

Guía de aprobación para una familia de apoyo



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¡Gracias por considerar ser un padre de apoyo de un menor de edad en su vida!

Su intención de ser un padre de apoyo es muy importante. Los niños que ingresan a un hogar cariñoso y seguro – sobre todo si es un hogar que conocen, cómo es el caso de un familiar o un amigo – se recuperan más pronto de sus dificultades pasadas y tienen una mejor oportunidad de tener un futuro feliz.

Si ahora es un padre de apoyo y tiene a su cargo a un menor de edad, ese niño puede sentirse agobiado, ansioso, confundido o asustado. Los niños no siempre pueden decir cómo se sienten; hay veces que únicamente lo muestran a través de su comportamiento. Con el tiempo, los niños recuperarán su seguridad y la confianza de sentirse protegidos gracias a su ayuda. Contando con su paciencia y comprensión, estos niños se adaptarán positivamente a su ambiente actual.

Pronto será contactado por muchas personas con respecto al niño bajo su cuidado. Hay muchos recursos y apoyos disponibles para ayudarlo. Hemos creado esta guía para explicar el proceso para convertirse en una familia de apoyo para un niño que requiere un hogar temporal. Le recomendamos que se ponga en contacto con las organizaciones locales de familias de apoyo, proveedores de servicios de cuidado familiar y organizaciones comunitarias. Ellos tienen grupos de apoyo, libros y otros recursos para ayudarlo.

Nuestro sistema de bienestar infantil depende de personas como usted que toman la iniciativa para brindar un hogar seguro y cariñoso a los niños que lo necesitan. Recuerde que no existe un estereotipo definido para ser un padre de apoyo. Los niños desean y aceptan el amor de las personas que pueden satisfacer sus necesidades, éstas incluyen personas mayores, solteras y LGBT. Su capacidad de brindar amor y seguridad es el enfoque del proceso de aprobación para una familia de apoyo.

Si en cualquier punto del proceso usted tiene algún problema, le pedimos que consulte esta guía y solicite ayuda. Hay muchos recursos disponibles para asistirle.

¡GRACIAS!



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Introducción al proceso de aprobación para familias de apoyo

A partir del 1ero de enero del 2017, cualquier persona que desee brindar un hogar temporal a un menor de edad con tutela temporal, debe llenar una solicitud conocida como aprobación de familia de apoyo (Resource Family Approval - RFA - en inglés).

Los menores de edad que hayan sido retirados de sus hogares debido a abusos, abandono o negligencia, necesitan un lugar seguro para vivir mientras sus padres intentan recuperar su custodia. En California a partir del 1ero de enero del 2017, el proceso

de aprobación para los que cuidan de niños que hayan sido retirados de su hogar por agencias encargadas de ver por el bienestar infantil y por los departamentos de libertad condicional, se llama aprobación de familia de apoyo (Resource Family Approval, RFA, siglas en inglés). Esta guía está diseñada para ayudarle a completar el proceso de RFA.

El objetivo del RFA es:

- asegurar que todos los responsables del cuidado del menor, familiares o no, cumplan con los mismos estándares
- preparar a familias a que cuiden de menores de edad vulnerables
- apoyar una transición sin problemas y estable para niños en hogares temporales
- crear un proceso de aprobación unificado para eliminar duplicidad y confusión causada por lo que solían ser procesos separados para obtener la licencia para hogar temporales, cuidado de parientes, adopción y tutela. Esta guía es para cualquier persona que está completando el proceso de aprobación de familia de apoyo. También pueden usar parientes y familias extendidas que se encuentren en situaciones mencionadas a continuación:

Reubicación antes de aprobación

Hay dos maneras en que un menor puede ser colocado en un hogar antes de que ese hogar sea aprobado como una familia de apoyo: (1) reubicación de emergencia, o (2) reubicación basada en una razón convincente.

En una reubicación de emergencia, un menor de edad es retirado de su hogar y es colocado con familiares o amigos de la familia (llamados miembros de la familia extendida no-parientes, o non-related extended family member, NREFM, siglas en inglés) antes de que hayan sido aprobados como familia de apoyo.

En una reubicación basada en una razón convincente, un menor de edad que haya sido retirado de su hogar es colocado con alguien, quien puede ser familiar o no, basado en el mejor interés del menor, como puede ser el caso de mantener la conexión con los parientes o la familia extendida. Para que una reubicación por razón convincente ocurra, debe la persona con quien se deja al menor, haber terminado la evaluación del entorno doméstico. Este proceso se describe en esta guía.

Si un menor de edad es reubicado en su hogar por razones de emergencia o de razón convincente, usted se convierte en el tutor de emergencia de ese menor mientras usted completa el proceso del RFA. Nota: Si usted es el tutor de emergencia de un menor de edad que se encuentra en su hogar, deberá completar y presentar la forma “RFA 01A: Solicitud de familia de apoyo” (RFA 01A: Resource Family Application”) y la forma “RFA 01B: Declaración de antecedentes penales de familia de apoyo” (“RFA 01B: Resource Family Criminal Record Statement”) durante los primeros cinco días en que el menor le haya sido entregado. Las formas se encuentran en el apéndice ([A01](#), [A02](#)) de esta guía.

Reubicación de emergencia es un estatus temporal. Como tutor de emergencia, debe terminar el proceso RFA para poder ser aprobado y continuar al cuidado del menor de edad. Es muy importante que complete los requisitos tan pronto como sea posible y verifique su caso con los trabajadores sociales frecuentemente para asegurar que el proceso avance.

El menor de edad se encuentra reubicado con alguien más

Si usted desea cuidar de un menor de edad, quien es familiar suyo o es hijo de amigos, y el menor se encuentra en un hogar temporal, usted debe iniciar el proceso de RFA. Muchos condados dudan en trasladar a un menor de edad que ya está en un hogar al domicilio de un prospecto cuidador que aún está pasando por un proceso RFA. Sin embargo, un menor puede ser reubicado a un hogar de un familiar o un amigo de la familia extendida en cualquier momento a través de la reubicación de emergencia o basado en una razón convincente.

Re-aprobación de licencias existentes y de hogares temporales aprobados y certificados

Si usted obtuvo una licencia o certificación antes del 1ero de enero del 2017, usted deberá ser re-aprobado. En otras palabras, usted deberá hacer que su licencia o certificación pase los requisitos del RFA. Si un menor de edad vivió con usted durante el año 2017, usted tiene una fecha límite durante el 31 de diciembre del 2020 para terminar el proceso de conversión al RFA.

Los hogares que fueron certificados o aprobados con licencias antes del 1ero de enero 2017, y que tuvieron a un menor de edad viviendo en su hogar durante el año del 2017, pueden continuar recibiendo a menores de edad bajo la misma licencia o certificación hasta el 31 de diciembre del 2020; y seguirán recibiendo fondos basados en esa licencia o certificación.

Si usted es un pariente o miembro de la familia extendida y fue aprobado para cuidar de un menor de edad en particular durante el año 2017, usted tiene también hasta el 31 de diciembre del 2020 para convertirse al RFA. Sin embargo, si usted anticipa que algún otro menor de edad puede llegar a su hogar (quizá un hermano del menor de edad que tiene actualmente con usted), debería apresurarse a convertirse al RFA antes de que eso suceda. Esto es debido a que la reubicación con usted de cualquier menor de edad después del 1ero de enero del 2017 requiere que haya completado el proceso del RFA.

Todos los tutores certificados y con licencia que fueron pre-aprobados deberán completar la conversión al RFA para poder continuar cuidando de menores de edad en hogares temporales después del 31 de diciembre del año 2020, a menos que aplique una excepción. Si usted fue aprobado con una licencia o certificación, pero no tuvo a su cuidado a un menor de edad durante el año 2017, usted debe completar el proceso RFA antes de que se le asigne a un menor de edad, a menos que sea un menor de edad reubicado por emergencia o por alguna razón convincente. Para más información vea la sección de esta guía titulada "Conversión".

Cómo funciona el hogar temporal

Cuando un menor de edad ingresa a un hogar temporal, el tribunal de menores – también conocido en inglés como children's court – supervisará su caso. Al niño se le asignará un abogado el cual se le conoce como "el abogado del menor", y también se le asignará un trabajador social principal, conocido como social worker en inglés. (En el caso de un joven en libertad condicional que no pueda regresar a salvo a la casa de alguno de sus padres, la decisión de donde el joven va a vivir es tomada por un agente de libertad condicional. Vea la próxima sección "El hogar temporal y el tribunal de delincuencia juvenil" para más información acerca de cómo funciona el hogar temporal para un joven que haya estado involucrado con el sistema de libertad condicional).

Aquí están algunas de las cosas para tomar en cuenta acerca de cómo funciona el proceso del tribunal de menores (el gráfico en la página [A33](#) en el apéndice de este documento incluye información adicional):

- En el tribunal de menores es el abogado quien representa al menor de edad, no el tutor de emergencia o el padre de apoyo que está cuidando del niño.
- Se requiere que el menor de edad esté presente en las audiencias. La presencia de los padres adoptivos o los tutores de emergencia no es necesaria a menos que hayan sido llamados por el abogado, el trabajador social o el agente de libertad condicional. Sin embargo, es una buena idea el asistir para hablar con los abogados del niño y entender cuál es su situación legal. Además, la corte es un lugar que puede ser estresante para un niño y le sería de mucha ayuda saber que usted estará presente.
- Estará presente también en la corte un abogado representando al condado. Este abogado explicará al juez lo que el sistema de bienestar infantil tiene planeado para el niño.

- Los abogados y el juez pueden hablar sobre los derechos de los padres biológicos del niño durante el proceso judicial y a que los padres biológicos retienen sus derechos paternales sobre el proceso el menor que se encuentra en hogares temporales. En algún punto de caso, la corte puede determinar esos derechos paternales. Comúnmente, esto pasa después de doce meses o más de haber recibido servicios enfocados en ayudar a los padres biológicos a reunirse con el niño.
- El menor de edad puede que también tenga a designado por la corte a una persona responsable de sus derechos educativos para que tome decisiones relacionadas con su educación. Refiérase a la sección "Derechos y necesidades de los niños en hogares temporales" para obtener más información acerca de los responsables de la educación del menor.
- No se les preguntará o permitirá hablar durante una audiencia a padres adoptivos o a tutores de emergencia. Sin embargo, hay otras maneras de proporcionar información al tribunal de menores. Vea la sección A10-A13 de esta guía. Los familiares pueden usar la forma JV-285 y cualquier tutor del menor de edad puede usar la forma JV-290 para proporcionar información a la corte. Usted puede también usar la forma JV-287 para mantener su identidad confidencial.
- No se les preguntará o permitirá hablar durante una audiencia a padres adoptivos o a tutores de emergencia. Sin embargo, hay otras maneras de proporcionar información al tribunal de menores. Vea la sección [A10-A13](#) de esta guía. Los familiares pueden usar la forma JV-285 y cualquier tutor del menor de edad puede usar la forma JV-290 para proporcionar información a la corte. Usted puede también usar la forma JV-287 para mantener su identidad confidencial.
- La audiencia puede que sea muy rápida y habrán muchas abreviaciones y lenguaje legal que posiblemente sea difícil entender. El trabajador social o el agente de libertad condicional del menor de edad pueden explicarle lo que se ha dicho y decidido. Los padres adoptivos o los tutores de emergencia pueden pedir hablar con el abogado del menor antes o después de la audiencia. Quizá usted quiera familiarizarse con la lista de algunos acrónimos comunes. Vea la sección A29 del apéndice para la guía de abreviaciones y acrónimos más comunes.
- Si usted espera proveer un hogar a un menor de edad que está viviendo en un hogar temporal y el niño no está aún viviendo con usted, puede solicitar llamadas telefónicas comunicándose con el abogado del menor y el trabajador social o al agente de libertad condicional.
- Al menor de edad se le puede asignar un defensor especial nombrado por el tribunal (CASA por sus siglas en inglés - Court Appointed Special Advocate). Un voluntario de CASA es nombrado por la corte para abogar por el niño y puede ayudar a la corte a tomar decisiones para él. Los padres adoptivos y los tutores de emergencia deben estar en contacto también con el representante de CASA asignado al menor.
- Vea la sección [A32](#), un documento que le puede ayudar a llevar una lista de todas las personas involucradas en el caso del menor de edad.

El hogar temporal y el tribunal de delincuencia juvenil

Para algunos jóvenes en hogares temporales, sus casos son atendidos por el sistema de delincuencia juvenil, en vez de dependencias como el tribunal de menores. Esto pasa si el joven ha sido culpable de un delito (a esto se conoce como “delincuente adjudicado” en el sistema de delincuencia juvenil) y se ordena que sea reubicado en un hogar temporal. En algunos condados, un joven puede estar en un hogar temporal a través del sistema judicial (y no por decreto del tribunal de menores).

Para que el sistema de delincuencia juvenil coloque a un joven en un hogar temporal, el juez de la corte del sistema de delincuencia juvenil debe ordenar la reubicación a un hogar temporal en un programa de tratamiento residencial a corto plazo (STRTP por sus siglas en inglés), ordenar un programa de vivienda de transición, o colocarlo con una familia de apoyo, según sea apropiado.

Hay ocasiones en que el sistema de delincuencia juvenil ordena que el joven pueda ser liberado a uno de los padres con el permiso de que viva con un familiar o un amigo de la familia. Esto no es lo mismo que la reubicación a un hogar temporal. Ya que esto no es una reubicación en un hogar temporal, el joven y la persona con quien se está quedando a vivir no reciben los beneficios que reciben los hogares temporales ni otras ayudas. Tal arreglo puede ser apropiado en algunos casos: por ejemplo, cuando uno de los padres y el tutor - que no es padre biológico del joven - están conjuntamente cuidando al adolescente. Sin embargo, al colocar al joven en un hogar que no es temporal dentro del sistema, la corte está privando a este hogar el apoyo necesario para ayudar al joven a salir adelante. El abogado de defensa criminal del joven puede explicar las órdenes dadas por el sistema de delincuencia juvenil.

Entendiendo reubicación y aprobación

Es importante que usted entienda cual es la diferencia entre reubicación y aprobación. Utilizar las palabras correctas le ayudará a comunicarse con el tribunal y la agencia del bienestar de delincuencia:

- Una reubicación ocurre cuando la agencia de bienestar infantil asigna a un menor de edad específico a su casa. Una reubicación de emergencia puede ocurrir antes de la aprobación de familia de apoyo, pero si el menor de edad es reubicado con usted en calidad de reubicación de emergencia, usted debe iniciar inmediatamente el proceso del RFA. Usted no tiene el derecho de recibir ayuda financiera para hogares temporales hasta que no entregue la solicitud de RFA. Vea la sección de “fondos y nivel de cuidando” en esta guía para obtener mayor información.
- La aprobación de familias de apoyo es un proceso donde la agencia del bienestar infantil generalmente se asegura que usted pueda proporcionar un hogar seguro para un menor de edad.

Solicitud de reubicación de un menor de edad que se encuentre en un hogar temporal

Si desea que el menor sea reubicado con usted, le recomendamos hacer lo siguiente:

- Avise al trabajador social o al agente de libertad condicional tan pronto como sea posible, que usted está buscando aprobación para cuidar del menor de edad. Ellos deben estar tratando de colocar al menor con un familiar responsable al inicio del caso, antes de que sea la primera audiencia en el tribunal. En algunos condados, es posible que hayan varios trabajadores sociales o agentes de libertad condicional asignados por razones diversas (por ejemplo, uno puede estar investigando alguna denuncia y otro puede estar prestando sus servicios a la familia). Cada uno de ellos debe ser informado, ya que no siempre ellos comparten información. La línea telefónica directa del bienestar infantil es un buen recurso para verificar en caso que usted no esté seguro quién es el trabajador social, o el agente de libertad condicional al que debe informar. La línea telefónica le preguntará por los datos del menor de edad como el nombre y la fecha de nacimiento si los sabe. Vea la sección [A32](#) dónde encontrará una lista de números telefónicos importantes.
- Inicie el proceso de RFA con anticipación si es posible (aún si el menor de edad no está con usted). Particularmente si es usted un pariente o un amigo de la familia. Complete la solicitud de RFA que se encuentra en esta guía y siga los otros pasos indicados. Iniciar el proceso con anticipación significa que usted está un paso adelante en el proceso de aprobación. Si el menor de edad es asignado a un hogar temporal y es reubicado con usted, el haber iniciado con anticipación significa que puede obtener la ayuda financiera y el apoyo rápidamente.
- Participe en las juntas del equipo de familia y niño (CFT por sus siglas en inglés), si le es posible. Dentro de los 60 días en que un menor es colocado en un hogar temporal, el trabajador social o el agente de libertad condicional del caso, deben convocar una reunión de CFT con el niño, los miembros de la familia, los profesionales y otras personas identificadas por la familia a las cuales les concierne el bienestar del menor de edad y de la familia. Todos los participantes trabajarán conjuntamente para recomendar un lugar de reubicación, ayuda y servicios para el niño. El menor de edad, el tutor de emergencia o el padre de apoyo que cuida del niño, los progenitores y el representante de la agencia de reubicación son miembros necesarios del CFT. Vea la sección de esta guía titulada “equipo de niño y familia” para obtener mayor información.

- Si son varios los parientes o amigos de la familia interesados en cuidar al menor de edad, deben de trabajar juntos e identificar cual es el mejor plan para ayudar al niño. Por ejemplo, una familia podría decidir que un pariente sería la mejor persona para proveer un hogar temporal, mientras que otro familiar puede ayudar a cuidar al niño en ciertas horas, o llevarlo a reuniones, o quizá ayudar con las tareas de la escuela.
- Asista a cualquier audiencia. Los casos del tribunal de menores son confidenciales, por lo que el juez puede que no permita la presencia de los tutores de emergencia u otras personas interesadas en convertirse en los responsables del cuidado del menor en la audiencia. Sin embargo, usted puede hablar directamente con el abogado representante del niño, o el abogado representando a los padres biológicos antes de la audiencia, para que exprese su interés de tener al menor de edad reubicado con usted.
- Los parientes del menor de edad que se encuentren en un hogar temporal pueden llenar en la corte una forma especial (llamada la forma JV-285). Esta le informa al tribunal que un familiar tiene el interés de que el niño sea colocado con ellos. Esta forma se puede llenar durante la primera audiencia o en cualquier momento después de la primera audiencia. Vea la sección [A10](#) de esta guía para obtener más información.
- Puede presentar una solicitud para una audiencia WIC 361.3. La ley estatal pide que se considere de preferencia la reubicación con parientes del menor. La ley estatal también establece que los parientes del menor tienen el derecho a una audiencia bajo la sección 361.3 del código institucional y de bienestar (WIC por sus siglas en inglés). Si es usted familiar de un menor de edad en un hogar temporal y desea pedir a la corte que reubiquen al niño con usted, pida una audiencia en el tribunal y presente una petición para una audiencia. Cualquier persona puede solicitar el cambio de una orden de la corte en el tribunal de menores usando una forma de petición especial llamada JV-180. Use la petición WIC 388 para pedir al tribunal el cambio de ubicación actual del menor de edad. Vea la sección [A14](#) de esta guía para obtener más información.
- Sea persistente. Hay muchas maneras de solicitar una reubicación, y quizá tenga que hacer esa solicitud varias veces. No se dé por vencido. Su disposición de cuidar del niño es muy importante. Las circunstancias cambian pronto. Continúe informando a todas las personas involucradas en el caso de la reubicación del menor en un hogar temporal su deseo de cuidar del niño.

Reubicación de emergencia

La ley de California establece que un menor de edad que sea retirado de la custodia de su(s) padre(s) sea entregado a un pariente si hay alguno disponible. La ley también exige que un trabajador social o un agente de libertad condicional evalúen el caso y vean, si algún pariente o amigo de la familia (los amigos de la familia extendida que no son parientes se les llama también NREFM) que solicita la reubicación del niño con ellos al inicio del caso, son adecuados. Si es usted un pariente o un NREFM, un trabajador social o un agente de libertad condicional pueden reubicar al menor de edad con usted en caso de emergencia una vez que tenga:

- Completada la inspección del hogar (vea la sección [A06](#), evaluación de lista de verificación de seguridad y salud del hogar de familias de apoyo). Los trabajadores sociales o los agentes de libertad condicional deben determinar que el hogar y sus alrededores están libres de peligro para la salud y la seguridad de los niños.
- Recibidos los resultados de verificación de antecedentes penales a través de lo que se llama CLETS para todos los adultos que viven en el hogar. Una verificación de antecedentes penales a través de la base de datos de CLETS es diferente a un Livescan (verificación de huellas digitales). CLETS es una verificación en una base de datos y a menudo los resultados se reciben en unas cuantas horas. Si la verificación de CLETS muestra alguna condena penal de cualquier adulto en el hogar, aún cuando sea por crímenes menores o que ocurrieron en el pasado, generalmente el menor de edad no será reubicado en caso de emergencia en esa casa hasta que una excepción haya sido otorgada. Sin embargo, existe una excepción en la ley que permite la reubicación si está pendiente una excepción. Eso requiere que TODAS las partes estén de acuerdo con ello, incluyendo la agencia de bienestar infantil o el agente de libertad condicional. Las detenciones por sí solas no requieren una excepción, pero pueden causar retraso en la reubicación hasta que se haya recaudado más información.
- Verificado denuncias de abuso o negligencia infantil (basadas en el índice central de abuso infantil, CACI por sus siglas en inglés) hechas anteriormente por todos los adultos viviendo en el hogar. El trabajador social, el agente de libertad condicional y/o la corte pueden decidir no hacer una reubicación de emergencia si el informe CACI reporta algún problema de seguridad infantil.

NOTA: No se requiere un Livescan (toma de huellas) para una reubicación de emergencia, pero debe realizarse dentro de los 10 días posteriores a la verificación CLETS, o cinco días hábiles después de la reubicación, lo que ocurra primero. La agencia de bienestar infantil o el departamento de libertad condicional proporcionarán instrucciones y una forma que deberá llevar a un lugar donde las huellas digitales son escaneadas electrónicamente y verificadas con las bases de datos del Departamento de Justicia de California y del FBI. Cualquier identificación con foto es aceptada. No necesita tener una licencia de conducir.

NOTA SOBRE EL ESTADO DE INMIGRACIÓN: Los condados de California no están investigando el estado migratorio, ni el estado migratorio es una razón para descalificar a una persona para que se convierta en una familia de apoyo. Las agencias del condado pueden reubicar de emergencia a un menor de edad independientemente del estado migratorio del individuo.

Pasos a seguir después de una reubicación de emergencia

Las reubicaciones de emergencia pueden ocurrir antes que usted termine el proceso del RFA. Si esto le llega a pasar, inmediatamente haga lo siguiente:

- Dentro de los primeros 5 días, inicie el proceso del RFA y complete las formas “RFA-01A: Solicitud de familia de apoyo” y la forma “RFA-01B: familia de apoyo.” Vea las secciones [A01](#) y [A02](#) en esta guía para información adicional. Si usted es un tutor de emergencia, usted puede recibir fondos de emergencia para un hogar temporal una vez que haya enviado estas formas. En el estado de California, si usted es un tutor de emergencia, usted califica para la tarifa básica de hogar temporal (\$1,000 al mes al momento de la publicación de esta guía), aún antes de haber completado el proceso de RFA. Los fondos para el tutor de emergencia generalmente se acumulan a partir de la fecha de la reubicación, pero no pueden ser pagados hasta que el proceso de RFA se haya completado.
- Cumpla con todos los otros requisitos del RFA descritos en esta guía. Vea la sección “lista de aplicación para familias de apoyo” para una lista completa de los requisitos.

Reubicación por razón convincente

Aún cuando la reubicación de emergencia es una opción SOLO para familiares o NREFM, la “reubicación por razón convincente”, es una opción para cualquier persona que deseen tener a su cuidado a un menor en hogar temporal. Una “reubicación por razón convincente”, como lo es una reubicación de emergencia, puede ocurrir antes de la aprobación de una familia de apoyo. El proceso de una “reubicación por razón convincente” es parecido al proceso de la reubicación de emergencia, con excepción de que se debe hacer una evaluación completa del hogar antes de la reubicación (forma RFA-03: lista de verificación de seguridad y salud del hogar de familias de apoyo, [A06](#)). Algunos ejemplos de “razones convincentes” pueden incluir, y no llimitan a lo siguiente:

- Está usted cuidando de un hermano del menor de edad.
- Puede usted ayudar al menor de edad a mantenerse en contacto con otros miembros de su familia.
- Es usted la persona más indicada que puede proveer al menor de los cuidados especiales que necesita.

Si usted cree que existe alguna razón convincente en el caso del menor que tiene a su cuidado, contacte al trabajador social del niño o al agente de libertad condicional.

Lista de aplicación de familia de apoyo (RFA, siglas en inglés)

Esta lista de verificación lo guiará a través del proceso de RFA. Debe completar TODOS los siguientes requisitos. Estos pasos no tienen que ocurrir en este orden.

Fecha Completada:

- | | |
|-------|---|
| <hr/> | Formulario RFA-01A: La solicitud de familia de apoyo (A01) debe completarse y ser enviada dentro de cinco días hábiles posteriores a la colocación de un niño o no-menor dependiente (NMD, siglas en inglés) en una ubicación de emergencia.
Nota: No hay costo de procesamiento de esta aplicación. |
| <hr/> | Formulario RFA-01B: La declaración sobre antecedentes penales (A02) debe completarse y ser enviada dentro de cinco días hábiles después de que un niño o NMD sea colocado en una reubicación de emergencia. |
| <hr/> | Formulario RFA-01C: Solicitud de familia de apoyo - confidencial (A03) solo se requiere si el solicitante de RFA ha solicitado aprobación solo para un dependiente específico o no menor dependiente. |
| <hr/> | Formulario RFA-02: Lista de verificación de antecedentes familiares de recursos y lista de verificación del registro de abuso infantil fuera del estado (A04), se debe completar una verificación de antecedentes para un aplicante de RFA y todos los adultos que residen o están presentes regularmente en el hogar del aplicante de RFA. |
| <hr/> | Formulario LIC-198B: Petición para un reporte sobre el abuso/ descuido de niños fuera del estado (A05) solo se requiere para los aplicantes de RFA u otros adultos que residan o estén presentes regularmente en el hogar de un aplicante de RFA que hayan vivido fuera del estado en los últimos cinco años. |
| <hr/> | Formulario RFA-03: La guía de evaluación sobre la salud y la seguridad en el hogar de la familia de apoyo (A06) es una evaluación de salud y seguridad requerida de la casa y los alrededores del aplicante de RFA, el espacio de actividades al aire libre y las áreas de almacenamiento. |
| <hr/> | Formulario RFA-04: Evaluación de riesgo de familia de apoyo (A26). El trabajador social o funcionario de libertad condicional deberá completar una evaluación de riesgo del tutor antes de la aprobación, que incluye la evaluación de la salud física, salud mental, uso/abuso de sustancias y antecedentes de violencia familiar/doméstica. |

Fecha Completada:

Formulario RFA-07: El cuestionario de salud ([A07](#)) es necesario para mostrar la verificación de buena salud física y salud mental, o un examen de salud realizado por un profesional de la salud con licencia dentro del año posterior a la fecha de aplicación de la RFA.

Prueba de identidad (por ejemplo, licencia de conducir, identificación del estado de California, etc.). Nota: Se puede proporcionar otra identificación si el solicitante no tiene ninguna de estas formas de identificación. El estado migratorio no es una motivo para que el condado niegue la colocación de un niño con un pariente.

Consentimiento para que la agencia de bienestar infantil obtenga informes del DMV para todos los adultos que residen o están regularmente presentes en el hogar que con frecuencia puedan transportar a los niños en el hogar.

Verificación del ingreso actual y divulgación de los gastos del aplicante de la RFA.

Orientación de familia de recursos (en algunos condados, esto es parte de la capacitación requerida antes de la aprobación).

Un mínimo de 12 horas de capacitación del tutor previo a la aprobación. Nota: Algunos condados tienen requisitos adicionales. Por ejemplo, el condado de Los Ángeles requiere que los tutores asistan a una orientación patrocinada por DCFS antes de las 12 horas de capacitación previa a la aprobación. Algunos condados también requieren más de 12 horas de capacitación de tutor previo a la aprobación.

Verificación de empleo (si está empleado).

Documentos que verifiquen la propiedad o el alquiler de la casa.

Historial del estado del solicitante como pariente aprobado, NREFM, hogar familiar certificado, o un empleado, voluntario o licenciario de un centro de cuidado comunitario.

Nombres e información de contacto de dos personas que puedan atestar sobre el carácter y la capacidad del solicitante para brindar atención y seguridad.

Una evaluación familiar, que incluye al menos dos entrevistas en persona del solicitante y una entrevista de todos los demás en el hogar.

Nota: Algunos condados pueden tener requisitos adicionales más allá de los incluidos en la lista de verificación anterior. Por ejemplo, algunos condados requieren comprobante de vacunación para cualquier mascota en el hogar. Consulte al trabajador social u oficial de libertad condicional para conocer los requisitos específicos del condado en su área.

Completando la lista de verificación:

Mientras atraviesa por el proceso RFA y completa cada uno de los requisitos de la lista, tendrá muchas visitas de las personas asociadas con la agencia de bienestar infantil o el departamento de libertad condicional. Se requiere que el trabajador social o el oficial de libertad condicional documente cada visita a su hogar y complete un formulario sobre la visita. Usted tiene derecho a una copia del formulario completo. Vea la sección [A08](#) en esta guía como un ejemplo.

La lista de verificación RFA puede ser abrumadora cuando comience. Recuerde que el proceso está diseñado para garantizar que el niño ingrese en un hogar estable y para que esté preparado para el importante trabajo de satisfacer las necesidades del niño. Hay recursos disponibles para ayudarlo a través del proceso de RFA. Vea las secciones [A30](#) y [A31](#) para obtener una lista de las organizaciones que ayudan a las familias de recursos.

Responda tan pronto como sea posible a todas las solicitudes de información durante el proceso de aprobación. **Pídale al trabajador social o al oficial de libertad condicional que le brinde información regularmente.**

- Comuníquese con el trabajador social o el oficial de libertad condicional a menudo para ver dónde se encuentra la agencia en el proceso de aprobación, y pregunte si se necesita información adicional para avanzar la aprobación.
- Documente todo, incluso las conversaciones con cualquier persona involucrada en el caso del niño.
- Mantenga notas sobre cada intento que haga para comunicarse con el trabajador social o el oficial de libertad condicional. Si es necesario, comuníquese con el supervisor del trabajador social o del oficial de libertad condicional para que le ayuden a resolver problemas pendientes. También puede pedir ayuda a una agencia de familias de crianza o una organización de apoyo (vea las secciones [A30](#) y [A31](#) para obtener una lista de tales organizaciones) para escalar un problema.
- Pídales ayuda a amigos y familiares durante el proceso de aprobación.



