactory progress toward completion of that program.	A minor who is/was in foster care for at least one day between the ages of 16 and 18 is eligible to apply for the Chafee Grant Program as long as they have not reached 21 years of age by July 1 of the award year. Youth participating in the voucher program on the date they attain 21 years of age, remain eligible until they attain 23 years of age, as long as they are enrolled in a postsecondary education or training program and are making satisfactory progress toward completion of that program.	A NMD who is in foster care for at least one day between the ages of 16 and 18 is eligible to apply for the Chafee Grant Program as long as they have not reached 21 years of age by July 1 of the award year. Youth participating in the voucher program on the date they attain 21 years of age, remain eligible until they attain 23 years of age, as long as they are enrolled in a postsecondary education or training program and are making satisfactory progress toward completion of that program.

Comparison of Financial Benefits

FACTOR	LEGAL GUARDIANSHIP		EXTENDED FOSTER CARE AB12/212/1712
	ADOPTION (Adoption Assistance Program (AAP) funded)	RELATIVE GUARDIANSHIP (Kin-GAP funded)	
19. ELIGIBILITY FOR TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP)/THP-PLUS/THP-PLUS – FOSTER CARE	<p>Priority is given to students who received the grant the previous year, students who are aging out of the program, students with dependents, and students who had an unmet need of \$5000 or higher.</p> <p>Chafee Grants provide up to \$5000 per academic year while the youth attends college. Grants are limited and amounts vary based on financial need and priority enrollment status. No payback required.</p>	<p>Priority is given to students who received the grant the previous year, students who are aging out of the program, students with dependents, and students who had an unmet need of \$5000 or higher.</p> <p>Chafee Grants provide up to \$5000 per academic year while the youth attends college.⁷⁶ Grants are limited and amounts vary based on financial need and priority enrollment status. No payback required.</p>	<p>Priority is given to students who received the grant the previous year, students who are aging out of the program, students with dependents, and students who had an unmet need of \$5000 or higher.</p> <p>Chafee Grants provide up to \$5000 in free money (no pay back required) per academic year while the youth attends college. Grants are limited and amounts vary based on financial need and priority enrollment status. No pay back required.</p>
	<p>Not eligible for THPP.</p> <p>Not eligible for THP-Plus.</p> <p>Not eligible for THP-Plus-Foster Care.</p>	<p>Not eligible for THPP.</p> <p>Not eligible for THP-Plus.</p> <p>Not eligible for THP-Plus-Foster Care.</p>	<p>THPP is for foster youth age 16-18. Availability varies by county.⁷⁸</p> <p>THP-Plus is available for former foster youth ages 18-24 who exited care on or after their 18th birthday. Program is limited to 24 cumulative months. Availability varies by county. Check with local ILP for ability of both programs.⁷⁹</p> <p>Not eligible for THP-Plus-Foster Care.</p>
20. ELIGIBILITY FOR FINANCIAL ASSISTANCE FOR HIGHER EDUCATION	<p>Adopted youth may be eligible for federal and state financial aid; however, eligibility is based on the youth and adoptive family's income.</p> <p>A minor/nonminor dependent who was a dependent or ward on or after their 13th birthday can be considered an "independent student" when filing the Free Application for Federal Student Aid (FAFSA), regardless of their dependency status when completing the application. They also may qualify for a California</p>	<p>Relative Guardianship youth may be eligible for federal and state financial aid</p> <p>A minor/nonminor dependent who was a dependent or ward on or after their 13th birthday can be considered an "independent student" when filing the Free Application for Federal Student Aid (FAFSA), regardless of their dependency status when completing the application. They also may qualify for a California</p>	<p>NMDs who were a dependent or ward on or after their 13th birthday can be considered an "independent student" when filing the Free Application for Federal Student Aid (FAFSA), regardless of their dependency status when completing the application. They also may qualify for a California Community Colleges fee waiver.⁸⁵</p> <p>NMD should consult with school's financial aid office or the local ILP regarding scholarship information.</p>
	<p>A minor/nonminor dependent who was a dependent or ward on or after their 13th birthday can be considered an "independent student" when filing the Free Application for Federal Student Aid (FAFSA), regardless of their dependency status when completing the application. They also may qualify for a California Community Colleges fee waiver.⁸²</p>	<p>Legal Guardianship youth may be eligible for federal and state financial aid.</p> <p>A minor/nonminor dependent who was a dependent or ward on or after their 13th birthday can be considered an "independent student" when filing the Free Application for Federal Student Aid (FAFSA), regardless of their dependency status when completing the application. They also may qualify for a California Community Colleges fee waiver.⁸³</p>	<p>A minor/nonminor dependent who was a dependent or ward on or after their 13th birthday can be considered an "independent student" when filing the Free Application for Federal Student Aid (FAFSA), regardless of their dependency status when completing the application. They also may qualify for a California Community Colleges fee waiver.⁸⁴</p> <p>A minor/nonminor dependent should consult with school's financial aid office or the local ILP regarding scholarship information.</p>

Comparison of Financial Benefits

FACTOR	ADOPTION (Adoption Assistance Program (AAP)) funded)	LEGAL GUARDIANSHIP		PLANNED PERMANENT LIVING ARRANGEMENT	EXTENDED FOSTER CARE AB12/212/1712
		RELATIVE GUARDIANSHIP (Kin-GAP funded)	NON-RELATIVE GUARDIANSHIP (Supported by Foster Care funds)		
	<p>Community Colleges fee waiver.⁸¹</p> <p>A minor/nonminor dependent should consult with school's financial aid office.</p>	<p>A minor/nonminor dependent should consult with school's financial aid office.</p>	<p>A minor/nonminor dependent should consult with school's financial aid office.</p>		
21. TAX CREDIT	<p>Adoptive parents may qualify for a federal tax credit for the adoption of an eligible special needs child, under Section 23 of the Internal Revenue Code of 1986 (26 U.S.C. Sec. 23) and a state tax credit for an adoptive child who was in the custody of a California public child welfare agency, under Section 17052.25 of the Revenue and Taxation Code.⁸⁶</p>	N/A	N/A	N/A	N/A

Application for CalWORKs

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

APPLICATION FOR CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs)

(Non-Needy Caretaker Relative With Relative Foster Child)

INSTRUCTIONS: Fill out this form if you want cash aid for a relative foster child. Complete all of the questions to the left of the heavy black line and sign the Certification section. If you need more space, attach another sheet of paper. Use one form for each child.

