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.
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.

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

stepupforkin.org/rfatoollkit
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’saction 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!
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School Origin Best Interest Determination Procedures Worksheet A87
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# RFA Application, English

**FOR COUNTY USE ONLY**

**RESOURCE FAMILY APPLICATION**

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

<table>
<thead>
<tr>
<th>INITIAL APPLICATION</th>
<th>CHANGE OF LOCATION</th>
<th>OTHER (SPECIFY)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PREVIOUS NAMES USED: *Including maiden name</th>
<th>HIGHEST LEVEL OF EDUCATION COMPLETED</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DATE OF BIRTH</th>
<th>GENDER</th>
<th>RACE/ETHNICITY</th>
<th>DRIVER’S LICENSE NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME/ADDRESS OF EMPLOYER</th>
<th>WORK PHONE NUMBER</th>
<th>OCCUPATION</th>
<th>ANNUAL INCOME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EMAIL ADDRESS (OPTIONAL)</th>
<th>CELL PHONE NUMBER</th>
<th>HOME PHONE NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PREVIOUS NAMES USED: *Including maiden name</th>
<th>HIGHEST LEVEL OF EDUCATION COMPLETED</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DATE OF BIRTH</th>
<th>GENDER</th>
<th>RACE/ETHNICITY</th>
<th>DRIVER’S LICENSE NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME/ADDRESS OF EMPLOYER</th>
<th>WORK PHONE NUMBER</th>
<th>OCCUPATION</th>
<th>ANNUAL INCOME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EMAIL ADDRESS (OPTIONAL)</th>
<th>CELL PHONE NUMBER</th>
<th>HOME PHONE NUMBER</th>
</tr>
</thead>
</table>

II. APPLICANT(S)’ RESIDENCE

<table>
<thead>
<tr>
<th>PHYSICAL ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS (IF DIFFERENT)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

Do you own, rent or lease the residence?  
Check one:  
- Own
- Rent
- Lease

Weapons in the home?  
Check one:  
- Yes
- No

Does any person not listed in this document use the residence as their mailing address?  
Check one:  
- Yes
- No

If Yes Who: ____________________________________________

Please provide directions, including major cross-street information, to your residence.

Languages spoken in the home?  
______________________________________________________

stepupforkin.org/rfatoolkit
RFA Application, English

<table>
<thead>
<tr>
<th>Body of Water</th>
<th>Check one:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please describe the location of the body of water and its size?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

III. RELATIONSHIP BETWEEN APPLICANTS

IF MORE THAN ONE APPLICANT, WHAT IS YOUR RELATIONSHIP? Please check one.

- MARRIED
- DOMESTIC PARTNERSHIP
- RELATED (FAMILY MEMBER)
- COHABITANTS
- OTHER

DATE OF CURRENT MARRIAGE/DOMESTIC PARTNERSHIP

PLACE OF CURRENT MARRIAGE/DOMESTIC PARTNERSHIP (CITY AND STATE)

IV. MINOR CHILDREN RESIDING IN THE HOME

<table>
<thead>
<tr>
<th>RELATIONSHIP TO APPLICANT(S)</th>
<th>DATE OF BIRTH</th>
<th>GENDER</th>
<th>DO YOU FINANCIALLY SUPPORT THIS CHILD?</th>
<th>ADOPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>FULL NAME (FIRST, MIDDLE INITIAL &amp; LAST)</th>
<th>DATE OF BIRTH</th>
<th>RELATIONSHIP TO APPLICANT(S)</th>
</tr>
</thead>
</table>

VI. APPLICANT(S) HISTORY

<table>
<thead>
<tr>
<th>NAME OF FORMER SPOUSE</th>
<th>MARITAL HISTORY</th>
<th>DIVORCE DATE &amp; PLACE</th>
<th>DEATH DATE &amp; PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MARRIAGE DATE AND PLACE (CITY AND STATE)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

APPLICANT ONE:

APPLICANT TWO:

<table>
<thead>
<tr>
<th>ADULT CHILDREN OF APPLICANT(S)</th>
<th>FULL NAME</th>
<th>ADDRESS &amp; PHONE NUMBER</th>
<th>RELATIONSHIP</th>
<th>LIVES IN HOME?</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
</table>

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:

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

VIII. FOSTER CARE/ADOPTION/ LICENSURE HISTORY

- Have you been previously licensed, certified, or approved to provide foster care?
  If yes, of Agency(s): ________________________________
  Type of license/certification/approval: ________________________________

- Have you previously applied for adoption?
  If yes, 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, 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, of 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.

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>TELEPHONE NUMBER(S)</th>
<th>MAILING ADDRESS/CITY/STATE/ZIP</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>APPLICANT(S) SIGNATURE</th>
<th>CITY AND COUNTY WHERE SIGNED</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
RFA Application, English, RFA01 (B) Criminal Record Statement

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 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.

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:

RFA 01B (10/16) (MANDATORY)  RESOURCE FAMILY CRIMINAL RECORD STATEMENT  PAGE 1 of 2

stepupforkin.org/rfatoollkit
RFA Application, English, RFA01 (B) Criminal Record Statement

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DISCLOSURE OF CRIMINAL BACKGROUND

If you have been convicted of a crime in California, another state, or in federal court, provide the following information:

What was the offense?
______________________________

______________________________

In which state and city did you commit the offense?

______________________________

When did this happen?

______________________________

Explain what happened. (Use additional paper if needed)
______________________________

______________________________

______________________________

Perjury Statement - 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.

SIGNATURE

DATE

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be approved, as a Resource Family, or to reside or be present in the home of a Resource Family, the law requires that you complete a criminal background check. (Welfare and Institutions Code section 309, 361.4, and 16519.5). The licensing or approval agency will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the licensing or approval agency (Civil Code section 1798 et seq.). Under the California Public Records Act, the licensing or approval agency may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.
RESOURCES 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

<table>
<thead>
<tr>
<th>NAME OF CHILD</th>
<th>DATE OF BIRTH OF CHILD</th>
<th>GENDER</th>
<th>COUNTY OF JURISDICTION</th>
<th>DATE OF PLACEMENT</th>
<th>RELATIONSHIP TO APPLICANT(S)</th>
<th>EDUCATION (GRADE, NAME &amp; ADDRESS OF SCHOOL)</th>
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## SOLICITUDB PARA FAMILIA DE APOYO (RESOURCE FAMILY)

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

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

<table>
<thead>
<tr>
<th>PRIMER NOMBRE</th>
<th>NOMBRE QUE USA EN MEDIO</th>
<th>APELLIDO</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOLICITANTE NÚMERO UNO:</td>
<td></td>
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<tr>
<td>SOLICITANTE NÚMERO DOS:</td>
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</tbody>
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**NOMBRES QUE USÓ ANTERIORMENTE:** *incluyendo nombre de soltera*  
**NIVEL DE EDUCACIÓN MÁS ALTO QUE COMPLETÓ**

| SOLICITANTE NÚMERO UNO: | | |
| SOLICITANTE NÚMERO DOS: | | |

<table>
<thead>
<tr>
<th>FECHA DE NACIMIENTO</th>
<th>SEXO</th>
<th>RAZA/ETNICIDAD</th>
<th>NÚMERO DE LICENCIA DE MANEJAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOLICITANTE NÚMERO UNO:</td>
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<tr>
<td>SOLICITANTE NÚMERO DOS:</td>
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<thead>
<tr>
<th>NOMBRE/DIRECCIÓN DEL EMPLEADOR</th>
<th>NÚMERO DE TELÉFONO EN EL TRABAJO</th>
<th>OCUPACIÓN</th>
<th>INGRESOS ANUALES</th>
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<tbody>
<tr>
<td>SOLICITANTE NÚMERO UNO:</td>
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<td></td>
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<tr>
<td>SOLICITANTE NÚMERO DOS:</td>
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<tr>
<th>EMAIL (OPCIONAL)</th>
<th>NÚMERO DE TELÉFONO CELULAR</th>
<th>NÚMERO DE TELÉFONO EN EL HOgar</th>
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<tr>
<td>SOLICITANTE NÚMERO UNO:</td>
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<td></td>
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<tr>
<td>SOLICITANTE NÚMERO DOS:</td>
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### II. RESIDENCIA DEL SOLICITANTE(S)