Aplicación de familia de apoyo

Debe completar el formulario de aplicación de familia de recursos del Estado de California, también conocido como formulario RFA-01A (consulte la sección [A01](#)) para comenzar el proceso de aprobación. Si un niño ya se encuentra en su hogar de emergencia, debe completar y enviar el formulario RFA-01A: Aplicación de familia de recursos y formulario RFA-01B: Declaración de antecedentes penales de familia de apoyo dentro de los cinco días hábiles posteriores a la ubicación del niño.

Complete todas las secciones que forman parte del formulario. La información faltante o incompleta puede retrasar el proceso de aprobación. Las preguntas con respecto a información confidencial, como antecedentes de arrestos anteriores, tratamiento por abuso de sustancias o tratamiento de salud mental, se incluyen para proporcionar una imagen completa de sus fortalezas y necesidades. Conteste tales solicitudes con total honestidad. Es probable que la retención de información retrase o descarrile el proceso de RFA. Discuta cualquier problema, pregunta o inquietud con el trabajador social o el oficial de libertad condicional.

Si no tiene información exacta (por ejemplo, una fecha exacta, un salario anterior, etc.), debe dar la respuesta más precisa posible y anotar que la información no es exacta. (Ejemplo: "Fui contratado en algún momento en enero de 2015").

No deje ninguna sección en particular en blanco si no aplica a usted/o su hogar. En su lugar, inserte "N/A" (no aplicable). Dejar una sección en blanco puede hacer que su aplicación parezca incompleta y retrasar el proceso de RFA.

Solo indique que alguien está relacionado si están legalmente relacionados con usted. Por ejemplo, muchos amigos de la familia se conocen como "primo" o "tía" o "tío"; sin embargo, no están legalmente relacionados y no deben figurar como "primo" o "tía" o "tío" en el formulario. En cambio, la relación debe aparecer como "ninguna". Es especialmente importante hacer una lista de la naturaleza exacta de la relación legal con los niños que residen en el hogar.

Si planea cuidar a un niño en cuidado de crianza junto con su cónyuge, pareja u otro pariente, tanto usted como el otro padre potencial de recursos deben firmar y escribir la fecha el formulario.

El condado no comenzará el proceso RFA hasta que usted haya completado el formulario RFA-01A. Si un niño ha sido colocado con usted como tutor de emergencia, el financiamiento de cuidado de crianza comienza sólo después de que haya enviado el formulario RFA-01A. Por favor consulte la sección "fondos y nivel de cuidado" para obtener más información.

Puede retirar su solicitud antes de la aprobación o denegación, ya sea verbalmente o por escrito. Una agencia de bienestar infantil o departamento de libertad condicional no puede retirar su solicitud a menos que se lo solicite. Sin embargo, pueden denegar o rescindir su solicitud de RFA. Si su solicitud de RFA es denegada o anulada, tiene derecho a lo que se denomina proceso debido y puede apelar esa decisión.

Qué preguntar al trabajador social o al oficial de libertad condicional

Durante el proceso de RFA, debe verificar el estado de su aplicación de RFA con frecuencia con el trabajador social o el oficial de libertad condicional asignado al caso.

¿Recibió toda la información necesaria en el formulario de aplicación de RFA?

¿Cuándo se programará la evaluación de mi hogar?

¿Hay algo que deba hacer en mi hogar para preparar la evaluación del hogar?

¿Qué documentos puedo preparar y/o reunir para nuestra próxima reunión?

¿Tuvo problemas comunicándose con mis referencias? ¿Cuándo se programará la orientación?

¿Dónde puedo inscribirme para la capacitación previa a la aprobación?

¿Puedo completar algunas de las horas de capacitación a través de cursos en línea o en mi casa?

¿Se ha procesado el Livescan (huellas dactilares) para todos los adultos en mi hogar?

¿Hay alguien que necesite Livescan que aún no lo haya hecho?

¿Se han aprobado las verificaciones de antecedentes de todos los adultos en mi hogar? Si no, ¿podemos completar la documentación de excepción para todo lo que apareció en la verificación de antecedentes?

¿Cuándo puedo esperar recibir fondos una vez que un niño en cuidado de crianza este viviendo conmigo?

¿Hay algo mas que necesite de mi para procesar mi aplicación?

Referencias personales

La aplicación RFA requiere dos referencias. En algunos casos, el trabajador social o el agente de libertad condicional pueden solicitar referencias adicionales.

Las referencias deben ser adultos, es decir, mayores de 18 años.

- Ambas referencias no deben estar relacionadas con usted.
- Dígales a las personas que esté utilizando como referencias que serán contactadas para que estén preparadas.
- Seleccione referencias que lo conozcan bien a usted y a su familia.
- Evite seleccionar a cualquier persona con antecedentes penales o antecedentes de abuso y/o negligencia infantil, incluso a cualquier persona que haya tenido niños retirados de su cuidado en el pasado.
- Puede pedirle al trabajador social o al oficial de libertad condicional una excepción si no tiene dos referencias adecuadas.
- Sus referencias deben compartir ejemplos específicos de su capacidad para cuidar de manera segura y efectiva a los niños y brindarles amor.

- Sus referencias deben estar preparadas para hablar sobre cómo maneja la responsabilidad en general: por ejemplo, cómo se desempeña en el trabajo o cómo ha ayudado a cuidar a sus amigos u otra familia.
- Las referencias deben poder hablar sobre cómo usted maneja situaciones estresantes.
- Las referencias deben tener conocimiento sobre su participación en la comunidad, como sus actividades de voluntario, su membresía en una comunidad religiosa o cualquier orientación o tutoría que haya realizado. Deben hablar sobre cualquier característica que lo haga un gran tutor, como una fuerte ética de trabajo, paciencia y generosidad.

Consulte [A35](#) para obtener una guía útil sobre referencias de personas.

Referencias para solicitudes de excepción penal

Si usted u otro adulto en la casa tiene una condena penal en el pasado, aún puede obtener la aprobación solicitando lo que se llama una excepción. Para obtener una excepción debe proporcionar tres referencias que hablen sobre su carácter. (Las dos referencias requeridas para su aplicación de RFA también se pueden utilizar para una referencia de carácter de excepción de antecedentes penales). Al menos una de esas referencias debe ser capaz de respaldar su solicitud de excepción. Eso significa que deben ser personas que conozcan sus condenas en su pasado y puedan hablar sobre cómo ha cambiado su comportamiento desde la condena. Deben hablar sobre los pasos positivos que ha dado desde el momento de la condena, como educación, empleo estable, asesoramiento, tratamiento de drogas, tratamiento de alcohol o participación en la comunidad. Consulte la sección [A35](#) para obtener una guía útil sobre referencias de personas.

Verificación de antecedentes

Una parte importante del proceso de RFA es una verificación de antecedentes para identificar si usted o alguien más en el hogar tiene condenas penales, arrestos o incidentes de abuso o negligencia infantil.

Usted y cualquier otra persona mayor de 18 años que viva en el hogar o esté presente regularmente en el hogar debe completar un Livescan (huella electrónica). El trabajador social o el oficial de libertad condicional le puede decir a dónde ir para su Livescan.

Cualquier persona en su hogar mayor de 14 años que haya sido condenada por un delito grave pueda que tenga que completar un Livescan. **Su solicitud de RFA debe recibirse antes de la verificación de antecedentes de Livescan.** Deberá firmar un formulario para permitir que la agencia de bienestar infantil verifique la base de datos CLETS en busca de antecedentes penales y verifique el índice central de abuso infantil (CAI siglas en inglés) por incidentes de abuso o negligencia infantil. La verificación de antecedentes incluye registros de antecedentes

penales y registros de abuso infantil en cualquier otro estado en el que haya vivido usted otra persona en su hogar. Se le pedirá que complete un formulario de Declaración de antecedentes penales (RFA 01B, [A02](#)). Es muy importante ser veraz e incluir cualquier historial delictivo al completar este formulario.

Si usted o alguien más en el hogar tiene arrestos que no condujeron a una condena, el trabajador social o el oficial de libertad condicional investigará los hechos y determinará si el arresto genera inquietudes sobre la seguridad potencial de un niño. Si usted o alguien en el hogar figura en la CACI debido a un incidente de abuso o negligencia infantil, el trabajador social o de libertad condicional investigará los hechos y determinará si el incidente plantea algún problema de seguridad infantil. Un registro de arresto no puede usarse para denegar o rescindir la aprobación familiar de recursos a menos que la agencia de bienestar infantil o el departamento de libertad condicional investigue el incidente y encuentre evidencia de conducta que pueda representar un riesgo para la salud y la seguridad. Una persona con un historial que incluye un crimen que representa una amenaza para la salud, seguridad y bienestar de un niño no será aprobada como una familia de recursos y no podrá residir o estar regularmente presente en un hogar familiar de recursos a menos que se le otorgue una excepción de registro. Consulte la sección "excepción de antecedentes penales" para iobtener más información.

Usted y cualquier persona que haya sido escaneada o que haya tomado una huella digital como parte del proceso de RFA tienen derecho a revisar su resumen del historial criminal (también conocido como "hoja de antecedentes penales"). Informe al trabajador social o al agente de libertad condicional si desea revisar el resumen del historial criminal. Para corregir cualquier inexactitud en el resumen del historial criminal:

- Solicite el informe resumido del historial criminal del Departamento de Justicia (DOJ) completando el formulario BCIA 8016RR ([A18](#)). Solicite "revisión de registro" como el "tipo de aplicación".
- Lleve el formulario completo a una oficina de Livescan; puede solicitar una excepción de tarifas utilizando el formulario BCIA 8690 ([A19](#)), si pagar la tarifa es una dificultad.
- El informe de resumen incluye todos los casos que coincidan con sus huellas dactilares (que son difíciles de impugnar) y los casos coincidentes con su nombre, lo que a veces puede dar lugar a errores.
- Complete el formulario BCIA 8706 ([A20](#)) para impugnar cualquier error en el informe resumido del historial criminal.
- El DOJ investigará y corregirá los errores después de recibir el formulario.

Excepción de antecedentes penales

Incluso si usted u otra persona en su hogar tiene una condena penal, todavía puede ser aprobado como una familia de recursos. Deberá solicitar una excepción de antecedentes penales.

Convicciones que no pueden ser eximidas:

Excepciones no son posibles para algunos tipos de condenas. Su solicitud de RFA será denegada si usted o alguien en su hogar tiene tal condena. En el apéndice de esta guía se incluye una lista de delitos no exentos.

Todas las otras convicciones:

La mayoría de las otras condenas pueden estar exentas. Hay dos tipos de excepciones disponibles para otros tipos de condenas: (1) la excepción simplificada y (2) la excepción estándar.

El proceso simplificado de excepción se puede usar para delitos menos graves (delitos menores) y para delitos graves que no sean violentos, no sean delitos sexuales, y no impliquen daño a un niño. La excepción simplificada permite la exoneración de la condena basándose únicamente en la revisión de la información de antecedentes penales recopilada, como la hoja de antecedentes penales del solicitante. Vea la sección A38 para una lista de crímenes exentos y los requisitos para una excepción simplificada.

El proceso de excepción estándar es más complejo y requiere documentación adicional y evidencia de rehabilitación, incluyendo referencias sobre su carácter, una carta que explique la (s) convicción (es) anterior (es) y documentación judicial de condenas anteriores.

Nota: La agencia de bienestar infantil a cargo de su solicitud de RFA decide si aplica el proceso de excepción simplificado o estándar. Pueden requerir el proceso de excepción estándar si creen que hacerlo es necesario para proteger la salud y la seguridad de un niño, incluso si la condena califica para el proceso simplificado. Si solicita una excepción, asegúrese de comprender qué proceso desea que siga la agencia.

Si solicita y se le niega una excepción de antecedentes penales, puede presentar una apelación. Vea la sección [A17](#) para la forma requerida para hacerlo.

Evaluación del entorno doméstico

Como parte del proceso de RFA, debe completar una evaluación del entorno del hogar a satisfacción de la agencia de bienestar infantil que maneja su aplicación. La evaluación es una revisión de su hogar, incluidos todos los espacios interiores y exteriores. El objetivo de la evaluación es garantizar que su hogar sea seguro para un niño. Algunos condados y agencias de familias de crianza pueden tener requisitos adicionales, así que asegúrese de preguntarle al trabajador social o al oficial de libertad condicional cuáles son los requisitos en su situación.

Vea la sección [A06](#) para la Lista de verificación de la evaluación de salud y seguridad del hogar. Le ayudará a prepararse para la evaluación de su hogar.

Plan alternativo documentado

Un plan alternativo documentado (DAP, siglas en inglés) es un plan escrito aprobado por la agencia de bienestar infantil o la agencia de familias de crianza temporal que le permite cumplir con los estándares de seguridad del hogar de una manera diferente. Vea la sección [A15](#) para un ejemplo.

Por ejemplo, si su casa tiene habitaciones más pequeñas o menos habitaciones de las requeridas, puede haber una forma de cumplir con los requisitos de RFA a través de un plan alternativo documentado. El trabajador social o el oficial de libertad condicional debe aprobar el plan alternativo para asegurarse de que no sea perjudicial para la salud y la seguridad de ningún niño en el hogar. Se aprueba un plan alternativo caso por caso teniendo en cuenta las necesidades de un niño específico. Por ejemplo, si va a cuidar a un adolescente que sabe nadar, es posible que no necesite una cerca alrededor de su piscina.

Plan de acción correctiva

Si el trabajador social o el oficial de libertad condicional determina, a través de la evaluación del hogar, que existe un problema con su hogar, es posible que le pidan que trabaje en lo que se denomina un plan de acción correctiva (CAP, siglas en inglés).

Un CAP es un plan que usted desarrolla con la agencia de bienestar infantil, la agencia de la familia de crianza o el departamento de libertad condicional para solucionar un problema en su hogar. El trabajador social o el oficial de libertad condicional debe darle una lista escrita de las cosas que necesitan ser arregladas. El trabajador social o el oficial de libertad condicional deberían ayudarlo con el proceso. Vea la sección [A16](#) para un ejemplo de un CAP.

El CAP especificará cuánto tiempo tiene para arreglar los problemas con su hogar. Algunos problemas se pueden solucionar después de que el niño haya sido colocado con usted si no ponen en riesgo la salud o la seguridad del niño. Se deben corregir otros problemas antes de colocar al niño en su hogar, si ponen en riesgo la salud y la

seguridad del niño. Por ejemplo, estas cosas deben arreglarse antes de que un niño pueda ser ubicado con usted:

- pasillos obstruidos dentro o fuera del hogar
- chimeneas inseguras, calentadores abiertos o estufas de leña
- falta de iluminación para garantizar la comodidad y la seguridad
- falta de cerca, tapa u otra obstrucción para evitar el acceso a las piscinas
- venenos, armas de fuego, medicinas y otros medicamentos peligrosos que no hayan sido almacenados en un área cerrada
- no hay servicios de celular, internet, o línea fija telefónica disponibles en todo momento.

Evaluación familiar

Durante el proceso de RFA, se le pedirá que se reúna en persona por lo menos dos veces con un trabajador social u oficial de libertad condicional para analizar su interés, voluntad y capacidad de cuidar a un niño en cuidado de crianza. Esto se llama evaluación familiar. No se deje intimidar por las entrevistas: la evaluación familiar es una serie de conversaciones. Su solicitud de RFA será denegada si se niega a participar en las entrevistas.

La persona que lo entreviste sabe que no hay un tutor "perfecto", así como no hay una persona perfecta. La mayoría de las personas han tenido algunos obstáculos que superar. Quieren saber cómo usted y su familia lidian con los reveses, qué lecciones han aprendido y cómo están viviendo actualmente su vida. Las entrevistas identificarán sus fortalezas y áreas en las que podría beneficiarse de apoyos y recursos.

¿Cómo me ayuda la evaluación familiar a cuidar a un niño en cuidado de crianza? Los niños en hogares de crianza han experimentado trauma, abuso y/o negligencia. Debido a estas experiencias, pueden desarrollar habilidades para enfrentar problemas o comportamientos que pueden ser inusuales y difíciles de manejar. Mentir, robar, golpear, acumular comida y desconectarse emocionalmente son ejemplos de habilidades de supervivencia para niños en apuros.

Cuando un niño vive en constante temor o caos, el cuerpo se siente amenazado y el cerebro se encuentra en estado de alerta máxima. Permanecer en alerta máxima a lo largo del tiempo afecta la forma en que funciona y se desarrolla el cerebro. Parte del comportamiento del niño puede parecer inmaduro o irrazonable. Esto cambiará una vez que el niño se sienta seguro y comience a sanar. La evaluación familiar lo ayuda a usted y a la agencia de bienestar infantil a comprender cómo responde ante comportamientos y situaciones estresantes y desafiantes. También le ayuda a usted y a la agencia de bienestar infantil a comprender qué apoyo podría necesitar para ayudar al niño a recuperarse.

Qué esperar durante la evaluación familiar

Durante el proceso de RFA, recibirá una carta, correo electrónico o una llamada de un asistente social o funcionario de libertad condicional que solicite reunirse con usted y con cualquier otra persona que viva en su hogar.

Las entrevistas deben realizarse lo más antes posible. Informe al asistente social u oficial de libertad condicional si su horario no le permite reunirse durante ciertos días o horas.

Las entrevistas deben programarse en el momento y el lugar que le resulten más convenientes.

Se espera que participe en al menos en dos entrevistas, y una de esas entrevistas debe estar en su hogar. Además, cualquier otra persona que viva en su hogar, incluidos los niños, también deberán participar en una entrevista individual. Las entrevistas generalmente demoran de 1 a 2 horas.

Si está aplicando con otra persona, como su cónyuge o pareja de hecho, cada uno de ustedes será entrevistado por separado, y también serán entrevistados juntos. En algunos casos, una entrevista puede ocurrir a través de comunicación web. El trabajador social u oficial de libertad condicional puede considerar necesarias otras entrevistas.

Después de completar las entrevistas, el trabajador social o el oficial de libertad condicional redactarán un informe de evaluación familiar. Puede solicitar revisar el informe.

Preparándose para las entrevistas

Puede ser difícil hablar sobre temas delicados, como antecedentes penales, abusos pasados o eventos traumáticos. Sea honesto y directo. Las declaraciones falsas o engañosas pueden llevar a que se rechace su aplicación de RFA.

Deje que otras personas que viven en su hogar sepan que se les harán preguntas para que estén preparados.

Durante la evaluación familiar, es posible que se le pregunte acerca de sus antecedentes, habilidades de crianza, fortalezas y debilidades. También se le puede preguntar sobre los resultados de las verificaciones de antecedentes.

Si el trabajador del caso o el oficial de libertad condicional tiene inquietudes con respecto a su solicitud, se lo deben informar durante la evaluación para que usted pueda hablar sobre estas inquietudes.

Los temas comunes para la discusión incluyen:

- su motivación para convertirse en una familia de recursos
- su relación con el niño
- su propia infancia y experiencias
- sus experiencias y características
- uso pasado y actual de alcohol y otras sustancias
- cualquier historial de abuso físico, emocional, negligencia o abuso sexual o violencia doméstica
- su salud física y mental pasada y presente
- matrimonios actuales y pasados, asociaciones y otras relaciones significativas*
- tradiciones familiares, creencias y actividades
- cómo se disciplina a los niños en su hogar
- su sistema de apoyo (vecinos, amigos, comunidades religiosas, etc.)
- los resultados de su verificación de antecedentes, incluidos arrestos previos, condenas o referencias de abuso infantil
- su empleo actual y su horario de trabajo, si corresponde
- su capacidad de tomarse un descanso
- su capacidad financiera para proporcionar estabilidad a la familia**
- las responsabilidades legales y financieras del cuidado de un niño
- su comprensión de las necesidades de un niño que ha sido víctima de abuso y negligencia; habilidades efectivas de crianza; y cooperación con la agencia de colocación, los proveedores y otros miembros importantes de la vida del niño
- su capacidad para satisfacer las necesidades del niño, apoyar planes de permanencia para el niño (incluida la reunificación, la tutela, etc.) y hacer uso de los servicios para apoyar al niño
- No necesita cumplir con un determinado modelo. Las familias de recursos pueden incluir hombres solteros o mujeres, parejas del mismo sexo, inmigrantes, personas que no hablan inglés y personas mayores. El trabajador social u oficial de libertad condicional está interesado en su conexión con el niño y su capacidad para cuidarlos.

**** Esta evaluación tomará en cuenta los beneficios de cuidado de crianza que recibirá su familia. La aprobación de la familia de recursos no se basa en los ingresos.**

Entrenamiento previo a la aprobación

Para ser aprobado como familia de apoyo, debe completar un número mínimo de horas de capacitación previa a la aprobación. Asegúrese de pedirle al trabajador social que le explique los requisitos de capacitación previa a la aprobación en su condado, y dónde y cuándo se ofrece la capacitación. El estado de California requiere un mínimo de 12 horas de capacitación antes de la aprobación, pero algunos condados requieren más que el mínimo estatal. El número exacto de horas lo establece su condado.

El entrenamiento incluye una orientación familiar de recursos. La orientación explica el proceso y los requisitos de RFA.

Si no completa la capacitación previa a la aprobación, puede que se rechace su aplicación. Asegúrese de documentar todas las capacitaciones a las que asiste y de obtener los certificados de finalización del instructor.

El propósito de la capacitación previa a la aprobación es ayudarlo a comprender el sistema de bienestar infantil y prepararse para cuidar a un niño que ha experimentado un trauma.

Los siguientes temas serán cubiertos durante el entrenamiento:

- una visión general de los sistemas de bienestar y libertad condicional infantil
- los efectos del trauma, incluido el dolor, la pérdida, el abuso y la negligencia infantil, sobre el desarrollo y el comportamiento del niño y los métodos para criar a los hijos a través de la recuperación del trauma
- el papel de la familia de recursos, que incluye trabajar en cooperación con otros parientes del niño, proveedores de servicios y agencias para desarrollar e implementar un plan y trabajar con el equipo de niños y familias
- disciplina positiva y la importancia del autoestima
- problemas comunes de salud entre los niños en cuidado de crianza
- acceder a los servicios y apoyos para abordar las necesidades educativas, la salud física, mental y conductual y los trastornos por uso de sustancias, incluidos los servicios culturalmente relevantes
- los derechos personales de los niños en hogares temporales y la responsabilidad del tutor de salvaguardar esos derechos
- opciones de permanencia (reunificación, adopción, tutela, etc.)
- relaciones con los padres biológicos y problemas de seguridad relacionados con la comunicación
- conocimiento y habilidades relacionadas con los estándares razonables y prudentes de los padres
- las necesidades culturales de los niños, la competencia cultural y la sensibilidad, y las mejores prácticas en el cuidado de niños de diversos orígenes étnicos y raciales, y el cuidado de los jóvenes que se identifican como lesbianas, gays, bisexuales o transgénero
- instrucción básica sobre las leyes y procedimientos existentes con respecto a la seguridad de los jóvenes de crianza en la escuela

- desarrollo infantil y adolescente, incluida la orientación sexual, la identidad de género y la expresión
- visión general de la capacitación especializada, como la capacitación para ayudar a satisfacer las necesidades de los niños que hayan sufrido explotación sexual
- el papel de la familia de recursos
- atención médica sexual y reproductiva, desarrollo sexual saludable y confidencialidad de la información de salud

Es posible que deba completar una capacitación adicional para satisfacer las necesidades del niño que ingresa a su hogar.

Si el niño es elegible para recibir lo que se llama servicios intensivos de hogares temporales (ISFC, siglas en inglés), tendrá que cumplir con requisitos de capacitación adicionales. Por favor, consulte la siguiente sección para más información. Además, muchos condados requieren que una familia de recursos complete la capacitación adicional para recibir un incremento de atención especializada. Consulte la sección "fondos y nivel de cuidado" para obtener más información.

Servicios intensivos en el hogar temporal

Algunos niños con ciertas necesidades de comportamiento, físicas o médicas requieren un hogar con capacitación especializada y apoyo intensivo de un equipo profesional.

Las familias aprobadas para cuidar a estos niños se conocen como familias de recursos de cuidados de crianza de servicios intensivos (Intensive Services Foster Care, ISFC, siglas en inglés).

El objetivo de los servicios intensivos de cuidado de crianza es que el niño pueda vivir en un hogar familiar, en lugar de un hogar grupal o un programa terapéutico residencial a corto plazo. Las familias de ISFC reciben una tasa de cuidado de crianza más alta para compensar el compromiso de tiempo extra y la responsabilidad que conlleva el cuidado de un niño con necesidades intensivas. Los niños que califican para ISFC reciben apoyos y servicios especiales que incluyen, entre otros, tratamiento de salud mental, atención informada sobre el trauma y apoyo de transición. Los servicios y apoyos de ISFC son proporcionados por la agencia de hogares temporales de ISFC, la agencia de bienestar infantil o ciertos proveedores aprobados en su comunidad.

Una familia de recursos de ISFC no puede tener más de dos niños de hogares temporales en el hogar a menos que los niños sean un grupo de hermanos, en cuyo caso, se puede colocar hasta cinco niños en un hogar.

La elegibilidad de un niño para ISFC se determina mediante un proceso denominado protocolo de nivel de cuidado (Level of Care, LOC, siglas en inglés). Hay tres formas en que un niño puede calificar para ISFC:

- El protocolo LOC incluye una lista de lo que se denominan "criterios estáticos" que califican a un niño para ISFC. Estos criterios estáticos incluyen un historial de abuso de sustancias, huida, tres o más ubicaciones, actividad de pandillas, comportamiento agresivo y más.
- Además de lo anterior, cualquier persona joven que reciba un puntaje de LOC total de 25 o más califica para ISFC.
- Cualquier persona joven que reciba una puntuación de 7 en el dominio de Salud o comportamiento/emocional del protocolo LOC califica para ISFC. Consulte la sección [A27](#) en esta guía para obtener más información sobre el protocolo LOC, incluida la lista de criterios estáticos.

Aprobación específica de niños

Generalmente, la aprobación familiar de recursos significa que usted puede cuidar a cualquier niño en cuidado de crianza si eso es lo mejor para el niño y usted puede satisfacer las necesidades del niño. Sin embargo, en algunas situaciones excepcionales, un padre de recursos puede ser aprobado para cuidar solo a un niño específico. Esto sucede cuando surgen inquietudes durante el proceso de aprobación de la familia de recursos, pero el trabajador de casos o el funcionario de libertad condicional determina que la relación familiar entre el solicitante y el niño es tan importante que supera esas inquietudes.

La aprobación específica del niño se ofrece en tales casos sólo cuando las preocupaciones identificadas durante el proceso de evaluación no afectan la salud, la seguridad o el bienestar del niño. La aprobación para cuidar a un niño específico no le otorga la aprobación para cuidar a ningún otro niño en cuidado de crianza. Si se lo aprueba que cuide a un niño específico, es posible que no se le coloquen más niños a menos que se actualice su aprobación para tener en cuenta a los niños adicionales o se le conceda la aprobación familiar de recursos generales, en lugar de una aprobación específica de un niño.

Debe completar el formulario RFA 01C ([A03](#)) además de todos los demás formularios si solicita la aprobación solamente para un niño específico.

Actualización anual

Una vez que haya sido aprobado, debe completar una actualización anual cada año para mantener su estado de aprobación y continuar cuidando a un niño en cuidado de crianza. La actualización anual es mucho menos extensa que el proceso completo de RFA.

Como parte de la actualización anual, debe completar un mínimo de ocho horas de capacitación nueva y una certificación de resucitación cardiopulmonar (CPR, siglas en inglés) y de primeros auxilios. Al igual que con la capacitación previa a la aprobación, algunos condados tienen requisitos de capacitación adicionales más allá del mínimo de 8 horas. Pídale más información a su trabajador social o al funcionario de libertad condicional sobre cómo cumplir con su requisito de capacitación anual. Las clases anuales de capacitación a menudo cubren temas como trauma, intervención en crisis, apoyo a niños en la escuela y salud reproductiva. La capacitación puede ser proporcionada por universidades, hospitales, asociaciones de padres de crianza temporal, en línea y otras fuentes.

Si usted es una familia de recursos de cuidados de crianza de servicios intensivos (ISFC siglas en inglés), debe completar un mínimo de 24 horas de capacitación adicional dentro de los primeros 12 meses posteriores a la colocación de un niño y 12 horas de capacitación cada año después de eso. Si hay dos padres aprobados por ISFC en su hogar, cada uno de ustedes debe completar 12 horas de capacitación por año.

Además, se le puede solicitar que verifique la información en el informe de la RFA, realice una evaluación actualizada de salud y seguridad del hogar, revise la verificación de antecedentes o complete otras actividades recomendadas por el trabajador social o el oficial de libertad condicional como parte de la actualización anual.

Requisitos de certificación de resucitación cardiopulmonar (CPR siglas en inglés) y de primeros auxilios

Debe completar la certificación de resucitación cardiopulmonar (CPR siglas en inglés) y de primeros auxilios dentro de 90 días después de la aprobación como familia de recursos. La certificación de CPR y de primeros auxilios se pueden ofrecer como una clase. Las clases de CPR y primeros auxilios suelen tardar algunas horas en completarse y las opciones en línea están disponibles. La clase debe ser apropiada para la edad del niño que se coloca con usted. Ver la sección [A37](#) para una lista de clases.

Pregúntele al trabajador social o al oficial de libertad condicional si su condado ofrece capacitación en CPR y primeros auxilios en línea, y si pagan por dicha capacitación. También pueden proporcionar otros apoyos para ayudarlo a cumplir con los requisitos de capacitación (como ayuda con el transporte o cuidado de niños durante las capacitaciones).

Normalmente, la certificación de CPR y de primeros auxilios es válida por dos años. Es su responsabilidad mantener a la mano su certificado de CPR y primeros auxilios. Durante la actualización anual, debe proporcionar certificados actualizados de CPR y primeros auxilios.

Estado inactivo

Es posible que su estado de aprobación cambie a "inactivo" si actualmente no está cuidando a un niño en cuidado de crianza y no planea aceptar ninguna colocación nueva en un futuro próximo.