1. Caretaker Relative's Name	Phone ()
Address	

2. Give us all the facts for this child.

Child's Name (First, Middle, Last)	Birthplace (City/State/Country)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address		
Birthdate (Month, Day, Year)	Blind, Deaf, or Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number	If child is under age 6, are immunization shots up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not under age 6	
Citizen/Noncitizen Status	<input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Noncitizen: Sponsored <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship of Child to the Caretaker Relative		

3. A. Is the child pregnant or a teen parent? Yes No
If "YES", check status: Pregnant Teen Parent

SCHOOL STATUS:
 Has a High School Diploma Has a GED Currently Attending School
 Not attending school (explain): _____
 Other (explain): _____

B. Has the child received a cash bonus or sanction, or help with child care, transportation, etc., from the Cal-Learn Program? Yes No
If "YES", complete below:

Where (County)	Date(s) Received
----------------	------------------

4. Did the child get cash aid or CalFresh this month? Yes No
If "YES", complete below:

TYPE OF AID <input type="checkbox"/> Cash Aid <input type="checkbox"/> CalFresh <input type="checkbox"/> Approved Relative Caregiver (ARC)	Where (County, State)
--	-----------------------

5. Does the child have Medi-Cal or health insurance, such as Blue Cross, Kaiser, CHAMPUS, etc., which is paid for by a parent or parent's employer? Yes No
If "YES", list policy number and company name:

COUNTY USE ONLY	
CASE NAME	
CASE NUMBER	
WORKER NAME AND NUMBER	
DATE RECEIVED	
Verification	<input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> SSN <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Immunization
Alien Reg. No.:	_____
D.O.E.:	_____
Verified:	<input type="checkbox"/> Referred to Cal-Learn Program
	<input type="checkbox"/> Verification provided
	<input type="checkbox"/> Verification provided
	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Fee for Service

Application for CalWORKS

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

				COUNTY USE ONLY			
6. Does the child get or expect to get any income, such as: Earnings, Supplemental Security Income/State Supplementary Payment (SSI/SSP), Social Security Benefits, Child Support, Foster Care Payment, Veterans Benefits, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", complete below:				<input type="checkbox"/> Verification provided <input type="checkbox"/> Eligible for higher MAP			
TYPE OF INCOME	AMOUNT (Before deductions, if any) \$	WHEN	HOW OFTEN				
Will this income continue? <input type="checkbox"/> Yes <input type="checkbox"/> No If "NO", explain any known changes: _____ _____							
7. Has the parent(s) of this child been in the United States (U.S.) military? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", complete below:				CW 5 <input type="checkbox"/> Yes <input type="checkbox"/> No Date Initiated _____			
NAME OF PARENT	PARENT A U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	BRANCH OF SERVICE	DATES OF SERVICE	HONORABLE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Does the child own any property or have resources, such as: cash, land, auto, motorcycle, bank accounts, trust funds, savings bonds, Native American per capita payments or trust funds, or other items? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", complete below:				<input type="checkbox"/> Verification provided <input type="checkbox"/> Restricted account <input type="checkbox"/> Exempt			
TYPE OF RESOURCE	ACCOUNT/POLICY NUMBER	NAME, ADDRESS OF BANK, ETC.	CURRENT VALUE \$				
9. Does the child have a medical condition(s) or situation(s) that requires any of the following? Check (✓) each item YES or NO:				Verified: Special Need: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____			
	YES	NO		YES	NO		
Special diet--prescribed by a doctor			Very high use of utilities				
Special transportation need			Special laundry service				
Special telephone or other equipment			Other (specify):				
If "YES", explain:							
10. If the child has been charged as an adult with a felony, is the child hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for that felony crime or attempted felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No							
11. Has the child been found by a court of law to be in violation of probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No							
12. A. If the child can get cash aid, the child may be able to get some health examinations through the Child Health and Disability Prevention Program (CHDP). Do you want more facts about CHDP services? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you want free CHDP medical or dental services? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need help making appointments or getting the child to the doctor or dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> CHDP brochure and explanation given <input type="checkbox"/> CHDP Referral <input type="checkbox"/> Date: <input type="checkbox"/> Referred for immunization <input type="checkbox"/> Other services referral <input type="checkbox"/> Pregnant <input type="checkbox"/> Parent or guardian of child under 5 <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Postpartum <input type="checkbox"/> WIC referral <input type="checkbox"/> Family Planning info given Date referred:			
B. Do you want more facts about immunization services? <input type="checkbox"/> Yes <input type="checkbox"/> No							
C. Do you want facts about non-discrimination, alcohol/drug counseling, past medical expenses, and other special needs for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Application for CalWORKs

	COUNTY USE ONLY
D. Does the pregnant child need to find a doctor, get medical transportation, and/or other help? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Is the child breastfeeding? If "YES", was the birth within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Does the child want to get facts or services from a Family Planning Clinic to help plan family size and prevent unplanned pregnancies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATION

I understand that:

- **If I give wrong facts or fail to report all facts or situations on purpose that affect the child's eligibility and CalWORKs payments, I may be fined, jailed/imprisoned, or both. I can be sent to jail/prison for up to 5 years. And benefits can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years or forever.**
- The child's case can be picked for reviews to prove eligibility; and I must cooperate fully with county, state, and federal personnel in any quality control review.
- The facts I give will be checked out by local, state, and federal personnel.
- The county will send facts to the U.S. Citizenship and Immigration Services (USCIS) for proof of immigration status.
- The facts the county gets from USCIS may affect the child's eligibility for CalWORKs.
- The facts I give will be checked with tax, welfare, employment agencies, school districts, and the Social Security Administration to prove the child's eligibility for CalWORKs and to prove that I am getting the right amount of CalWORKs. The social security number will be matched with law enforcement agency records for arrest warrants.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this application is true, correct, and complete.

SIGNATURE OF CARETAKER RELATIVE	DATE

COUNTY USE ONLY

<input type="checkbox"/> INELIGIBLE (Reason)			Immunization <input type="checkbox"/> Informing (CW 101)
<input type="checkbox"/> ELIGIBLE	Eligibility Conditions Met – Date:	Authorization Date:	Effective Date of Aid:
			Regs Met: <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of County Worker	DATE

Signature of Supervisor	DATE

CAIWORKs Immediate Need Payment form

CalWORKs APPLICANT CHOICE FORM IMMEDIATE NEED PAYMENT/EXPEDITED GRANT

Case Name:

Case Number:

Worker Name/Number:

Because your emergency is an eviction and you do not have enough income and resources to pay your rent, you can choose how to get a cash aid payment.

The following conditions must be met before payment can be made:

- You must have a notice of eviction. It can include a three-day pay or quit.
- You must have insufficient funds to pay the rent that is owed.
- You must be currently living in the home.

You have two choices. Read the facts below before you make your choice. If you have questions, ask your worker.