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<tr>
<th>DIRECCIÓN</th>
<th>CIUDAD</th>
<th>ESTADO</th>
<th>CÓDIGO POSTAL</th>
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<tbody>
<tr>
<td>DIRECCIÓN PARA EL CORREO (SI ES DIFERENTE)</td>
<td>CIUDAD</td>
<td>ESTADO</td>
<td>CÓDIGO POSTAL</td>
</tr>
</tbody>
</table>

¿Es usted dueño de su residencia o renta o arrienda?  
Marque una: [ ] Soy el dueño [ ] Rento [ ] Arriendo

¿Hay armas en el hogar?  
Marque una: [ ] Sí [ ] No

**Extensión de agua**  
Marque una: [ ] Sí [ ] 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

<table>
<thead>
<tr>
<th>RELACIÓN/PARENTESCO CON EL SOLICITANTE(S)</th>
<th>FECHA DE NACIMIENTO</th>
<th>SEXO</th>
<th>¿APOYA USTED ECONÓMICAMENTE AL NIÑO?</th>
<th>ADOPTADO</th>
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<td></td>
<td>Sí</td>
<td>No</td>
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</table>

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)

| 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 |

RFA-01 (A) (SP) (11/14)

RESOURCE FAMILY APPLICATION

PAGE 2 OF 4
HISTORIAL DE CUIDADO DE CRÍANZA 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

<table>
<thead>
<tr>
<th>FECHA DE NACIMIENTO DEL NIÑO</th>
<th>SEXO</th>
<th>CONDADO DE JURISDICCIÓN</th>
<th>FECHA DE COLOCACIÓN O FUTURA FECHA DE COLOCACIÓN</th>
<th>RELACIÓN/PARENTESCO CON EL SOLICITANTE(S)</th>
<th>EDUCACIÓN (GRADO, NOMBRE Y DIRECCIÓN DE LA ESCUELA)</th>
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SI NO SE HA IDENTIFICADO AL NIÑO, POR FAVOR INDIQUE SUS PREFERENCIAS:

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<tr>
<th>EDAD(ES)</th>
<th>SEXO</th>
<th>ETNICIDAD</th>
<th>HERMANOS (GRUPO DE)</th>
<th>MARQUE TODAS LAS CONDICIONES QUE ESTÁ DISPUESTO A ACEPTAR</th>
</tr>
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<tbody>
<tr>
<td>☐ 0 A 3 años</td>
<td>☐ Masculino solamente</td>
<td>☐ Caucasian</td>
<td>2</td>
<td>☐ Historial de abuso físico y/o descuido</td>
</tr>
<tr>
<td>☐ 4 A 8 años</td>
<td>☐ Masculino solamente</td>
<td>☐ Hispanic</td>
<td>3</td>
<td>☐ Historial de abuso sexual</td>
</tr>
<tr>
<td>☐ 9 A 12 años</td>
<td>☐ Masculino solamente</td>
<td>☐ Afroamericano</td>
<td>4</td>
<td>☐ Historial de enfermedad mental</td>
</tr>
<tr>
<td>☐ 13 A 15 años</td>
<td>☐ Masculino solamente</td>
<td>☐ Asiático/Isleño del Pacífico</td>
<td>5 o más</td>
<td>☐ Médicamente frágil</td>
</tr>
<tr>
<td>☐ 16 A 18 años</td>
<td>☐ Masculino solamente</td>
<td>☐ Indígena de los Estados Unidos</td>
<td>N/A (no aplica)</td>
<td>☐ Discapacidad física</td>
</tr>
<tr>
<td>☐ 18 A 21 años</td>
<td>☐ Masculino solamente</td>
<td>☐ Otra</td>
<td>una</td>
<td>☐ Discapacidad intelectual</td>
</tr>
<tr>
<td>☐ No preferencia</td>
<td>☐ Masculino solamente</td>
<td>☐ No preferencia</td>
<td></td>
<td>☐ Discapacidad de aprendizaje</td>
</tr>
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RFA-01(A) (SP) (11/14)

RESOURCE FAMILY APPLICATION

PAGE 3 OF 4
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.

<table>
<thead>
<tr>
<th>NOMBRE COMPLETO</th>
<th>NÚMERO(S) DE TELÉFONO</th>
<th>DIRECCIÓN PARA RECIBIR EL CORREO CIUDAD/ESTADO/CÓDIGO POSTAL</th>
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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 salvaguardar 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.

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<tr>
<th>FIRMA DEL SOLICITANTE(S)</th>
<th>CIUDAD Y CONDADO DONDE SE FIRMÓ</th>
<th>FECHA</th>
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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;
   • la condena se descarriló o se canceló más tarde, o se suspendió la sentencia.

 NOTA: SI LA REVISIÓN DE LOS ANTECEDENTES PENALES REVELA ALGUNA 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.

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.

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:
DIVULGACIÓN DE ANTECEDENTES CRIMENALES

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.

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<th>FIRMA</th>
<th>FECHA</th>
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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.
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

<table>
<thead>
<tr>
<th>NOMBRE DEL NIÑO</th>
<th>FECHA DE NACIMIENTO DEL NIÑO</th>
<th>SEXO</th>
<th>CONDADO DE JURISDICCIÓN</th>
<th>FECHA DE COLOCACIÓN</th>
<th>RELACIÓN CON EL SOLICITANTE(S)</th>
<th>EDUCACIÓN (GRADO, NOMBRE Y DIRECCIÓN DE LA ESCUELA)</th>
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A Guide to Acronyms & Abbreviations

AAP Adoption Assistance Program
Financial assistance paid to families on behalf of adopted children

AB Assembly Bill
Legislation proposed in the State Assembly

ACF Administration for Children and Families
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.

ACIN All County Information Notice
Formal communication from CDSS to counties. Provides information.

ACL All County Letter
Formal communication from CDSS to counties. Provides instructions, requirements, etc.

ACYF Administration on Children, Youth, & Families
Part of the ACF (see above)

AFCARS Adoption & Foster Care Analysis & Reporting System
Federal data set on all children in foster care. States required to submit data twice per year.

AFDC-FC Aid to Families with Dependent Children-Foster Care

AOC Administrative Office of the Courts/Judicial Council

APSR Annual Progress & Services Report
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.

ARC Approved Relative Caregiver

CalSWEC California Social Work Education Center

CalWORKs California Work Opportunity & Responsibility to Kids

CACI Child Abuse Central Index

CALPADS California Longitudinal Pupil Achievement Data System

CAP Child Welfare Waiver Demonstration Capped Allocation Project
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.

CAPP California Partners for Permanency

CAPC Child Abuse Prevention Councils

CAPIT Child Abuse Prevention Intervention & Treatment

CASA Court Appointed Special Advocate

CAT Comprehensive Assessment Tool

CBHDA County Behavioral Health Directors Association

CCF Community Care Facility

CCLD Community Care Licensing Division

CCR Continuum of Care Reform

C-CFSR California Child & Family Services Review

CDAD Contracts Development & Administrative Division

CDSS California Department of Social Services

CFPIC Child & Family Policy Institute of California

CFSD Children & Family Services Division

CFSP Child & Family Services Plan
Five-year strategic plan required by the federal government that describes a state’s vision and goals to improve the overall child welfare system.

CFSR Child & Family Services Review
Periodic reviews of state child welfare systems conducted by the federal government

CFT Child & Family Team

CFH Certified Family Home

CFL County Fiscal Letter

CHDP Child Health & Disability Prevention

CMS Centers for Medicare & Medicaid Services

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
Organization representing the welfare directors of all 58 counties.

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
California’s automated system used for case management, services planning, and information gathering for child welfare.

HBFC  Home-Based Family Care

HCPCFC  Health Care Program for Children in Foster Care

CY  Calendar Year

HIPAA  Health Insurance Portability & Accountability Act

DCFS  Department of Children & Family Services

HSC  Health and Safety Code

DHCS  Department of Health Care Services

ICAMA  Interstate Compact on Adoption & Medical Assistance

DDS  Department of Developmental Services

ICC  Intensive Care Coordination

DMH  Department of Mental Health

ICPA  Interstate Compact on the Placement of Children

DOJ  Department of Justice

ICWA  Indian Child Welfare Act

DR  Differential Response

IFCCS  Intensive Field Capable Clinical Services

Program that provides child welfare agencies ability to respond to reports of abuse or neglect in multiple ways according to level of risk.