El "estado inactivo" le permite mantener su estado como una familia de recursos por un período de tiempo sin tener que completar la actualización anual de aprobación. Las familias de recursos que están en estado inactivo no pueden aceptar la colocación de un niño en cuidado de crianza temporal durante el período que están inactivos. El estado inactivo puede durar hasta dos años.

Para ser colocado en estado inactivo, debe enviar una solicitud por escrito a su trabajador social o al funcionario de libertad condicional solicitando ser colocado en estado inactivo. Si decide que le gustaría aceptar la colocación de un niño en cuidado de crianza nuevamente después de haber sido colocado en estado inactivo, debe notificar por escrito a la agencia de bienestar infantil o al departamento de libertad condicional que desea que se le retire del estado inactivo. Además, debe completar la actualización anual antes de poder aceptar nuevamente a un niño en cuidado de crianza en su hogar, a menos que el niño sea colocado con usted en una base de emergencia o por un motivo convincente.

Conversión

La aprobación de la familia de recursos se implementó en todo el estado el 1ero de enero del 2017. Si recibió la aprobación, la licencia o la certificación para cuidar a un niño en cuidado de crianza bajo los procesos anteriores, debe tomar medidas para convertir su aprobación antes del 31 de diciembre de 2020 para continuar brindando un hogar para niños en crianza temporal. Los elegibles para la conversión solo necesitan presentar ciertos documentos y completar la evaluación familiar descrita en este documento.

Si era una familia de hogar temporal autorizada, un pariente aprobado, o un NREFM aprobado, la agencia de su condado es responsable de manejar su conversión. Si usted era una familia de hogar temporal certificada, una agencia de familia de hogar temporal autorizada es responsable de completar su conversión.

Si anteriormente estaba certificado, licenciado o aprobado como familia de hogar temporal, y tenía la colocación de un niño de crianza en cualquier momento durante 2017, tiene hasta el 31 de diciembre de 2020 para completar el proceso de conversión. El proceso específico para la conversión depende de si ha completado un estudio del hogar de adopción.

- **Si era una familia de hogar temporal autorizada o un pariente aprobado o NREFM que no tuvo un estudio de adopción en el hogar**, debe presentar una Solicitud de RFA de Conversión (RFA 00A) y divulgación del información (RFA 00), completar la evaluación familiar y tener una autorización o excepción de antecedentes penales actual. Ver las secciones [A21](#) y [A22](#) de esta guía para los formularios. La evaluación de la familia requiere dos entrevistas en persona; aunque, si hay documentación de una reevaluación o visita a su hogar a partir del 1 de enero de 2016, solamente se requiere una entrevista en persona adicional para completar la evaluación familiar. Recibirá el certificado de RFA (RFA-05A, [A28](#)) una vez aprobado como familia de hogar temporal.
- **Si era una familia de hogar temporal autorizada o un pariente aprobado o NREFM que tenía un estudio de adopción aprobado en el hogar que se completó y actualizó antes del 1ero de enero del 2018**, solamente tiene que enviar una solicitud de conversión RFA. Liberación de información (RFA 00) para convertirse en una familia de hogar temporal y continuar cuidando a los niños en hogares temporales. Ver la sección [A22](#) para obtener este formulario.
- **Si usted era una familia de hogar temporal certificada que no completó un estudio de adopción en el hogar, debe presentar una solicitud de conversión RFA (LIC-00A)**, completar la evaluación familiar y tener una autorización o excepción de antecedentes penales actual. Ver la sección [A23](#) en esta guía. También debe completar una evaluación familiar que incluya dos entrevistas en persona. Recibirá el certificado RFA (LIC 05A) una vez aprobado.
- **Si usted era una familia de hogar temporal certificada que tenía un estudio de adopción aprobado en el hogar que se completó y actualizó antes del 1ero de enero de 2018**, solamente tiene que enviar una conversión de familias existentes: Divulgación de información (LIC-00) a la oficina regional de adopción de CDSS o a la agencia de adopción con licencia. Las familias que tuvieron un estudio de adopción en el hogar no tienen que completar los requisitos de evaluación familiar para convertirse en una familia de hogar temporal.

Algunas personas a las que se les otorgó la tutela legal también pueden tener que convertirse. Si se le otorgó la tutela legal de un niño en cuidado de crianza temporal, debe convertirse a RFA si:

- el caso de cuidado de crianza permanece abierto después de que se establece la tutela, y el caso no está terminado antes del 31 de diciembre del 2020; o
- el niño tiene un caso de dependencia abierta y usted desea aceptar la colocación de otros niños en su hogar; o
- usted desea adoptar al niño sobre el cual se aprobó la tutela y no tiene un estudio de adopción en el hogar que se completó antes del 1ero de enero de 2018.

- la tutela es finalizada y el caso de dependencia (cuidado de crianza) ya se ha cerrado, siempre y cuando no haya otros niños en cuidado de crianza en su hogar;
- la tutela finaliza y el caso de dependencia (cuidado de crianza) está actualmente abierto, siempre que el caso de dependencia se cierre antes del 31 de diciembre del 2020; O completó un estudio de adopción en el hogar antes del 1ero de enero del 2018.

Colocación de un niño en un hogar que aún no se ha convertido

Un padre de crianza temporal con licencia o certificado que tuvo un niño en cuidado de crianza en su hogar durante 2017 puede continuar aceptando nuevas colocaciones y recibir fondos bajo su licencia o certificación existente sin completar primero el proceso de conversión hasta el 31 de diciembre del 2020. Sin embargo, si no tuvo un niño en cuidado con usted en ningún momento durante el 2017, su licencia o certificación se perderá a partir del 1ero de enero del 2018 y debe pasar por el proceso de RFA antes de poder tener un niño en cuidado de crianza en su hogar.

Si era un tutor familiar aprobado o un miembro de la familia extendida no relacionado y tuvo un niño en cuidado de crianza asignado con usted durante el 2017, debe comenzar el proceso de conversión ya sea antes de que se coloque un nuevo niño con usted o inmediatamente después de la colocación, si el niño es colocado en su hogar mediante la colocación de emergencia o el proceso de razón convincente.

Portabilidad de aprobación

La aprobación de las familias de apoyo y el apoyo continuo de las mismas se realiza a través de una agencia de familias de crianza (Foster Family Agency, FFA, siglas en inglés) o de una agencia de bienestar infantil o de libertad condicional del condado.

Si comienza con un tipo de agencia y luego desea cambiarse a otra, o si se muda a otro condado, puede transferir su aprobación. La ley estatal le permite transferir la aprobación entre los condados, entre los FFA, de un condado a un FFA, o de un FFA a un condado. Esto permite a las familias acceder a los recursos y servicios adecuados que podrían ofrecerse desde una entidad diferente sin tener que iniciar el proceso de RFA nuevamente con esa entidad. Este proceso se denomina "portabilidad". Los requisitos mínimos para transferir una aprobación de una entidad a otra se describen a continuación, pero la agencia a la que se está transfiriendo puede imponer requisitos adicionales antes de aceptarlo en su agencia.

Si está transfiriendo su solicitud de RFA de un FFA a otro FFA, antes de la aprobación, debe:

- enviar su solicitud de RFA a la nueva FFA;
- cumplir con los requisitos de eliminación de antecedentes penales, y
- cooperar con el nuevo FFA en la realización de una actualización de aprobación.

El nuevo FFA debe:

- realizar la verificación de antecedentes para usted y todos los adultos que residen en su hogar;
- realizar una verificación de referencia;
- completar una actualización de aprobación;
- solicitar una copia del informe escrito del FFA original y el FFA original debe enviar una copia del informe escrito al nuevo FFA, y
- notificar a la FFA original de la aprobación. Si está transfiriendo su solicitud de FA de una agencia del condado a FFA, debe:
- presentar una solicitud de RFA a la FFA;
- cumplir con los requisitos de eliminación de antecedentes penales, y cooperar con el nuevo FFA en la realización de una actualización de aprobación.

El nuevo FFA debe:

- realizar la verificación de antecedentes para usted y todos los adultos que residen en su hogar;
- realizar una verificación de referencia;
- completar una actualización de aprobación;
- solicitar una copia del informe escrito del condado, que luego el condado debe proporcionar a la FFA, y
- notificar al condado de la aprobación.
Si está transfiriendo su solicitud de FA de una agencia del condado a FFA, debe:
- enviar información al condado para iniciar el proceso de transferencia, y
- cooperar con el condado en la realización de una actualización de aprobación.

El condado debe:

- solicitar que las autorizaciones y exenciones emitidas a usted y cualquier otro adulto que reside en su hogar sean transferidas al condado;
- completar una actualización de aprobación;
- solicitar una copia del informe escrito del FFA original, que el FFA original debe enviar al condado, y
- notificar a la FFA original de la aprobación.

Si esta transfiriendo de un condado a otro condado

El condado actual debe proporcionar lo siguiente al nuevo condado:

- el archivo físico del caso de la RFA, el formulario del Departamento de Justicia (Department of Justice, DOJ, por sus siglas en inglés) utilizado para transferir la notificación de detención subsiguiente (esto permitirá que el nuevo condado reciba notificación de cualquier detención o condena que ocurra en el futuro), informes escritos y certificado de aprobación de todos los adultos en el hogar.

El nuevo condado debe:

- revisar todos los materiales recibidos del condado de aprobación original;
- asignar un nuevo trabajador social o un oficial de libertad condicional;
- el nuevo trabajador social o el oficial de libertad condicional debe comunicarse con usted dentro de cinco días hábiles para una inspección del sitio, completar la verificación de antecedentes y actualizar el informe y el certificado por escrito, y
- el nuevo trabajador social o el oficial de libertad condicional debe notificar al condado original que el Departamento de Justicia aprueba la transferencia.

Ley de bienestar de niños indígenas

Las tribus nativas de los Estados Unidos tienen autonomía para crear sus propios estándares de aprobación para las familias que cuidan a los niños indios/nativos americanos, y muchas tribus utilizan sus propios estándares de aprobación. Por lo tanto, los requisitos de RFA no siempre se aplican en situaciones que involucran a un niño nativo americano. En cambio, la Ley de bienestar social de niños indígenas (Indian Child Welfare Act, ICWA, siglas en inglés) gobierna parte del proceso para tales niños.

Antecedentes: Los niños nativos americanos han sido representados en exceso en el sistema de cuidado de crianza. En el pasado, los niños nativos americanos fueron retirados de sus hogares por la agencia de bienestar infantil estatal y las agencias de adopción privadas y el 85% se colocaron fuera de sus familias y comunidades. Tales prácticas impactaron negativamente a los niños, familias y tribus indígenas. El objetivo de ICWA es "proteger los intereses de los niños indígenas y promover la estabilidad y seguridad de las tribus y familias indias" (25 U.S.C. § 1902)

¿A quién aplica ICWA?

ICWA aplica a ciertos procedimientos de custodia de menores que involucran a un niño indígena. ICWA define a un niño indígena como una persona soltera menor de 18 años que es miembro de una tribu indígena o es elegible para ser miembro de una tribu indígena y es el hijo biológico de un miembro indígena. ICWA también se aplica a dependientes no menores, aquellos entre 18 y 21 años.

Bienestar infantil bajo ICWA

Un niño indígena solamente puede ser retirado de la custodia parental si existe un riesgo inminente de daño físico o perjuicio. La colocación de un niño indígena debe cumplir con los requisitos de ICWA.

Cuando una agencia de bienestar infantil del condado retira a un niño, el condado debe identificar rápidamente si es un miembro tribal o elegible para la membresía tribal, y enviar un aviso (formulario ICWA-030) a los padres o tutor legal del niño, indígena custodio, y la tribu del niño. ICWA exige que cualquier persona que tenga motivos para saber que el niño es un niño indígena debe tratar al niño como un niño indígena hasta que se determine lo contrario (incluidos los trabajadores sociales, los funcionarios de libertad condicional, los jueces y los funcionarios de bienestar infantil).

La tribu del niño tiene el derecho de intervenir como parte de pleno derecho en el caso de bienestar infantil del condado del niño o de intentar transferir el caso a un tribunal tribal donde se aplicaría la ley tribal.

Si un niño está domiciliado (donde un niño está domiciliado significa donde el padre o custodio vive o trata como su hogar permanente, no necesariamente la residencia física del niño) en la reserva de una tribu con jurisdicción exclusiva sobre asuntos de bienestar infantil, el caso debe ser transferido a la tribu. Además, cuando un niño está bajo la tutela de un tribunal tribal, la tribu tiene jurisdicción exclusiva sobre el niño. En estos casos, se aplicarían las leyes de la tribu.

Hogares aprobados tribalmente y hogares especificados tribalmente

Cuando un niño indígena es retirado de la custodia paterna, el condado debe hacer "esfuerzos activos" para encontrar un hogar para el niño de acuerdo con las preferencias descritas en el ICWA, que le da prioridad a la familia extendida. Una tribu puede especificar una casa particular como la ubicación preferida. Estas ubicaciones se conocen como "hogares especificados tribalmente". Los hogares especificados tribalmente están sujetos a los requisitos de la RFA.

Las tribus también tienen permitido desarrollar sus propios estándares de aprobación que no tienen que cumplir con los requisitos estatales, incluida la RFA. Cuando una tribu decide otorgar una licencia o aprobar una colocación para un niño indígena, la colocación se conoce como "hogares aprobados tribalmente". Hogares aprobados tribalmente son elegibles para recibir fondos de cuidado de crianza sin tener que completar la RFA. Cuando hay una colocación en un hogar aprobado tribalmente, el condado o el estado pueden realizar las CLETS, CACI y las exenciones solicitadas, o la tribu puede realizar las CLETS, CACI y las exenciones solicitadas.

Consulte la sección [A36](#) en esta guía para ver una tabla que compara los estándares y requisitos de RFA, hogares aprobados tribalmente y hogares especificados tribalmente.

Fondos y nivel de cuidado

Todas las familias de hogar temporal aprobadas, con licencia o certificadas (incluidas las de familiares y no familiares) son elegibles para recibir fondos para la atención y supervisión diarias del niño. Debido a cambios recientes en la ley, si se le asigna a un niño en algún momento después del 1ero de julio del 2018 antes de que haya sido aprobado como familia de recursos, es elegible para recibir fondos de cuidado de crianza temporal desde el momento en que un niño sea colocado en su hogar. Consulte la información detallada a continuación sobre cómo funciona esta financiación.

Si se colocó a un niño en su hogar antes de su aprobación como familia de recursos antes del 1ero de julio del 2018, también puede ser elegible para recibir fondos de tutores de emergencia. Consulte los detalles a continuación para determinar la elegibilidad para la financiación de un niño colocado en su hogar antes de que se apruebe su hogar antes del 1ero de julio del 2018.

Financiamiento previo a la aprobación de la familia de apoyo

Si actualmente está cuidando a un niño en cuidado de crianza temporal que fue colocado en su hogar a través de una colocación de emergencia o una colocación basada en una razón convincente, debe recibir fondos de tutores de emergencia a la tasa básica de cuidado de crianza (\$1,000/mes por niño en la fecha de publicación de esta guía). En la mayoría de los casos, continuará recibiendo esa financiación hasta que complete la RFA. Si completa el proceso de RFA y es aprobado, continuará recibiendo fondos de tutor de crianza sin interrupción.

Nota: Es muy importante que firme y envíe su solicitud de RFA (el formulario RFA-01) tan pronto como le sea posible. No recibirá fondos de emergencia hasta que el formulario de solicitud firmado haya sido recibido.

La financiación de los proveedores de atención de emergencia entró en vigencia por primera vez el 30 de marzo de 2018. Su elegibilidad para recibir fondos de los proveedores de atención de emergencia depende de cuándo se realizó la colocación y de cuándo comenzó el proceso de RFA.

- **RFA completada antes del 30 de marzo del 2018:** Si un niño en cuidado de crianza fue colocado con usted antes del 30 de marzo del 2018 y completó el proceso de RFA antes del 30 de marzo del 2018, no es elegible para recibir fondos de emergencia. Usted debe estar recibiendo fondos regulares de cuidado de crianza. Las familias aprobadas antes del 30 de marzo del 2018 no son elegibles para recibir fondos de cuidadores de emergencia para cubrir el período en el que cuidaron a un niño antes de la aprobación.
- **Solicitud de RFA pendiente el o después del 30 de marzo de 2018:** Si presentó una solicitud de RFA y su solicitud de RFA estaba pendiente en o después del 30 de marzo del 2018, es elegible para recibir fondos de cuidadores de emergencia para cada niño colocado en su hogar durante el período comprendido entre marzo 30, 2018, y la finalización de RFA. Esta financiación solamente está disponible hasta el 30 de marzo del 2018 o la fecha en que se completó y envió su solicitud de RFA, la que sea posterior. La cantidad de fondos que puede recibir es:
\$923/mes por el período 30 de marzo de 2018 al 30 de junio del 2018
\$960/mes desde el 1ero de julio del 2018 al 30 de junio de 2019.
\$1,000/mes desde el 1ero de julio del 2019 en adelante si su solicitud de RFA aún está pendiente
- **Colocación antes de la aprobación el o después del 1ero de Julio del 2018:** Si un niño en cuidado de crianza temporal fue colocado con usted en o después del 1ero de julio del 2018, y usted no ha completado el proceso de RFA, usted es elegible para fondos de cuidadores de emergencia de \$960/mes por niño a partir de la fecha de colocación. Para que la financiación comience, debe enviar la solicitud de RFA.
Nota: La financiación de los tutores de emergencia se paga de forma retroactiva. Esto significa que recibirá los fondos para el mes en que cuide al niño una vez que haya finalizado ese mes. Por ejemplo, si colocaron a un niño en su hogar durante el mes de abril, recibiría fondos de cuidadores de emergencia para el mes de abril en mayo.

Financiamiento después de la aprobación

Una vez que haya sido aprobado como familia de apoyo y se le asigne un niño en cuidado de crianza, recibirá fondos para el cuidado de crianza. Nota: Los fondos para el cuidado de crianza temporal se pagan de manera retroactiva, lo que significa que recibirá el financiamiento por el mes en que cuide al niño una vez que ese mes haya finalizado. Recibirá una cantidad que es al menos igual a la tarifa básica de cuidado de crianza (\$1,000/mes por niño en la fecha de publicación de esta guía). La tasa aumenta ligeramente cada mes de julio, según el costo de vida. Es posible que reciba fondos adicionales además de la tarifa básica, según las necesidades del niño a su cargo.

A partir del 1ero de marzo del 2018, si se asigna a un niño con usted a través de una agencia de familia acogida (Foster Family Agency, FFA, siglas en inglés), también se le evaluará para obtener fondos adicionales según el protocolo de nivel de cuidado (Level of Care, LOC, siglas en inglés) de California. El protocolo LOC proporciona tasas más altas como se describe a continuación:



*Importes a julio de 2019

*Tarifas esta sujetas a cambios en julio de cada año basado en el presupuesto estatal.

La evaluación que determina la tasa de LOC se basa en el cuidado que le brinda al niño en las siguientes áreas: servicios físicos, de comportamiento/emocionales, educativos, de salud y de permanencia/familiares. El condado debe darle la oportunidad de aportar información sobre este proceso utilizando la herramienta de informes de la familia de recursos (Resource Family Report Tool en inglés) incluida en el apéndice de esta guía puede solicitar una reevaluación y/o una audiencia administrativa imparcial si no está de acuerdo con el nivel de atención evaluado y considera que su evaluación no es precisa.

Nota: A partir de la publicación de esta guía, el protocolo LOC se aplica solamente a las ubicaciones gestionadas por FFA. California planea implementar el protocolo LOC para todas las familias de recursos, no solo para aquellos que aceptan la colocación a través de un FFA, en una fecha que aún no se ha determinado. Hasta que el protocolo LOC se aplique a todas las familias de recursos, aquellas aprobadas por una agencia del condado en lugar de un FFA (incluidos la mayoría de los familiares y miembros de la familia extendida no familiares) recibirán la tarifa básica de cuidado de crianza (\$1,000 por mes) más cualquier financiamiento adicional como se describe abajo.

Servicios intensivos y fondos para el hogar temporal

Las familias de cuidados de crianza de servicios intensivos (Intensive Services Foster Care, ISFC, siglas en inglés) están especialmente capacitadas para atender a niños y adultos jóvenes con necesidades intensivas. Estos incluyen, pero no se limitan a, necesidades médicas, terapéuticas o de comportamiento. El propósito de ISFC es mantener a los niños con altas necesidades en un hogar familiar. El apoyo financiero mensual que recibe la familia ISFC en nombre de un niño elegible es de \$2,609 por mes.

Para obtener más información sobre la financiación de ISFC, consulte la carta a todos los condados (All County Letter en inglés) 18-25 en el apéndice de esta guía. En algunos casos, puede recibir fondos de ISFC incluso antes de completar la capacitación de ISFC. Los niños califican para la financiación de ISFC si cualquiera de las condiciones siguientes es aplicable:

- delitos violentos adjudicados
- historial de daños significativos a la propiedad
- historia de delitos sexuales
- agresivo
- historia de crueldad animal
- historia de explotación sexual
- historia de trastorno alimenticio
- historia de comenzar fuego
- actividad de pandillas
- absentismo escolar habitual
- historia de hospitalización(es) psiquiátrica(s)
- se escapo de casa
- problemas severos de salud mental, esto incluye pensamientos suicidas y/o autolesiones
- uso/abuso de sustancias
- tres o más cambios de ubicación debido al comportamiento
- puntaje de 7 en el protocolo LOC en el dominio de salud o en el dominio emocional/de comportamiento

Si cree que un niño bajo su cuidado es elegible para recibir fondos y servicios de ISFC y se le niega este apoyo, puede solicitar una reevaluación y/o una audiencia administrativa.

Fondos adicionales a la tasa básica

Una vez que complete el proceso de RFA, además de la tarifa básica, puede ser elegible para una o más fuentes de mayor financiamiento, que incluyen:

- **Incrementos de atención especializada (Specialized Care Increments, SCI, siglas en inglés):** Niños que no califiquen para ISFC aún pueden calificar para fondos adicionales a través del condado. La mayoría de los condados brindan apoyo financiero adicional a las familias que cuidan a un niño con necesidades médicas especiales, de comportamiento, de desarrollo y/o emocionales. Este tipo de financiación se denomina incremento de atención especializada (Specialized Care Increment, SCI, siglas en inglés). Las reglas de elegibilidad y los montos de atención especializada varían según el condado. Información sobre las SCI por condado se puede encontrar aquí: <http://www.cdss.ca.gov/inforesources/Foster-Care/Specialized-Care>.
- **Tarifas de agencia dual:** Los niños que están en hogares de crianza y que también son clientes de un centro regional son elegibles para un pago mensual denominado "tarifa de agencia dual", incluso si actualmente no están recibiendo servicios directamente de un centro regional. El único requisito es que un centro regional los haya encontrado elegibles para recibir servicios. Los centros regionales atienden a jóvenes con discapacidades del desarrollo, incluidas discapacidades intelectuales, parálisis cerebral, epilepsia y autismo. La tarifa de agencia dual para los niños que son elegibles para los servicios del centro regional de por vida es de \$2,617 por mes. Si está cuidando a un niño que tiene una de las condiciones elegibles para ser un cliente del centro regional de por vida, pídale al trabajador del condado que inicie una evaluación para el suplemento a la tarifa de agencia dual. Los centros regionales también atienden a niños de 0 a 3 años que califican para servicios de intervención temprana antes de un diagnóstico oficial. Estos niños califican para la tasa de intervención temprana. La tasa actual de intervención temprana es de \$1,171 por mes.
- **Suplemento infantil:** Las familias de recursos pueden recibir un suplemento infantil si una persona joven en cuidado de crianza da a luz a un bebé. (Nota: Un niño nacido de una persona joven en cuidado de crianza no está automáticamente en el cuidado de crianza). El suplemento está destinado a cubrir el costo adicional de proporcionar alimentos, ropa y refugio para un bebé. El suplemento para bebés es de \$900 por mes y se paga además de la tarifa básica que recibe para apoyar al joven de crianza que es el padre del bebé. En la mayoría de los condados, el suplemento para bebés

no se paga hasta que el niño haya nacido. Sin embargo, en el condado de Los Ángeles, un suplemento de \$440 por mes está disponible durante los últimos tres meses del embarazo para ayudar a prepararse para la llegada del bebé. Los padres en hogares de crianza que están cuidando a sus propios hijos biológicos también pueden calificar para recibir el suplemento infantil directamente. En otras palabras, la familia de recursos que cuida al padre del bebé puede recibir el suplemento, o el padre del bebé puede recibir el suplemento, pero ambas partes no pueden recibir el suplemento.

- **Asignación para ropa:** Algunos condados ofrecen un fondo para vestimenta, para ayudarlo a comprar ropa nueva para un menor colocado con usted. La asignación de ropa es una financiación discrecional proporcionada por el condado. Por lo tanto, es posible que no esté disponible en su condado y que usted no sea elegible para recibirlo.
- **Reembolso de viajes educativos:** Usted puede ser elegible para fondos especiales (conocidos como el reembolso de viajes educativos o fondos de la escuela de origen) si está transportando a un niño a una escuela a más de tres millas de su hogar. La "escuela de origen" de un niño es, en la mayoría de los casos, la escuela a la que asistía antes de que se lo colocara en su hogar. Puede haber fondos disponibles para transportar al niño a su escuela de origen a fin de mantener la estabilidad y la continuidad en su educación. Consulte la sección "D=derechos y necesidades de niños en hogares temporales" en esta guía para obtener más información.

Si se niega al menor algún fondo anteriormente mencionado y usted no está de acuerdo con esa decisión, puede solicitar una reevaluación y/o una audiencia administrativa.

Derechos y necesidades de niños en hogares temporales

Derecho de educación

Los padres biológicos del menor tienen el derecho de tomar las decisiones sobre la educación del menor aún después de que el menor de edad esté colocado en un hogar temporal, a menos que el condado haya designado otra persona como el responsable a hacer decisiones sobre la educación del menor de edad. El abogado, trabajador social o agente de libertad condicional del menor de edad pueden ayudar a identificar la persona responsable de tomar las decisiones sobre la educación del menor de edad.

Ellos también pueden discutir cualquier duda que tengan sobre la habilidad que tenga la persona responsable de tomar decisiones sobre la educación del menor de edad.

Usted puede ser asignado como el responsable sobre la educación del menor de edad si el menor no tiene padres biológicos que estén disponibles y si usted está dispuesto a tomar esas decisiones. Usted puede ser considerado responsable de los derechos de educación juntamente con el padre biológico del menor de edad para tomar decisiones juntos.

Si usted no es el responsable sobre los derechos de educación, usted puede ser permitido ver los archivos del estudiante para mejor entender la situación educacional en la que se encuentra el menor y asegurarse que reciban los servicios que necesiten en la escuela para salir adelante.

Servicios de intervención temprana

Niños recién nacidos hasta los tres años de edad que hayan, o estén en riesgo de tener, retrasos del desarrollo de comunicación o habilidades motoras, pueden ser elegibles para recibir servicios de comienzo temprano (“Early Start” en inglés) por medio de su centro local regional. Vea la sección [A40](#) en el apéndice de esta guía para obtener más información de cómo referir al menor de edad a un centro regional para servicios de “Early Start”.

Niños entre los 3 a 5 años son elegibles para servicios “Head Start”, kínder transicionales, y programas preescolares del estado. El inscribir a los niños en preescolar ayuda a prepararlos para el kínder y su educación posterior. Su trabajador social puede ayudar a localizar un preescolar o programa de “Head Start”. Vea la sección [A40](#) para más información.

Provisiones especiales para estudiantes en hogares temporales

Cuando los niños cambian de escuela muchas veces eso hace más difícil que el niño tenga éxito en sus estudios. Por esa razón, el niño que entra bajo un hogar temporal debe quedarse en su escuela de origen a no ser que el responsable sobre la educación del menor de edad decida que es mejor cambiar al menor de escuela por su bienestar.

La escuela del menor de edad puede ser:

- La escuela donde asistió anteriormente
- La escuela donde primero estuvo al entrar al hogar temporal
- Cualquier escuela que el menor de edad atendió en los últimos 15 meses donde el niño/a siente una conexión (por ejemplo, un maestro favorito, amigos)
- Cualquier escuela en el distrito de una de las primeras tres opciones

Se le puede pedir a usted transportar al menor de edad a su escuela de origen. Si es así, la agencia de bienestar de la familia debe reembolsar el costo de transporte. El menor de edad tiene el derecho de inscribirse en una escuela local de inmediato, aún si usted no tiene los records de la escuela o de vacunas. Vea [A40](#) en el apéndice de esta guía para encontrar los formularios que ayudan a determinar si un cambio de escuela es la mejor decisión para el menor de edad.

Menores de edad en hogares temporales tienen derecho de asistir a escuelas regulares. No deben decirle que lo inscriba en una escuela alternativa o de continuación, aún si el menor está atrasado con sus créditos tiene problemas de comportamiento, a no ser que ello sea lo mejor para el bienestar del menor de edad. El responsable sobre la educación del menor de edad toma la decisión final sobre qué escuela el menor de edad asistirá. Si usted tiene dificultades inscribiendo al menor de edad en la escuela, usted debe hablar con el abogado, trabajador social, o con el agente de libertad condicional de inmediato.

Estudiantes en escuela secundaria (“High School” en inglés) en hogares temporales que se mueven de escuelas a medio semestre o año tienen derecho a recibir crédito parcial por el trabajo que hayan completado antes del cambio. Aunque muchos distritos de escuela dicen que no ofrecen crédito parcial, la ley indica que estudiantes en hogares temporales pueden recibir crédito parcial por su trabajo.

Estudiantes de escuela secundaria en hogares temporales que se transfieren a una nueva escuela después el décimo grado pueden ser excusados de los requisitos adicionales para graduación si el cambio a la nueva escuela causa que se atrasen en sus créditos. En otras palabras, el estudiante puede cumplir con los requisitos mínimos del estado para graduarse. Esta provisión puede ayudar a asegurar que el estudiante se gradúe en cuatro años sin algún retraso posible por las interrupciones causada por estar en un hogar temporal.

Servicios de educación especial

Niños/as recuperándose de abuso o negligencia pueden experimentar problemas en la escuela, como notas bajas, pobre asistencia o problemas de comportamiento causado por una discapacidad de aprendizaje o trauma. Niños/as con discapacidad tienen el derecho a recibir ayuda a través de la educación especial para ayudarlos a salir adelante en la escuela.