IMMEDIATE NEED PAYMENT

If you choose an Immediate Need payment, you can get it within one working day after you asked for it. You can get what you are eligible for, or \$200, whichever is less.

After you get an Immediate Need payment, the County must decide if you can get Cash Aid within 15 working days.

The county will let you know what proof you need to show. You must give all proof of facts the County asks for within 15 working days.

Then if the County verifies your eligibility within 15 working days, the County will issue any remaining money owed to you.

EXPEDITED DETERMINATION OF CASH AID

If you choose an Expedited Grant, you can get it within three working days after you asked for it. This means, you may get all of the Cash Aid you are eligible for, even if it is more than \$200.

The County must decide if you can get Cash Aid within three working days.

The County will let you know what proof you need to show. You must give all proof the County asks for within the three working days.

On the third working day, you'll get either a full payment based on the Expedited Grant Determination or an Immediate Need payment (up to \$200).

Tell us if you want an Immediate Need payment or an Expedited Grant Determination. Check (✓) below.

I want an Immediate Need Payment

I want an Expedited
Grant Determination Payment

CERTIFICATION

I have read the above facts and understand when I can get an Immediate Need payment or Expedited Grant Determination payment.

SIGNATURE

DATE

COMMENTS:

Notice of Approval, Sample

NOTICE OF ACTION - APPROVAL

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County has approved your cash aid. The cash aid payment for your first month of aid is \$_____.

Your first day of cash aid is _____
MM/DD/CCYY

The cash aid payment for your first month of aid is only for a part of a month. It is for the time from your first day of cash aid, shown above, through the end of the month. If nothing changes, your ongoing cash aid amount will be \$_____.

Rules: These rules apply. You may review them at your county welfare office: WIC 11253, AB 12 (Chapter 559, Statutes of 2010).

Notice of Approval, Sample

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh (Food Stamps), or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh (Food Stamps) will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh (Food Stamps) or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid CalFresh (Food Stamps) Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. (W&I Code Sections 10850 and 10950.)

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

- Cash Aid CalFresh (Food Stamps) Medi-Cal
 Other (list) _____

Here's Why: _____

- If you need more space, check here and add a page.
- I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED _____

BIRTH DATE _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____

NAME OF PERSON COMPLETING THIS FORM _____ PHONE NUMBER _____

- I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Sample Rate Reassessment Request Letter

Date: _____

To: Foster Care Eligibility Department, _____ County

Address: _____

RE: Name of Child: _____ Date of Birth: _____

To Whom It May Concern:

I have been the approved caregiver of _____ since _____. It is my understanding the basic level rate for foster care placements was raised to \$889 on January 1, 2017, for both new and existing placements.¹ I currently receive _____ per month in (foster care benefits / ARC / CalWORKs). I have not yet received a rate increase. Therefore, I request a reassessment of my eligibility to receive the Home-Based Family Care basic level rate of \$889, as well as any clothing allowance or specialized care increment for which my foster child may be eligible, retroactive to January 1, 2017. I also request a Notice of Action confirming that I am eligible for the new basic level rate. Please call me as soon as possible to confirm that you have received this request.

Thank you,

Address: _____

Phone Number: _____

¹CDSS All-County Letter No. 16-79

FOSTER YOUTH EDUCATION RIGHTS



1. RIGHT TO REMAIN IN YOUR SCHOOL OF ORIGIN

- You have the right to stay in the same school after you move to a new foster care placement. Your “school of origin” can be:
 1. The school you attended when you first entered foster care,
 2. The school you most recently attended, or
 3. Any school you attended in the last 15 months that you feel connected to.
- Your school district must work with you, your education rights holder,* your caregiver, and your social worker/probation officer to develop a plan to transport you to your school of origin.
- If you are transitioning from elementary school to middle school or from middle school to high school, you have the right to transition to the same school as your classmates.
- If there is any disagreement between the school district and your education rights holder about which school you will attend, you have the right to stay in your school of origin until the disagreement is resolved.

2. RIGHT TO IMMEDIATE ENROLLMENT IN SCHOOL

- You have the right to immediately enroll in your regular home school after you move placements.
- You cannot be forced to attend a continuation school or other alternative education program, such as independent study, even if you are behind in credits or have discipline problems at school.
- You have a right to immediately enroll in school and begin attending classes, even if you do not have the paperwork you would normally need for enrollment (such as birth certificate, transcript, or IEP) or you did not check-out from your previous school.
- Your previous school must send your education records to your new school after you enroll.
- You have the right to participate in any activities available at your new school, such as sports teams, tutoring, or after-school clubs, even if you miss a tryout or sign-up deadline.

3. RIGHT TO PARTIAL CREDITS FOR HIGH SCHOOL STUDENTS

- If you change schools during the school year, you have a right to partial credits in all classes that you are passing when you leave your old school, even if you do not complete the entire class.
- After you change schools, your new school must accept the partial credits issued by your old school.
- After you change schools, you have the right to be enrolled in the same or similar classes you were enrolled in at your last school.
- You cannot be forced to retake a class or part of a class that you have already completed with a passing grade, if it would make you off-track for high school graduation.
- You have the right to take or retake any class that you need to go to a California State University or University of California.
- Your grade cannot be lowered because you were absent from school for a court hearing, placement change, or a court-related activity.

4. GRADUATION RIGHTS

- You have the right to stay in high school for a fifth year to complete your school district graduation requirements, even if you are over 18.
- If you are behind on your credits, and you transferred schools after your sophomore year, you may be eligible to graduate under AB 167/216 by completing only the state graduation requirements (130 credits in specific classes) instead of your school district’s requirements.
- If you are eligible, the decision of whether to graduate under AB 167/216 is made by your education rights holder.

5. COLLEGE RIGHTS

- You have the right to have the application fee waived when you apply to a community college in California.
- You have the right to receive the maximum amount of federal student aid and you may be eligible for up to \$5,000 per year from the Chafee scholarship.

Foster Youth Education Rights

6. SCHOOL DISCIPLINE RIGHTS

- You cannot be suspended for more than 5 school days in a row or for more than 20 days in a school year.
- You have a right to be told why you are being suspended and the right to provide your version of events and evidence before you are suspended, unless there is an emergency. If the behavior for which you are being suspended could subject you to criminal charges, you should consult with your education rights holder or attorney before providing an oral or written statement to the school or police.
- Your attorney and social worker must be invited to a meeting before your suspension can be extended beyond 5 days and a suspension can only be extended if you are being considered for expulsion.
- You have a right to a formal hearing, and to be represented by an attorney at that hearing, before you are expelled.
- If you are facing a possible expulsion, your attorney and social worker must be notified. If you are in special education, your attorney and social worker must be invited to a meeting to decide whether your behavior was related to your disability.