ICPC  Interstate Compact on the Placement of Children

ICWA  Indian Child Welfare Act

IFCCS  Intensive Field Capable Clinical Services

ILP  Independent Living Program

IHBS  Intensive Home Based Services

IPP  Individual Program Plan

ICWA  Indian Child Welfare Act

ITFC  Intensive Treatment Foster Care

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.

KinGAP  Kinship Guardianship Assistance Payment Program

KSSP  Kinship Support Services Program

LAARS  Legal Administration Action Records System

KSSP  Kinship Support Services Program

LIS  Licensing Information System

LAARS  Legal Administration Action Records System

LMHP  Licensed Mental Health Professional

LIS  Licensing Information System

LOC  Level Of Care

LAARS  Legal Administration Action Records System

LPHA  Licensed Practitioner of the Healing Arts

LRF  Local Revenue Fund

LPHA  Licensed Practitioner of the Healing Arts

MC  Managed Care Plan

LPHA  Licensed Practitioner of the Healing Arts

MHP  Mental Health Plan

LPHA  Licensed Practitioner of the Healing Arts

MHSA  Mental Health Services Act

LPHA  Licensed Practitioner of the Healing Arts

MHSUDS  Mental Health & Substance Use Disorder Services

LPHA  Licensed Practitioner of the Healing Arts

MOU  Memorandum of Understanding

MPP  Manual of Policies & Procedures

Collection of regulations and statutes that govern social services programs

MPP  Manual of Policies & Procedures

MTFC  Multi-Dimensional Treatment Foster Care

MPP  Manual of Policies & Procedures

NMD  Non-Minor Dependent

MPP  Manual of Policies & Procedures

NOA or NA  Notice of Action

MPP  Manual of Policies & Procedures

NPEES  National Plan & Provider Enumeration System

MPP  Manual of Policies & Procedures

NPI  National Provider Identifier

MPP  Manual of Policies & Procedures

NRC  National Resource Center

MPP  Manual of Policies & Procedures

NREFM  Non-Related Extended Family Members

MPP  Manual of Policies & Procedures

stepupforkin.org/rfatoolkit
A Guide to Acronyms & Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>NRLGs</td>
<td>Non-Related Legal Guardians</td>
</tr>
<tr>
<td>NTI</td>
<td>National Adoption Competency Mental Health Training Initiative</td>
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<tr>
<td>NYTD</td>
<td>National Youth in Transition Database</td>
</tr>
<tr>
<td>OA</td>
<td>Outcomes &amp; Accountability Bureau (in CFSD)</td>
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<tr>
<td>OCAP</td>
<td>Office of Child Abuse Prevention Bureau (in CFSD)</td>
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<tr>
<td>OOC</td>
<td>Out Of County</td>
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<tr>
<td>OOS</td>
<td>Out Of State</td>
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<tr>
<td>OYA</td>
<td>Older Youth Adoptions Pilot Program</td>
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<tr>
<td>PFAR</td>
<td>Provider File Adjustment Request</td>
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<tr>
<td>PIP</td>
<td>Program Improvement Plan</td>
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<tr>
<td>PL</td>
<td>Public Law</td>
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<td>PP</td>
<td>Permanent Placement</td>
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<td>PQCR</td>
<td>Peer Quality Case Reviews</td>
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<td>PSB</td>
<td>Provider Support Bureau</td>
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<td>PSSF</td>
<td>Promoting Safe &amp; Stable Families Act</td>
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<tr>
<td>QA</td>
<td>Quality Assurance</td>
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<tr>
<td>QIP</td>
<td>Quality Improvement Project</td>
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<tr>
<td>QPI</td>
<td>Quality Parenting Initiative</td>
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<td>RBS</td>
<td>Residually Based Services</td>
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<td>RCAPC</td>
<td>Regional Child Abuse Coalition</td>
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<td>RCL</td>
<td>Rate Classification Level</td>
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<tr>
<td>RCFFP</td>
<td>Resource Center for Family-Focused Practice</td>
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<tr>
<td>RFA</td>
<td>Resource Family Approval</td>
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<tr>
<td>RFA</td>
<td>Request for Application</td>
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<tr>
<td>RFP</td>
<td>Request for Proposal</td>
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<td>RP</td>
<td>Resource Parent</td>
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<td>RTAs</td>
<td>Regional Training Academies</td>
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<tr>
<td>SB</td>
<td>Senate Bill</td>
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<tr>
<td>SCI</td>
<td>Specialized Care Increment</td>
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<td>SCP</td>
<td>Substitute Care Provider</td>
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<tr>
<td>SDM</td>
<td>Structured Decision Making</td>
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<td>SD/MC</td>
<td>Short/Doyle Medi-Cal</td>
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<td>FY</td>
<td>State Fiscal Year</td>
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<td>SGF</td>
<td>State General Fund</td>
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<td>SILP</td>
<td>Supervised Independent Living Placement</td>
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<td>SIP</td>
<td>System Improvement Plan</td>
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<td>SIT</td>
<td>State Interagency Team</td>
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<td>SKCP</td>
<td>Safe Kids California Project</td>
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<td>SMHS</td>
<td>Specialty Mental Health Service</td>
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<td>SOP</td>
<td>Safety Organized Practice</td>
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<td>SPA</td>
<td>State Plan Amendment</td>
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<td>SSB</td>
<td>Safely Surrendered Babies</td>
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<td>STAR</td>
<td>Successful Transitions to Adult Readiness</td>
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<td>STEC</td>
<td>Statewide Training &amp; Education Committee</td>
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<td>STRTC</td>
<td>Short-Term Residential Treatment Center</td>
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<td>STRTP</td>
<td>Short Term Residential Treatment Program</td>
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<tr>
<td>T/T-A</td>
<td>Training and Technical Assistance</td>
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<tr>
<td>TANF</td>
<td>Temporary Assistance for Needy Families</td>
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<td>TAY</td>
<td>Transitional Age Youth</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>TCA</td>
<td>Tribal Customary Adoptions</td>
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<tr>
<td>TDM</td>
<td>Team Decision Making</td>
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<td>TFC</td>
<td>Therapeutic Foster Care</td>
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<td>THPP</td>
<td>Transitional Housing Placement Program</td>
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<td>THPP</td>
<td>Transitional Housing Placement Plus Program</td>
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<td>TILP</td>
<td>Transitional Independent Living Program</td>
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<td>TLFR</td>
<td>Time-Limited Family Reunification</td>
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<td>TOP</td>
<td>Treatment Outcomes Package</td>
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<tr>
<td>TPR</td>
<td>Termination of Parental Rights</td>
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<td>TSCF</td>
<td>Temporary Shelter Care Facility</td>
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<td>WIC or WIC</td>
<td>Welfare &amp; Institutions Code</td>
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<td>YEP</td>
<td>Youth Engagement Project</td>
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<td>YSS</td>
<td>Youth Services Survey</td>
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<td>YSS-F</td>
<td>Youth Services Survey Families</td>
</tr>
</tbody>
</table>


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.

A point system for group homes used to identify the level or intensity of care and supervision a child will receive.

Adults who agree to provide substitute care for a child in their homes, either short or long term.
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
disabilityrightscia.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
lacli.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
ladlincl.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
nisla.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:**

<table>
<thead>
<tr>
<th>Role</th>
<th>Address</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td><strong>RFA Worker:</strong></td>
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<tr>
<td><strong>Social Worker:</strong></td>
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<tr>
<td><strong>Social Worker Supervisor:</strong></td>
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<td><strong>Kinship/Foster Parent Mentor:</strong></td>
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<td><strong>CASA (Court Appointed Special Advocate):</strong></td>
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<td><strong>Child's Attorney:</strong></td>
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<tr>
<td><strong>Child Care Resource &amp; Referral:</strong></td>
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<tr>
<td><strong>Child's Birth Parents:</strong></td>
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<tr>
<td><strong>Other Relative:</strong></td>
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<tr>
<td><strong>Child's Physician:</strong></td>
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<td><strong>Child's Hospital:</strong></td>
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<tr>
<td><strong>Child's Therapist:</strong></td>
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<td><strong>Child's Dentist:</strong></td>
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<td><strong>Child's School:</strong></td>
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<tr>
<td><strong>Teacher:</strong></td>
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</tr>
</tbody>
</table>

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Medical or Fire Emergencies: 911  
Poison Control: 800-222-1222  
Partnership Health Plan Member Services: 800-863-4155  
CPS Hotline:
What Happens in the Juvenile Court Process Flowchart

Source: http://www.occourts.org/media/images/flowchart_juveniledependencyproceedings.gif
stepupforkin.org/rfatoolkit

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

<table>
<thead>
<tr>
<th></th>
<th>Dependency Court</th>
<th>Probate Court</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Focus</strong></td>
<td>Preservation or reunification of the family while protecting the emotional and physical well-being of the child(ren)</td>
<td>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</td>
</tr>
<tr>
<td><strong>Investigation</strong></td>
<td>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</td>
<td>Probate investigation discretionary</td>
</tr>
<tr>
<td><strong>Pre-Removal Services and Effort to Avoid Removal</strong></td>
<td>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</td>
<td>No similar requirements</td>
</tr>
<tr>
<td><strong>Parent’s Right to Counsel</strong></td>
<td>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</td>
<td>No right to appointed counsel</td>
</tr>
<tr>
<td><strong>Reunification services</strong></td>
<td>Parents receive reunification services aimed at reuniting the family. The services must be tailor made for the needs of the individual family.</td>
<td>Court cannot order reunification services</td>
</tr>
</tbody>
</table>
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.