Alguien quien trabaja con el menor de edad puede solicitar una evaluación de educación especial. El responsable sobre la educación del menor de edad debe dar permiso para la evaluación y cualquier plan de aprendizaje especializado (IEP, siglas en inglés). Si usted cree que el menor de edad que tiene a cargo necesita una evaluación de educación especial, contacte a la persona responsable sobre la educación del menor, el abogado del menor, el trabajador social, o el agente de libertad. La sección [A40](#) en este documento incluye una forma para pedir una evaluación de educación especial.

Las escuelas no pueden suspender o expulsar estudiantes, incluyendo estudiantes en hogares temporales, sin tratar de entender que está causando los problemas de comportamiento, especialmente si el menor de edad tiene un problema de aprendizaje.

Derechos de cuidados de salud sexual y reproductivo de menores de edad en hogares temporales

Todos los menores de edad en hogares temporales tienen derecho a servicios de cuidados de salud sexual y reproductiva, incluyendo transporte a esos servicios y posesión de anticonceptivo. Es muy importante que usted y el menor de edad entiendan y respeten estos derechos y sepan cómo tener acceso a estos servicios.

Menores de edad en hogares temporales tienen derecho a información médicamente correcta y apropiada para la edad del menor sobre el desarrollo sexual, servicios de salud sexual y reproductiva, prevención de embarazos no deseados, abstinencia, uso de anticonceptivos, aborto, y la prevención y tratamiento de enfermedades transmitidas sexualmente. Menores de edad en hogares temporales deben saber a cerca de estos derechos cada seis meses cuando lleguen a cierta edad.

Hable de estos temas de una manera que sea apropiada para la edad del menor y de manera que sea abierta a conversación. Como padre de apoyo, usted tiene la responsabilidad de usar estándares razonables y prudentes para apoyar un desarrollo sexual saludable del menor de edad bajo su cuidado.

Esto incluye ayudar al menor de edad ha acceder servicios de salud, dar información confiable, proteger y respetar la privacidad del menor, comunicarse con el trabajador social o agente de libertad condicional si el menor de edad necesita referencias a otra asistencia, y proveer transporte a servicios de salud.

Orientación sexual, identidad de género y expresión

Todos los menores de edad en hogares temporales tienen el derecho a todos los mismos servicios y beneficios, independientemente de orientación sexual, identidad de género y expresión. Todos los menores de edad en hogares temporales tienen derecho a ser colocados en un lugar que provea apropiadamente y acomode su identidad de género.

Como padre de apoyo, usted debe llamar al menor de edad bajo su cuidado por su nombre y pronombre que ellos hayan escogido, y debe permitirles que su expresen libremente en su identidad de género por medio de su ropa o otros medios. Ellos también tienen derecho a servicios de salud y de comportamiento que afirmen su género. Como padre de apoyo, usted debe hacerlos conscientes de ese derecho. Su entrenamiento de familia de apoyo debe incluir los recursos sobre cómo garantizar los derechos del menor de edad a cerca de su identidad de género, orientación sexual y expresión.

Derechos y necesidades de salud emocional y mental

Usted es muy importante para cumplir con las necesidades emocionales del menor de edad que está con usted y ayudándolo a recuperarse de eventos traumáticos. El simple hecho de ser separado de los padres es traumático, incluso cuando la separación es necesaria y en el mejor interés del menor. Niños que entran en hogares temporales pueden haber experimentado abuso, abandono, descuido o violencia familiar. El menor de edad puede estar confundido, triste o enojado. El menor de edad puede continuar experimentando efectos de trauma por mucho tiempo después que haya ocurrido el incidente. Ellos pueden experimentar depresión o síntomas de ansiedad.

Reacciones comunes a trauma incluyen cambios en comportamiento, hábitos de comer o dormir, dolores de cuerpo, dificultades en la escuela y con amigos. No todos los niños reacciones de la misma manera. Reacciones pueden variar según la edad, historia personal y nivel de desarrollo del menor de edad. El niño puede necesitar servicios de terapia como asesoramiento que ayude a superar los efectos de trauma. Si usted nota cambios en el comportamiento en la escuela o en la casa que lo preocupa, comuníquese con el trabajador social, agente de libertad condicional, abogado, o abogado especial nombrado por el tribunal (Court Appointed Special Advocate, CASA, siglas en inglés) del menor de edad para buscar ayuda y referencias.

Medicamento psicotrópico puede ser recetado cuando sea apropiado. Todos los niños en hogares temporales en California tienen derecho a servicios de salud mental apropiados. Usted puede ayudarles a entender los derechos de salud mental incluyendo diagnósticos, pruebas recomendadas, y medicamentos si están recetados. Menores de edad en hogares temporales tienen derecho a ser informados de los efectos secundarios de los medicamentos recomendados, y a no estar de acuerdo con el tratamiento recomendado. Consulte a organizaciones de apoyo para obtener recursos/información sobre salud mental. Vea las secciones [A30-A31](#) para una lista de estas organizaciones.

Usted puede ayudar a un niño recuperándose de trauma o luchando con problemas de salud mental como depresión asegurándose que continúen con actividades que disfruten, como deportes, música y visitando amigos. Sea paciente, empático y disponible mientras el niño se recupera.

Busque oportunidades para cuidarse a usted mismo también. Niños que están traumatizados pueden mostrar comportamientos que son inusuales y desafiantes. El trabajador social, agente de libertad condicional del menor, o agencia local de hogares temporales pueden ayudar a referir a las organizaciones de apoyo especializadas en clases para padres con casos de trauma y otros servicios para padres adoptivos.

Cuidados médicos para niños en hogares temporales

Todos los niños en hogares temporales tienen derecho a cobertura de Medi-Cal, incluyendo servicios médicos, dentales, de visión, medicinas, servicios de salud mental y tratamiento de abuso de sustancias. El trabajador social o agente de libertad condicional puede ayudarlo a obtener la credencial de Medi-Cal para el menor de edad y a referirlo a pediatras, terapeutas y otros proveedores de cuidados de salud. El trabajador social o agente de libertad condicional debe de compartir las copias de la partida de nacimiento del menor y su seguro médico con usted cuando se coloque el menor de edad en su hogar. El trabajador social o agente de libertad condicional también debe de entregarle un formulario que le da el derecho a llevar al menor de edad al doctor y dentista.

Los menores de edad que han tenido un caso abierto de hogar temporal a los 18 años son elegibles a Medi-Cal hasta los 26 años independientemente de su ingreso.

Niños que tienen atrasos de desarrollo o ciertas discapacidades también pueden acceder a servicios de un centro regional. Para calificar, el niño debe tener discapacidad intelectual, epilepsia, parálisis cerebral, autismo, y/o una condición incapacitante que esté estrechamente relacionada a discapacidad intelectual o que requiera tratamiento similar a la que se requiere para discapacidad intelectual.

Ayuda para el cuidado infantil

Programa puente de emergencia para el cuidado infantil

(Emergency Child Care Bridge Program en inglés)

El cuidado infantil de alta calidad es una parte muy importante del desarrollo del niño y puede ayudar a sanar traumas. Habrán momentos en que usted tendrá que trabajar o atender otras responsabilidades y usted necesitará ayuda con el cuidado infantil.

Puede ser difícil tener acceso a cuidado infantil de alta calidad inmediatamente cuando llegue el menor a su hogar inesperadamente. Para ayudar durante este periodo de tiempo cuando el niño esté colocado en su hogar hasta cuando esté disponible cuidado infantil, el estado de California creó el programa puente de emergencia para el cuidado infantil.

Hay tres componentes al programa: cupones de cuidado infantil, navegadores de cuidado infantil y entrenamiento de cuidadores de trauma.

El programa puente de emergencia para el cuidado infantil permite a los condados proveer cupones a familias elegibles, incluyendo familias de apoyo, tutores de emergencia, y adolescentes criando o menores de edad en hogares temporales. Los cupones ayudan a proveer cuidados infantiles a niños menores de 12 años de edad, y a esos con necesidades excepcionales o discapacidades severas hasta los 21 años de edad. Los cupones pueden ser pagados por seis meses y pueden ser extendidos por seis meses más.

No todos los condados ofrecen el programa puente de emergencia para el cuidado infantil. Pregunte al trabajador social o agente de libertad condicional si su condado provee los cupones para el programa y cuáles son los requisitos para obtener los cupones. El recurso de cuidados infantiles locales y la agencia de referencias o el Programa del Departamento de Pago de Educación Alternativa de California (California Department of Education Alternative Payment Program en inglés) también puede dar información de cuidados infantiles en su área.

El programa puente también provee a un navegador de cuidados infantiles a las familias elegibles. El navegador está allí para ayudarlo a encontrar un proveedor de cuidados infantiles, asegurar cuidados infantiles a largo plazo, llenar las solicitudes necesarias, y a conectarlo con recursos que ayudarán a darle el mejor cuidado al niño.

Además, el programa puente ofrece entrenamiento de cuidadores de trauma a proveedores de cuidados infantiles para ayudarles atender las necesidades de los niños superando trauma.

Cuidados infantiles temporales

Como padre de apoyo, usted puede permitir que otra persona provea cuidados infantiles temporales hasta 24 horas continuas en su hogar sin que ese individuo sea aprobado por la agencia del condado o sin completar una verificación de antecedentes.

Cuidado de relevo

Cuidado de relevo le permite a usted tener un descanso corto temporal. Relevo significa cuidados temporales afuera de la casa de la familia de apoyo donde el niño se queda por un periodo más largo de 24 horas. Cuidados de relevo pueden ser previsto por un hogar temporal certificado o que tenga licencia, una casa aprobada de un familiar o miembro de la familia extendida que no tenga alguna relación familiar, una familia de apoyo aprobada, o un proveedor de cuidado de relevo certificado del condado. Cuidado de relevo generalmente no excede las 72 horas. Sin embargo, cuidados de relevo pueden extenderse hasta 14 días en un mes si es necesario para permitir que el niño continúe su colocación con usted.

En muchos casos, si el niño va a ser colocado en un cuidado de relevo fuera de su casa, su casa y la casa del proveedor de cuidado de relevos tienen que ser aprobados por RFA. Si el cuidador de relevo va a cuidar al niño en su casa, el cuidador de relevo debe someterse a una verificación de antecedentes Livescan. Cuando la necesidad de cuidados de relevo es inesperada y el cuidador de relevo propuesto es un familiar o un miembro de la familia extendida que tiene una relación establecida con el niño, solo una verificación de antecedentes es necesaria.

Informe al trabajador social o al agente de libertad condicional lo más pronto posible cuando anticipe la necesidad de cuidado de relevo para permitir el tiempo necesario para hacer arreglos para cumplir con los requerimientos.

Visitas con miembros de la familia

Usted probablemente va a tomar parte en las visitas del niño y su familia, incluyendo los padres biológicos. Generalmente, se espera que usted use su juicio para ayudar al niño a administrar las visitas con sus familiares. Mientras el tribunal esté determinando donde el niño va a vivir, los miembros de la familia del niño pueden tener preguntas sobre el niño y el caso del hogar temporal. Usted puede referir estas preguntas al trabajador social del niño o al agente de libertad condicional en vez de contestarlas usted.

La corte usualmente va a ordenar una visita entre el niño y uno o dos de los padres biológicos para fomentar la reunificación familiar. La corte va a decidir si las visitas deben ser supervisadas o si pueden ser sin supervisión. El trabajador social o el agente de libertad condicional del niño deben decirle que ordenó el tribunal y cómo cumplir con la orden. El tribunal también requerirá llamadas de teléfono entre el niño y uno o dos de sus padres biológicos, y entre sus hermanos que no estén colocados juntos. Se le puede a usted pedir que lleve al niño a las visitas y que usted supervise esas visitas.

Visitas con la gente que el niño quiera puede ayudar a que el niño se sienta más seguro. Es especialmente importante apoyar el contacto entre hermanos para ayudar al niño entender que estas relaciones están intactas, aún si los niños no están viviendo juntos en la misma casa.

Padres biológicos u otros familiares que no estén aprobados por el tribunal para visitas pueden intentar visitar el niño sin aviso en su casa. Si eso pasa, pida guía al trabajador social o al agente de libertad condicional y trate de evadir todo disturbio que le cause angustia al niño.

Participación en decisiones del tribunal

Padres de apoyo y tutores de emergencia tienen el derecho de asistir a todas las audiencias y a dar información al tribunal. Vea la sección [A13](#) de esta guía para el Formulario de información del cuidador (Caregiver Information Form en inglés), o pida hablar durante las audiencias.

Padres de apoyo y cuidadores de emergencia deben estar incluidos en el equipo de niño y familia (Child and Family Team, CFT, siglas en inglés) para ayudar a tomar decisiones en el caso del niño. Abajo está un resumen básico del CFT.

Equipo de niño y familia (CFT, siglas en inglés)

Quien: El CFT incluye representantes de la agencia del bienestar del niño, el niño, el padre de apoyo o tutor de emergencia, los padres biológicos, y otros individuos que son importantes fuentes de apoyo para el niño y la familia. Esto puede incluir personal de la escuela, amigos, entrenadores, otros familiares, consejeros o terapeutas, y más.

Nota: El niño, el padre de apoyo o tutor de emergencia, y los padres biológicos deberán ser parte en el CFT, algunas excepciones son permitidas si es necesario.

Que: El papel del CFT es desarrollar un plan centrado alrededor del niño y la familia. Además, el CFT es una forma para que la familia identifique las metas del niño. Como grupo, los participantes del CFT discutirán la mejor ubicación para el niño, así como servicios y apoyo que ayudará al menor.

Donde: La reunión debe de ser en un lugar que sea conveniente para la familia y los otros participantes. Un CFT debe reunirse en la casa del padre de apoyo o algún lugar que permita participar a los miembros del grupo. Es posible participar en el CFT por teléfono o por conferencia de video.

Cuando: Una reunión del CFT debe realizarse durante los primeros 60 días en que el niño haya entrado al hogar temporal. Las reuniones de CFT deben ocurrir por lo menos una vez cada seis meses, o cada 90 días si el niño está recibiendo coordinación de cuidados intensivos (Intensive Care Coordination, ICC, siglas en inglés), servicios intensivos basados en casa (Intensive Home-Based Services, IHBS, siglas en inglés), o hogar temporal terapéutico (Therapeutic Foster Care, TFC, siglas en inglés). Reuniones de CFT continúan mientras el niño esté en el hogar temporal. La agencia del bienestar infantil esta encargada de organizar las reuniones de CFT.

Una reunión de CFT debe ocurrir cada vez que haya un cambio de colocación propuesto para el niño.

Nota: Lo antes mencionado son los requisitos mínimos para las reuniones de CFT. La frecuencia de reuniones de CFT pueden variar de acuerdo con las necesidades y preferencias del niño y la familia.

Su participación en las reuniones de CFT es muy importante. La reunión le da la oportunidad a compartir su perspectiva sobre las necesidades del niño y a pedir apoyo que piense sea necesario para el cuidado del menor. Las reuniones de CFT deben estar programadas cuando se necesiten para apoyarlo a usted y al niño. Si las reuniones no están ocurriendo como deberían, y el trabajador social o el agente de libertad condicional no pueden ayudar, comuníquese con una de las organizaciones de apoyo en el apéndice de esta guía (vea las secciones [A30](#) y [A31](#)).

Apelación de RFA denegada o financiamiento inadecuado

Si su aplicación de RFA es denegada o rescindida, usted tiene el derecho a una audiencia estatal y otras formas de el debido proceso. Además, si usted cree que el niño fue evaluado al nivel incorrecto de cuidado, negado erróneamente un financiamiento suplementario, o si usted fue negado financiamiento para cuidados infantiles de emergencia, usted tiene el derecho a una audiencia justa para apelar esas decisiones.

La agencia del bienestar del niño o departamento de libertad condicional deben de proveer un documento escrito conocido como "Aviso de acción" (Notice of Action en inglés; vea la sección [A25](#) de esta guía para un ejemplo) informándoles de la acción del condado o intención de acción afectando el financiamiento/aprobación del hogar temporal. Si usted no está de acuerdo con el aviso de acción, o si usted no ha podido obtener un aviso escrito negando la aprobación, usted tiene el derecho de apelar. Usted puede hacerlo pidiendo audiencia de administración.

Si usted decide apelar la acción del condado, usted debe someter una apelación escrita a la dirección del condado listado en el aviso de acción dentro de 25 días de la fecha en que el aviso de acción le fue entregado personalmente o dentro de 30 días si el aviso de acción le fue enviado por correo. Esta fecha va a ser especificada en la subsección (a) de el aviso de acción.

Si usted recibe un aviso de acción y decide apelar la acción del condado, usted deberá apelar dentro de 90 días desde la fecha en que el aviso le fue entregado o enviado por correo. Hay tres opciones para apelar el aviso de acción:

- enviar una apelación por escrito a la dirección del departamento del bienestar del condado en el aviso de acción
- llamar a la División de Audiencias Estatales (State Hearings Division en inglés) al número gratuito: (800) 743-8525 o (855) 795-0634 para pedir una audiencia estatal inicial
- llamar a Investigación y Respuesta Pública (Public Inquiry and Response en inglés) al número gratuito: (800) 952-5253 para modificar/posponer una audiencia estatal ya programada
- pedir una audiencia en línea visitando <https://secure.dss.cahwnet.gov/shd/pubintake/cdss-request.aspx>

La razón del Aviso de acción determinará si usted debe presentarse ante el juez de ley administrativa en la División de Audiencias Estatales (State Hearings Division en inglés) o ante el juez de ley administrativa en la Oficina de Audiencias Administrativas (Office of Administrative Hearings en inglés). Vea la sección [A34](#) de esta guía para obtener información paso a paso de cómo pedir una audiencia estatal.

Consejos sobre el proceso de apelación:

- Usted puede pedir una audiencia enviando una solicitud por escrito a la dirección proveída en el aviso de apelación (Notice of Appeal en inglés), o llamando al número gratuito mencionado antes.
- Declare la razón(es) para la apelación de la decisión. Usted recibirá la confirmación entre una semana o dos por correo. Es importante guardar una copia de esta confirmación.
- Mientras espera que el estado fije una fecha y hora para la audiencia, el caso será asignado al Especialista del Estado de Audiencias (State Hearing Specialist en inglés). Por favor note que el especialista del estado de audiencias representa el condado, la parte opuesta en el caso. El especialista del estado de audiencias no debe disuadirlo a usted a continuar con el proceso. El juez de la ley administrativa trabaja para el estado de California y es una entidad neutral.

- En la audiencia, el condado deberá comprobar que su determinación es correcta. Usted deberá traer toda la documentación que apoye el asunto.

Una nota final

Felicitaciones en su decisión de ayudar y convertirse en una familia de apoyo de un menor de edad en un hogar temporal. Lo que usted está haciendo es muy importante. El amor y la estabilidad que usted provee al niño le ayudará a recuperarse y prosperar a medida que crezca a la edad adulta.

Una vez que usted sea aprobado como padre de apoyo, usted recibirá el certificado del RFA (RFA-05A). Vea la sección [A28](#) de esta guía para un ejemplo.

Por favor comuníquese con uno de los recursos legales incluidos en el apéndice ([A30](#)) si usted necesita ayuda con el proceso del RFA. También encontrará formularios y guías en el apéndice para ayudarlo durante el proceso de aprobación.

Un hogar temporal se entiende que es temporal. Si el niño no puede regresar al cuidado del padre biológico, la agencia del bienestar infantil buscará una opción permanente para el niño. Las alternativas pueden incluir tutela legal o adopción. Para un menor de edad cerca de los 18 años, hogar temporal extendido puede ser una opción para apoyarlos hasta que lleguen a los 21 años. Vea la sección [A41](#) en esta guía para información sobre estas opciones.

Usted está haciendo algo vitalmente importante, lo cual creará un futuro mejor para un niño que lo merece. En nombre de todos nosotros interesados en el futuro de los niños de California, ¡Muchas Gracias!

Appendix



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FOR COUNTY USE ONLY

COUNTY: _____

RESOURCE FAMILY APPLICATION

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

☐ INITIAL APPLICATION ☐ OTHER (SPECIFY) : _____

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

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

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

II. APPLICANT(S)' RESIDENCE

PHYSICAL ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
Do you own, rent or lease the residence?		Check one: ☐ Own ☐ Rent ☐ Lease	
Weapons in the home?		Check one: ☐ Yes ☐ No	
Body of Water.		Check one: ☐ Yes ☐ No	
If yes, please describe the location of the body of water and its size.			
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.

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 (PLEASE DO NOT INCLUDE NAME OF CHILD)

RELATIONSHIP TO APPLICANT(S)	DATE OF BIRTH	GENDER	DO YOU FINANCIALLY SUPPORT THIS CHILD?	ADOPTED
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

V. OTHER ADULTS RESIDING OR REGULARLY PRESENT IN THE HOME

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

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

VI. APPLICANT(S) HISTORY

MARITAL / DOMESTIC PARTNERSHIP HISTORY			
NAME OF FORMER SPOUSE / DOMESTIC PARTNER	MARRIAGE / DOMESTIC PARTNERSHIP DATE AND PLACE (CITY AND STATE)	DIVORCE / DOMESTIC PARTNERSHIP TERMINATION / DISSOLUTION DATE & PLACE	DEATH DATE & PLACE
APPLICANT ONE:			
APPLICANT TWO:			

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

**VII. CHILD DESIRED**

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

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

AGE(S)						
☐ 0 TO 3 yrs	☐ 4 TO 8 yrs	☐ 9 TO 12 yrs	☐ 13 TO 15 yrs	☐ 16 TO 18 yrs	☐ 18 TO 21 yrs	☐ No preference
SIBLING (GROUP OF)						
☐ 0	☐ 2	☐ 3	☐ 4	☐ 5 or more		

VIII. FOSTER CARE/ADOPTION/ LICENSURE HISTORY

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

**IX. REFERENCES**

Please list the name, telephone number(s), and address of three individuals who have knowledge of your home environment, lifestyle, and ability to be a Resource Family.

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

X. APPLICANT(S) DECLARATION

I/We declare that:

- I/We have the financial ability to ensure the stability and financial security of the family.
- 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 background check will be conducted.
- I/We affirm that the information provided on this form is true, correct, and contains no material omissions of fact to the best of my/our knowledge and belief.
- I/We understand any false or misleading statements willfully or knowingly made to the County or Department, or failure to disclose material facts to obtain or maintain Resource Family approval can result in a denial or rescission of a Resource Family approval.
- I/We understand that I/we have the right to appeal any decision regarding the disposition of this application.

APPLICANT(S) SIGNATURE	CITY AND COUNTY WHERE SIGNED	DATE

FOR COUNTY USE ONLY

COUNTY: _____

**RESOURCE FAMILY CRIMINAL RECORD STATEMENT****CONFIDENTIAL DOCUMENT — FOR COUNTY USE ONLY**

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

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

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

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

II. CRIMINAL RECORD STATEMENT

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

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

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

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

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

I 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: _____

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.

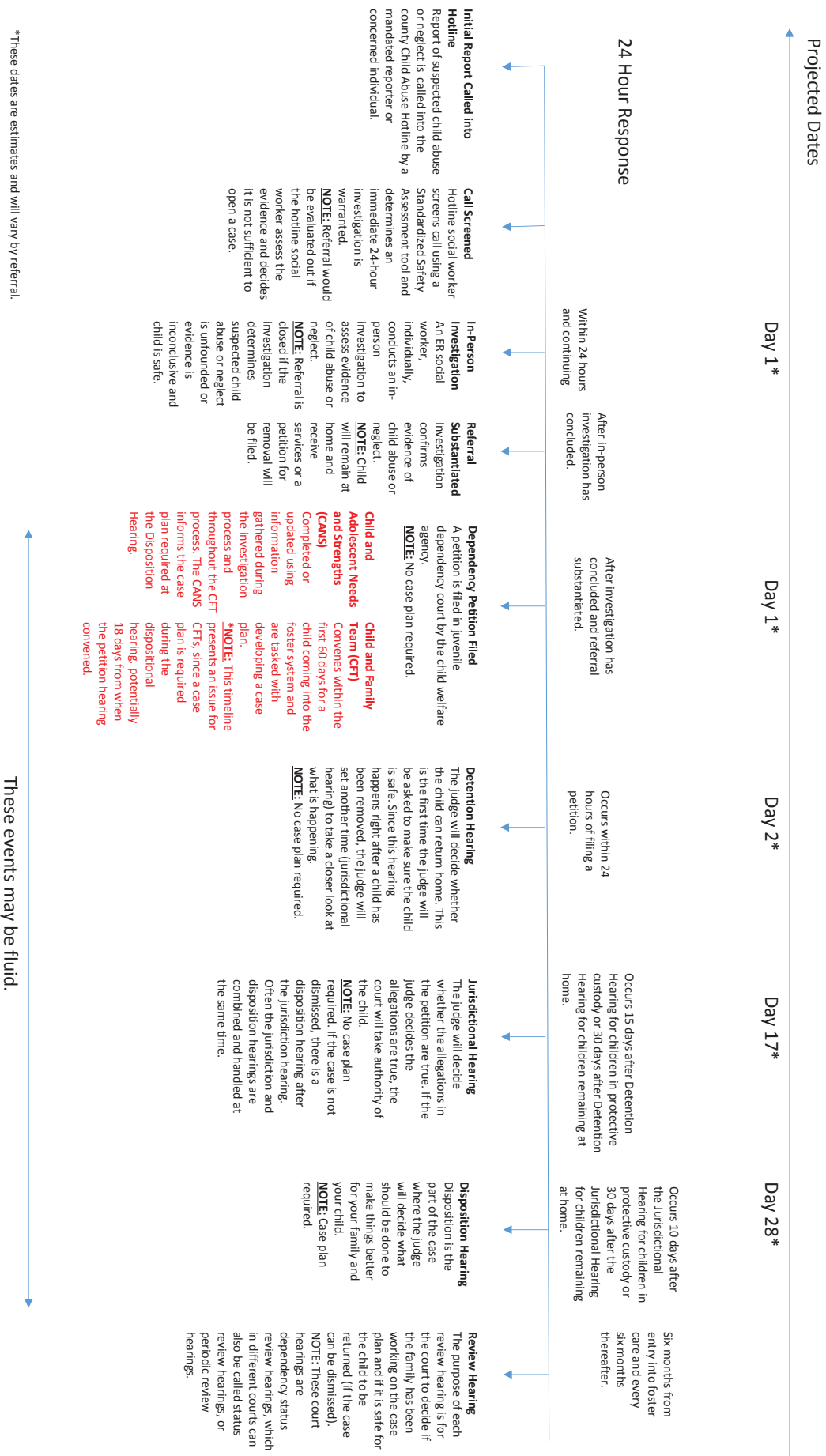
SIGNATURE	DATE

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.

Court Process Timeline Including CANS and CFT Activities



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: _____

Child's name: _____

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

9 I want to

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

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

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY
CHILD'S NAME: HEARING DATE AND TIME:	
CAREGIVER INFORMATION FORM	CASE NUMBER:

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.

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*):

CHILD'S NAME:	CASE NUMBER:
---------------	--------------

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)

This form is used to keep contact information confidential. It may be used along with any Judicial Council Juvenile Court form, including *Request to Change Court Order* (form JV-180), *Application and Affidavit for Restraining Order* (form JV-245), *Relative Information* (form JV-285), *Caregiver Information Form* (form JV-290), and *De Facto Parent Request* (form JV-295).

You do not need to fill out this entire form, only the information that you know.

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Fill in child's name and date of birth:

Child's Name:

Date of Birth:

Clerk fills in case number when form is filed:

Case Number:

1 Your name: _____

Your telephone number: _____

Your address: _____

2 Child's name: _____

Child's telephone number, if known: _____

Child's address, if known: _____

3 If known:

Child's Indian custodian, if any (*name each*): _____

Custodian's telephone number: _____

Custodian's address: _____

4 If known:

Child's caregiver (*name each*): _____

Caregiver's telephone number: _____

Caregiver's address: _____

A Guide to Acronyms & Abbreviations

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

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A Guide to Acronyms & Abbreviations

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

A Guide to Acronyms & Abbreviations

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

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Important Telephone Numbers and Addresses Tracking Tool

Medical or Fire Emergencies: 911

Poison Control: 800-222-1222

Partnership Health Plan Member Services: 800-863-4155

CPS Hotline: _____

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

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

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Fill in child's name and date of birth:

Name of Child or Youth:

Clerk fills in case number when form is filed.

Case Number:

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.



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: _____



Name of child or youth: _____

Case Number: _____

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

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

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

- 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

U

Signature

COUNTY OR AGENCY: _____

RESOURCE FAMILY HOME HEALTH AND SAFETY ASSESSMENT CHECKLIST
Document for Agency Use Only

Resource Family/Applicant Name: _____ Family ID Number: _____

Date: _____ Effective Date: _____ - _____ (not to exceed one year).

Address: _____

A Resource Family or applicant must meet the required home health and safety assessment standards.
(Welfare and Institutions Code section 16519.5(c)(1).)
☐ Application
 ☐ Annual Update
 ☐ Address Change
 ☐ Other: _____
HOME HEALTH AND SAFETY REQUIREMENTS

Instructions: In order to successfully complete the **home health and safety assessment**, all of the requirements below must be answered "MET," unless not applicable (N/A), a documented alternative plan (DAP) is granted, or a child/NMD is not placed with the Resource Family or applicant. If the family has been approved for a DAP as indicated on this form, please attach a copy of the approved DAP to this form and provide a copy of it to the family.