7. RIGHT TO YOUR SCHOOL RECORDS

- You have the right to access your school records if you are 16 years or older or have finished 10th grade.
- Your social worker/probation officer and education rights holder can access your school records as well.

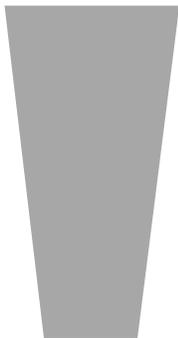
NON-EDUCATION RIGHTS

As a foster youth, you also have other rights that are not related to school, such as the right to see a doctor or to have private storage space. For more information, please see the **Foster Youth Bill of Rights** (www.fosteryouthhelp.ca.gov/rights2.html)



*EDUCATION RIGHTS HOLDERS

Every foster youth under age 18 must have an education rights holder, who is required to make education decisions in the youth's best interest. Foster youth who are 18 or older have the right to make their own education decisions. Your education rights holder may be your parent or legal guardian, your caregiver, or another person chosen by the court. Your education rights holder cannot be your social worker or probation officer, your attorney, or group home or school staff members. It is important to know who your education rights holder is. If you need information about who your education rights holder is, you can contact your social worker or attorney.



If you believe your education rights have been violated,

you can file a complaint. The school has 60 days to investigate and give you a written response. For information about how to file a complaint, please visit cde.ca.gov/re/cp/uc, or call the California Dept. of Education Coordinated School Health and Safety Office at (916) 319-0914.

For more information about your education rights, please see the **Foster Youth Education Toolkit** (www.kids-alliance.org/edtoolkit) or the **California Youth Education Task Force** (www.cfyetf.org). You also can contact your school district's Foster Youth Educational Liaison or your county's Foster Youth Services Coordinating Program (FYSC) at cde.ca.gov/ls/pf/fy.

YOUR FOSTER YOUTH EDUCATIONAL LIAISON IS:

AND CAN BE REACHED AT:



PRE K-12
AND BEYOND

CALIFORNIA FOSTER YOUTH EDUCATION
TASK FORCE



A Guide for Requesting Education Records

Who is an education rights holder (“ERH”)?

- Biological parents- Unless their rights have been limited or terminated by a court
- Adoptive Parents with adoption order
- Legal Guardians with letters of guardianship from a court
- Responsible adults appointed by the court to hold education rights via JV-535 (ex. Foster parents, Relative caregivers, Court Appointed Special Advocates)

The Purpose of Requesting Records

- Track education performance over time
- To help better understand the child’s needs
- To determine interventions that have or have not worked in the past
- They allow comparison between old testing and new testing to monitor academic progress

Examples of Records you May Receive

- Report cards: They will show academic progress throughout the child’s education history
- Transcripts: These show how close to graduation a child may be based on their accumulated class credits
- Attendance records: They show whether the child is going to all of their class periods daily
- Special Education Assessments: These show a child’s current functioning both academically and behaviorally
- Individualized Education Programs (“IEPs”): These show whether services/goals are meeting the child’s needs

Procedures for ERHs to Request Education Records

1. Complete the form: Sign and date the form on the reverse side of this document. Complete one for each school the child has attended.
2. Submit the form: Turn in the completed form and proof that you hold education rights to all the schools you’re requesting records from. Proof that you hold education rights may be: a minute order or JV-535 form from the court, guardianship letters or adoption order. If you are the biological parent to the child you DO NOT need to present any proof.
3. Get proof: You should get proof that the school received your records request, in case you later have any difficulties getting the school to send records. There are 3 possible ways to get proof that you submitted the records request form.
 - If submitting the form in person, get a date stamp on the form and keep a copy as proof.
 - If submitting via fax, keep a copy of the fax transmittal report confirming that the fax was received.
 - If sending via mail, send it via certified mail. Make sure to keep the certified mail receipt as proof.
4. Get records: Schools, by law, have only 5 business days to send you the records you requested. You should call the school 2 days after submitting the records request form, to confirm that it was received and that they will be sending you records within 5 business days. If the school informs you that they do not have records for your child, ask that they put this in writing.
5. If by the 5th day you have not received any records, contact the school and request that they send them to you immediately.
6. Organize and Review Records: Once you receive the records, organize them chronologically, by school year, and read through them to make sure you received everything you requested. You should make sure that you received all of the child’s report cards, attendance records, transcripts, behavior notes/suspension notices. If your child is in special education, pay close attention to the IEP dates and make sure that you have an IEP for each year they were eligible and an assessment every three years. If you notice that anything is missing, you should go back to the school and request that they give you the missing documents.

A Guide for Requesting Education Records

Records Request

Date: _____

School Name: _____

School Address: _____

RE: Child's Name: _____

Child's Date of Birth: _____

Dear Records Clerk,

I am hereby requesting a copy of any and all general and special education records for the above mentioned child. I am requesting all records, including, but not limited to the following:

1. All Health Records
2. All Cumulative Records (including attendance, progress reports, report cards and transcripts)
3. All Disciplinary Records
4. All Star testing, Stanford 9 Scores and CAT - 6 Scores
5. All Correspondence (e.g., inter-office notes, memos, letters, etc.)

And if applicable:

6. All Special Education (e.g. psychological, educational, speech, OT, PT, etc.)
7. All Testing Protocols
8. All Individualized Education Programs

Please note that I am the education rights holder ("ERH") for this child. Please waive all fees associated with the duplication of these records, as such fees would effectively deny me access to these records. Please provide a physical copy of all records to the address below. I understand that by law, these records should be provided to me in 5 working days. 17 CCR § 52164(b); Educ. Code § 56504. Thank you for your attention to this matter. If you have any questions do not hesitate to contact me at your earliest convenience.

ERH Signature: _____

ERH Name: _____

ERH Address: _____

ERH Phone Number: _____

A Guide for Early Start Referral and Assessment

Why might a child need an Early Start assessment?

Early Start assessments can help determine whether a child has a developmental delay and whether they are in need of early intervention services. Through Early Start, a child may be eligible to receive an Individualized Family Service Plan (“IFSP”) that is specifically designed to meet their unique needs and the concerns of the family.

What does a child with a developmental delay look like?

- Fine Motor or Gross Motor delays
- Cognitive delays
- Self-Help or Adaptive delays
- Social-Emotional concerns
- Communication delays
- Formal diagnosis (e.g. cerebral palsy, autism, down syndrome)

What is an Individualized Family Service Plan (“IFSP”)?

An IFSP is a written service plan developed by the regional center service coordinator, early intervention service providers/evaluators/assessors and the education rights holder (“ERH”). IFSPs include the child’s current strengths and weaknesses and the supportive services necessary to improve the child’s developmental outcomes.