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.

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

Removal
- Petition filed within 48 hours
- Detention hearing within 24 hours of petition
- Dispositional hearing within 30 days of petition

Family Finding if child is not immediately released to a relative
- Assess any relative that comes forward after disposition and can do emergency placement prior to resource family approval (or place prior to approval if there is a compelling reason)

Petition
- Immediately release to responsible relative/assess any relatives that come forward
- Assess CANS or TOP, MAT, CFT meeting
- Complete 12 hours training and comprehensive assessment — including 3 face-to-face interviews, interviews with other in home, background check, and waivers

60 days
- CFT meeting
- Home assessment and caregiver submits RFA application
- Detention hearing

90 days
- Dispositional hearing
- 6 month review hearing
- 12 month permanency hearing

Maternity Leave
- CalWORKs/Pre-Approval Placement Stipend
- Ongoing — every 6 months
- 8 hours post-approval training
- HBFC rate begins back to date of approval**
- Annual update

**Rates to be at child’s assessed level of care, but the LOC system will not be rolled out until Spring/Summer 2017
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: _______________________________ State Number ____________________________ Date __________
Oldest child’s name ___________________________ Date __________
Caregiver: _______________________________ Date __________

"To Enrich Lives Through Effective and Caring Service"
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 podamos 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”
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, Page 1 of 2
JV-285 Relative Information Form, Sample

Child's name: ________________________________

Case Number: ____________________________

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

New January 1, 2011
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.courthio.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. It if 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.

1. 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.
# JV-290 Caregiver Information Form

To the current caregiver, preadoptive parent, community care facility, or foster family agency caring for the child: You may submit written information to the court and you may attend review and permanency hearings. You may use this optional form to provide written information to the court. Please type or print clearly in ink and submit the original and eight copies of the form to the court clerk's office at least five calendar days (or seven calendar days if filing by mail) before the hearing. Be aware that other individuals involved in the case have access to this information. See form JV-290-INFO for instructions on how to complete this form and file it with the court.

| SUPERIOR COURT OF CALIFORNIA, COUNTY OF |
| STREET ADDRESS |
| MAILING ADDRESS |
| CITY AND ZIP CODE |
| BRANCH NAME |
| FOR COURT USE ONLY |

| CASE NUMBER |
| CHILD'S NAME |
| HEARING DATE AND TIME |

## CAREGIVER INFORMATION FORM

1. a. Child's name:
   b. Child's date of birth:
   c. Child's age:

2. **Caregiver Information** *(Answer only if you are a caregiver, skip #3.)*:
   a. Name of caregiver:
   b. Type of caregiver: □ Foster parent □ Relative □ Legal guardian □ Preadoptive parent □ Nonrelative extended family member □ Other (specify):
   c. The child has been living in my home for (specify): years months.

3. **Agency or Facility Information** *(Answer only if you are an Agency or Facility, skip #2.)*:
   a. Name of agency or facility:
   b. Address:
   c. Telephone number:
   d. Type of facility: □ Foster family agency □ Community care agency □ Other (specify):
   e. The child has been placed with our agency/facility for (specify): years months, and in the current home for (specify): years months.
   f. Name of person completing form: Title:
   g. Hours per week the person completing this form spends with the child (specify): hours/week.
   h. The information on this form consists of
      (1) □ the observations and recommendations of the person filling out this form.
      (2) □ the observations and recommendations of a group or team made up of the following individuals (specify):

4. **Current Status of Child's Medical, Dental, and General Physical and Emotional Health**
   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 doctors)*:
JV-290 Caregiver Information Form

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) ____________________________

JV-290 (Rev. October 1, 2007)
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.

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: ____________________________

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.

Superior Court of California, County of ____________________________

Name of Child or Youth:

Case Number:

Clerk fills in case number when form is filed.
JV-180 Request to Change Court Order

Name of child or youth: ______________________________________

Case Number: ____________________________________________

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

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Agree</th>
<th>Disagree</th>
<th>Don't Know</th>
<th>Not Applicable</th>
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<tr>
<td>Child (if 10 years old, or older) or youth:</td>
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<tr>
<td>Child’s or youth’s attorney:</td>
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<td>Current caregiver/foster parent:</td>
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<td>Preadoptive parent:</td>
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<td>Indian custodian:</td>
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<td>Sibling (if petition filed &amp; 10+ years old:)</td>
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<td>Sibling’s caregiver:</td>
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<td>Sibling’s attorney:</td>
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<td>Attorney for parent/legal guardian:</td>
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<td>Other:</td>
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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 ____________________________

Rev. January 1, 2014

Request to Change Court Order

 JV-180, Page 3 of 3
stepupforkin.org/rfatoolkit
# Health and Safety Standards Checklist

## COUNTY OF LOS ANGELES

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<th>SSN</th>
<th>DOB</th>
<th>Eldest Child’s Case Number</th>
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## 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

The following statements must be answered YES, unless not applicable or an exception is granted, to approve the home for placement.

1. Adequate bedroom space is provided. [§89387(a)]
   - (a) No more than 2 children share a bedroom.
   - (b) No sharing a bedroom by children of opposite sex unless each child is under 5 years of age.
   - (c) Each child has individual bed with clean linens, pillow, blankets, mattress in good repair.
   - (d) Each bedroom has sufficient portable or permanent closet and drawer space for each child.
   - (e) The child does not share a bedroom with an adult unless the child is an infant.
   - (f) There are no more than 2 infants and no more than 2 adults sharing the same bedroom.
   - (g) Infant has age-appropriate, safe/sturdy bassinet or crib.
   - (h) No room commonly used for other purposes or as a public or general passageway to another room is used as a bedroom.
   - (i) Easy passage is allowed between beds and room entrance.

2. The home has telephone service (may be waived if telephone access is available). [§89373]

### STANDARDS NOT PERMITTING ALTERNATIVE PLANS

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.

3. The home appears to be clean, safe, sanitary and in good repair. [§89387(b)]

4. Indoor and outdoor halls, stairs, ramps, and porches are free of obstructions and hazards [§89387(c)]

5. Home contains at least 1 toilet, sink, tub or shower maintained in safe, clean operating condition. [§89387(i)]

6. Bunk beds of more than two tiers must not be used. [§89387(j)]
   - (a) Upper tier has bed rails. [§89387(j)]
   - (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

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>Home is maintained at comfortable temperature at all times. [§89387(k)]</td>
<td>☐ ☐ # ☐</td>
</tr>
<tr>
<td>8.</td>
<td>Child’s safety is ensured in homes with fireplaces, open forced heaters and woodstoves. [§89387(l)]</td>
<td>☐ ☐ # ☐</td>
</tr>
<tr>
<td>9.</td>
<td>Lamps and necessary light is provided in all rooms and other areas to ensure comfort and safety of persons in the home. [§89387(m)]</td>
<td>☐ ☐ # ☐</td>
</tr>
<tr>
<td>10.</td>
<td>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)]</td>
<td>☐ ☐ # ☐</td>
</tr>
<tr>
<td>11.</td>
<td>Hot water from faucets is delivered at a safe temperature. [§89387(n)]</td>
<td>☐ ☐ # ☐</td>
</tr>
<tr>
<td>12.</td>
<td>Medicines, disinfectants, cleaning solutions, poisons, firearms and other dangerous items are stored where inaccessible to children. [§89387.2]</td>
<td>☐ ☐ # ☐</td>
</tr>
<tr>
<td>13.</td>
<td>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]</td>
<td>☐ ☐ # ☐</td>
</tr>
<tr>
<td>14.</td>
<td>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)]</td>
<td>☐ ☐ # ☐</td>
</tr>
<tr>
<td>15.</td>
<td>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)]</td>
<td>☐ ☐ # ☐</td>
</tr>
<tr>
<td>16.</td>
<td>Yard or outdoor activity space is provided free from hazards to life and health. [§89387.1]</td>
<td>☐ ☐ # ☐</td>
</tr>
</tbody>
</table>

* 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 ________________________________ (Caregiver’s Name) meets the standards

_________________________ (Signature (County CWS or Probation Worker)) __________________________ Date
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

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.