HOME AND GROUNDS	MET	NOT MET	DAP	N/A
Is the home of the Resource Family/applicant(s) clean, safe, sanitary and in good repair?				
Are smoke detector(s) and carbon monoxide detectors or sprinklers approved, commercially manufactured, functioning and installed in hallway(s) in each sleeping area?				
Are outdoor and indoor passageways, stairways, inclines, ramps, and open porches free of obstruction?				
Is the bathroom located indoors, have individual privacy and an operational toilet, sink, tub/shower?				
Do the faucets for personal care have hot water that is at a safe temperature?				
Are fireplaces, open-faced heaters or woodstoves safely maintained and operated?				
Is the temperature of the home safe and comfortable?				
Is lighting in each room and other areas of the home adequate to ensure comfort and safety?				
Do windows with security bars have safety release devices that meet all state and local requirements?				
Is the Resource Family/applicant approved to use delayed egress devices pursuant to Welfare and Institutions Code 16519.52?				
Are there first aid supplies appropriate to meet the needs of a child/NMD?				
BEDROOMS	MET	NOT MET	DAP	NO PLACEMENT(S)
There are <u>no</u> more than 4 children or 4 NMDs of the same gender or gender identity sharing a bedroom. Exceptions: Up to 4 children under 8 years old may share a room, regardless of their birth sex. A DAP is needed for more than 4 children or 4 NMDs to a room.				
There are no more than one child and one NMD of the same gender or gender identity sharing a bedroom as permitted in RFA Written Directives section 11-01. Exceptions: A minor parent and his/her child may share a room, regardless of their birth sex.				
There are <u>no</u> more than 2 infants sharing a bedroom with the Resource Family/applicant (Only infants may share a bedroom with a Resource Family).				
BEDROOMS (continued)	MET	NOT MET	DAP	N/A
Are there any bedrooms commonly used for any other purpose, such as a passageway? Exceptions: A DAP is needed for an adult living in the home who sleeps in a common area.				
Does each bedroom have a safe, direct emergency exit to outside?				
Does each child and/or NMD have an individual bed?				
Does each child's and/or NMD's bed have clean linens and is it in good repair?				
Are bunk beds not more than 2 tiers high, have railings on upper tier, and not used for children under 6 years old?				
Does each bedroom have sufficient closet and drawer storage?				
Are all infants supplied with an age and size appropriate, safe and sturdy bassinet or crib, with a clean comfortable mattress and clean linen? (The crib or bassinet may not have a drop-side, not be tiered or stacked, and not have slats that could pose a risk of trapping an infant.)				

COUNTY OR AGENCY: _____

RESOURCE FAMILY HOME HEALTH AND SAFETY ASSESSMENT CHECKLIST
Document for Agency Use Only

Resource Family/Applicant Name: _____ Family ID Number: _____

OUTDOOR ACTIVITY SPACE	MET	NOT MET	DAP	N/A
Are yards and outdoor activity spaces free from hazards that endanger the health and safety of a child or NMD?				
Are all swimming pools, spas, and other bodies of water inaccessible to: Dependent children under 10 years of age; minor and NMDs who are developmentally, mentally or physically disabled; a minor or NMD parent's child who is under ten years of age or developmentally, mentally, or physically disabled?				
Safety Features in Use: ☐ Enclosure ☐ Pool Cover ☐ Alarms				
STORAGE AREA	MET	NOT MET	DAP	N/A
Are all household knives, medicines, disinfectants, and cleaning solutions appropriately stored? Exceptions: The caregiver may allow a child to have access to the above, and household knives and appliances while following the reasonable and prudent standard.				
Are all firearms, poisons and dangerous items or weapons stored in a locked area? Exceptions: Firearms that have the firing pin removed or a trigger lock.				
Are ammunition and firing pins stored in a separate locked area?				
Is waste located, stored, and disposed of in a manner that will not permit the transmission of diseases or odors, create a nuisance, or provide a breeding place or food source for insects and rodents?				
EMERGENCY PROCEDURES	MET	NOT MET	DAP	N/A
Are emergency numbers placed in a prominent location?				
TELEPHONES	MET	NOT MET	DAP	N/A
Is cellular, internet, or landline telephone service accessible at all times?				
SMOKING	MET	NOT MET	DAP	N/A
Does the Resource Family/applicant refrain from smoking and prohibit anyone else to smoke in the home or vehicle used to transport a child/NMD or, when a child/NMD is present, on the outdoor grounds of the home?				
REPORTING REQUIREMENTS	MET	NOT MET	NO PLACEMENT(S)	
Have any and all reportable incidents been properly reported to the approval and placement agencies?				
RECORDS FOR CHILDREN AND NONMINOR DEPENDENTS	MET	NOT MET	NO PLACEMENT(S)	
Are all the records of the child or NMD maintained and appropriately stored in a confidential manner?				
PERSONAL RIGHTS	MET	NOT MET	NO PLACEMENT(S)	
Is each child and NMD accorded the personal rights as specified in Welfare and Institutions Code section 16001.9 and RFA Written Directives section 11-08?				

COUNTY OR AGENCY: _____

RESOURCE FAMILY HOME HEALTH AND SAFETY ASSESSMENT CHECKLIST
Document for Agency Use Only

Resource Family/Applicant Name: _____ Family ID Number: _____

TRANSPORTATION	MET	NOT MET	NO PLACEMENT (S)	N/A
Is transportation provided to children/NMDs for health-related services, school, extracurricular, enrichment, cultural, and social activities?				
Are the vehicles that are used (or that will be used) to transport children/NMDs in safe operating condition?				
Are Resource Families transporting children in appropriate child passenger restraint systems?				
FOOD AND NUTRITION	MET	NOT MET	NO PLACEMENT(S)	
Are special dietary needs met and nutritious meals and snacks provided to children/NMDs?				
REASONABLE AND PRUDENT PARENT STANDARD	MET	NOT MET	NO PLACEMENT(S)	
Is the Reasonable and Prudent Parent Standard applied as required for decisions related to children?				
RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION	MET	NOT MET	NO PLACEMENT(S)	
Are the care and supervision meeting the specified needs of the child or NMD?				
ACTIVITIES	MET	NOT MET	NO PLACEMENT(S)	
Is the child/NMD permitted and encouraged to participate in extracurricular, enrichment, cultural, and social activities?				
COOPERATION AND COMPLIANCE				
Have any false or misleading statements regarding Resource Family Approval or the operation of the home been made or disseminated by the applicant or Resource Family? ☐ Yes ☐ No				
<i>A Resource Family shall use the Reasonable and Prudent Parent Standard as defined in Welf. & Inst Code section 362.04 and 362.05 and RFA Written Directives section 11-12.</i>				
RESOURCE FAMILY APPROVAL WRITTEN DIRECTIVES STANDARDS				
☐ Met ☐ Not Met ☐ DAP'S <u>Instructions:</u> If any of the boxes were checked as "Not Met" please describe what must occur for the item to be checked off as "Met" and include any supportive services a County may provide to assist the family in meeting the requirement. Additionally, please include a description of any matters a placing worker may want to consider prior to making a placement, depending on the needs of the child. This may include but not limited to: Are electrical outlets covered? Are safety gates placed on the top and bottom of interior stairways? Are there any animals in the home that may pose a health or safety risk?				
Notes/Comments:				

COUNTY OR AGENCY: _____

RESOURCE FAMILY HOME HEALTH AND SAFETY ASSESSMENT CHECKLIST
Document for Agency Use Only

Resource Family/Applicant Name: _____ Family ID Number: _____

Notes/Comments Continued:

I certify the home of _____ as of _____ DATE

☐ meets ☐ does not meet the home environment assessment standards required for Resource Family Approval, excluding the background check.

AUTHORIZED COUNTY REPRESENTATIVE_____
DATE

By signing below I/we acknowledge that I/we have received a copy of this report.

RESOURCE FAMILY/APPLICANT 1_____
DATE_____
RESOURCE FAMILY/APPLICANT 2_____
DATE

FOR COUNTY USE ONLY

COUNTY: _____

RESOURCE FAMILY APPLICATION-CONFIDENTIAL**VII. CHILD DESIRED (to be completed only if a child has been identified prior to approval)**

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

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

COUNTY OR AGENCY: _____

APPLICANT(S) : _____

APPLICATION #: _____

RESOURCE FAMILY BACKGROUND CHECKLIST

CONFIDENTIAL DOCUMENT - FOR COUNTY OR AGENCY USE ONLY

[illegible]

*For Emergent Placement Purposes Only — This information is not part of the Background Check process for Resource Family applicant(s)

**Inter-County Transfer

RFA 02 (7/16)
MANDATORY

Resource Family Criminal Background Checklist

APPLICANT(S) : _____ APPLICATION #: _____

RESOURCE FAMILY OUT-OF-STATE CHILD ABUSE REGISTRY CHECKLIST

CONFIDENTIAL DOCUMENT - FOR COUNTY OR AGENCY USE ONLY

Applicant(s)	Resided Outside CA Within Last 5 Years	If Yes, Name of Other State(s)	Is Registry Maintained by Other State(s)?	If Yes, Date Requested Other State(s) Info	Date Received Other State(s) Info	Cleared (Date)	Not Cleared (Date)
	YES	NO	YES	NO			
Other Adult(s) Residing In The Home							
Adult(s) Regularly Present							

OUT-OF-STATE CHILD ABUSE/NEGLECT REPORT REQUEST**ADAM WALSH CHILD PROTECTION AND SAFETY ACT OF 2006**

Additional child abuse/neglect check for persons who have lived out-of-state in the last five years. Complete one form for each prospective licensed, certified foster parent, or resource family and any person over the age of 18 residing in their household.

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING
CAREGIVER BACKGROUND CHECK BUREAU
744 P STREET, MS T9-15-62
SACRAMENTO, CA 95814

REQUESTOR INFORMATION: FOR CBCB STAFF ONLY

NAME OF REQUESTOR

FAX

TELEPHONE NUMBER

EMAIL ADDRESS

In addition to the California criminal background and child abuse central index checks, an applicant for resource family approval or a small family home license and any person over the age of 18 residing in the home of an applicant, resource family, licensed foster family home, certified family home, or small family home is subject to an out-of-state child abuse/neglect check if they have lived out-of-state within the last five years. ***If you have lived out-of-state in the last five (5) years you must complete this form and sign below to authorize a check of the child abuse/neglect registry in that state in order to be licensed, approved or cleared to reside in the home.***

IDENTIFYING DATA (Please type or print information legibly in ink.)

INDIVIDUAL'S NAME (Last, First, MI, Jr., Sr., III)

TELEPHONE NUMBER

EMAIL ADDRESS

MAIDEN NAME

DATE OF BIRTH (MM/DD/YY)

STATE OF BIRTH

SEX

RACE

ALIAS NAME(S)

SOCIAL SECURITY NUMBER - See Privacy Statement On Page 2

DRIVER'S LICENSE NUMBER/STATE

ADDRESSES FOR PAST 5 YEARS

STREET	CITY	STATE	STREET	CITY	STATE

Has an allegation of child abuse or neglect ever been substantiated against you in this state or any state?

☐ YES (Complete below) ☐ NO, an allegation of child abuse or neglect has never been substantiated against me.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the California Department of Social Services to check with state(s) and/or counties listed above to obtain any and all information needed to process my request and to use the information as permitted by law.

SIGNATURE OF INDIVIDUAL (Required In Ink)

DATE

SIGNATURE OF WITNESS (Required In Ink)

DATE

RESPONDING STATE: (PLEASE RETURN BY FAX, MAIL OR EMAIL TO THE REQUESTOR LISTED ABOVE.)

The result of a name search in the State Child Abuse/Neglect Registry is as follows:

☐ The subject of the attached report MAY be the same as the subject of your inquiry.

REPORT DATE

REPORT NO.

LOCAL CONTACT

PHONE NUMBER/FAX

☐ No record on the above listed person.

☐ Too many possible matches to identify. See attached listing.

CONTACT NAME

AGENCY

TELEPHONE NUMBER

EMAIL

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 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 licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871). The Department 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 Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department 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.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if someone in a licensed facility has a criminal record exemption. The Department must also tell people who ask the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.

RESOURCE FAMILY RISK ASSESSMENT

RESOURCE FAMILY INFORMATION

APPLICANT'S NAME: _____ DATE: _____

ASSIGNED SOCIAL WORKER: _____

RISK ASSESSMENT GUIDELINES

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

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

AREAS ASSESSED

☐ Physical Health	Comments:
☐ Mental Health	Comments:
☐ Substance Use/Abuse	Comments:
☐ Family/Domestic Violence History	Comments:

RESOURCE FAMILY RISK ASSESSMENT

Summary of Risk Assessment

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

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

SOCIAL WORKER SIGNATURE: _____

MONTH/DAY/YEAR

SUPERVISOR SIGNATURE: _____

MONTH/DAY/YEAR

**RESOURCE FAMILY APPROVAL (RFA)
HEALTH QUESTIONNAIRE****FOR COUNTY/AGENCY:** _____

Applicant Name: <i>(first, middle, last)</i>	Date of Birth:
--	----------------

Please provide a listing of your current licensed health professionals *(Name, Address, and Telephone Number)*

Physician: _____

Specialist: _____

Other: _____

Release of Information: I hereby authorize _____ to release the medical information
(Doctor's name)
contained on this form, to the _____ for the purposes of determining my physical
(County/Agency)
health if requested by the County or Agency.

Patient Signature:	Date:
--------------------	-------

I. Medical History:**What is the date of your last physical exam?** _____

Current and/or past diagnosis- Within the last five (5) years, have you been diagnosed with any of the following conditions? Please check all that apply and provide comments if applicable.

☐ Heart Disease	☐ Impaired Sight	☐ Orthopedic Problems (Specify)
☐ Cancer	☐ Heredity Conditions (Specify)	☐ Chronic Medical Conditions
☐ Diabetes	☐ Hypertension	☐ Mental Illness (Specify)
☐ Impaired Hearing	☐ Allergies	☐ Respiratory Condition
☐ Seizure Disorder	☐ Heart Attack	☐ Stroke
☐ Kidney Disease	☐ Thyroid Disease	☐ Chronic Pain
☐ Autoimmune Disease (Specify)	☐ Other Condition or Injury:	

Comments: _____**Are you currently under a physician's care for any of the diagnoses or injuries listed above?**

Please list any surgeries or hospital stays you have had and their approximate date/year:

Type of surgery/reason for hospitalization	Year

Tobacco Usage

Do you smoke cigarettes? _____ If so, how many packs per day? _____

Alcohol Consumption

How many alcoholic beverages do you consume daily? _____

Limits or restrictions on physical activity: _____

II. Medications *(Please list all medications you are currently taking including over the counter medications and medical marijuana. Additional medications can be listed in an attachment.)*

Name of Medication	Dosage and Frequency	Condition prescribed for

III . Additional Comments:

IV. Certification

I declare that the above information is true and correct to the best of my knowledge:

Applicant Signature:	Date:
----------------------	-------

Reminder to Applicant: Please return the completed RFA Health Questionnaire to your assigned RFA worker.

FOR COUNTY/AGENCY USE ONLY	
☐ Amended:	_____
	(Date Of Original Report)

County/Agency: _____
Address/Contact Information: _____

RESOURCE FAMILY VISIT RECORD

Purpose of Form: This is to document a visit with the _____ Resource Family:
(Resource Family Name)

Occurred at ☐ Office: _____ (specific address)

☐ Home: _____ (specific address)

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

Type of Visit: ☐ Corrective Action Plan (CAP) ☐ Annual Update ☐ Case Management

RF NAME:	RF ID:	CAPACITY:	CENSUS:
ADDRESS (STREET, CITY, STATE, ZIP CODE):			TELEPHONE NUMBER:

Met with _____ on _____ from _____ to _____
(Print Name) (Date) (Start Time) (End Time)

☐ Announced
☐ Unannounced

[illegible]

I acknowledge receipt of this report.*			
RF PRINTED NAME:	RF SIGNATURE:	DATE:	TELEPHONE NUMBER:
RF WORKER PRINTED NAME:	RF WORKER SIGNATURE:	DATE:	TELEPHONE NUMBER:
RF WORKER SUPERVISOR PRINTED NAME:			TELEPHONE NUMBER:

* ☐ **RFA Worker:** Check this box if a Resource Family parent was not available to sign the report. Immediately mail the report by certified mail to the Resource Family address of record.

RESOURCE FAMILY VISIT RECORD – The RFA 809 is to be used to document all visits or meetings conducted between a Resource Family, other individuals residing in the home, and the County. Care should be taken not to disclose personal or confidential information. If you have any questions regarding these records, please contact the Resource Family worker at the address and telephone number listed on the front.

ANNUAL UPDATE VISITS – shall begin no sooner than 60 days prior to the anniversary date of the Resource Family approval 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 identified in a CAP have been corrected. The CAP will be documented on the RFA 809C.

CASE MANAGEMENT VISITS – are made for the following reasons: (1) The Resource Family requests a visit to consult with the Resource Family worker or to provide supportive services to the family, (2) There are concerns regarding the Resource Family that the Resource Family worker needs to discuss with the Resource Family or other individual(s) residing in the home, (3) During a complaint investigation, additional deficiencies were observed, and (4) Other.

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

Legal and Relative Support Service Organizations that Assist Resource Families

Statewide:

Advokids

(877) 238-4543 Hotline

Advokids.org

Protecting the right of every foster child in California

Bay Area Legal Aid, Youth Justice Unit (Bay Area)

(510) 663-4755

(800) 551-5554 Legal Advice Line

Baylegal.org

Health Care assess, Domestic violence prevention, Consumer protection, Economic justice, Housing preservation, Medical legal partnership, Youth justice, Veterans Project

California Department of Social Services – Foster Care Ombudsman’s Office

(877) 846-1602

fosteryouthhelp@dss.ca.gov

fosteryouthhelp.ca.gov

California Tribal Families Coalition

(916) 583-8289

Caltribalfamilies.org

Protect the health, safety and welfare of tribal children and families

Children’s Law Center of California

(916) 520-2000 Sacramento

Cclcal.org

To find child’s dependency court attorney

Health Consumer Alliance

(800) 896-3203

Healthconsumer.org

Health insurance eligibility and denials

Immigration Center for Women & Children

(213) 614-1165 Los Angeles

(619) 515-2200 San Diego

(415) 861-1449 San Francisco

(510) 251-0150 Oakland

Icwclaw.org

Immigrations matters

Lilliput Families

(800) 325-5359

(916) 923-5444

Lilliput.org

Foster Adoption Services, Kinship Services, Post Adoption Services, Training and Workshops, Resources

OC Kinship and Support

(714) 240-8715

Ockinship.org

Formal and Informal Relative/Kinship Caregivers in Orange County

Office of Clients Rights Advocacy (OCRA)

1 (800) 390-7032 Northern California

1 (866) 833-6712 Southern California

Regional Center advocacy for clients over 3 years old

ONEgeneration

(818) 705-2345

<http://www.onegeneration.org/>

Provides support, services and advocacy to meet the needs of grandparents and other relatives raising children at risk

Tipping Point Community (San Francisco)

(415) 348 1240

Tippingpoint.org

Legal support on employment, real estate, organizational issues

LA County:

Alliance for Children’s Rights

(213) 368-6010

Kids-alliance.org

Guardianship; Emancipation; Special Education; Foster Care; Adoption

Alliance of Relative Caregivers

(818) 789-1177

<https://allianceofrelativecaregivers.org/>

Advocacy, Resources, Compassionate Family Support

A New Way of Life Reentry Project

(323) 563-3575

Anewwayoflife.org

Re-entry Housing, Community Organizing, Employment Rights

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 Los Angeles

Cclcal.org

To find child’s dependency court attorney

DCFS Post Adoption Services

(800) 735-4984

Counseling; Residential treatment; Rate adjustments

DCFS Public Inquiry Line

(213) 351-5602

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

DCFS Child Abuse Hotline

(800) 540-4000

To report child abuse

DCFS Kinship Support Center

(888) 694-7263

Services for relative and other foster caregivers

Disability Rights California

(800) 776-5746

Disabilityrightsca.org

Services for disabled clients statewide; regional center clients

Disability Rights Legal Center

(213) 736-1334

Drlcenter.org

Special Education; Disability related legal issues; Inland Empire advocacy

Los Angeles Center for Law & Justice

(323) 980-3500

Lacjl.org

Teen parents custody; Probate Guardianship; Family Law; Housing

Los Angeles County Bar Associations

(213) 243-1525

Lacba.org

Lawyer referral service

Los Angeles Dependency Lawyers, Inc. (LADL)

(323) 262-0472

Ladlinc.org

To find the Parent’s dependency court attorney

Learning Rights Law Center

(213) 489-4030

Learningrights.org

Disability and Special Education law

Legal Aid Foundation of Los Angeles

(800) 399-4529

Lafla.org

Federal ineligibility for benefits due to “deprivation,” “linkage,” or the bio parents’ income

Mental Health Advocacy Services

(213) 389-2077

Mhas-la.org

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

Neighborhood Legal Services

(800) 433-6251

Nlsa.org

General low income advocacy for San Fernando Valley residents

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

Los Angeles Relative Support Services Providers (RSS) DCFS Contracted Agencies		
SPA - RSS Agency	Address and Referral Number	Zip Code Service Area
SPA 1 Antelope Valley Partners For Health	44226 10th St. West, Lancaster, CA 93534 (661) 942-4719 Ext. 142	93243, 93523, 93532, 93534, 93535, 93536
SPA 1 Children Center Of The Antelope Valley	45111 Fern Ave., Lancaster, CA 93534 (661) 949-1206	93510, 93543, 93544, 93550, 93551, 93552, 93553, 93563, 93591
SPA 2 Friends Of The Family	16861 Parthenia St., North Hills, CA 91343 (818) 988-4430	91040, 91042, 91331, 91352, 91401, 91402, 91403, 91405, 91411, 91423, 91601, 91602, 91604, 91605, 91606, 91607, 91608, 90290, 91301, 91302, 91303, 91304, 91306, 91307, 91311, 91316, 91324, 91325, 91326, 91330, 91335, 91356, 91361, 91362, 91364, 91367, 91406, 91436
SPA 2 Penny Lane Centers	10526 Dubnoff Way, North Hollywood, CA 91606 (818) 894-3384	91321, 91340, 91342, 91343, 91344, 91345, 91350, 91351, 91354, 91355, 91381, 91382, 91384, 91387, 91390
SPA 3 Foothill Family Services	1801 Huntington Drive, Duarte, CA 91010 (626) 993-3000	91711, 91750, 91765, 91766, 91767, 91768, 91773, 91731, 91732, 91733, 91745, 91702, 91706, 91722, 91723, 91724, 91740, 91741, 91744, 91746, 91748, 91789, 91790, 91791, 91792, 90032, 90041, 90042, 90065, 91001, 91006, 91007, 91010, 91011, 91016, 91020, 91023, 91024, 91030, 91046, 91101, 91104, 91105, 91106, 91107, 91108, 91125, 91126, 91201, 91202, 91203, 91204, 91205, 91206, 91207, 91208, 91210, 91214, 91501, 91502, 91504, 91505, 91506, 91521, 91522, 91523, 91754, 91755, 91770, 91775, 91776, 91780, 91801, 91803
SPA 4 Children's Bureau	3910 Oakwood Ave., Los Angeles, CA 90004 (323) 953-7350 Ext. 451	90004, 90005, 90006, 90010, 90012, 90013, 90014, 90015, 90017, 90020, 90021, 90026, 90027, 90028, 90029, 90031, 90033, 90038, 90039, 90057, 90068, 90071
SPA 5 and SPA 8 South Bay Center For Counseling	540 N. Marine Ave., Wilmington, CA 90744 (310) 414-2090	90019, 90024, 90025, 90034, 90035, 90036, 90045, 90046, 90048, 90049, 90056, 90064, 90066, 90067, 90069, 90073, 90077, 90094, 90095, 90210, 90211, 90212, 90230, 90232, 90263, 90265, 90272, 90291, 90292, 90293, 90401, 90402, 90403, 90404, 90405, 90245, 90247, 90248, 90249, 90250, 90254, 90260, 90261, 90266, 90274, 90275, 90277, 90278, 90301, 90302, 90303, 90304, 90305, 90501, 90502, 90503, 90504, 90505, 90506, 90710, 90717
SPA 6 Aviva Family And Children's Services	7120 Franklin Ave., Los Angeles, CA 90046 (323) 876-0550 Ext. 1315	90007, 90008, 90016, 90018, 90043, 90044, 90062, 90089, 90001, 90002, 90003, 90011, 90037, 90047, 90059, 90061, 90220, 90221, 90222, 90262, 90723
SPA 7 Spittit Family Services	8000 Painter Ave., Whittier, CA 90602 (562) 903-7000	90022, 90023, 90040, 90058, 90063, 90201, 90255, 90270, 90640, 90660, 90240, 90241, 90242, 90280, 90601, 90602, 90603, 90604, 90605, 90606, 90631, 90638, 90639, 90650, 90670, 90701, 90703, 90706, 90716
SPA 8 Cambodian Association Of America	2390 Pacific Ave., Long Beach, CA 90806 (562) 588-1863 Ext. 228	90704, 90712, 90713, 90715, 90731, 90732, 90744, 90745, 90746, 90747, 90755, 90802, 90803, 90804, 90805, 90806, 90807, 90808, 90810, 90813, 90814, 90815, 90822, 90831, 90840, 90846

Character Reference Guidelines

Introduction

Thank you for offering to be a reference for this caregiver applicant. Your input will help keep children safe and keep families united and strong!

If you have been a character reference for somebody in the past, you may already know the sorts of information requesters are seeking. In this case, the child welfare agency is looking for information about the applicant's "home environment, lifestyle, and capacity to be a caregiver." (Form RFA 01A).

Some applicants also require a criminal record exemption. If you are offering to be a reference for this caregiver applicant who is seeking a criminal record exemption, the child welfare agency is also looking for information about whether you are aware of the caregivers' conviction and what changes they have made in their lives since that time. If you can speak about this, great! If you are unsure whether you have enough information to answer, don't worry. What's important is that you emphasize why you believe that this applicant's conviction(s) does not impact their ability to be a great caregiver and that the conviction(s) should not be a barrier to approval.

In order to make sure the child welfare agency gets the information they are seeking, below is a list of questions to help guide your letter. **You do not need to answer these questions.** They are merely a helpful guide in case you get stuck or are wondering what to write about.

Format

This letter does not need to be long. One page is fine. If you have professional letterhead, it would be best if you could print your letter on that and sign it. If you do not have professional letterhead, then printing and signing on a blank page is great too.

Guiding Questions for Reference Letter

How do you know the applicant?

How long have you known the applicant?

What qualities does the applicant have that would make them a good caregiver? (Examples are patience, responsibility, trustworthiness, kindness, safe household, strong community ties, etc...)

If you can tell a specific story about seeing these qualities in the caregiver, feel free to share it! (For example, if you work with the caregiver, you can talk about the ways in which the caregiver is dependable by showing up on time every day and always doing what they are asked.)

Do you have any stories about seeing this person care for others? If so, feel free to share.

Do you have any stories about seeing this caregiver dealing with conflict in positive ways? If so, feel free to share.

Do you have any stories about a time you placed your trust in the caregiver? If so, feel free to share.

Do you know the circumstances of this person's conviction(s)? What are they?

What positive changes has this person made since their conviction(s)? Why do these changes make them a good caregiver?

Why do you think this person's criminal record should not be a barrier to caregiver approval?



Source: A New Way of Life Reentry Project



REQUEST FOR LIVE SCAN SERVICE (Record Review or Foreign Adoption)

[Print Form](#)[Reset Form](#)

Applicant Submission

ORI (Code assigned by DOJ) _____ Type of Application (Check One Only) ☐ Record Review ☐ Foreign Adoption

Reason for Application _____

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information _____

Mail Code (five-digit code assigned by DOJ) _____

Street Address or P.O. Box _____

Contact Name (mandatory for all school submissions) _____

City _____ State _____ ZIP Code _____

Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name (AKA or Alias) Last _____ First _____ Suffix _____

Date of Birth _____ Sex ☐ Male ☐ Female

Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Misc. Number (Other Identification Number) _____

Place of Birth (State or Country) _____ Social Security Number _____

Telephone Number _____

Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

Level of Service: ☐ DOJ Only

If re-submission, list original ATI number (Must provide proof of rejection): _____

Original ATI Number _____

☐ Foreign Government Embassy: (Mandatory for Foreign Adoption requests pursuant to Penal Code section 11105(c)(12))

☐ Designee -- Do not include Employer: (Optional for individual designated by applicant to Penal Code section 11124)

Designee or Embassy Name _____

Street Address or P.O. Box _____

City _____ State _____ Country _____ ZIP Code _____ Telephone Number _____

Live Scan Transaction Completed By:

Name of Operator _____

Date _____

Transmitting Agency _____

LSID _____

ATI Number _____

Amount Collected/Billed _____

ORIGINAL - Live Scan Operator

SECOND COPY - Applicant



REQUEST FOR LIVE SCAN SERVICE (Record Review or Foreign Adoption)

Privacy Notice

Collection and Use of Personal Information. The Record Review Unit in the Department of Justice collects the information requested on this form as authorized by Penal Codes 11121 and 11105(C)(12). The Record Review Unit uses this information to process applications pertaining to Live Scan service for record review or foreign adoption. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at: <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided.

Access to Your Information. You may review the records maintained by the Record Review Unit in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service for record review or foreign adoption, we may need to share the information you give us with other government agencies.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law;
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Record Review Unit via telephone at (916) 227-3835 or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Record Review Unit
P.O. Box 903417
Sacramento, CA 94203-4170



APPLICATION FOR RECORD REVIEW PROCESSING FEE WAIVER CLAIM AND PROOF OF INDIGENCE

APPLICANT INFORMATION

Full Name: _____

Street or Mailing Address: _____

City, State, Zip Code: _____

PROOF OF INDIGENCE

As mandated by Penal Code section 11123, an individual may request a waiver of the record review processing fee. Any request for a fee waiver must include a claim and proof of indigence. Please check one of the three (3) following options to indicate how you are confirming your claim of indigence.

☐ I receive government assistance and have attached a copy of my documentation.
Examples of governmental assistance include, but are not limited to, Supplemental Security Income (SSI), California Work Opportunity and Responsibility to Kids (CalWORKs) program, unemployment benefits, or disability insurance.

☐ I am currently incarcerated in a local, state, or federal correctional institution/facility.
Institution/facility name: _____
Institution/inmate number: _____

☐ I am indigent based on my annual income and the number of people in my household.

As shown in the table below, based on the number of people in your household, if your income is at or below 138% of the annual Federal Poverty Guidelines, you may certify your status as indigent.

Family Size	Annual Income*	Family Size	Annual Income*	Family Size	Annual Income*	If you have more than 12 people in your household, please add \$5,741 for each extra person.
1	\$16,395	5	\$39,248	9	\$62,169	
2	\$22,108	6	\$44,962	10	\$67,910	
3	\$27,821	7	\$50,688	11	\$73,651	
4	\$33,534	8	\$56,429	12	\$79,392	

* Annual Federal Poverty Level published in the Federal Register on January 25, 2016.

Upon completion of this Application for Record Review Processing Fee Waiver Claim and Proof of Indigence, mail it to

California Department of Justice
Bureau of Criminal Information and Analysis
Record Review Unit
PO Box 903417
Sacramento, CA 94203-4170

Forms not completely filled out cannot be processed by the DOJ and therefore an attempt will be made to return the form to the sender. If you have any questions regarding this form or the record review process, please contact the Record Review Unit via email at recordreview@doj.ca.gov.