Procedures for Requesting an Early Start Assessment:

1. **Complete the form:** Fill out the form on the reverse of this document. Include your developmental concerns. Also include why you suspect the child has a disability and/or any diagnosed disabilities they already have (e.g. Down Syndrome or a neurological disorder). Make sure to sign and date the form.
2. **Submit the form:** Forward the attached form to Early Start Intake Department at the regional center. (note: Regardless of who is submitting the referral please include the education rights holders [ERH] name on the attached form. The regional center will need to contact the ERH in order to process the referral. If the child has an open DCFS case, ask the social worker to submit a DCFS 5004 referral form as soon as possible.
3. **Get proof:** You should get proof that the regional center received your request, in case you have any difficulties getting a response from the regional center. There are 3 possible ways to get proof that you submitted the Early Start referral/assessment request:
 - If submitting the form in person, get a date stamp on the form and keep a copy as proof.
 - If submitting via fax, keep a copy of the fax transmittal report confirming that the fax was received.
 - If sending via mail, send it via certified mail. Make sure to keep the certified mail receipt as proof.
4. **Get the regional center’s response:** Although there is no legal timeline in which the regional center needs to respond to this request, the law requires that the initial evaluation and assessments must be timely and if the child is eligible, the IFSP must be developed within 45 days from the initial referral. As a result, the regional center should be in touch with the ERH sometime before then in order to gather more information about the child and discuss conducting the assessments.
5. **Sign the consent for assessment:** The regional center cannot evaluate and assess the child until the consent is signed by the ERH.
6. **Holding the IFSP Meeting:** The Individualized Family Service Plan (“IFSP”) is due 45 calendar days from the date of referral, if the child is found eligible for Early Start. Make sure to ask for copies of any evaluation or assessment before the IFSP meeting so that you have a chance to review and prepare questions. You do not have to sign the IFSP document if you do not agree with the services/supports the regional center is offering. Ask your regional center for the contact information for the Office of Client’s Rights Advocacy or contact our office for additional referrals for attorneys/advocates who can help you appeal their decision. Date: _____

A Guide for Early Start Referral and Assessment

INTAKE DEPARTMENT

Name of Regional Center: _____

Address: _____

RE: Child's Name: _____

DOB: _____

Dear Intake Department,

I refer the above-named child to your Early Start Program. I request that the regional center conducts a standardized developmental evaluation to determine my child's eligibility for the Early Start program. My child also requires the following assessments:

_____ Speech and language assessment because child demonstrates the following delays:

_____ Physical therapy assessment because child demonstrates the following delays:

_____ Occupational therapy assessment because child demonstrates the following delays:

_____ Other concerns requiring assessment:

Thank you for your attention to this matter. If you have any questions do not hesitate to contact me at your earliest convenience.

Education Rights Holder Name: _____

Address: _____

Phone Number: _____

A Guide for Requesting a Special Education Assessment

Why might a child need a special education assessment?

Special education assessments can help determine whether a child has an education disability and whether they are in need of special education services. Through special education a child may be eligible to receive an Individualized Education Program (“IEP”) that is specifically designed to meet their unique needs based on their disability.

What does a child with an educational disability look like?

- Poor grades
- Poor attendance
- Low test scores
- Problems with memory, concentration or attention
- Behavior problems
- Social or emotional problems
- Speech and language problems

What is an Individualized Education Program (“IEP”)?

An IEP is a written education program developed by the school district, teachers, and the education rights holder (“ERH”). IEPs include how the child is currently doing in school, and what everyone involved will do for the next school year to improve the child’s education outcomes.

Procedures for Requesting a Special Education Assessment:

1. **Complete the form:** Fill out the form on the reverse of this document. Include what the academic and behavior concerns are. Also include why you suspect the child has a disability and/or any diagnosed disabilities they already have (e.g. ADHD or depression). Make sure to sign and date the form.
2. **Submit the form:** Turn in the attached form to the principal or special education coordinator at the child’s school.
3. **Get proof:** You should get proof that the school received your request, in case you later have any difficulties getting a response from the school. There are 3 possible ways to get proof that you submitted the special education assessment request.
 - If submitting the form in person, get a date stamp on the form and keep a copy as proof.
 - If submitting via fax, keep a copy of the fax transmittal report confirming that the fax was received.
 - If sending via mail, send it via certified mail. Make sure to keep the certified mail receipt as proof.
4. **Get the School’s Response:** Your child’s school is legally required to send you a written response within 15 calendar days of receiving the request for an assessment. Your child’s school only has two options to respond to your request. They can send you an assessment plan granting the assessment OR a written refusal to complete the assessment. DO NOT accept other options. Do not agree to a parent-teacher conference or a Student Study Team (SST) meeting instead of the assessment you requested.
5. **Review and Sign the Assessment Plan:** After you receive the assessment plan from the school, you have 15 calendar days to sign it and return it. Before returning it to the school, review the assessment plan to make sure they are doing all necessary assessments (i.e. cognition, academics, motor/processing, social/emotional/ behavioral/attention). Request in writing, on the assessment plan, to receive a copy of the assessment report(s) 5 business days before the IEP meeting.
6. **Holding the IEP Meeting:** After you return the signed assessment plan to the child’s school, the school legally has only 60 calendar days to hold an Individualized Education Program (“IEP”) meeting to discuss the results of the assessments and whether the child is eligible for special education services. Make sure to read the child’s assessment report prior to the meeting and prepare any questions you may want to ask at the meeting. If you don’t agree with the school’s determination of IEP eligibility or the services/supports they offer, don’t sign the IEP document. Ask your school for a list of attorneys/advocates who can help you appeal their decision.

A Guide for Requesting a Special Education Assessment

Special Education Assessment Request

Date: _____

School Name: _____

School Address: _____

Child's Name: _____

Child's Date of Birth: _____

Dear Principal/Special Education Coordinator:

I am currently requesting a comprehensive psycho-educational assessment for _____

who is in the _____ at _____. My child lives within the boundaries of the _____
Grade Name of School

_____ School District. This assessment is needed at this time because my
Name of School District
child has the following needs:

Academic Needs: _____

Behavior Needs: _____

Accordingly, please forward a proposed assessment plan to me within fifteen (15) calendar days. Educ. Code §§ 56043(a) and 56321(a). If you have any further questions regarding this correspondence, do not hesitate to contact me.

Sincerely,

Education Rights Holder

School Origin Best Interest Determination Procedures Worksheet

Before recommending that a foster youth move from their school of origin, the district must provide a written explanation of why a school change is in the youth's best interests, and obtain a written waiver from the ERH. The following steps guide a determination of whether a youth should remain in the school of origin or should transfer to a new school, and what plans are needed to ensure continuous school enrollment.