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

<table>
<thead>
<tr>
<th>AGENCY NAME</th>
<th>SPA</th>
<th>DCFS REGIONAL OFFICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antelope Valley Partners For Health avph.org</td>
<td>(661) 942-4719</td>
<td>1</td>
</tr>
<tr>
<td>Optimist Boys Home &amp; Ranch Inc. oyhfs.org</td>
<td>(323) 443-3175</td>
<td>1</td>
</tr>
<tr>
<td>El Centro Amistad - The Friendship Center elcentrodeamistad.com</td>
<td>(818) 898-0223</td>
<td>2</td>
</tr>
<tr>
<td>Aviva Family And Children’s Services avivacenter.org</td>
<td>(323) 876-0550</td>
<td>2</td>
</tr>
<tr>
<td>Penny Lane pennylane.org</td>
<td>(818) 892-3423</td>
<td>2</td>
</tr>
<tr>
<td>Rosemary Children’s Services rosemarychildren.org</td>
<td>(626) 844-3033</td>
<td>3</td>
</tr>
<tr>
<td>Aviva Family And Children’s Services avivacenter.org</td>
<td>(323) 876-0550</td>
<td>4</td>
</tr>
<tr>
<td>Guardians of Love guardiansoflove.org</td>
<td>(323) 295-6030</td>
<td>5</td>
</tr>
<tr>
<td>Dangerfield (323) 290-5050 (323) 752-9314</td>
<td>6</td>
<td>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</td>
</tr>
<tr>
<td>Guardians of Love guardiansoflove.org</td>
<td>(323) 295-6030</td>
<td>6</td>
</tr>
<tr>
<td>Penny Lane pennylane.org</td>
<td>(818) 892-3423</td>
<td>7</td>
</tr>
<tr>
<td>Childnet Youth And Family Services, Inc. childnet.net</td>
<td>(562) 498-5500</td>
<td>8</td>
</tr>
</tbody>
</table>
Resource Family Evaluation Report

For County Use Only

Amended: ___________________________ (Date of Original Report)

Resource Family Evaluation Report

Purpose of Form: This is an official report of an evaluation with: (check one)
- RF Applicant
- Resource Family
- Emergency Placement (relative/nonrelative extended family member)
- Placement for a Compelling Reason:

(Occurred At) Office: ___________________________ Home: ___________________________

(specific address) (specific address)

It is the intent of the RFA worker to conduct all interactions and communications with the caregiver with courtesy and respect and to be minimally disruptive to the caregivers and the children in their care while also ensuring that the Resource Family and home is a safe and nurturing placement.

Type of Visit:
- Office
- Advisory
- Corrective Action Plan (CAP)
- Pre-Approval
- Annual Update
- Case Management

RF NAME: ___________________________ RF ID: ___________________________ CAPACITY: ___________________________

ADDRESS (STREET, CITY, STATE, ZIP CODE): ___________________________

TELEPHONE NUMBER: ___________________________

Met with ___________________________ on ___________________________ from ___________________________ to ___________________________

(Print Name) (Date) (Start Time) (End Time) Announced: ___________________________

Provide brief summary of evaluation purpose and outcomes:

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________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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

**ALTERNATIVE PLAN**

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>DOB</th>
<th>CWS/CMS Case #</th>
<th>Caregiver's Name</th>
<th>Relationship to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

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**

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

*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.
Alternative Plan, Sample

Furthermore, the SOC 818 was read to the caregiver and each answer was recorded as stated. Caregiver also signed Caregiver’s Declaration and Agreement and a Declaration or Relative Status (DCFS 5420), Information on Kinship Support Groups, Important Information for Caregivers, Kinship Resource Centers, Copy of Title 22 Regulations Division 6, Chapter 9.5, Article 3, License/Approval Standards and a copy of the Kin-GAP Fact Sheet (DCFS 555), Children’s Personal Rights (DCFS 5650) and the Notice to Relative Caregivers Regarding: Funding Options were given to the caregiver.

SIGNATURES

Caregiver states that the information is true and correct and was reviewed with the CSW. The caregiver agrees to maintain and cooperate with all caregiver standards and not make or disseminate any false or misleading statement, including but not limited to, information regarding the caregiver, family members, family home or any of the services provided by the home. The relative/non-relative extended family member understands that the granting of approved status does not entitle the caregiver to placement of a specific Child or Children. Placement is based on each individual Child’s needs and best interests.

SIGNATURE OF CAREGIVER ___________________________ DATE ___________________________

PRINT CAREGIVER’S NAME ___________________________

I certify that I have assessed the suitability of the above named caregiver and with the implementation of the alternate plan, (s)he meets the standards for approval as of ___________________________ DATE ___________________________

SIGNATURE OF CSW ___________________________ DATE ___________________________

SIGNATURE OF SCSW ___________________________ DATE ___________________________

Submission for Exception:  □ Approved □ Not Approved

SIGNATURE OF ARA (For Exceptions) ___________________________ DATE ___________________________

DCFS 726 (Rev. 09/09)
Resource Family Evaluation - Corrective Action Plan

Purpose of Form: Use this form to document deficiency(ies) of Written directives and any applicable law(s). If applicable, specify the Corrective Action and Due Date.

It is the intent of the RFA worker to conduct all interactions and communications with the caregiver with courtesy and respect and to be minimally disruptive to the caregivers and the children in their care while also ensuring that the Resource Family and home is a safe and nurturing placement.

<table>
<thead>
<tr>
<th>Resource Family Name:</th>
<th>Resource Family ID Number:</th>
</tr>
</thead>
<tbody>
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<tr>
<th>PLEASE DESCRIBE HOW APPLICABLE WRITTEN DIRECTIVES OR LAW AND DEFICIENCY (IES) WERE VIOLATED</th>
<th>CORRECTIVE ACTION PLAN</th>
<th>DUE DATE</th>
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I acknowledge receipt of this report and understand my appeal rights as explained on the following page of this form.∗

<table>
<thead>
<tr>
<th>RF PRINTED NAME:</th>
<th>RF SIGNATURE:</th>
<th>DATE:</th>
<th>TELEPHONE NUMBER:</th>
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<th>RF WORKER PRINTED NAME:</th>
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<th>TELEPHONE NUMBER:</th>
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<th>RF WORKER SUPERVISOR PRINTED NAME:</th>
<th>RF WORKER SUPERVISOR SIGNATURE:</th>
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∗ ☐ RFA Worker: Check this box if a Resource Family Caregiver parent was not available to sign the report. Immediately mail the report by Certified Mail to the RF address of record.