DECLARATION

I, the undersigned, declare that I am unable to pay the fee to obtain a copy of my California state summary criminal history record without impairing my obligation to meet the common necessities of life. I declare, under the penalty of perjury that the foregoing is true and correct.

X _____
Signature



APPLICATION FOR RECORD REVIEW PROCESSING FEE WAIVER CLAIM AND PROOF OF INDIGENCE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the California Department of Justice collects the information requested on this form as authorized by Penal Code section 11123. The CJIS Division uses this information to process an applicant's request for waiver of fees required when an applicant desires a copy of their own state summary criminal history information. The Department of Justice's general privacy policy is available at: <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided.

Access to Your Information. You may review the records maintained by the CJIS Division in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process an applicant's request for waiver of fees, we may need to share the information you give us with other government agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law;

Contact Information. For questions about this notice or access to your records, you may contact the Record Review Unit manager by phone at (916) 227-3835, by email at recordreview@doj.ca.gov or via mail at

California Department of Justice
Bureau of Criminal Information and Analysis
Record Review Unit
PO Box 903417
Sacramento, CA 94203-4170



CLAIM OF ALLEGED INACCURACY OR INCOMPLETENESS

I have examined a copy of my California State Summary Criminal History Record as contained in the files of the Department of Justice, Bureau of Criminal Information and Analysis, and wish to take exception to its accuracy and/or completeness.

NAME: _____ CII NUMBER: _____
(LAST, FIRST, MIDDLE)

Date of Arrest: _____

Brief Explanation of claim: _____

Date of Arrest: _____

Brief Explanation of claim: _____

Date of Arrest: _____

Brief Explanation of claim: _____

SIGNATURE DATE

Attach copies of any official documents or court orders that would verify your claim. Failure to fill out the form correctly may result in a delay in processing or the return of the claim form. You may attach additional pages if necessary. Return this form to the attention of the Record Review Unit at the address listed above.

Criminal Records Assessment & Exemption Requirements As of January 1, 2018 (per changes in AB 404 & SB 213)

Note: All information contained in this presentation is for information purposes only and is not legal advice. Everyone is reminded to complete his or her own legal research.

FOR EMERGENCY PLACEMENT

Who must submit to a criminal records check?

1. All persons over 18 living in the home excluding a NMD
2. Any person over 18 regularly present in the home other than those providing professional services (at the discretion of the county welfare department)
3. Any person over 14 who the department believes may have criminal record (at the discretion of the county welfare department), but this does not apply to children under the jurisdiction of the juvenile court. *WIC §361.4(a)(2)*

How is the check done? California Law Enforcement Telecommunications System ("CLETS") *WIC §361.4(a)(2)*

Within 10 days of CLETS or 5 days of emergency placement (whichever is sooner), the social worker shall ensure that a fingerprint clearance check is obtained through the DOJ. *WIC §361.4(c)*

If there is no criminal record...a child may be placed on the home on an emergency basis. *WIC 361.4(b)(1)*

If there are arrests...an arrest record shall not be used to deny or rescind an approval unless the department investigates the incident and secures evidence to establish conduct by the person that may pose a risk to the health and safety of any person who is or may become a client. *HS §1522(e)(1)*

However, if a prospective caregiver has been arrested for any of these crimes, there must be an investigation and a child cannot be placed until the agency & courts have considered the investigation results when determining whether placement is in the best interests of a child. *WIC §361.4(b)(4)*

Any crime listed in Penal Code 290: sex offender registry
Penal Code 245: assault with a deadly weapon
Penal Code 273ab: willful injury to a child 8 years of age or younger
Penal Code 273.5: corporal injury to spouse
Penal Code 273a(b): misdemeanor willful injury to a child
Penal Code 273a, paragraph 2 (prior to 1994)
Any crime listed in HS §1522(g) – see Category 1 below

If a prospective caregiver or anybody subject to a criminal record check has a conviction other than a minor traffic violation...

For convictions in Category 1 (see chart), a child cannot be placed in the home. *WIC §361.4(b)(5)*

For all other convictions, a child cannot be placed until an exemption has been granted. *WIC §361.4(b)(2)*

EXCEPTION: A child can be placed pending an exemption if the deputy director or director of the county welfare department, or his or her designee, determines that the placement is in the best interests of the child and a party to the case does not object. *WIC §361.4(b)(3)*

EXCEPTION TO THE EXCEPTION: No child can be placed pending an exemption for a misdemeanor conviction for statutory rape, indecent exposure or financial abuse of an elder. Due to a drafting error, SB 213 also inadvertently prohibits placement pending an exemption for misdemeanor convictions within the last five years. This will likely be fixed by state policy or in clean-up legislation. *WIC §361.4(b)(3)*

FOR RESOURCE FAMILY APPROVAL

Who must submit to a criminal records check?

Each resource family applicant and all adults residing in or regularly present in the home.

WIC §16519.5(d)(2)(A)(i)(I)

EXCEPTION: Those exempt from fingerprinting as set forth in *HS§1522(b)*. Includes:

1. Adult friends & family who come into the home for no longer than defined by Department in regulations (defined in Written Directives, Version 4.1 as one month) provided they are not left alone with the child. However, the foster parent acting as a reasonable and prudent parent may allow the adult friend/family to provide short-term care as a babysitter.
2. Parents of the child's friend who the child is visiting in the friend's home provided the friend, foster parent or both are present. However, the foster parent acting as a reasonable and prudent parent may allow the friend's parent to provide short-term care as a babysitter without the friend being present.
3. Individuals engaged by the foster parent to provide short-term care to the child for periods not to exceed 24 hours. Caregivers shall use a reasonable and prudent parent standard in selecting appropriate individuals to act as short-term babysitters.

EXCEPTION TO THE EXCEPTION: Written Directives, Version 4.1 indicate that a County can require a background check for an exempt individual, provided that the individual has contact that may pose a risk to the health and safety of a child or NMD placed with an applicant/Resource Family. *SECTION 6-03A: Background Check*

How is the check done?

Receipt of a fingerprint-based state and federal criminal offender record information search response.

WIC §16519.5(d)(2)(A)(i)(I)

If there are arrests...a County shall consider the information and may conduct an investigation. The individual to whom the conviction or arrest pertains shall submit a written signed statement concerning the circumstances of each conviction or arrest. An investigation of the facts regarding arrests or convictions may lead to a denial of Resource Family Approval.

However, if an individual's criminal record indicates an arrest for an offenses specified in Health & Safety Code§ 1522(e) (see box on previous page), the County must conduct an investigation before an exemption or clearance can be granted.

If a County finds that an individual is awaiting trial, including an active warrant for an arrest, it may cease processing the criminal record information until the conclusion of the trial.

Written Directives, Version 4.1, SECTION 6-03A: Background Check

If there are convictions other than minor traffic violations...

For convictions in Category 1, the applicant cannot receive a resource family approval.

WIC §16519.5(d)(2)(A)(i)(III)

For convictions in Category 2 or 3, the applicant cannot receive a resource family approval unless an exemption has been granted. *WIC §16519.5(d)(2)(A)(i)(III)*

CATEGORY 1: NON-EXEMPTIBLE HS §1522(g)(2)(A)(i-iii)	Felony conviction for child abuse or neglect
	Felony conviction for spousal abuse
	Felony conviction for crimes against a child, including child pornography
	Felony conviction for crimes involving violence, including rape, sexual assault, or homicide, but not assault and battery
	Felony conviction within the last five years for physical assault, battery or a drug or alcohol related offense
	Penal Code 220: assault with intent to commit to felony
	Penal Code 243.4: sexual battery
	Penal Code 264.1: rape
	Penal Code 273a(a): felony willful injury to a child (Penal Code 273(a), paragraph 1 prior to 1994)
	Penal Code 273ab: willful injury to a child 8 years of age or younger
	Penal Code 273d: corporal punishment to a child
	Penal Code 288: lewd acts with a child under 14
	Penal Code 289: forcible sexual penetration
	Penal Code Any crime listed on 290(c) – sex offender registry – EXCEPT Penal Code 261.5 (stat rape misdemeanor) & Penal Code 314 (indecent exposure misdemeanor)
	Felony charge for Penal Code 368: crimes against elders, dependent adults and persons with disabilities
	Any crime listed in Penal Code 667.5(c): enhancements for violent felonies
	Business and Professions Code 729: sexual misconduct by physician, therapist, etc.
	Penal Code 206: torture
	Penal Code 215: carjacking
	Penal Code 347(a): poisoning
	Penal Code 417(b): brandishing a weapon around a school, daycare, etc.
	Penal Code 451(a): arson
CATEGORY 2: EXEMPTION AFTER INVESTIGATION HS §1522(g)(2)(B)(i-ii)	Misdemeanor conviction not listed in Category 1 that occurred within the last five years
	Felony conviction not listed in Category 1 that occurred within the last 7 years
	Misdemeanor conviction for Penal Code 261.5: statutory rape
	Misdemeanor conviction for Penal Code 314: indecent exposure
	Misdemeanor conviction for Penal Code 368: financial abuse of elder
May grant exemption if Department has substantial and convincing evidence to support a reasonable belief that the person is of present good character necessary to justify the granting of an exemption. <i>HS §1522 (g)(2)(B)</i> Shall consider all reasonably available information, including but not limited to: • Nature of the crime, • Period of time since the crime was committed, • Number of offenses, • Circumstances surrounding the commission of the crime indicating the likelihood of future criminal activity, • Activities since the conviction (including employment, participation in therapy, education or treatment), • Whether the person successfully completed probation or parole, obtained a certificate of rehabilitation or was pardoned, • Any character references or other evidence submitted by the applicant • Whether the person is demonstrating honesty and truthfulness concerning the crime during the application/approval process and made reasonable efforts to assist the Department in obtaining records and documents concerning the crime(s). <i>HS §1522(g)(2)(C)</i>	
CATEGORY 3: FAST- TRACK EXEMPTION HS §1522(g)(2)(D)	Misdemeanor convictions not listed in Category 1 or 2 that occurred 5 or more years ago
	Felony convictions not listed in Category 1 or 2 that occurred 7 or more years ago
Shall grant an exemption if the person's state or federal criminal history information received from the DOJ independently supports a reasonable belief that the person is of present good character necessary to justify the granting of an exemption. However, the Department may at its discretion require an exemption after an investigation using the criteria in Category 2, as necessary to protect the health and safety of a child. <i>HS §1522(g)(2)(D)</i> Notably, the following Category 3 misdemeanor convictions should be given careful consideration: Penal Codes 272(b): Enticing a child away from home using the internet; 273a: Willful cruelty to a child; 311: Child porn; 647.6: Annoying molesting a child	

**NOTICE OF ACTION TO INDIVIDUAL
REGARDING RESOURCE FAMILY APPROVAL
CRIMINAL RECORD CLEARANCE OR EXEMPTION**

County:

Date:

Applicant(s) or RF Name(s):

County RF ID#:

RF Address:

Individual's Name:

PER ID#:

To:

This notice is to inform you that

on _____ A rescinded exemption, a denied exemption request, or a denied exemption due to a non-exemptible conviction means that you may not reside or be regularly present in an approved Resource Family home, and you may not have contact with children or nonminor dependents placed in the home. If you applied for Resource Family approval, this means your application must be denied. If you are currently approved as a Resource Family, this means the approval will be referred for rescission. A similar notice (excluding your convictions) has been sent to the resource family or applicant.

If this is a denial of a criminal record exemption request or an exemption rescission, it is based upon your failure to provide satisfactory evidence that you can meet or conform to all Resource Family Approval background check requirements. If you have a non-exemptible conviction you are not eligible for exemption. The criminal record clearance and exemption requirements are set forth in Welfare and Institutions Code Section 16519.5 et seq., Health and Safety Code section 1522, other applicable law and RFA Written Directives, Version(s) _____ sections 6-03A, 6-03B, and 10-01.

Specifically, it has been determined that you:

- ☐ Have a criminal conviction or convictions for which you have failed to provide substantial and convincing evidence that you are rehabilitated and of present good character.
- ☐ Have a non-exemptible criminal conviction or convictions for which we are prohibited by law from granting a criminal record exemption.

This decision is based on the evidence set forth in the court and law enforcement records, 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 decision is based on the criminal convictions listed below which occurred on or about the dates listed as follows:

The following was considered in reviewing your request for an exemption:

If you disagree with this action, you may appeal by submitting a written request and a copy of this notice to the address below. Be advised that if you appeal and it is established that the conviction is non-exemptible, the Administrative Law Judge who handles the appeal is also prohibited by law from granting an exemption. 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.

The due date for this appeal is**from the date of this notice.**

If this decision is not appealed on or before the due date, the action will be final. The appeal must be post marked or delivered on or before the due date.

If you appeal, you _____ continue to reside in the home until completion of the administrative review of your appeal. 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 the approval worker at _____ if you have any questions regarding this notice.

☐ **I wish to appeal.** (Submit this request with a copy of this notice)

Print Name

Signature

Address

Phone Number

Reasons for appeal (optional): _____

[For County use only. Do not write in this box.]
County: _____ County RF ID#: _____
Exemptible ☐ Non-exemptible ☐ Both ☐
Forum: SHD ☐ OAH ☐

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#: _____

Exemptible ☐ Non-exemptible ☐ Both ☐

Forum: SHD ☐ OAH ☐

**DOCUMENTED ALTERNATIVE PLAN
FOSTER FAMILY HOMES
(BEDROOMS)**

APPLICANT/CAREGIVER FOSTER FAMILY HOME

ADDRESS

CITY, STATE, ZIP CODE

FOSTER FAMILY HOME FILE NUMBER

Bedrooms (Section 89387(a)) Discussion of Alternative Plan:

Name of Child

Sex

Date of Birth

Placement Worker's Name: Telephone Number:

Did the Placement Worker approve the Documented Alternative Plan? Yes No

Caregiver/Applicant Signature Date

FOR LICENSING OFFICE USE ONLY - DO NOT FILL IN BELOW

- ☐ Your request is hereby granted pursuant to the California Code of Regulations, Title 22, Division 6, Chapter 9.5

LIMITATIONS OF ALTERNATIVE PLAN:

- ☐ This alternative plan is denied based on the following:

Licensing Evaluator Signature/Date

Licensing Supervisor Signature/Date

Licensing Office

**DOCUMENTED ALTERNATIVE PLAN
FOSTER FAMILY HOMES
(BEDROOMS)**

APPLICANT/CAREGIVER FOSTER FAMILY HOME

ADDRESS

CITY, STATE, ZIP CODE

FOSTER FAMILY HOME FILE NUMBER

Bedrooms (Section 89387(a)) Discussion of Alternative Plan:

Name of Child

Sex

Date of Birth

Placement Worker's Name: _____ Telephone Number: _____

Did the Placement Worker approve the Documented Alternative Plan? _____ Yes _____ No

Caregiver/Applicant Signature _____ Date _____

FOR LICENSING OFFICE USE ONLY - DO NOT FILL IN BELOW

- ☐ Your request is hereby granted pursuant to the California Code of Regulations, Title 22, Division 6, Chapter 9.5

LIMITATIONS OF ALTERNATIVE PLAN:

- ☐ This alternative plan is denied based on the following: _____

Licensing Evaluator Signature/Date

Licensing Supervisor Signature/Date

Licensing Office

County/Agency: _____
Address/Contact Information: _____

Purpose of Form: Use this form to document all deficiencies that require a Corrective Action Plan (CAP).

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

Resource Family Name: _____ Resource Family ID Number: _____

[illegible]

I acknowledge receipt of this report and understand my appeal rights as explained on the following page of this form.*			
RF PRINTED NAME:	RF SIGNATURE:	DATE:	TELEPHONE NUMBER:
RF WORKER PRINTED NAME:	RF WORKER SIGNATURE:	DATE:	TELEPHONE NUMBER:
RF WORKER SUPERVISOR PRINTED NAME:			TELEPHONE NUMBER:

* ☐ **RFA Worker:** Check this box if a Resource Family parent was not available to sign the report. Immediately mail the report by certified mail to the Resource Family address of record.

RESOURCE FAMILY VISIT-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 visit as documented on the RFA 809.

DEFICIENCIES – 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 by 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. The County shall request and consider feedback from the Resource Family when developing the CAP. It is incumbent that the County establishes a time limit for the CAP. In order to set a 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. If a Resource Family encounters problems beyond his/her control in completing the corrections within the specified timeframe, they 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.



STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

January 30, 2018

ALL COUNTY LETTER (ACL) NO. 18-06

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL LOCAL MENTAL HEALTH DIRECTORS
ALL COUNTY ADOPTION AGENCIES
ALL ADOPTION DISTRICT OFFICES
ALL GROUP HOME PROVIDERS
ALL FOSTER FAMILY AGENCIES
ALL TITLE IV-E AGREEMENT TRIBES
ALL OUT-OF-STATE GROUP HOMES

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: IMPLEMENTATION DATE CHANGE FOR THE HOME-BASED FAMILY CARE (HBFC) - LEVEL OF CARE (LOC) RATE DETERMINATION PROTOCOL (PROTOCOL) AND INSTRUCTIONS

REFERENCE: [ASSEMBLY BILL \(AB\) 403, CHAPTER 773, STATUTES OF 2015](#); [AB 1997, CHAPTER 612, STATUTES OF 2016](#); WELFARE AND INSTITUTIONS CODE (WIC) SECTIONS [11364](#), [11387](#), [11453](#), [11460](#), [11461](#), [11462](#), [11462.01](#), [11462.04](#), [11462.015](#), [11462.02](#), [11463](#), [16000](#), [16121](#), [16519.5](#), [16519.52](#), [16519.53](#), [16519.54](#), [16519.55](#), [18358.30](#), [18987.72](#), ALL COUNTY LETTER (ACL) [11-51](#); [ACL 16-52](#); [ACL 16-54](#); [ACL 16-55](#); [ACL 16-57](#); [ACL 16-65](#); [ACL 16-79](#); [ACL 16-79E](#); [ACL 16-84](#); [ACL 17-11](#); [ACL 17-75](#); [ACL 17-111](#)

The purpose of this ACL is to update counties about the LOC Protocol implementation date to disseminate the documents, and provide instructions, that will be used by the case carrying Social Workers (SWs) and Probation Officers (POs) to make a rate determination. This information is to assist counties with establishing procedures regarding the appropriate use of the LOC Protocol. The LOC Protocol operationalizes the HBFC rate structure's expectations of Resource Families (RFs) when providing care and supervision for a child/youth in out-of-home care.

Implementation will occur in two stages, a change from the February 1, 2018 statewide implementation date announced in [ACL 17-111](#). The first stage will apply the LOC Protocol to all new Foster Family Agency (FFA) entries into foster care made beginning March 1, 2018. The Basic Level Rate will continue to be paid for FFA placements that were made from December 1, 2017 through February 28, 2018, as displayed on Table F in [ACL 17-75](#). There will be no retroactive payment at an LOC rate for placements from December 1, 2017 through February 28, 2018, unless either of the following exceptions applies:

- 1) The FFA makes a request to a county justifying that the care and supervision needs have changed and a rate change is needed to prevent a placement disruption; or
- 2) A regularly scheduled Child and Family Team (CFT) recommends to the county that the care and supervision needs have changed and a rate change is needed to prevent a placement disruption. This does not invoke a requirement for a new CFT to be convened.

The second stage applies the LOC Protocol beginning May 1, 2018 to all other new HBFC placements as outlined in [ACL 17-11](#), and for any existing placements that trigger a LOC rate determination based on placement changes, increased needs, ISFC and STRTP/ Group Home (GH) transitions as outlined in [ACL 17-11](#). Under these circumstances the LOC is prospective and there will be no retroactive payment.

Counties are reminded that the Intensive Services Foster Care (ISFC) rate which was effective December 1, 2017 for existing ITFC FFAs should already be receiving the ISFC rate and submitting their amended program statements.

Overview and Background

The basic LOC rate was premised on historical claiming data for the age-based rates in effect prior to the implementation of Continuum of Care Reform (CCR). The methodology for the age-based rate structure, the implementation of which was ordered by the Federal court in *Cal. State Foster Parent Association v. Wagner*, considers the cost factors required by federal law to fund placements for all children in out-of-home care.

Although the LOC Protocol is focused on the rate determination, it is consistent with the Core Practice Model by recognizing the value and importance of the role of the Resource Family (RF) when caring for a child/youth. The LOC Protocol was created by a workgroup of representatives from counties, advocates, probation and providers while considering stakeholder input, other state models, and other county specialized rate increments. The LOC Protocol is designed to support consistent, state-wide application of a rate structure using five (5) Core Domains. All RFs providing HBFC and supervision will be paid based on the LOC Protocol. By design, the LOC Protocol draws information from case carrying SWs/POs resources typically utilized in core practice to determine the care needs

of the child/youth. This could include, but not be limited to, information from the CFT, the Child and Adolescent Needs and Strength (CANS), case records, Specialized Care Increment (SCI) assessments, and any other screening or assessment information.

For additional overview information, the California Department of Social Services (CDSS) developed a state-wide training webinar. Please see [Webinar: CCR Overview of the Level of Care Protocol](#).

LOC Protocol

The LOC Protocol uses a strength-based rate setting methodology to identify the individual care and supervision expectations that are paired to the daily needs of a child/youth based on the 5 Core Domains. Previously, rates were based solely on the age of the child/youth. The LOC Protocol's primary focus is on the role of the RF in meeting the care and supervision needs of the child/youth based on 5 Core Domains. Within each domain, there are increasing levels of expectations that correlate with a point system. The LOC Protocol allows the SWs/POs to score each domain based on the child/youth care and supervision need, which then translates into an appropriate LOC rate including, if applicable, the ISFC LOC.

The LOC Protocol is consistent with the Resource Family Approval (RFA) process and the [Quality Parenting Initiative](#) standards. The LOC Protocol consists of two components: [LOC Rate Determination Matrix](#) (LOC Matrix) (containing the 5 Core Domains); and either a [Manual Scoring Form](#) (for use in the field in the absence of a digital option) or [Digital Scoring Form](#) (an electronic version), are attached.

The LOC rate, once determined, will be documented by the SW/POs and the results will be provided to Foster Care Eligibility staff or other staff as appropriate.

When to use the LOC Protocol

The LOC Protocol applies to HBFC placements. HBFC placements include RFs, Foster Family Homes, Foster Homes certified by a FFA that are in the process of becoming RF approved homes, Relatives (including Relatives who receive benefits through the Approved Relative Caregiver (ARC) program), Non-Relative Extended Family Members (NREFM), and Non-Minor Dependents not residing in a Supervised Independent Living Placement. The LOC Protocol will not be used for Kinship-Guardianship Assistance Payment Programs, Non-Related Legal Guardian and Probate Non-Related Legal Guardian cases established prior to December 31, 2016, per [ACL 17-11](#).

The SWs/POs should complete the LOC Protocol as soon as possible but no later than 60 days following the triggering event. However, since the LOC Protocol is a rate setting tool, it should be completed timely in the best interest of the child/youth and to enable RFs

to be supported in meeting the needs of the child/youth. For new placements, where a child/youth may be experiencing multiple placements within the first 60 days, only one LOC Protocol should be completed and that rate will apply until the child stabilizes or a CFT recommends that the placement is not appropriate. At the county's discretion and based on information received from the CFT, the county may decide if there is a need for another LOC rate determination at any time during the initial 60 days based on the policy articulated in this ACL.

The Basic Level Rate shall be paid upon initial foster care placement, including those new placements, into a HBFC setting pending the completion of the LOC Protocol unless the child meets an exception for an ISFC rate. Once the LOC Protocol has been applied and if a new rate level is determined, the new rate is effective back to the date of initial placement.

Based on the two stages of implementation, the use of the LOC Protocol will be as follows:

Beginning March 1, 2018:

FFAs: The LOC Protocol will be used by SWs/POs for all new placements in an FFA that entered into care beginning March 1, 2018, and for any placements that are stepping down to a FFA from a GH or STRTP. The effective date of the rate is the date of the latest placement.

Beginning May 1, 2018:

- **Other RF Placement Changes:** The LOC Protocol will be used by SWs/POs for all new HBFC placements that enter foster care; the effective date of the rate is the initial date of the placement.
- When a change of placement occurs for any child/youth to or from any other RF home and a child/youth needs have changed, the effective date of the rate is the date of placement. If the LOC rate determination was not completed prior to the placement move, the Basic Level Rate shall be paid until the LOC Protocol is completed.
- **Other FFA Changes in Placement:** The LOC Protocol will be used when there is a change in placement for a foster child/youth moving from an FFA home receiving a rate under the age-based rate structure to a different FFA home within a different FFA agency; or when a foster child/youth is moving within the same FFA agency but to another FFA home; or when a foster child/youth is moving from an FFA to a relative/county home. If the LOC rate determination was not completed prior to the placement move, the Basic Level Rate shall be paid until the LOC Protocol is completed. All the same rules apply as stated above regarding the how to use the LOC Protocol such as completing the tool in timely a manner and completing only one LOC determination within the first 60 days of placement. The effective date of the rate is the date of the initial placement.

- **Requested Changes from Caregivers/RF:** When a caregiver/RF, child/youth or SWs/POs, in consultation with the CFT (when possible), indicates a child/youth needs have changed, the new rate is effective the date of the completion of the LOC Protocol as indicated on the Rates Scoring Form provided by the SWs/POs. This request can also be made if a caregiver/RF is not currently receiving a LOC rate.
- **Transition from GH/STRTP:** The LOC Protocol will be used for a change in placement for any child/youth transitioning from a GH/STRTP to a HBFC setting. The LOC Protocol may be completed prior to and in anticipation of a child/youth transitioning from a GH/STRTP. If the LOC rate determination was not completed prior to the placement move, the Basic Level Rate shall be paid until the LOC Protocol is completed.
- **Transitions with ISFC:** The LOC will be completed when a change in placement occurs from an ISFC home to another HBFC setting which is not an ISFC home or when a child is with the same RF and the needs have changed which results in a lower rate. The effective date of the rate decrease will be in the first month following the determination in which adequate and timely notice is provided.

LOC Rate Determination Decreases Between LOC

In order for CDSS to collect LOC Protocol data to inform any adjustments to the HBFC LOC rate methodology, there will be no decreases in the LOC rate during the first year of the LOC Protocol implementation between the Basic Level Rate up to LOC 4, with one exception when it comes to how this policy applies to the ISFC rate. The exception will allow the rate to be decreased to a lower LOC rate in the instance when the LOC rate determination for ISFC results in a lower LOC rate and the child remains with the same RF. The circumstances where this policy will apply also in the instance when a RF is providing TFC and those services are ending in that home.

An example where there would be no decreases in the LOC rate would be if a LOC rate determination resulted in a LOC 3 and later a triggering event resulted in a lower rate determination in the same home for that child/youth, the RF will continue to receive the LOC 3 rate and is expected to use the foster care payment to maintain the stability of the placement.

The CFT and the LOC Protocol

Effective January 1, 2017, all child/youth in foster care are required to have a CFT as outlined in [ACL 16-84](#). The CFT process allows CFT members to have the opportunity to consider how to best meet the needs of the child/youth in ways that increase consensus and prevent disruptions in placement or access to services and supports. The initial CFT meeting shall be convened by the placing agency as soon as possible and must be within the first 60 days of the child/youth coming into foster care. The frequency of CFT meetings shall

occur at minimum once every six months, and should occur more frequently based upon individual needs of the child/youth and family or requests by CFT members.

The CFT process also provides an opportunity to gather information from a variety of perspectives and sources to inform the LOC rate determination. The LOC Protocol should not be completed during a CFT meeting; however, a review of the LOC Protocol and the 5 Core Domains may be discussed to attain a better understanding of the needs of the child/youth. The focus of CFT meetings needs to remain child/youth and family focused to develop a comprehensive and integrated case plan that meets the child/youth and family's individual needs.

Assessment and Screening Information and the LOC Protocol

The CDSS has selected the CANS as the statewide child welfare assessment tool. CANS is a multi-purpose tool developed for children's services to inform ongoing case planning, placement decision-making, facilitating quality improvement and the monitoring of outcomes of services.

It is important to distinguish the LOC Protocol, is intended to be used as a rate setting tool based on the expectations of the caregiver. The CANS tool is an ongoing assessment and engagement process intended to be used in conjunction with the CFT to inform placement decisions and ongoing case planning.

The LOC Protocol does not determine the needed placement type or the appropriateness of a placement. It is not to be used to determine if a child/youth should be placed in a HBFC setting or in residential care.

In order to rate each domain thoroughly and accurately, the SWs/POs should consider all available information at the time the LOC Protocol is being completed including, but not limited to, the CFT, existing case assessment content, and the Resource Parents Report Tool (optional). When information from either the CANS or other screening tools are available, that information can be used by a county to inform the completion of the LOC Protocol. The rate determination should not be delayed if assessment or screening information is not available.

Static Criteria

The Static Criteria recognizes that there are chronic indicators where a child/youth has recent behaviors, experiences or events that present challenges for the SWs/POs to place into a RF home. The Static Criteria permits the SW/POs to make an immediate placement at the ISFC level to ensure the safety of a child/youth pending a LOC rate determination until a more comprehensive assessment is made of the child/youth needs. The placing agency will pay an ISFC rate for child/youth who meet one or more of the Static Criteria. The behaviors or situations must have occurred within the preceding 12 months. When the

Static Criteria are applied, it means the initial LOC rate determination is the ISFC rate and may be paid up to 60 days pending completion of an initial/updated LOC rate determination. The initial 60-day placement may be extended an additional 60 days upon manager approval. This option should only be exercised when no other appropriate and safe HBFC placements can be found for the immediate placement of the child/youth in a HBFC setting with a RF who is able to care for the child/youth with supports and services.

The ISFC level is part of the LOC Matrix and takes into account the challenges for a child/youth whose trauma and/or needs for care and supervision require intensive supervision and services. The use of Static Criteria is short term and does not assume the child/youth will remain at the ISFC level once the LOC rate determination is completed. The ISFC program was created for a child/youth with complex needs, including child/youth with special health care or medical needs. Guidance regarding the ISFC program will be issued in a separate ACL.