Student Name: _____ Current Grade: ____ Date of Meeting: _____

STEP 1: Meeting Participants

- Education Rights Holder(s) ("ERH") Present? Name: _____
Mandatory Participant
- Student Present? Name: _____
- Caregiver(s), if different than ERH Present? Name: _____
- Social Worker/Probation Officer Present? Name: _____
- Minor's Attorney/Public Defender Present? Name: _____
- Foster Youth Counselor/Liaison Present? Name: _____
- Academic Counselor Present? Name: _____
- School Administrator Present? Name: _____
- Other Present? Name: _____
- Other Present? Name: _____

STEP 2: Identify School Options

Option 1: School student attended before home placement change, or current school if student has not yet moved: _____.

Option 2: School of residence after home placement change: _____.

Option 3: School attended when student first entered foster care/probation system: _____.

Option 4: Any other school(s) attended within the last 15 months where the student has a connection:
_____.

Option 5: Any school(s) to which the student would have matriculated (elementary to middle or middle to high school) from options 1-4 above, using district feeder patterns: _____.

School Origin Best Interest Determination Procedures Worksheet

STEP 3: Complete Best Interest Analysis By Considering Pros And Cons Of School Of Origin Options

Discuss the pros and cons of each school using the chart below. First, write in the name of each school of origin option (identified in Step 2 above) into the top row. **School Option 1, the student's current school (or the school the student attended before the home placement change), is shaded grey to remind meeting participants that it is strongly favored**, especially if the student has experienced significant school instability in the past and/or has struggled to recover after past school changes. Then, discuss with the team which school or schools best answer each question and place an "X" in the appropriate box(es).

	Option 1	Option 2	Option 3	Option 4	Option 5
Name of School					
Student Preference What school(s) does the student want to attend?					
Length of Attendance Which school(s) has the student attended long enough to develop relationships, trust, and a feeling of belonging?					
Which school(s) would the student like more time at to continue their development of positive relationships and/or academic progress?					
Academic Strengths Which school(s) has the strongest academic program and/or college going culture to support the needs of the student?					
If the student has academic challenges, which school(s) has a robust intervention program to support the needs of the student?					
Which school(s) has an academic emphasis or program of interest to the student?					
Special Education If the student has an IEP, which school(s) can provide the most appropriate program?					
English Learner If the student is an English learner, which school(s) can best support the student's language development needs?					
Social/Emotional At which school(s) has the student developed positive relationships with peers and/or teachers?					

School Origin Best Interest Determination Procedures Worksheet

	Option 1	Option 2	Option 3	Option 4	Option 5
If the student has experienced difficulties with peers or staff, which school(s) is free of those negative experiences?					
Which school(s) has positive behavioral programs, restorative justice, or other schoolwide social-emotional interventions in place?					
If the student would benefit from it, which school(s) provides access to school-based counseling?					
Timing of Transfer Which school will prevent a mid-semester school change? (Check only the school where the student is currently attending)					
Consistency of Curriculum Which school(s) uses the same curriculum or set of standards as the most recent school?					
Which school(s) follow the same graduation requirements as the most recent school?					
Anticipated Length of Placement If the student is in (or about to be placed in) a permanent living situation (e.g., with a relative or someone seeking legal guardianship or adoption of the student), which school(s) would also work for that home placement?					
Extracurricular Activities Which school(s) will enable the student to be connected to extracurricular activities?					
School Discipline At which school(s) does the student have positive behaviors (free or minimal discipline history)?					
Which school(s) has identified positive ways to address future disciplinary issues? ¹					
Which school(s) are within 15 miles of the new placement? ²					
What is the school schedule? (Start time / End time)	____ / ____	____ / ____	____ / ____	____ / ____	____ / ____

¹ Students who have disciplinary challenges may want a “fresh start.” Unfortunately, if the underlying issues are not addressed, this may not serve the student in the long term because similar challenges may soon appear in the new setting.

² School districts may establish a distance within which transportation to the school of origin is presumptively feasible, such as 15 miles. However, a student who lives further away may not be denied the right to attend the school of origin or denied access to transportation.

School Origin Best Interest Determination Procedures Worksheet

Impact of Distance on Education

How long is the student willing to spend in transit each day? ____ minutes

How early is the student willing to leave for school? ____ AM

How late is the student willing to get home from school? ____ PM

STEP 4: Foster Youth Liaison Recommendation

The youth's AB 490 Education Liaison: recommends or does not recommend that the youth remain in their school of origin for the following reasons: _____

STEP 5: ERH Best Interest Determination

The ERH makes the final decision about whether remaining in the current school or any other school of origin is in the student's best interest, based on the completion of the chart, all the information available to the team, the Foster Youth Liaison's recommendation, and what the ERH believes would best serve the youth's needs.

ERH Chooses: to have the youth remain in _____ school of origin OR
 to waive the youth's right to remain in their school of origin and requests immediate enrollment at: _____ school. (skip to Step 7 for consent)

STEP 6: Transportation Plan

If the ERH decides that attendance at a school of origin is in the best interests of the student, use the Transportation to School of Origin Flowchart on the next page to identify whether the school or child welfare/probation agency will be responsible for providing that transportation and in what form (e.g., reimbursement, bus service, public transit pass, etc.).³ The child welfare/probation agency and school district may also agree to split certain costs for transportation at the end of each year.