RFA 809C (10/16) (Mandatory) (Confidential/Public: Depending on type of information)
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

### CORRECTIVE ACTION PLAN

<table>
<thead>
<tr>
<th>Date</th>
<th>Relative/NREFM Caregiver’s Name(s)</th>
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<tr>
<th>Street Address</th>
<th>City</th>
<th>Zip</th>
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<tr>
<th>SPA/Regional Office</th>
<th>RA</th>
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<tr>
<th>ARA</th>
<th>SCSW</th>
<th>CSW</th>
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### 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)

DCFS 725 Rev. 11/2002

1 of 3
Corrective Action Plan Form

COUNTY OF LOS ANGELES                      DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Corrective Action Needed:  
(List actions to be taken by the caregiver and assistance to be provided by the county)

Timeframes for Corrective Action:  (List date each deficiency shall be corrected)

Corrective Action Plan Completed:

Next Steps (i.e., Remaining Issues):
Corrective Action Plan Form

<table>
<thead>
<tr>
<th>COUNTY OF LOS ANGELES</th>
<th>DEPARTMENT OF CHILDREN AND FAMILY SERVICES</th>
</tr>
</thead>
</table>

**SIGNATURES:** (Give a legible copy to the caregiver)

<table>
<thead>
<tr>
<th>SIGNATURE OF CAREGIVER</th>
<th>DATE</th>
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</table>

<table>
<thead>
<tr>
<th>PRINT CAREGIVER’S NAME</th>
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<table>
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<tr>
<th>SIGNATURE OF CSW</th>
<th>DATE</th>
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**FINAL APPROVAL:**

<table>
<thead>
<tr>
<th>SIGNATURE OF SCSW</th>
<th>DATE</th>
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<tr>
<th>SIGNATURE OF ARA</th>
<th>DATE</th>
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<tr>
<th>SIGNATURE OF RA</th>
<th>DATE</th>
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SOC 817, 818, and 815 attached □ Yes □ No
DCFS 800-A attached □ Yes □ No
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 reassess 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

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: ____________________________________________________________
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)

stepupforkin.org/rfatoolkit
Resource Family Risk Assessment

Resource Family Information

Applicant's Name: ___________________________ Date: ___________________________

Assigned Social Worker: _______________________ Date: ___________________________

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Physical Health</td>
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<tr>
<td>Mental Health</td>
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<tr>
<td>Substance Use/Abuse</td>
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<tr>
<td>Family/Domestic Violence History</td>
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RESOURCES 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
- ymcal.org/metro/classes/cpr-first-aid-training
- acls123.com/free-cpr-aed-first-aid-los-angeles
- cprlosangeles.com
- gmedicalcpr.com
- lifesaverteamcpr.com
- cprtrainingpro.com
- firstaidcprsafty.com

Online training options:

- firstaidweb.com
- nationalcprfoundation.com
- cprandfirstaid.net
- cp.crtoday.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.
START

Are you a relative caring for a foster youth?

NO

Are you approved as a resource family?

NO

Are you approved as a relative?

NO

Are you in the process of getting approved?

YES

Are you a non-relative caring for a foster youth?

YES

Are you caring for a parenting youth?

NO

Does your youth have special needs?

YES

Is the youth a regional center client?

YES

Is the child federally eligible?*

NO

Is the child federally eligible?*

NO

May be eligible for specialized care increment (see SCI tool)

NO

Eligible for dual agency rate

YES

Does the youth receive SSI?

YES

Eligible for SSI or HBFC, whichever is higher

NO

Front view

Stop – this chart is for relatives only

No infant supplement

Eligible for HBFC rate

Eligible for infant supplement

Eligible for CalWORKs only unless child is placed in an approved home

Eligible for CalWORKs pending approval (see expedited CalWORKs tool)

*FEDERAL ELIGIBILITY
✓ Removal petition filed within 6 months of placement, AND
✓ Home of removal meets 1996 income test
Does youth have a physical or mental disability?*

YES

NO PARTICIPATION REQUIREMENTS

NO

Youth may receive benefits until age 21.

Youth is eligible for AAP benefits until age 21

IF ONE requirement is met

Was youth 16 or older when the negotiated AAP Agreement was signed?

NO

Benefits end at age 18

YES

REQUIREMENTS:
1. Youth is completing high school or GED;
2. Youth is enrolled in college, community college, or vocational program;
3. Youth is participating in program to remove barriers to employment;
4. Youth is working at least 80 hours per month; OR
5. Youth is unable to complete (1) through (4) because of a medical condition.*

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

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>ADOPTION (Adoption Assistance Program (AAP) funded)</th>
<th>LEGAL GUARDIANSHIP</th>
<th>NON-RELATIVE GUARDIANSHIP (Kin-GAP funded)</th>
<th>PLANNED PERMANENT LIVING ARRANGEMENT</th>
<th>EXTENDED FOSTER CARE</th>
<th>AB1/212/1712</th>
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</thead>
</table>
| 1. ELIGIBILITY FOR FINANCIAL SUPPORT/DETERMINATION OF RATE | To be AAP eligible a child must meet:  
- Three Part Special Needs Determination [see WIC 161.20(a) through (c) and CCR Title 22 Section 35326(a)] and  
- Citizenship Requirements and  
- 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.  
  
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.  
  
The AAP benefit shall not exceed the rate the child would have received had they not been adopted.  
  
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.  
  
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. | For both the state or federally funded Kin-GAP Program, a youth must have:  
- Been adjudged a dependent child of the juvenile court.  
- Additionally, for federal Kin-GAP ONLY: Been removed from the parent’s 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.  
  
The Kinship Guardian is to use the Kin-GAP funds for the support and care of the minor/nonminor or ward.  
If the Kin-GAP negotiated payment starts after signed 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).  
  
Kin-GAP may be extended beyond the age of 18 to the age of 21 or to age 21 if the minor/nonminor dependent is in a county licensed foster home or with an approved foster care program.  
  
Non-relative guardians with open services cases are eligible for nonfederal AFDC-FC payment.  
  
The payment is based on the child’s age and when guardianship was established. There may be a specialized care increment.  
  
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. | 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. A special care increment may be individually applied.  
  
If the minor/nonminor dependent is in a relative placement and does not meet federal eligibility guidelines, the relative must apply for CalWORKS.  
  
The Foster Family Agency (FFA), group home, or residential treatment program & these rates do not include a special care increment.  
  
Eligibility for EFC:  
- Beginning 1/1/12 there was a special care increment.  
- 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.  
  
There are two additional placement types available for NMDs:  
- 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).  
  
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.
## Comparison of Financial Benefits

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>ADOPTION (Adoption Assistance Program (AAP)) funded</th>
<th>LEGAL GUARDIANSHIP</th>
<th>NON-RELATIVE GUARDIANSHIP (Supported by Foster Care funds)</th>
<th>PLANNED PERMANENT LIVING ARRANGEMENT</th>
<th>EXTENDED FOSTER CARE AB12/212/1712</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>The deferred AAP agreement will retain the child’s AAP eligibility should the parent request benefits at an unspecified future date.⁵ 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 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 An Indian child under a tribal customary adoption is eligible for AAP on the same basis as any other adopted child.</td>
<td>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 The basic 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.⁹</td>
<td>The basic payment amount is based on the type of placement as described above (refer to Foster Family Homes Schedule of Basic Rates).¹⁰ 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’.</td>
<td>Payment amount is based on the type of placement as described above (refer to Foster Family Homes Schedule of Basic Rates).¹¹ 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</td>
<td></td>
</tr>
<tr>
<td>2. PAYMENT AMOUNT - BASIC RATE</td>
<td>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.¹²</td>
<td>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.⁹</td>
<td>The basic payment amount is based on the type of placement as described above (refer to Foster Family Homes Schedule of Basic Rates).¹⁰ 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’.</td>
<td>Payment amount is based on the type of placement as described above (refer to Foster Family Homes Schedule of Basic Rates).¹¹ 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</td>
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</tr>
<tr>
<td>3. SPECIAL NEEDS ALLOWANCE</td>
<td>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</td>
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<td>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</td>
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</tbody>
</table>
## Comparison of Financial Benefits

<table>
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<tr>
<th>Factor</th>
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<td></td>
<td>(Adoption Assistance Program (AAP) funded)</td>
<td>(Kin-GAP funded)</td>
<td>(Supported by Foster Care funds)</td>
<td>AB12/212/1712</td>
</tr>
<tr>
<td><strong>4. PAYMOUNT AMOUNT- DUAL AGENCY RATE</strong></td>
<td>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.</td>
<td>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.</td>
<td>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.</td>
<td>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, CalWORKs or residential treatment placements.</td>
</tr>
<tr>
<td><strong>5. CONSIDERATION OF FAMILY CIRCUMSTANCES</strong></td>
<td>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.</td>
<td>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.</td>
<td>Family circumstances are not considered in determining the payment amount.</td>
<td>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.</td>
</tr>
<tr>
<td><strong>6. CLOTHING ALLOWANCE</strong></td>
<td>The AAP benefit does not include payment for a specific good or service.</td>
<td>A county clothing allowance may be available if the county has such a program. Due to budget realignment, counties are no longer required to fund clothing allowances.</td>
<td>Youth in non-relative legal guardianship are eligible for a clothing allowance pursuant to the county’s clothing allowance</td>
<td>Nonminor dependents in extended foster care are eligible for a clothing allowance pursuant to the county’s clothing allowance</td>
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### Notes
- A special needs allowance is not available for FFA, group home, or residential treatment placements. This rate is not available for SILP, THP+FC, FFA, group home, CalWORKs or residential treatment placements.
- 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.