Core Domains and the LOC Matrix

As previously mentioned, the LOC Matrix is one of the two components of the LOC Protocol. The LOC Matrix will assist the SWs/POs in determining the LOC rate based on the care and supervision expectations identified in the 5 Core Domains. Within the Matrix, the domain definitions are located at the top of each of the 5 Core Domains. The level of intensity within each Domain moves from basic expectations of the RF and increases in intensity, moving from left to right. Above each point value, the corresponding expectations are found within that Domain.

The 5 Core Domains in the LOC Protocol are:

1. **Physical:** Actions in which the RF must engage in or model daily living needs, such as eating, clothing, hygiene, community/social functioning, and extracurricular activities including teaching age appropriate life skills even when developmental delays are present. This does not include specific medical activities (see Health Domain).
2. **Behavioral/Emotional:** Actions in which the RF must engage to promote resilience and emotional well-being for the child/youth, as well as encourages the child/youth to engage in pro-social behavior and activities developing healthy relationships. This does not include medication management for psychotropic medications (see Health Domain).
3. **Educational:** Actions in which the RF must engage to promote student achievement, foster educational excellence and equal access to services, and when required, responds to suspensions and/or expulsions. School-aged child/youth is defined as any child/youth that is attending and participating in early childhood through adult educational programs.

4. **Health:** Actions in which the RF must engage to promote the child's health and healthy sexual development by arranging and facilitating health care (i.e., Child Health and Disability Prevention (CHDP) Program, medical, dental, vision, transgender needs), medication administration including psychotropic medications and/or monitoring, and ensuring access to services that address special health care needs. The RF addresses medically necessary or prescribed dietary/exercise/nutritional needs.
5. **Permanency/Family Services:** Actions in which the RF must engage to promote and facilitate visitation, communication, and the identification, development, and maintenance of lifelong, supportive connections with members of their biological and non-biological families and natural support systems. Permanency/Family Services also include efforts to connect the youth with their community of origin including connections with resources, cultural organizations, faith communities, identity-based communities such as the Lesbian, Gay, Bisexual, Transgender, Queer community and any other group or organization which promotes a sense of belonging, identity, and connection to culture.

LOC Scoring Forms (Manual and Digital)

The LOC Scoring Forms must be completed after determining the intensity of the child/youth's needs using the LOC Matrix that list the care and supervision expectations of the RF. Counties are encouraged to use the Digital Scoring Form to avoid any errors in totaling the scores and identifying the appropriate LOC. The Digital Scoring Form automatically performs the calculations to arrive at the total score and identify the appropriate LOC, including the leveling up override discussed below. Below is a list of general instructions and guidelines:

- Complete the scoring form after reviewing and determining the level of intensity/expectation in each domain in the LOC Protocol.
- Print clearly or type all information requested.
- Child ID: Preferred is the CWS/CMS ID number for tracking purposes or as defined by your county.
- Age: Child age in years only.
- Case Carrying Worker: This is either the SWs/POs or as defined by your county. You may change the title as needed.
- Sections A-E: Please follow the instruction guide in the grey box.
- Leveling Up Guide: Scores less than 21 means 20 or less; and scores less than 23 means 22 or less. The child has to score five or more in Behavioral/Emotional or Health in order to move up a level.
- Verify that the form is complete and correct. Once printed no corrections may be made. If any error has been made, complete a new form.

- Sign the form in the designated signature area based on your role (SWs/POs, other as decided by your county).
- Effective date: This is the date that the RF will start the new rate.
- Keep a copy of this form and all other supporting documents in the child case file or as directed by your county.

Leveling Up Instructions when Using the Manual Scoring Form

The purpose of Leveling Up is to create an override option to increase the rate by one level when scores are higher in specific domains. If the child scores a five or six in either the Behavioral/Emotional or Health Domain, then the “raw-score” total in Section B (when the Manual Scoring Form is used) can level up to the next LOC Rate. For example, if a child scores 18 points total (raw-score), but has a score of five in the Behavioral/Emotional or Health Domain, the LOC written in Section D will be the LOC 2 Rate, and then check “Yes” based on the leveling up criteria. When using the Digital Scoring Form for this same scenario, the leveling up one level will be done automatically.

Optional Resource Parent Report Tool

The Resource Parent Report Tool was created as an engagement tool and to potentially identify and stimulate a comprehensive dialogue to fully and better understand the needs of both the child/youth and the RF caring for the child/youth placed in a RF home. This tool is optional yet strongly recommended, since the information the parent provides about the child’s needs is an important factor in the correct rate determination. If there are two Resource Parents caring for the child/youth, the activities of both parents should be included in support of the child. The Resource Parent Report Tool reflects any activities consistent with parental expectations and skills and may account for efforts applied to meet any needs beyond what is appropriate for the child’s age. Counties are not precluded from using other methods to engage the RF and gather information.

Specialized Care Increment (SCI) Programs

As described in [ACL 17-11](#), counties continue to have the discretion to apply an SCI in conjunction with an LOC. In accordance with the adopted State Fiscal Year 2017-18 budget, the total funding for the SCI and LOC rate structure is based on funding in the Local Revenue Fund and the CCR premise related to the implementation of the new LOC rate structure.

In order for claims for SCI to be eligible for federal financial participation, the SCI must be paid only to address the behavioral, emotional and physical requirements of children in care above and beyond those already covered in the LOC rate structure. Health is included in the physical requirements.

For purposes of implementation of the LOC and SCI or to determine what modifications need to occur within a SCI program, CDSS recommends that all counties with existing SCIs consult with CDSS. In order to inform the technical assistance support, counties should be able to provide details that may include but are not limited to caseload, any outcome evaluations, average costs, demographics about the SCI population, and types of services, etc. Counties are requested to consult with CDSS before finalizing any proposed modifications to their SCI plan, including decisions to end their SCI programs.

Notice of Actions (NOAs)

Consistent with existing rate change and determination processes, NOAs and any informal hearing provided by the County or formal State hearings, rights will continue to be afforded to families. Counties will notify families via a NOA explaining that their rate changed because of AB 403, the law that authorizes rate changes (per WIC 11460, 11463, 11464, 11364, 11387 and 18358), and which made RFs subject to an LOC rate determination. CDSS has developed a NOA for county use and substitutions of the form are permitted.

The NOAs will provide an explanation to RFs of how and why rates are changing under the CCR rate restructuring in the event of:

- a rate increase,
- a rate decrease,
- a rate discontinuance.

For any rate determination that results in no rate change at all, the RF will be provided with adequate and timely notice given by the SW, PO or others designated by the county. The county shall inform the caregiver of the determination in writing.

Child Welfare Services (CWS)/Case Management System (CMS)

Instructions for CWS/CMS will be in a separate ACL before May 1, 2018.

Inquiries

If you have any questions regarding the information in this ACL or any concerns regarding FFAs and the LOC Protocol implementation, please send questions to loc@dss.ca.gov or contact the Foster Care Audits and Rates Branch at (916) 651-9152. Claiming questions should be directed to Fiscal.Systems@dss.ca.gov.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

c: CWDA

Attachments

Level of Care (OC) Digital Scoring Form

Child/Youth Info			Past OC (if applicable)		Case Carrying Worker		
e		Age	e	e	e	i	
			e				

A65

- If the child/youth requires a 60-day intensive rate based on the Static Criteria, complete Section A (Click on "Choose One" and select "Yes," then check at least one criteria). If not, select "No" then complete all other sections.
- Enter score from each domain, then click enter to total the score.
- The level of care rate will populate in Section C.
- Check which resources were used to inform the decision.
- Instructions for SW/PO and Foster Care Eligibility staff.

A.

Check which criteria apply then skip Section B.



Choose One

- ☐ Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators
- ☐ Commercial Sexual Exploitation of Children (CSEC)
- ☐ Runaway
- ☐ Eating Disorder
- ☐ Fire Setting
- ☐ Severe Mental Health Issues - including Suicidal Ideation and/or Self Harm
- ☐ Aggressive and Assaultive
- ☐ Gang Activity
- ☐ Substance Use/Abuse
- ☐ Animal Cruelty
- ☐ Habitual Truancy
- ☐ Psychiatric Hospitalization(s)
- ☐ Three or more placements due to the child's behavior

B.

Physical	
Behavioral/Emotional	
Educational	
Health	
Permanency/Family Services	

D.

☐ Child and Adolescent Needs and Strengths (CANS)

☐ Treatment Outcome Package (TOP)

☐ Other

☐ Specialized Care Increment (SCI)

☐ Case Plan

(i.e., Court Orders, Resource Family Tool, etc.)

☐ Child and Family Team (CFT)

☐ Medical Records

☐ Education Records

☐ Mental Health Records

E.

Provide original score sheet to Foster Care Eligibility Staff. Retain a copy of this form and all supporting documents in the child's case file.
Provide copy of Notice of Action (NOA) to the Resource Parent.
SW/PO Signature: _____ Rate Effective Date: _____

General Instructions

1. Complete this form after reviewing and determining the level of intensity/expectation in each domain of the Level of Care Rate Determination Matrix.
2. Complete all information requested.
3. **Child ID:** This would be either the CWS/CMS ID number or as defined by your county.
4. **Age:** Child age in years only.
5. **Case Carrying Worker:** This would be either the social worker, probation officer or a county designee. You may change the title as needed.
6. **Sections A-E:** Please follow the instruction guide in the grey box.
7. Verify that the form is complete and correct; once printed no corrections may be made. If any error has been made, complete a new form.
8. Sign the form in the designated signature area based on your role. You may change the title as needed.
9. **Effective date:** The date that the Resource Family will start the new rate.
10. Keep a copy of this form and all other supporting documents in the child case file or as directed by your county.

Level of Care (LOC) Manual Scoring Form

Child/Youth Info			Last LOC (if applicable)		Case Carrying Worker		Today's Date
Name		Age	Score		Name		
ID			Date		Email		

Instructions: (Section A-F)

- **Section A:** If the child/youth requires a 60-day intensive rate based on Static Criteria, complete Section A (Check "Yes" then check at least one criteria). If not, check "No" then complete all other sections.
- **Section B:** Enter score from each domain then total the score.
- **Section C:** Check if either of the leveling up was applied.
- **Section D:** Type/print the level of care rate and check Yes or No for the leveling up.
- **Section E:** Check which resources were used to inform the decision.
- **Section F:** Instructions for SW/PO and Foster Care Eligibility staff.

A. Does the child require immediate placement based on Static Criteria? ☐ Yes ☐ No

Check which criteria apply then skip Section B to Section C and enter "Intensive (ISFC)/60 Days"

- ☐ Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators ☐ Aggressive and Assaultive ☐ Animal Cruelty
☐ Commercial Sexual Exploitation of Children (CSEC) ☐ Eating Disorder ☐ Fire Setting ☐ Gang Activity ☐ Habitual Truancy ☐ Psychiatric Hospitalization(s)
☐ Runaway ☐ Severe Mental Health Issues - Including Suicidal Ideation ☐ Substance Use/Abuse ☐ Three or more placements due to the child's behavior

B. Core Domain Score

Core Domain	Score
Physical	
Behavioral/Emotional	
Educational	
Health	
Permanency/Family Services	
Total Score	

LOC Legend

5 to 18	Basic
19 to 20	LOC 2
21 to 22	LOC 3
23 to 24	LOC 4
25 or more	Intensive (ISFC)

C. Leveling Up Guide:

- ☐ If child total score is less than 21, but scores 5 or more in behavioral or health domains, child will be moved up a level.
☐ If child total score is less than 23, but scores 6 or more in behavioral or health domains, child will be moved up a level.

D.

Level of Care Rate	Leveling Up Applied
	☐ Yes ☐ No

E. Resources Used to Inform the Decision:

- ☐ Child and Adolescent Needs and Strengths (CANS) ☐ Specialized Care Increment (SCI) ☐ Child and Family Team (CFT) ☐ Education
☐ Treatment Outcome Package (TOP) ☐ Case Plan ☐ Medical Records ☐ Mental Health
☐ Other _____ (i.e., Court Orders, Resource Family Tool, etc.)

- F. SW/PO Instructions:** Provide original score sheet to Foster Care Eligibility staff. Retain a copy of this form and all supporting documents in the child's case file.
Foster Care Eligibility Staff Instructions: Provide copy of Notice of Action (NOA) to the Resource Parent.

SW/PO Signature: _____

Rate Effective Date: _____

General Instructions

1. Complete this form after reviewing and determining the level of intensity/expectation in each domain of the Level of Care Rate Determination Matrix.
2. Print clearly or type all information requested.
3. **Child ID:** This would be either the CWS/CMS ID number or as defined by your county.
4. **Age:** Child age in years only.
5. **Case Carrying Worker:** This would be either the social worker, probation officer or a county designee. You may change the title as needed.
6. **Sections A-F:** Please follow the instruction guide in the grey box.
7. **Leveling up Guide:** Scores less than 21 means 20 or less and Scores less than 23 means 22 or less. Child has to score 5 or more in Behavioral or Health in order to move up a level.
8. Verify that the form is complete and correct; once printed no corrections may be made. If any error has been made, complete a new form.
9. Sign the form in the designated signature area based on your role. You may change the title as needed.
10. **Effective date:** The date that the Resource Family will start the new rate.
11. Keep a copy of this form and all other supporting documents in the child case file or as directed by your county.

Core Domain	Definition				
Physical	Physical Domain is defined as actions in which the Resource Family must engage in or model daily living needs, such as eating, clothing, hygiene, community/social functioning, and extracurricular activities, including teaching age-appropriate life skills even when developmental delays are present. This does not include specific medical activities (see Health Domain).				
	Expectations				
	Resource Family provides healthy meals, opportunities for daily activity, predictable sleep routine, and developmentally appropriate support for physical hygiene.	Resource Family provides supervision, verbal cueing and/or physical assistance for at least 1 ADL/IADL beyond what is age/developmentally appropriate on a daily basis.	Resource Family provides supervision, verbal cueing and/or direct physical assistance in at least 2 different ADLs /IADLs beyond what is age/developmentally appropriate on a daily basis.	Resource Family implements and monitors a plan of supervision, verbal cueing and/or direct physical assistance in at least 3 different ADLs/IADLs beyond what is age/developmentally appropriate on a daily basis.	Resource Family provides supervision, verbal cueing, and/or direct physical assistance in at least 6 ADLs/IADLs beyond what is age/developmentally appropriate on a daily basis.
	And/or Resource Family provides support to assist the youth in developing life skills that are age/developmentally appropriate.	And/or Resource Family arranges and/or facilitates participation in developmental needs, i.e., physical and/or occupational therapy no more than once per month.	And/or Resource Family arranges and/or facilitates participation in developmental, physical and/or occupational therapy on average up to 3 times per month.	And/or Resource Family arranges and/or facilitates participation in developmental, physical and/or occupational therapy on average at least 4 or more times monthly.	And/or Resource Family arranges and/or facilitates participation in developmental, physical and/or occupational therapy on average at least 6 or more times monthly.
Points	1	2	3	4	5
Additional Information	● Activities of Daily Living (ADLs) include: Transferring (i.e., walking and/or moving from place to place), use of upper extremities (hand, arms, fingers), bathing, grooming, menstrual care, dressing, feeding and/or toileting including enuresis/encopresis. - Instrumental Activities of Daily Living (IADLs) include: managing finances, accessing transportation, shopping, preparing meals, using communication devices, managing medications and/or completing basic housework. IADLs apply to youth 14 years of age and older for purposes of the Level of Care. ● If the minor/nonminor dependent (NMD) is pregnant or parenting, consider the Infant Supplement. The Resource Family may need to provide supports to the minor/NMD in preparing for parenthood and/or in parenting their child.				

Core Domain	Definition				
Behavioral/Emotional	Behavioral/Emotional domain is defined as actions in which the Resource Family must engage to promote resilience and emotional well-being for the child/youth, as well as encourage the child/youth to engage in prosocial behavior and activities developing healthy relationships. This does not include medication management for psychotropic medications (see Health Domain).				
	Resource Family provides direct supervision and support to address behaviors that are age/developmentally appropriate.	Resource Family redirects, prompts, and/or diffuses beyond what is age/developmentally appropriate at least two days a week.	Resource Family implements a therapeutic intervention plan as outlined by the child/youth's therapist and/or CFT Plan at least three days a week.	Resource Family implements a therapeutic intervention plan as outlined by the child/youth's therapist and/or the CFT Plan at least four days a week.	Resource Family helps develop and implement a daily therapeutic intervention plan to address their identified therapeutic and well-being needs as outlined by the child/youth's therapist and/or the CFT plan for a child which is necessary to maintain them safely in a family-based setting.
	And/or Resource Family arranges, facilitates, provides and/or consults with therapist and/or other professionals at least 1 time a month.	And/or Resource Family arranges, facilitates, provides and/or consults with therapist and/or other professionals at least 2 times a month and participates in services/activities as recommended.	And/or Resource Family arranges, facilitates, provides and/or consults with therapist and/or other professionals at least 3 times a month and participates in services/activities as recommended.	And/or Resource Family provides structured support for expected/unexpected life stressors at least 4 times a month, including, but not limited to outpatient and/or in-home therapeutic services.	And/or Resource Family is engaged in and supports the child receiving WRAP, TBS, or other family-based therapeutic interventions, in addition to monitoring/observing, redirecting, prompting, and/or documenting.
	And/or Resource Family supports the child through expected life stressors.	And/or Resource Family may provide enhanced observation.	And/or Resource Family provides structured support for expected/unexpected life stressors with moderate symptoms and behaviors; including monitoring, observing, redirecting, prompting, and/or documenting.	And/or Resource Family provides line-of-sight during waking hours and limited night supervision such as episodic checks as needed, and may require assistance in providing this supervision.	And/or Resource Family arranges, facilitates and/or provides up to 24 hr. observation/line-of-sight. Resource Family may require assistance in providing this supervision.
Points	1	4	5	6	7

- Training: Resource Families are expected to participate in child-specific training/coaching/mentoring based on the needs of the child/youth placed in their home.
- If the minor/NMD is pregnant or parenting, consider the Infant Supplement. The Resource Family may need to provide support to the minor/NMD in managing emotional health.

Core Domain		Definition				
Educational		Educational domain is defined as actions in which the Resource Family must engage to promote student achievement, foster educational excellence and equal access to services, and when required, respond to suspensions and/or expulsions. School-aged child/youth is defined as any child/youth who is attending and participating in early childhood through adult educational programs.				
	Resource Family provides age and developmentally appropriate support for the child's educational activities as defined below.	Resource Family provides assistance beyond the basic activities (on average) up to 2 additional hours per week for school-aged child/youth.	Resource Family provides assistance beyond the basic activities (on average) up to 4 additional hours per week for school-aged child/youth.	Resource Family provides assistance beyond the basic activities (on average) up to 6 additional hours per week for school-aged child/youth.	Resource Family provides assistance beyond the basic activities (on average) up to 8 additional hours per week for school-aged child/youth.	
	Or For a Non-School Age child, the Resource Family obtains, provides and/or coordinates additional support to the child to assist in participating in or benefiting from childcare/preschool programs and/or to ensure the child's continued attendance.	Or For a Non-School Age child, the Resource Family obtains, provides and/or coordinates up to 2 additional hours per week to support the child's participation in or benefiting from childcare/preschool programs and/or to ensure the child's continued attendance.	Or For a Non-School Age child, the Resource Family obtains, provides and/or coordinates up to 4 additional hours per week to support the child's participation in or benefiting from childcare/preschool programs and/or to ensure the child's continued attendance.	Or For a Non-School Aged Child, the Resource Family is encouraged to enroll the child in childcare or a preschool program, which may be accessed through programs such as Head Start, the California Department of Education subsidized child care system, or through local school districts for Transitional Kindergarten programs. The Resource Family is also expected to provide up to 6 additional hours per week of age appropriate activities that promote healthy development.	Or For a Non-School Aged Child, the Resource Family is encouraged to enroll the child in childcare or a preschool program, which may be accessed through programs such as Head Start, the California Department of Education subsidized child care system, or through local school districts for Transitional Kindergarten programs. The Resource Family is also expected to provide up to 8 additional hours per week of age appropriate activities that promote healthy development.	
					Or Resource Family is required to provide or arrange for educational needs and/or support for the chronic or terminally ill child/youth who is unable to participate in school settings outside of the home as identified in the Case or Care Plan.	
Points	1	2	3	4	5	
	● Basic Level: The Resource Family will provide ongoing educational support to include assistance with arriving to school on time, completing homework, and special projects. The Resource Family is also expected, as part of regular parenting duties, to participate in parent-teacher conferences, attend Back-to-School Night and Open Houses, and communicate with the social worker and/or court prior to each court hearing on the J15 educational progress. The Resource Family should also encourage the child to read on his/her own (or read with them), and should ensure access to the Internet and other online technology to promote learning. ● Educational activities beyond the Basic Rate include: volunteering or otherwise being present in the classroom; assisting with and monitoring homework/school projects beyond what is age/developmentally appropriate; activities to support IEP, SST, RST, behavioral support, 504 Plans; supporting participation in school-based extracurricular activities (i.e. sports, music, theatre, etc.); assistance in transitioning to college or vocational education/training (i.e., college tours, completing applications, testing); assisting the youth to participate in community-based volunteer activities for extra credits; identifying/acquiring and putting into action any remediation plans or activities when needed; assisting in school enrollment, partial credits restoration; providing home-based education. Educational activities also include obtaining, arranging, coordinating and/or maintaining special equipment, tools or devices required for the child to access his/her education and educational environment. These activities may vary depending on the child's case plan and whether the caregiver is designated as the Educational Rights Holder. In the event that a child needs tutoring, instructions or educational therapy beyond what the Resource Family can provide, the time arranging, coordinating, scheduling, and/or transporting the child to services will be credited to the Resource Family. ● The Resource Family's willingness to seek assistance to provide extra support for the LGBTQ youth's educational needs. ● The Resource Family's willingness to provide school readiness to ensure social/emotional support. ● If the minor/NMD is pregnant or parenting, consider the Infant Supplement and intervention supports the Resource Family may need to enable school success of pregnant and parenting foster youth.					

Core Domain		Definition				
Health	Health domain is defined as actions in which the Resource Family must engage to promote the child's health and healthy sexual development by arranging and facilitating health care (i.e., Child Health and Disability Prevention (CHDP) Program*, medical, dental, vision, transgender needs), medication administration including psychotropic medications and/or monitoring, and ensuring access to services that address special health care needs. Resource Family addresses medically necessary or prescribed dietary/exercise/nutritional needs.					
	Resource Family arranges routine well child-care based on CHDP and dental schedule.	Resource Family arranges as needed an appointment with a healthcare specialists 2 times a year, including, but not limited to, orthopedics, orthodontia, neurology, endocrinology, psychiatry and/or medical/psychological care that support gender identity.	Resource Family arranges appointments with a healthcare specialists at least 3 but not more than 11 times per year, including, but not limited to, orthopedics, orthodontia, neurology, endocrinology, psychiatry, and/or medical/psychological care that support gender identity.	Resource Family arranges appointments with a healthcare specialist 12 times a year, including, but not limited to, orthopedics, orthodontia, neurology, endocrinology, psychiatry and/or medical/psychological care that support gender identity.		Resource Family provides care to a child who has been diagnosed with a severe medical and/or developmental problem*, which requires in-home monitoring by medical professionals, direct medical treatments and/or specialized care by the Resource Family and/or use of medical equipment multiple times per week.
	And/or Occasional or short-term medication intended to treat typical childhood illness or injury which may require either over the counter or prescription medication. This also includes arranging for medication to be administered at school.	And/or Resource Family must observe, record and report medication effects to a doctor and administers at least one medication as needed (PRN).	And/or Resource Family must observe, record and report medication effects to a doctor and administers at least one medication on a daily basis.	And/or Resource Family must observe/record/report medication effects to a doctor and administers multiple medications on daily basis.	And/or Resource Family operates and monitors medically prescribed equipment and medical devices.	
Points	1	4	5	6	7	

*This may include but is not limited to: An aspiration, suctioning, mist tent, ventilator, tube feeding, tracheotomy, symptomatic AIDS with complication, hepatitis, chemotherapy, indwelling lines, colostomy/ileostomy, or burns covering more than 10% of the body.

** The Child Health and Disability Prevention (CHDP) Program helps to prevent or find health problems through regular, no cost, health check-ups. A check-up includes: - Health and developmental history - Physical exam - Needed immunizations - Oral health screening and routine referral to a dentist starting by age 1 - Nutrition screening - Behavioral screening - Vision screening - Hearing screening - Health information - Lab tests, which may include: anemia, lead, tuberculosis, and other problems, as needed - Referral to Women, Infants, and child (WIC) program for a child up to age 5.

● If the minor/NMD is pregnant or parenting, the Resource Family should provide the needed support for attending prenatal care appointments, prenatal classes, breastfeeding classes, post-partum follow-ups, other medical appointment, etc. and consider Infant Supplement.

*This may include but is not limited to: An aspiration, suctioning, mist tent, ventilator, tube feeding, tracheotomy, symptomatic AIDS with complication, hepatitis, chemotherapy, indwelling lines, colostomy/ileostomy, or burns covering more than 10% of the body.

** The Child Health and Disability Prevention (CHDP) Program helps to prevent or find health problems through regular, no cost, health check-ups. A check-up includes: - Health and developmental history - Physical exam - Needed immunizations - Oral health screening and routine referral to a dentist starting by age 1 - Nutrition screening - Behavioral screening - Vision screening - Hearing screening - Health information - Lab tests, which may include: anemia, lead, tuberculosis, and other problems, as needed - Referral to Women, Infants, and Child (WIC) program for a child up to age 5.

• If the minor/NMD is pregnant or parenting, the Resource Family should provide the needed support for attending prenatal care appointments, prenatal classes, breastfeeding classes, post-partum follow-ups, other medical appointment, etc. and consider Infant Supplement.

Core Domain	Definition				
Permanency/ Family Services	Permanency/Family Services is defined as actions in which the Resource Family must engage to promote and facilitate visitation, communication, and the identification, development, and maintenance of lifelong, supportive connections with members of their biological and non-biological families and natural support systems. Permanency/Family Services also include efforts to connect the youth with their community of origin, including connections with resources, cultural organizations, faith communities, identity-based communities such as the LGBTQ community and any other group or organization which promotes a sense of belonging, identity, and connection to culture.				
	Permanency Activity is defined as: 1. An in-person visit with a parent, family member, sibling or siblings, or other permanent connection. 2. Child-focused/Family Focused community and cultural engagement: includes efforts to arrange, schedule and facilitate connecting the youth with their community of origin, including connections with resources, cultural organizations, faith communities, and any other group or organization which promotes a sense of belonging, identity, and connection to culture.				
	Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least three (3) times per month and at least once (1) per week child-focused and/or family-focused community and/or cultural engagement activities.	Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least four (4) times per month and at least two (2) times per week child-focused and/or family-focused community and/or cultural engagement activities.	Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least five (5) times per month and at least three (3) times per week child-focused and/or family-focused community and/or cultural engagement activities.	Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least six (6) times per month and at least four (4) times per week child-focused and/or family-focused community and/or cultural engagement activities.	Resource Family arranges and/or facilitates (including reasonable in-county transportation and supervision) an in-person visit at least seven (7) times per month and at least five (5) times per week child-focused and/or family-focused community and/or cultural engagement activities.
	And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for two (2) hours per week (to include transportation and travel time).	And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for four (4) hours per week (to include transportation and travel time).	And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for at least six (6) hours per week (to include transportation and travel time).	And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for at least eight (8) hours per week (to include transportation and travel time).	And/or Resource Family participates in mentoring/coaching birth parents implementing family visitation plans or other permanency related services for at least ten (10) hours per week (to include transportation and travel time).
Points	1	2	3	4	5
• The Resource Family assists the parent/guardian in improving their ability to support, care for and protect their child, including any LGBTQ child/youth, as well as actively promotes and facilitates other contact (e.g., telephone, written communication) between the in-person visits. • Family-focused engagement acknowledges that the relationship between the youth and biological family, natural supports, and/or Resource Family is vital to the success of the of the youth's well-being. Resource Families may require additional assistance to change the way family members interact to improve the functioning of the family as a unit. • If the minor/NMD is pregnant or parenting, consider the Infant Supplement. Also consider the additional support the Resource Family may need to provide to the parenting minor/NMD to ensure the minor's/NMD's child maintains visitation with the non-custodial parent and extended family members.					

Levels of Care (LOC) Rate Determination Matrix

Core Domain	Definition
Static Criteria	Chronic indicators that warrant the granting of the Intensive Services Foster Care (ISFC) to ensure safe placement of a child, pending a full assessment. The county may apply these if the child meets any of the following: - Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators - Aggressive and Assaultive - Animal Cruelty - CSEC - Eating Disorder - Fire Setting - Gang Activity - Habitual Truancy - Psychiatric Hospitalization(s) - Runaway - Severe mental health issues-including suicidal ideation and/or Self Harm - Substance Use/Abuse - Three or more placements due to the child's behavior
Indicator	If the County Placing Agency is seeking placement for a youth with a history of any of the above within the past year and the County Placing Agency has not been able to identify a Home-Based Family Care setting, the child/youth may qualify at the Intensive Services Foster Care (ISFC) level for a period of 60 days pending completion of an initial/updated assessment. After 60 days, the rate will be determined using the Level of Care Protocol Tool. *Due to the Static Criteria, some behaviors/symptoms may result in an automatic leveling up to the Intensive Services level of care.

CPR and First Aid Class Providers

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

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

Online training options:

- <https://www.firstaidweb.com/>
- <https://www.nationalcprfoundation.com/>
- <https://www.nationalcprfoundation.com/courses/standard-cpr-aed-first-aid/>
- <https://www.cprandfirstaid.net/>
- <https://www.cprtoday.com/>
- http://cpr.heart.org/AHA/ECC/CPRAndECC/Training/HeartsaverCourses/HeartsaverFirstAidCPR/AED/UCM_473182_Heartsaver-First-Aid-CPR-AED-Online.jsp
- <http://www.onlinecprcertification.net/>
- <http://www.firstaidforfree.com/>

Find and Register for Classes in Your Area:

- <http://www.redcross.org/local/california/take-a-class/cpr>

Onsite Training

- <http://cpr911.org/>

FOR COUNTY USE ONLY

COUNTY: _____

CONVERSION-RESOURCE FAMILY APPLICATION

Instructions: This is the conversion application by a county for Approved Relatives/ Approved Nonrelative Extended Family Member (NREFM), or Licensed Foster Family Homes who have a child or nonminor dependent placed in their home at any time in calendar year 2017. Please print or type clearly.