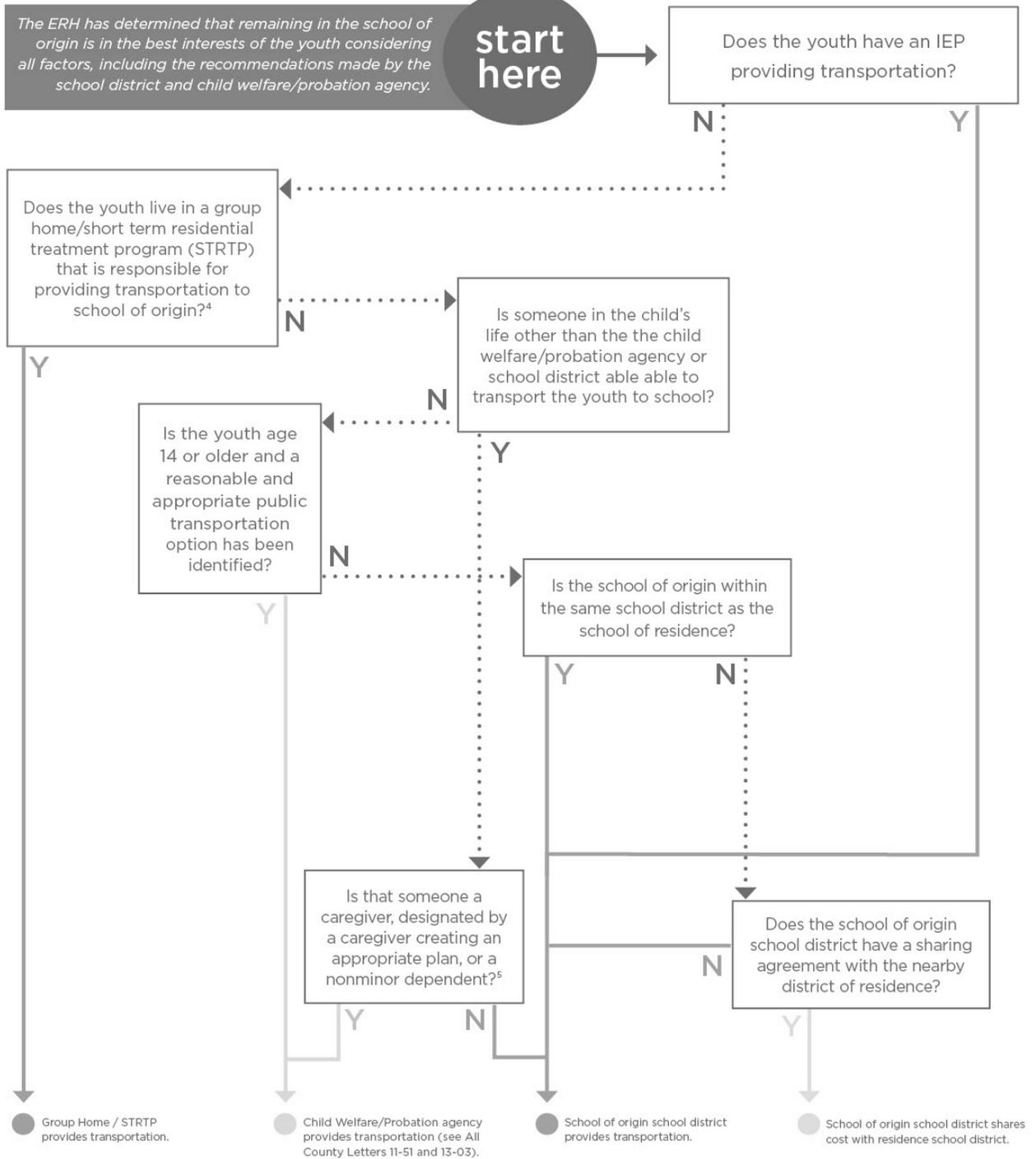
³ Under the Every Student Succeeds Act, the written procedures describing transportation cost splitting must also describe how disputes regarding school of origin will be addressed and who will pay while the dispute is ongoing. Best practices suggest that for ease of implementation, the school of origin district where the youth already has been attending should pay for transportation in the first instance, seeking reimbursement as appropriate after the dispute is resolved.

School Origin Best Interest Determination Procedures Worksheet

Transportation to School of Origin Flowchart

The ERH has determined that remaining in the school of origin is in the best interests of the youth considering all factors, including the recommendations made by the school district and child welfare/probation agency.

start here



⁴As of January 1, 2017, short term residential treatment programs (STRTPs) must provide core educational services such as transportation to school of origin. WIC § 11463(b). Additionally, current group home contracts for foster and probation youth may include obligations to provide and funding for transportation, including school of origin.

⁵All County Letters 11-51 and 13-03 specify guidelines for reimbursement of caregivers for transportation to school of origin. Although biological parents may not be directly reimbursed, if the court allows unsupervised visits, the caregiver can make an appropriate plan to have the parent transport the youth and be reimbursed by the child welfare/probation agency. Otherwise, the school district should provide reimbursement for biological parents who transport the youth to school.

School Origin Best Interest Determination Procedures Worksheet

Summary of Transportation Plan

Transportation to the school of origin will be provided by:

Group Home / STRTP.

Child Welfare or Probation Agency in the form of:

Reimbursement to an individual:

Individual's name: _____

Relationship to student: _____

Agency providing reimbursement: _____

Public transportation to be facilitated by the child welfare or probation agency:

The route identified is: _____

The School of Origin school district in the form of:

Bus or other vehicle

Reimbursement to an individual:

Individual's name: _____

Relationship to student: _____

Public transportation to be facilitated by the school district:

The route identified is: _____

Other (including shared responsibility with nearby district). Describe: _____

STEP 7: Consent

ERH Signature: _____

Student Signature: _____

School Administrator: _____

Sample Notice of Action Regarding Resource Family Approval

County:
Date:
Applicant(s) or RF Name(s):
County RF ID#:
Address:
Individual's Name:
PER ID#:

Notice of Action Regarding Resource Family Approval

Your application received on _____ for Resource Family Approval is denied.
(Date)

[OR]

Your Resource Family Approval issued on _____ is rescinded.
(Date)

This [choose one: denial/rescission] of Resource Family Approval is based upon your failure to provide satisfactory evidence that you can meet or conform to all Resource Family approval requirements as set forth in Welfare and Institutions Code Section 16519.5 et seq. and the Written Directives.

Specifically, it has been determined that you failed to meet the requirements identified below or have violated Welfare and Institutions Code Section 16519.5 et seq., an applicable law or the Written Directives, including, but not limited to, the following:

[Select one or more causes of action from the Cause of Action reference page and paste here. If there are additional causes of action that were not listed in the Cause of Action reference page, please insert here. A cause of action should be approximately 1 sentence and must include the WIC and WD citation(s).]

Sample Notice of Action Regarding Resource Family Approval

Additional details regarding the reasons for this notice of action are included below. This decision is based on the evidence set forth in the reports, statements, papers, and other documentary evidence contained in the official files compiled by the county or department, which information and records are hereby incorporated by this reference.

[This summary should be approximately 1 paragraph. If there are multiple causes of action it may be longer. Enter facts here that provide the basis for the decision. Facts should include dates, locations, names, and what happened. Please do not identify children except by initials. This summary may be taken from RF visit, investigation, or other reports.]

Sample Notice of Action Regarding Resource Family Approval

You may appeal this action by submitting a written request and a copy of this notice to the address below. If you wish to use this form to appeal, you may do so by checking the box and filling out the information below, then sending all pages of this notice to the address listed below.

COUNTY ADDRESS:

CITY, STATE, ZIP:

ATTN: County Contact, Title

If this decision is not appealed on or before the due date, which is twenty five (25) days from the date of this notice, the action will be final. (Add five (5) days to the due date if notice of action was mailed). The appeal must be post marked or delivered on or before the due date.