### Definitions
- **AAP**: Adoption Assistance Program, funded by federal and state funds.
- **Kin-GAP**: Kinship Guardianship Assistance Program, funded by state funds.
- **AFDC-FC**: Aid to Families with Dependent Children—Foster Care.
- **SCI**: Special Care Incidence.
- **SILP**: Short, Intermediate, Long Phase.
- **THP**: Therapeutic Housing Program.
- **CalWORKs**: California Work Support Program.
- **FPA**: Foster Parent Allowance.
- **FFA**: Foster Family Allowance.
- **SILP**: Special Incidence Long Phase.
- **THP**: Therapeutic Housing Placement.

### Additional Information
-亲权监护人和孩子的需要被考虑在决定资格和支付金额。监护人或家庭收入不考虑。
-非亲权监护人和孩子的需要不考虑在决定资格和支付金额。
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<td>7. FINANCIAL RECERTIFICATION</td>
<td>A reassessment of the child's needs and family's circumstances may occur every two years.</td>
<td>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.</td>
<td>The guardian must cooperate with the child welfare agency to develop a written assessment that must be updated no less than every six months.</td>
<td>The case manager recertifies child's eligibility annually.</td>
<td>The case manager recertifies every 6 months through completion of an updated SOC 161.</td>
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<td>8. TAX DEPENDENCY</td>
<td>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.</td>
<td>The child may be an allowable tax exemption of the Kinship Guardian. Families should consult with their tax consultant for direction.</td>
<td>The child may be an allowable tax exemption of the Legal Guardian. Families should consult with their tax consultant for direction.</td>
<td>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.</td>
<td>Caregivers need to consult their tax consultant.</td>
</tr>
<tr>
<td>9. CHILD’S MISCONDUCT/DESTRUCTION OF PROPERTY</td>
<td>The adoptive parent is legally and financially responsible for the support of their AAP eligible child.</td>
<td>A relative Guardian is liable to the same extent as a birth parent. An attorney should be consulted regarding specific situations.</td>
<td>A Legal Guardian is liable to the same extent as a birth parent. An attorney should be consulted regarding specific situations.</td>
<td>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.</td>
<td>As an adult, the NMD is legally liable for their own behavior.</td>
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### Comparison of Financial Benefits

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<td><strong>10. MEDICAL INSURANCE</strong></td>
<td>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. A youth under Kin-GAP determined Title IV-E eligible for Medi-Cal is categorically eligible for Medicaid in his/her state. A minor/nonminor receiving non-TTLE 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. 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.</td>
<td>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 or the family may enroll a youth under their private health insurance; if enrolled, Medi-Cal may cover what private insurance does not. 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. 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.</td>
<td>The minor/nonminor dependent 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. A NMD is eligible for Medi-Cal if the NMD is eligible for extended foster care payments and resides in California.</td>
<td>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. 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.</td>
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<td><strong>11. SOCIAL SECURITY- TITLE II BENEFITS (SSA-DEPENDENT OR SURVIVOR BENEFITS)</strong></td>
<td>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. The receipt of SSA-dependent or survivors benefits does not affect the child’s eligibility for AAP benefits. When a parent dies, becomes unable to work due to disability, or retires, or dies, a minor may be eligible for dependent or survivor benefits assuming the parent was insured for Title II benefits regardless of Kin-GAP benefits. When the birth parent(s) retires, becomes unable to work due to disability, or retires, or dies, the minor may be eligible for dependent or survivor benefits assuming the parent was insured for Title II benefits regardless of foster care benefits. SSA determines who the payee is for SSA funds for dependent children, when the birth parent is disabled or dies.</td>
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<td></td>
<td>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.</td>
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<td>12. SOCIAL SECURITY BENEFITS (SSI-based on the child’s eligibility)</td>
<td>If the AAP eligible child is SSI eligible and/or receiving SSI benefits, the child may continue to receive AAP benefits. If AAP is federally funded then it counts as income against the SSI benefit and would affect SSI eligibility.</td>
<td>If the Kin-GAP eligible child is SSI eligible and/or receiving SSI benefits; the child may continue to receive Kin-GAP benefits. If Kin-GAP is federally funded then it counts as income against the SSI benefit and would affect SSI eligibility.</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>13. RESIDENTIAL TREATMENT (group home)</td>
<td>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).</td>
<td>To access funds for group home placement or residential treatment, guardianship may need to be rescinded and/or dependency reinstated.</td>
<td>To access funds for group home placement or residential treatment, guardianship may need to be rescinded and/or dependency reinstated.</td>
<td>Funding is provided for placement in group home or residential treatment, based on minor’s/nonminor dependent’s eligibility, and the state approved rate.</td>
</tr>
<tr>
<td>14. FINANCIAL ASSISTANCE/DEATH OF CAREGIVER</td>
<td>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.</td>
<td>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.</td>
<td>Guardianship funding terminates in the event of death of the guardian(s); however, FC Guardianship benefits may continue if there is a successor Guardian.</td>
<td>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.</td>
</tr>
<tr>
<td>15. FINANCIAL ASSISTANCE/CHILD’S RESIDENCE/MOVES OUT OF COUNTY</td>
<td>AAP continues regardless of the child’s residence in another county.</td>
<td>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.</td>
<td>Guardians have the right to move out of county, but must notify Court in writing.</td>
<td>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.</td>
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<tr>
<td>16. FINANCIAL ASSISTANCE/CHILD'S RESIDENCE/ MOVES OUT OF STATE/COUNTRY</td>
<td>AAP continues regardless of the child’s residence in another state or country. 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.</td>
<td>Kin-GAP benefits continue regardless of state or of residence so long as all eligibility criteria continue to be met. Kinship Guardians have the right to move out of state, but must notify the court in writing. 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.</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>17. ILP (INDEPENDENT LIVING PROGRAM) ELIGIBILITY</td>
<td>Only those youth adopted on or after their 16th 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.</td>
<td>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).</td>
<td>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).</td>
<td>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 (or 14 in some counties).</td>
</tr>
<tr>
<td>18. ELIGIBILITY FOR CHAFEE GRANT PROGRAM (Chafee Education and Training Voucher Program (ETV))</td>
<td>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.</td>
<td>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.</td>
<td>A youth who was in foster care on or after their 16th birthday and subsequently in a legal 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.</td>
<td>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.</td>
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<td>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.</td>
<td>Chafee Grants provide up to $5000 in free money (no payback required) 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.</td>
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### Comparison of Financial Benefits

**Adoption:**
- 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.
- Chafee Grants provide up to $5000 in free money (no payback required) 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.

**Legal Guardianship (Supported by Foster Care funds):**
- Chafee Grants provide up to $5000 in free money (no payback required) 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.

**Non-Relative Guardianship (Kin-GAP funded):**
- Chafee Grants provide up to $5000 in free money (no payback required) 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.

**Relative Guardianship (Kin-GAP funded):**
- Chafee Grants provide up to $5000 in free money (no payback required) 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.

**Planned Permanent Living Arrangement (Supported by Foster Care funds):**
- Chafee Grants provide up to $5000 in free money (no payback required) 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.

**Extended Foster Care (AB12/212/1712):**
- Chafee Grants provide up to $5000 in free money (no payback required) 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.