If you appeal, the effective date of the action [choose one (will be / will not be)] postponed until completion of the administrative action. You will be contacted and provided additional information about the appeal process at a later date. If you appeal it is required that you notify the county, in writing, of any change in your address. Please call your worker at _____ if you have any questions regarding this notice. (Phone)

[Sign, then enter:] Name, Title

I wish to appeal.

Print Name

Signature

Address

Phone Number

Reasons for appeal (optional): _____

[For County use only. Do not write in this box.]

County: _____ County RF ID#: _____

[County: Enter type of action from page 1 here. Which forum? SHD ___ OAH ___]

Sample Notice of Action Regarding Resource Family Approval

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

[This page to be kept attached only for appeals that will go to SHD. For OAH cases, please detach before serving.]

Notice to Respondent: Please fill out the sections below and return fill this page with your appeal.

Your Hearing Rights: You may be present at the hearing. You have the right to be represented by an attorney at your own expense. You are not entitled to appointment of an attorney at public expense. You may represent yourself without an attorney. If you do not want to go to the hearing alone, you can bring a friend or someone with you.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records.

(This person can be a friend or relative but cannot interpret for you.)

NAME: _____

PHONE NUMBER: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____

This person is an attorney: Yes No

Hearing File: If you ask for a hearing, the State Hearings Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position statement on your case at least two days before the hearing. The state may give your hearing file to the county child welfare agency or probation department, if applicable.

Interpreter:

- Check here if you need an interpreter. There will be no cost to you.
(A friend or relative cannot interpret at the hearing.)

My language or dialect is: _____

[For County use only. Do not write in this box.]	
County: _____	County RF ID#: _____
[County: Enter type of action from page 1 here. Which forum SHD ____ OAH ____	

Sample Notice of Action Regarding Resource Family Approval

Cause of Action Reference Page

Copy and paste one or more of the below causes of action into page 1.

(Note: You must update citations from Written Directives version that was applicable at the time of the incident at issue).

An adult residing in or regularly present in the home was denied a criminal record exemption or had an existing exemption rescinded for an exemptible crime [Writ. Dir. §§ 06-03A, 06-03B, 11-11].

An adult residing in or regularly present in the home was denied a criminal record exemption or had an existing exemption rescinded for a non-exemptible crime [Writ. Dir. §§ 06-03A, 06-03B, 11-11].

Failure to comply with or pass the background checks assessment relating to child abuse or neglect history, criminal history that did not result in a conviction, or other history [Writ. Dir. §§ 06-03A, 08-03(b)].

Engaging in conduct that poses a risk or threat to the health and safety, protection, or well-being of a child or nonminor dependent [Writ. Dir. §§ 06-03A, 08-03(b)].

Violation of a child or nonminor dependent's personal rights, or failure to ensure a child or nonminor dependent is accorded personal rights [Welf. and Inst. Code § 16001.9; Writ. Dir. §§ 10-08, 10-09, 10-10, 10-11, 10-14].

Failure to act as a reasonable and prudent parent or failure to provide care and supervision as required [Welf. and Inst. Code §§ 362.04 and 362.05; Writ. Dir. §§ 10-03, 10-10, 10-12, 10-13, 10-14].

Failure to comply with reporting requirements [Writ. Dir. § 10-06].

Failure to meet Resource Family applicant/parent qualifications [Writ. Dir. §§ 05-02, 06-01].

Failure to meet or comply with home environment assessment standards. [Writ. Dir. §§ 06-02, 10-01, 10-02, 10-03, 10-04].

Failure to cooperate or comply with the application process, with applicant requirements, with ongoing requirements to maintain approval, or false or misleading statements to the County or Department. [Writ. Dir. §§ 05-03, 08-03(c), 10-15].

Failure to meet Resource Family caregiver criteria or permanency criteria as determined in a psychosocial or risk assessment [Writ. Dir. §§ 06-04, 06-05, 08-03(c)].

Failure to complete required pre-approval or post-approval training [Writ. Dir. §§ 06-06, 08-01(c), 08-02].

Failure to maintain or provide records for a child or nonminor dependent as required [Writ. Dir. §§ 10-07].

Engaging in acts of financial malfeasance, including but not limited to, improper use or embezzlement of the money or property of a child or nonminor dependent or fraudulent appropriation for personal gain of money or property, or willful or negligent failure to provide services [Writ. Dir. §§ 08-03(b)].

How to Request a State Hearing

1. You have the right to ask for a hearing if you disagree with any county action regarding your foster care benefits. You can ask for a hearing if the county sends you a Notice of Action that you think is wrong, OR if the county's inaction causes in a delay in benefits.
2. You must ask for a hearing within 90 days of the date of the Notice of Action. If 90 days pass and you do not ask for a hearing, you can show "good cause"—good reasons why you did not ask for a hearing earlier.
3. You can request a hearing in several ways:
 - By mail to the county office listed on the notice. You can also mail your request to the state at: California Department of Social Services, State Hearings Division, P.O. Box 944243, Mail Station 9-17-37, Sacramento, CA 94244.
 - By fax to the county office listed on the notice, or to the State Hearings Division at (916) 651-5210 or (916) 651-2789.
 - Online at <https://secure.dss.cahwnet.gov/shd/pubintake/cdss-request.aspx>.
4. In your appeal request, you may ask to continue receiving aid until the matter is resolved. This is called "aid paid pending."
5. Once your appeal is received, you will receive a letter assigning your case to a representative from your county. You will receive another letter that lists the date, time, and location of your hearing.
6. You can discuss your case with the county representative before the hearing. Sometimes, the county representative will agree with you and sign a Conditional Withdrawal, which will require the county to correct its earlier decision. This can happen any time before the hearing.
7. If the county representative does not offer a Conditional Withdrawal in your case, then you should prepare for your hearing. You can pick up your file and the county's position statement explaining its decision at least two days before the hearing. You can submit your own written position statement any time before the hearing.
8. On the day of the hearing, you should bring your position statement and any witnesses or documents that show that the county made an error about your benefits. The Administrative Law Judge (ALJ) will ask questions from you, the county representative, and witnesses from both sides. If you have additional evidence that you want to show the ALJ but that you did not bring with you to the hearing, you can ask to leave the record open, and then submit your evidence as quickly as possible. The ALJ will send you their decision a few months later.
9. At any point in the process, you may want to consult with an attorney. Please see the Resource List on page A19 of this toolkit for a list of agencies that may be able to help.



This toolkit was created by the following Step Up Coalition members:



CH1LDREN NOW



In partnership with these agencies and organizations:



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