### Chafee Grants
- Chafee Grants provide up to $5000 in free money (no payback required) 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.
<table>
<thead>
<tr>
<th>FACTOR</th>
<th>ADOPTION (Adoption Assistance Program (AAP) funded)</th>
<th>LEGAL GUARDIANSHIP</th>
<th>NON-RELATIVE GUARDIANSHIP (Supported by Foster Care funds)</th>
<th>PLANNED PERMANENT LIVING ARRANGEMENT</th>
<th>EXTENDED FOSTER CARE AB12/212/1712</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Community Colleges fee waiver. A minor/nonminor dependent should consult with school's financial aid office.</td>
<td></td>
<td>A minor/nonminor dependent should consult with school's financial aid office.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. TAX CREDIT</td>
<td>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.</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>1. Caretaker Relative’s Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>(     )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Give us all the facts for this child.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name (First, Middle, Last)</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Social Security Number</td>
</tr>
<tr>
<td>Citizen/Noncitizen Status</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Relationship of Child to the Caretaker Relative**

<table>
<thead>
<tr>
<th>3. A. Is the child pregnant or a teen parent?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If “YES”, check status: Pregnant</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>4. Did the child get cash aid or CalFresh this month?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If “YES”, complete below:</td>
</tr>
</tbody>
</table>

**TYPE OF AID**
- Cash Aid
- CalFresh
- Approved Relative Caregiver (ARC)

**Where (County, State)**

<table>
<thead>
<tr>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If “YES”, list policy number and company name:</td>
</tr>
</tbody>
</table>

**COUNTY USE ONLY**

<table>
<thead>
<tr>
<th>CASE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CASE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WORKER NAME AND NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Verifikation

- Blind/Deaf/Disabled
- SSN
- Citizen
- Eligible Noncitizen
- Immunization

Alien Reg. No.: __________________
D.O.E.: _________________________

Verified:
- Referred to Cal-Learn Program

**Verification provided**

- Medi-Cal
- Fee for Service

---

CW 2219 (5/16) REQUIRED FORM – NO SUBSTITUTE PERMITTED
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.  
   If “YES”, complete below:

<table>
<thead>
<tr>
<th>TYPE OF INCOME</th>
<th>AMOUNT (Before deductions, if any)</th>
<th>WHEN</th>
<th>HOW OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Will this income continue?  □ Yes □ No  
   If “NO”, explain any known changes: ____________________________

7. Has the parent(s) of this child been in the United States (U.S.) military?  
   If “YES”, complete below:

<table>
<thead>
<tr>
<th>NAME OF PARENT</th>
<th>PARENT A U.S. CITIZEN</th>
<th>BRANCH OF SERVICE</th>
<th>DATES OF SERVICE</th>
<th>HONORABLE DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

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?  
   If “YES”, complete below:

<table>
<thead>
<tr>
<th>TYPE OF RESOURCE</th>
<th>ACCOUNT/POLICY NUMBER</th>
<th>NAME, ADDRESS OF BANK, ETC.</th>
<th>CURRENT VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

9. Does the child have a medical condition(s) or situation(s) that requires any of the following?  
   Check (✓) each item YES or NO:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special diet--prescribed by a doctor</td>
<td></td>
<td></td>
<td>Very high use of utilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special transportation need</td>
<td></td>
<td></td>
<td>Special laundry service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special telephone or other equipment</td>
<td></td>
<td></td>
<td>Other (specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   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?  

11. Has the child been found by a court of law to be in violation of probation or parole?  

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?  □ Yes □ No  
   Do you want free CHDP medical or dental services?  □ Yes □ No  
   Do you need help making appointments or getting the child to the doctor or dentist?  □ Yes □ No

   B. Do you want more facts about immunization services?  □ Yes □ No

   C. Do you want facts about non-discrimination, alcohol/drug counseling, past medical expenses, and other special needs for the child?  □ Yes □ No
Application for CalWORKs

<table>
<thead>
<tr>
<th>D. Does the pregnant child need to find a doctor, get medical transportation, and/or other help?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Is the child breastfeeding?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If &quot;YES&quot;, was the birth within the last 12 months?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>F. Does the child want to get facts or services from a Family Planning Clinic to help plan family size and prevent unplanned pregnancies?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>□ INELIGIBLE (Reason)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ELIGIBLE</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Signature of County Worker</td>
</tr>
<tr>
<td>Signature of Supervisor</td>
</tr>
</tbody>
</table>
CAIWORKs Immediate Need Payment form

CalWORKs APPLICANT CHOICE FORM
IMMEDIATE NEED PAYMENT/EXPEDITED
GRANT

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:

CW 43 (3/08) Required Form - Substitutes Permitted
NOTICE OF ACTION - APPROVAL

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 ________________.

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).

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.
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 10950 and 10951.)

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:

My language or dialect is:

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED
BIRTH DATE
STREET ADDRESS
PHONE NUMBER
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: __________________

\(^1\)CDSS 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.
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/is/pf/fy.

YOUR FOSTER YOUTH EDUCATIONAL LIAISON IS:

AND CAN BE REACHED AT:

department of education
state of california

pre k-12 and beyond
CALIFORNIA FOSTER YOUTH EDUCATION TASK FORCE

alliance for children’s rights

stepupforkin.org/rfatooolkit
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: _____________________________
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 ____________________________ School District. This assessment is needed at this time because my 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

<table>
<thead>
<tr>
<th>Education Rights Holder(s) (“ERH”)</th>
<th>Present?</th>
<th>Name: ____________________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory Participant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td></td>
<td></td>
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<tr>
<td>Caregiver(s), if different than ERH</td>
<td></td>
<td></td>
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<tr>
<td>Social Worker/Probation Officer</td>
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<tr>
<td>Minor’s Attorney/Public Defender</td>
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<tr>
<td>Foster Youth Counselor/Liaison</td>
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<tr>
<td>Academic Counselor</td>
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<td>School Administrator</td>
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<tr>
<td>Other</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

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: ____________________________________________.
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).

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

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
<th>Option 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the student has experienced difficulties with peers or staff, which school(s) is free of those negative experiences?</td>
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<tr>
<td>Which school(s) has positive behavioral programs, restorative justice, or other schoolwide social-emotional interventions in place?</td>
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<tr>
<td>If the student would benefit from it, which school(s) provides access to school-based counseling?</td>
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<tr>
<td><strong>Timing of Transfer</strong></td>
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<tr>
<td>Which school will prevent a mid-semester school change? (Check only the school where the student is currently attending)</td>
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<tr>
<td><strong>Consistency of Curriculum</strong></td>
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<tr>
<td>Which school(s) uses the same curriculum or set of standards as the most recent school?</td>
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<tr>
<td>Which school(s) follow the same graduation requirements as the most recent school?</td>
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<tr>
<td><strong>Anticipated Length of Placement</strong></td>
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<tr>
<td>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?</td>
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<tr>
<td><strong>Extracurricular Activities</strong></td>
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<tr>
<td>Which school(s) will enable the student to be connected to extracurricular activities?</td>
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<tr>
<td><strong>School Discipline</strong></td>
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<tr>
<td>At which school(s) does the student have positive behaviors (free or minimal discipline history)?</td>
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<tr>
<td>Which school(s) has identified positive ways to address future disciplinary issues?</td>
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<tr>
<td>Which school(s) are within 15 miles of the new placement?²</td>
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<tr>
<td>What is the school schedule? (Start time / End time)</td>
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</tbody>
</table>

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.

Does the youth have an IEP providing transportation?

N: 

Does the youth live in a group home/short term residential treatment program (STRTP) that is responsible for providing transportation to school of origin?

N: 

Is someone in the child's life other than the child welfare/probation agency or school district able to transport the youth to school?

Yes: 

Is the youth age 14 or older and a reasonable and appropriate public transportation option has been identified?

N: 

Is that someone a caregiver, designated by a caregiver creating an appropriate plan, or a nonminor dependent?

N: 

Is the school of origin within the same school district as the school of residence?

Y: 

Does the school of origin school district have a sharing agreement with the nearby district of residence?

N: 

N: 

School of origin school district provides transportation.

Y: 

School of origin school district shares cost with residence school district.

Group Home / STRTP provides transportation.

Child Welfare/Probation agency provides transportation (see All County Letters 11-51 and 13-03).

---

As 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 fund for transportation, including school of origin.

All 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 supervised 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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES

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.

[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).]
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 (Phone)

[Sign, then enter:] Name, Title

☐ I wish to appeal.

_________________________  __________________________
Print Name                    Signature

_________________________  __________________________
Address                     Phone Number

Reasons for appeal (optional): ______________________________________

__________________________________________________

_________________________
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 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.

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:

ALLIANCE for CHILDREN’S RIGHTS

Children’s Law Center of California

CHILDREN NOW

Grandparents As Parents

Lilliput Families

Public Counsel

In partnership with these agencies and organizations:

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BY ACCESSING THE TOOLKIT, YOU AGREE TO BE BOUND BY THE TERMS AND CONDITIONS DEFINED ABOVE. IF YOU DO NOT WISH TO BE BOUND BY THESE TERMS AND CONDITIONS, YOU SHOULD NOT ACCESS OR USE THIS TOOLKIT.