I. APPLICANT(S): EACH APPLICANT MUST SUBMIT PROOF OF IDENTITY.

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

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

II. APPLICANT(S)' RESIDENCE

PHYSICAL ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
Do you own, rent or lease the residence?		Check one: ☐ Own ☐ Rent ☐ Lease		
Weapons in the home?		Check one: ☐ Yes ☐ No		
Body of Water		Check one: ☐ Yes ☐ No		
If yes, please describe the location of the body of water and its size.				
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.

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 (PLEASE DO NOT INCLUDE NAME OF CHILD)

RELATIONSHIP TO APPLICANT(S)	DATE OF BIRTH	GENDER	DO YOU FINANCIALLY SUPPORT THIS CHILD?		ADOPTED	
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No

V. OTHER ADULTS RESIDING OR REGULARLY PRESENT IN THE HOME

Each adult residing or regularly present in the home must complete a criminal record statement RFA 01B if they had not been previously cleared.

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

VI. APPLICANT(S) HISTORY

MARITAL / DOMESTIC PARTNERSHIP HISTORY			
NAME OF FORMER SPOUSE / DOMESTIC PARTNER	MARRIAGE / DOMESTIC PARTNERSHIP DATE AND PLACE (CITY AND STATE)	DIVORCE / DOMESTIC PARTNERSHIP TERMINATION / DISSOLUTION DATE & PLACE	DEATH DATE & PLACE
APPLICANT ONE:			
APPLICANT TWO:			

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

**VII. CHILD OR NONMINOR DEPENDENT PLACED IN THE CALENDAR YEAR OF 2017**

- Is the child or NMD currently in your home? Check one: ☐ Yes ☐ No If yes, complete RFA 01C.

VIII. CHILD DESIRED

Please indicate your preference for characteristics of a child/NMD to be placed with you.

AGE(S)						
☐ 0 TO 3 yrs	☐ 4 TO 8 yrs	☐ 9 TO 12 yrs	☐ 13 TO 15 yrs	☐ 16 TO 18 yrs	☐ 18 TO 21 yrs	☐ No preference
SIBLING (GROUP OF)						
☐ 0	☐ 2	☐ 3	☐ 4	☐ 5 or more		

IX. FOSTER CARE/ADOPTION/ LICENSURE HISTORY

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

**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 affirm that the information provided on this form is true, correct, and contains no material omissions of fact to the best of my/our knowledge and belief.
- I/We understand any false or misleading statements willfully or knowingly 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 a right to appeal any decision regarding the disposition of this application.

APPLICANT(S) SIGNATURE	CITY AND COUNTY WHERE SIGNED	DATE

**CONVERSION TO RESOURCE FAMILY:
RELEASE OF INFORMATION**

Name of County: _____

☐ Approved Relative/Nonrelative Extended Family Member (NREFM)☐ Licensed Foster Family HomeParent Name #1: _____
(Print Name)Parent Name #2: _____
(Print Name)**RELEASE OF INFORMATION:**☐ I/We, _____ and, _____
(Print Parent Name #1) (Print Parent Name #2)

hereby authorize the Department to transfer my/our foster family home file to the County for the purpose of being approved as a Resource Family pursuant to Welfare and Institutions Code section 16519.5 and Health and Safety Code section 1517.1.

☐ I/We, _____ and, _____
(Print Parent Name #1) (Print Parent Name #2)hereby authorize the ☐ Department ☐ County ☐ _____
(Adoption Agency Name)

to copy my/our approved homestudy and any updates to my/our adoption homestudy from my/our adoption file and for said copies to be placed in my/our Resource Family file for the purpose of being deemed a Resource Family pursuant to Welfare and Institutions Code section 16519.5. A closed homestudy cannot be accepted for deeming purposes.

Upon approval as a Resource Family, I/we understand that my/our

☐ Relative Approval ☐ NREFM Approval ☐ Foster Family Home license shall be forfeited by operation of law._____
(Parent Name #1 Signature) (Date)_____
(Parent Name #2 Signature) (Date)_____
(Resource Family Worker Name) (Resource Family Worker Signature) (Date)_____
(Resource Family Worker Address)_____
(Resource Family Worker Telephone Number)



RESOURCE FAMILY APPROVAL CERTIFICATE

COUNTY NAME: _____

Is the approval child/NMD – specific? ☐ Yes ☐ No If yes, refer to RFA 01C.

(County Name)

Resource Family:

In accordance with applicable provisions of the Welfare and Institutions Codes section 16519.5 and the Resource Family Approval Written Directives,

_____ has issued
(County Name)

this **Resource Family Approval Certificate** to

at

Conditions on Approval: _____

Approval Date:

Capacity:

Authorized County Representative

PLEASE KEEP ON FILE IN RESOURCE FAMILY HOME

AGENCY USE ONLY

RFID #: _____

FFA: _____

CONVERSION-RESOURCE FAMILY APPLICATION

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I. APPLICANT(S): EACH APPLICANT MUST SUBMIT PROOF OF IDENTITY.

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

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

II. APPLICANT(S)' RESIDENCE

PHYSICAL ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
Do you own, rent or lease the residence?		Check one: ☐ Own ☐ Rent ☐ Lease	
Weapons in the home?		Check one: ☐ Yes ☐ No	
Body of Water		Check one: ☐ Yes ☐ No	
If yes, please describe the location of the body of water and its size.			
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.

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 (PLEASE DO NOT INCLUDE NAME OF CHILD)

RELATIONSHIP TO APPLICANT(S)	DATE OF BIRTH	GENDER	DO YOU FINANCIALLY SUPPORT THIS CHILD		ADOPTED	
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No

V. OTHER ADULTS RESIDING OR REGULARLY PRESENT IN THE HOME

Each adult residing or regularly present in the home must complete a criminal record statement LIC 508D if they had not been previously cleared.

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

VI. APPLICANT(S) HISTORY

MARITAL / DOMESTIC PARTNERSHIP HISTORY			
NAME OF FORMER SPOUSE / DOMESTIC PARTNER	MARRIAGE / DOMESTIC PARTNERSHIP DATE AND PLACE (CITY AND STATE)	DIVORCE / DOMESTIC PARTNERSHIP TERMINATION / DISSOLUTION DATE & PLACE	DEATH DATE & PLACE
APPLICANT ONE:			
APPLICANT TWO:			

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

VII. CHILD OR NONMINOR DEPENDENT PLACED IN THE CALENDAR YEAR OF 2017

- Is the child or NMD currently in your home? Check one: ☐ Yes ☐ No If yes, complete LIC 01C.

VIII. CHILD DESIRED

Please indicate your preference for characteristics of a child/NMD to be placed with you.

AGE(S)						
☐ 0 TO 3 yrs	☐ 4 TO 8 yrs	☐ 9 TO 12 yrs	☐ 13 TO 15 yrs	☐ 16 TO 18 yrs	☐ 18 TO 21 yrs	☐ No preference
SIBLING (GROUP OF)						
☐ 0	☐ 2	☐ 3	☐ 4	☐ 5 or more		

IX. FOSTER CARE/ADOPTION/ LICENSURE HISTORY

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

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 affirm that the information provided on this form is true, correct, and contains no material omissions of fact to the best of my/our knowledge and belief.
- I/We understand any false or misleading statements willfully or knowingly made to the foster family agency or Department to obtain or maintain Resource Family approval can result in a denial or rescission of a Resource Family approval.

APPLICANT(S) SIGNATURE	CITY AND COUNTY WHERE SIGNED	DATE

**CONVERSION TO RESOURCE FAMILY:
RELEASE OF INFORMATION**

Name of Foster Family Agency: _____

Certified Parent Name #1: _____
(Print Name)Certified Parent Name #2: _____
(Print Name)**RELEASE OF INFORMATION:**I/We, _____ and, _____
(Print Parent Name #1) (Print Parent Name #2)hereby authorize the ☐ Department ☐ _____
(County Adoption Agency Name)or ☐ _____ to copy my/our approved adoption
(Adoption Agency Name)

homestudy and any updates to my/our adoption homestudy from my/our adoption file and for said copies to be placed in my/our Resource Family file for the purpose of being deemed a Resource Family pursuant to Health and Safety Code section 1517. A closed homestudy cannot be accepted for deeming purposes.

Upon approval as a Resource Family, I/we understand that my/our certified family home certificate of approval shall be forfeited by operation of law.

(Parent Name #1 Signature) (Date)_____
(Parent Name #2 Signature) (Date)_____
(FFA Worker Name) (Date)_____
(FFA Worker Signature) (Date)_____
(FFA Worker Address)_____
(FFA Worker Telephone Number)

RESOURCE FAMILY APPROVAL CERTIFICATE

In accordance with applicable provisions of the Health and Safety Code of California and Foster Family Agency Interim Licensing Standards of the California Department of Social Services, the licensed Foster Family Agency shown below has issued this Resource Family Approval Certificate to:

Resource Family Name: _____

Resource Family Address: _____

To receive and provide care for children and nonminor dependents subsequently placed by the agency.

This Approval:

1. Does not permit the acceptance of children or nonminor dependents for care from any other agency, individual, parent or guardian.
2. Is not transferable; is limited to the terms of the approval and may be rescinded at the discretion of the foster family agency or the California Department of Social Services.
3. Is granted upon the following conditions:

Capacity: _____

Conditions on Approval: _____

Date of Approval: _____

"I hereby certify that the above named Resource Family meets the approval standards in the Foster Family Agency Interim Licensing Standards."

Foster Family Agency Name

Foster Family Agency Administrator or Designee Name

License Number

Foster Family Agency Administrator or Designee Signature

Address

Title

City, State, Zip Code

Date

PLEASE KEEP ON FILE IN RESOURCE FAMILY HOME

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/ls/pf/fy.

YOUR FOSTER YOUTH EDUCATIONAL LIAISON IS:

AND CAN BE REACHED AT:



PRE K-12
AND BEYOND

CALIFORNIA FOSTER YOUTH EDUCATION
TASK FORCE



A Guide for Requesting Education Records

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

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

The Purpose of Requesting Records

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

Examples of Records you May Receive

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

Procedures for ERHs to Request Education Records

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

A Guide for Requesting Education Records

Records Request

Date: _____

School Name: _____

School Address: _____

RE: Child's Name: _____

Child's Date of Birth: _____

Dear Records Clerk,

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

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

And if applicable:

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

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

ERH Signature: _____

ERH Name: _____

ERH Address: _____

ERH Phone Number: _____

A Guide for Early Start Referral and Assessment

Why might a child need an Early Start assessment?

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

What does a child with a developmental delay look like?

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

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

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

Procedures for Requesting an Early Start Assessment:

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

A Guide for Early Start Referral and Assessment

INTAKE DEPARTMENT

Name of Regional Center: _____

Address: _____

RE: Child's Name: _____

DOB: _____

Dear Intake Department,

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

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

_____ Physical therapy assessment because child demonstrates the following delays:

_____ Occupational therapy assessment because child demonstrates the following delays:

_____ Other concerns requiring assessment:

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

Education Rights Holder Name: _____

Address: _____

Phone Number: _____

A Guide for Requesting a Special Education Assessment

Why might a child need a special education assessment?

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

What does a child with an educational disability look like?

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

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

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

Procedures for Requesting a Special Education Assessment:

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

A Guide for Requesting a Special Education Assessment

Special Education Assessment Request

Date: _____

School Name: _____

School Address: _____

Child's Name: _____

Child's Date of Birth: _____

Dear Principal/Special Education Coordinator:

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

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

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

Academic Needs: _____

Behavior Needs: _____

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

Sincerely,

Education Rights Holder

School Origin Best Interest Determination Procedures Worksheet

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

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

STEP 1: Meeting Participants

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

STEP 2: Identify School Options

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

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

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

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

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

School Origin Best Interest Determination Procedures Worksheet

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

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

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

School Origin Best Interest Determination Procedures Worksheet

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

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

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

School Origin Best Interest Determination Procedures Worksheet

Impact of Distance on Education

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

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

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

STEP 4: Foster Youth Liaison Recommendation

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

STEP 5: ERH Best Interest Determination

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

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

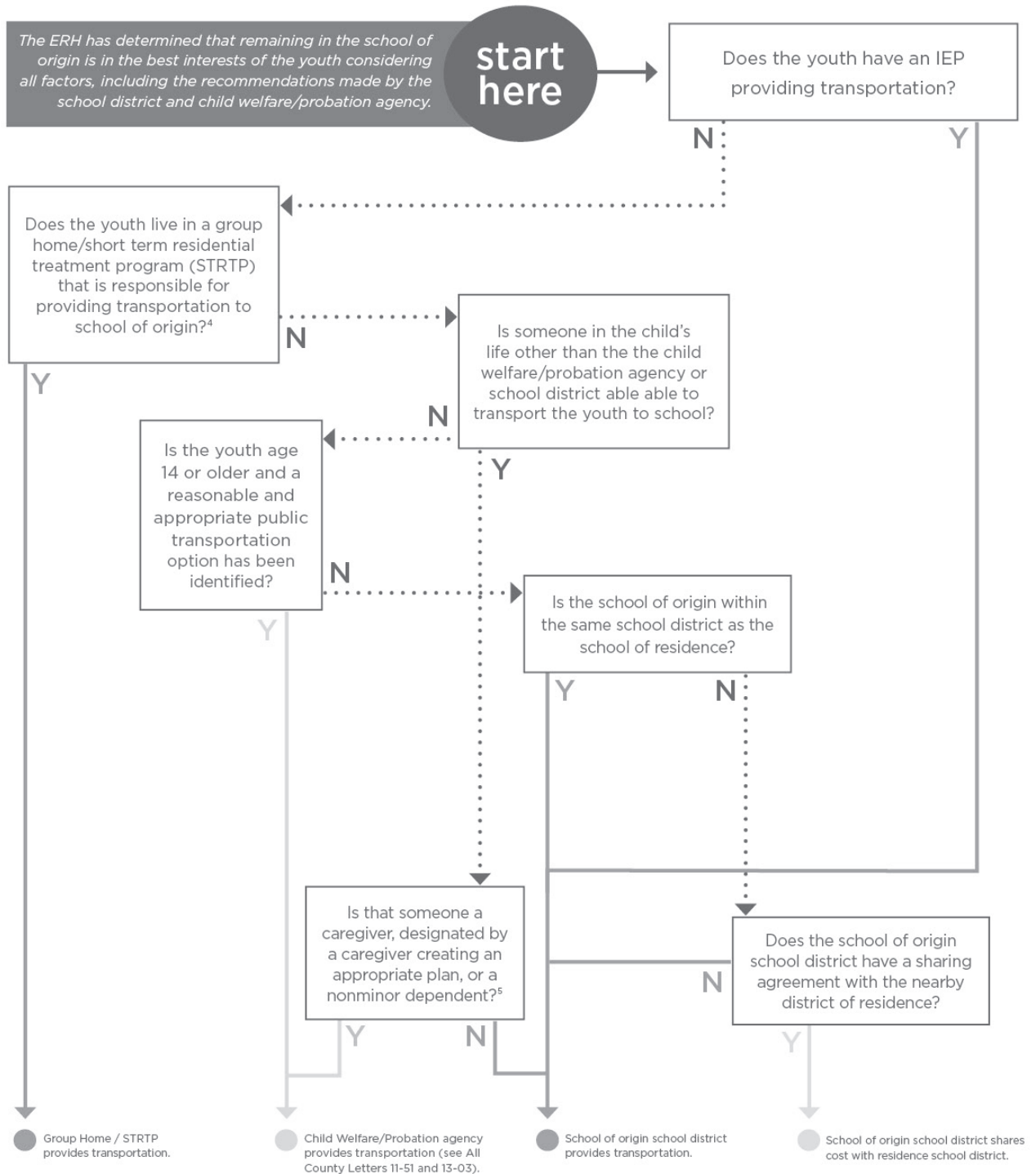
STEP 6: Transportation Plan

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

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

School Origin Best Interest Determination Procedures Worksheet

Transportation to School of Origin Flowchart



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

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

School Origin Best Interest Determination Procedures Worksheet

Summary of Transportation Plan

Transportation to the school of origin will be provided by:

☐ Group Home / STRTP.

☐ Child Welfare or Probation Agency in the form of:

☐ Reimbursement to an individual:

Individual's name: _____

Relationship to student: _____

Agency providing reimbursement: _____

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

The route identified is: _____

☐ The School of Origin school district in the form of:

☐ Bus or other vehicle

☐ Reimbursement to an individual:

Individual's name: _____

Relationship to student: _____

☐ Public transportation to be facilitated by the school district:

The route identified is: _____

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

STEP 7: Consent

ERH Signature: _____

Student Signature: _____

School Administrator: _____

Chart, Comparison between Resource Family, Tribally Approved Home and Tribally Specified Home

	Resource Family	Tribally Approved Home	Tribally Specified Home
Home Environment Assessment	A county shall conduct the Home Environment Assessment to verify that the home meets the health and safety standards and has no safety defects that could pose a hazard to the child.	Home approval may not appear to meet state approval standards, but can be suitable for tribal homes in a cultural context.	If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family."
Family Evaluation	A county shall conduct the assessment as: 1) 3 face to face interviews of the applicant 2) 1 separate face-to-face interview of all other persons in the home of the applicant 3) Any additional interviews deemed necessary	Look for what approval standards are required by the tribe. Family Evaluation may not be necessary depending on the licensing or approval standards set forth by the tribe.	If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family."
Background Checks	A county shall conduct the Background Check of the applicant and all adults residing or regularly present in the home. Refer to A14 for more details.	CDOI approved tribes have the ability to conduct their own background checks for purposes of approving homes for placement of Indian children. (SB 1460, ACL 17-62) If the tribe does not have CDOI authorization, the county shall perform the background check for the tribe. Whether the county or the tribe performs the background check for the tribal home, the tribal home is not required to be fingerprinted at the RFA level. Tribally Approved Homes are not required to adhere to the RFA standards set forth in the Written Directives. These homes shall continue to adhere to the licensing or approval standards set forth by the tribe. Background check must be completed pursuant to standards set forth in section 1522 of the HSC and reported to the county CWA.	If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family."
Criminal Record Exemption	A county may grant a criminal record exemption.	CDOI approved tribes have the authority to grant exemption requests. CDSS or the county may evaluate the exemption, at the tribe's request.	If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family."

Chart, Comparison between Resource Family, Tribally Approved Home and Tribally Specified Home

	Resource Family	Tribally Approved Home	Tribally Specified Home
		Tribally Approved Homes are not required to adhere to the RFA standards set forth in the Written Directives. These homes shall continue to adhere to the licensing or approval standards set forth by the tribe.	
Pre-Approval Training	A county is responsible for making sure that each applicant completes a minimum of 12 hours of pre-approval training prior to RFA.	Look for what approval standards are required by the tribe.	If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family."
Written Report	A county is responsible for completing the RFA-05 RFA Written Report or the Comprehensive Assessment of an applicant.	Depending on tribal practice, written confirmation that a tribe has approved a home can be in the form of a tribal council resolution or letter from the tribe confirming that the tribe has approved the home	If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family."
Placement Preferences	If reunification is not possible, placement of children with relatives is the top preference.	The ICWA placement preferences are consistent with federal and state preferences for placement of children with relatives if reunification is not possible. Though some Tribes may have established differing placement preferences.	If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family."
Jurisdiction	The child or NMD is under the jurisdiction of the juvenile court, or otherwise in the care of a county child welfare agency or probation department.	If the residence or domicile of the Indian child is on a reservation where the Tribe exercises exclusive jurisdiction over child-custody proceedings, the State court must dismiss the State court child custody proceeding and ensure the Tribal court is sent all information regarding the Indian child custody proceeding. If the Tribe does not have exclusive jurisdiction, there is concurrent jurisdiction between the State and the Tribe. The Indian child's parents, Indian custodians, and the Tribe have the right to petition the court for Tribal jurisdiction over the Indian child.	If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family."

Chart, Comparison between Resource Family, Tribally Approved Home and Tribally Specified Home

	Resource Family	Tribally Approved Home	Tribally Specified Home
		If the Tribal jurisdiction is not asserted, the Indian child custody case continues under State court with the provisions of ICWA still enforced.	
Transfer	Child welfare cases may be transferred to other counties if certain conditions are met.	The Indian child's parents, Indian custodians, and Tribe have the right to petition the court to transfer the proceeding to the tribal court of the Indian child's tribe. The State court must ensure the Tribal court is sent all information regarding the Indian child custody proceeding when received petition or when a Tribe asserts exclusive jurisdiction.	If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family."
Emergency Placement with Relative or NREFM	A county may place a child or NMD with a relative or NREFM on an emergency basis prior to RFA. An emergency placement background check must be conducted by the county agency, inclusive of criminal records check and home assessment.	A county may place a child or NMD with a relative or NREFM on an emergency basis prior to RFA. Some but not all Tribal agencies have the authority to conduct emergency placement evaluations. Consult with your tribe to determine if the tribe can conduct an emergency placement evaluation. If the tribe does not have the ability to conduct the emergency evaluation, an emergency placement background check must be conducted by the county agency, inclusive of criminal records check and home assessment.	If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family."
Emergency Placement Based on a Compelling Reasons	A county may place a child or NMD with an applicant prior to RFA. County agency must conduct a home assessment and background check of the applicant.	A county may place a child or NMD with an applicant prior to RFA. Some but not all Tribal agencies have the authority to conduct emergency placement evaluations. Consult with the tribe to determine if the tribe can conduct an emergency placement evaluation. If the tribe does not have the ability to conduct the emergency evaluation, an emergency placement background check must be conducted	If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family."

Chart, Comparison between Resource Family, Tribally Approved Home and Tribally Specified Home

	Resource Family	Tribally Approved Home	Tribally Specified Home
		by the county agency, inclusive of criminal records check and home assessment.	
Annual Training	A county is responsible for ensuring that each member of a resource family completes a minimum of 8 hours annual training	Tribes maintain differing training requirements. Consult with the tribe regarding their specific training requirements.	If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family."
Annual Update of RFA	A county is responsible for updating the approval of a resource family, at least annually	Tribes maintain differing home approval update requirements. Consult with the tribe regarding their specific update requirements.	If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family."
Interstate Placements	ICPC sets the procedures among member states and U.S. territories to work together to ensure that children placed across state lines for foster care or adoption receive adequate protection and support services.	If ICPC assessment is required for Indian children moving out of California, the county in the receiving state is required to conduct the assessment and background check. Federally recognized tribes outside California do not have the authority to conduct their own background checks.	If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family."
AFDC-FC	All approved homes of foster children are eligible for AFDC-FC.	Family home used only for the placement of an Indian child which has either been approved by that Indian child's tribe or the county agency is eligible for AFDC-FC	If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family."
CalWORKs	Non-needy CalWORKs available to relative caregivers pre-RFA approval.	Indian children in care may be eligible for either a California Tribal TANF Program administered by each Tribe or Consortium or CalWORKs, so long as the child meets the eligibility requirements of the program	If inclusive of tribally licensed or approved homes, see "Tribally Approved Home." If inclusive of any other foster care placement, see "Resource Family."



March 13, 2018

ALL COUNTY LETTER (ACL) NO. 18-25

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL MENTAL HEALTH DIRECTORS
ALL COUNTY ADOPTION AGENCIES
ALL ADOPTION DISTRICT OFFICES
ALL GROUP HOME PROVIDERS
ALL FOSTER FAMILY AGENCIES
ALL TITLE IV-E AGREEMENT TRIBES
ALL OUT-OF-STATE GROUP HOMES

SUBJECT: IMPLEMENTATION OF THE INTENSIVE SERVICES FOSTER CARE (ISFC) PROGRAM

REFERENCE: [ASSEMBLY BILL \(AB\) 404, CHAPTER 732, STATUTES OF 2017;](#)
[HEALTH AND SAFETY CODE \(HSC\) SECTION 1517, WELFARE](#)
[AND INSTITUTIONS CODE SECTIONS 16519.5, 17731, 18360,](#)
[18360.05, 18360.10, 18360.15, 18360.25, 18360.35, ACL NO 16-10,](#)
[ACL NO. 16-84, ACL NO. 17-11, ACL NO.17-75, ACL NO. 17-111,](#)
[ACL NO. 18-06, ACL 18-06E, ACL NO.18-09](#)

The purpose of this ACL is to inform and provide instructions to counties and providers implementing an ISFC program. The ISFC program is intended to serve children/youth who require intensive treatment and behavioral supports, as well as children/youth with specialized health care needs and including those served under Intensive Treatment Foster Care (ITFC). An eligible child for ISFC is a child or nonminor dependent in foster care who requires a higher level of care of supervision as determined by the Level of Care (LOC) Rate Determination Protocol (Protocol).

Eligible Families

An ISFC resource family means a resource family as defined in WIC Section [16519.5](#) or HSC Section [1517](#) and until December 31, 2019, includes a licensed foster family home or a certified family home of a licensed Foster Family Agency (FFA). Non-related legal guardians and Kinship Guardianship Assistance Payment families are not eligible to become ISFC resource parents.

Counties are encouraged to assess the capacity of their relative homes in collaboration with the FFAs to determine what strategies are effective to recruit, develop, support and/or train relatives as ISFC resource parents.

Program Description

The goal of the ISFC program is to ensure that youth in foster care receive the services they need in a home-based family care setting or to avoid or exit a short-term residential therapeutic program, group home (GH), or out-of-state GH care. The program requires specially trained resource parents and professional and paraprofessional support. Consistent with Continuum of Care Reform, the ISFC program provides core services and supports to a child/youth in foster care. These core services may include, but are not limited to arranging access to mental health treatment, providing trauma informed care and providing transitional support from foster placement to permanent home placement. Services needed by children and youth in the ISFC program who meet the eligibility criteria under other applicable publicly funded programs, including, but not limited to, mental health, education and health services shall have these services arranged for by the FFA or a County.

The role of an ISFC resource parent requires a significant commitment of time, involvement and responsibility that includes participating as an integral part of the child/youth's team. ISFC resource parents must have the ability to meet the individual intensive care needs of children/youth in this program. The ISFC program also creates an opportunity for the counties and agencies to apply promising and evidence based practices for child welfare and probation youth placed in this level of care such as but not limited to wraparound, Functional Family Therapy or Multi-Systemic Therapy.

The Role of the Child and Family Team (CFT)

Beginning January 1, 2017, placing agencies were required to convene a Child and Family Team (CFT) for all children/youth in foster care per [ACL 16-84](#). The CFT process is intended to give children/youth, and families an opportunity to provide meaningful input into their case plans, which includes placement decisions as well as services and supports. Information gathered from the CFT is extremely important when identifying initial and ongoing needs of the child/youth. A CFT meeting will be convened to discuss any placement changes and service needs for a child or youth. The team

must be consulted to identify the most appropriate placement of the child or youth, while always considering the least restrictive placement option. In addition, the CFT meeting can also provide useful information that may inform the LOC Protocol regarding the care and supervision needs for a child/youth. The ISFC level of care is part of the LOC Protocol.

Service Delivery Models

There are two ISFC service delivery models:

- The FFA model is delivered through a licensed FFA or a county licensed by the Department to run a FFA.
- The public delivery model defined as an ISFC program directly operated by a county as a governmental program.

All ISFC programs, including counties opting to operate a public delivery model must comply with the applicable ISFC statutes and the instructions in this letter.

ISFC Program Responsibilities

This section describes the program responsibilities for FFAs, and for County Welfare or Probation Departments interested in operating an ISFC program.

FFAs Operating an ISFC Program will:

- Identify how they will recruit and train ISFC resource parents.
- Accept children/youth for placement that require the intensive services and supports as described in the program statement.
- Provide placement matching between eligible children/youth with ISFC resource families.
- Provide the necessary core services and supports that are identified in the individual needs and services plan.
- Provide core services and supports either directly or by the FFA, County or secured through agreements with other agencies.
- Have the necessary professional and paraprofessional support staff.
- Have social work staff with a master's degree to provide case coordination for eligible children/youth.
- Ensure all training requirements are met (see Training Section in this ACL).
- Develop the child/youth's needs and services plan in coordination with the child/youth's case worker, ISFC resource parent and CFT.

FFAs may employ client support staff as need and appropriate.

Counties operating an ISFC Program as a Public Delivery Model will:

- Identify how they will recruit and specially train ISFC resource parents.
- Have the necessary professional and paraprofessional staff.
- Provide placement matching between eligible children/youth with foster care resource families.
- Have social work staff with a master's degree to provide case coordination for eligible children/youth.
- Ensure all training requirements are met (see Training Section in this ACL).

Counties operating this model may utilize the child/youth's case plan as the individual needs and services plan and core services may be provided either directly by the County or secured through agreements with other agencies.

ISFC and Therapeutic Foster Care (TFC)

Therapeutic Foster Care (TFC) is available as an Early and Periodic Screening, Diagnostic and Treatment, Specialty Mental Health Service (SMHS) to children/youth who are under the age of 21, who are Medi-Cal eligible and meet medical necessity criteria. TFC is a short-term, intensive, highly coordinated, trauma-informed and individualized intervention, provided by a TFC parent, and other SMHS providers associated with the TFC Agency, to a child or youth who has complex emotional and behavioral needs.

An ISFC resource parent may become a TFC parent if the ISFC resource parent meets all of the TFC requirements, including, but not limited to completing specific training, and is working under the supervision of a TFC Agency. Additional information about TFC such as TFC parent and TFC Agency requirements can be found in [ACIN-I-05-17/MHSUDS IN 17-009](#) and in the recently released [Medi-Cal Manual](#) for Intensive Care Coordination, Intensive Home Based Services, and TFC Services for Medi-Cal Beneficiaries, Third Edition.

The ISFC program is for child welfare or probation youth that are in foster care and is distinct from TFC which can be provided to any Medi-Cal beneficiary who meets specific eligibility criteria. A resource parent may be a TFC parent without becoming an ISFC resource parent.

LOC Rate Determination Protocol (LOC Protocol) Static Criteria and ISFC

As described in [ACL NO. 17-11](#), when a child requires an immediate placement based on the static criteria behavioral identifiers or situations in the LOC Protocol, the Social Worker/Probation Officers may make an immediate/urgent placement at the ISFC level to ensure the safety of a child/youth pending a LOC rate determination. As a part of the LOC Protocol rate structure, the ISFC LOC identifies the higher levels of intensive care

home based and supervision expectations to address the child/youth's complex and/or special health care or medical needs. Static criteria may be used for immediate placement needs and does not assume the child/youth will remain at the ISFC level rate once the initial LOC rate determination is completed. Counties will be able to better assess the placement needs and stabilize the placement while maintaining the child/youth safely in a home-based family setting.

The placing agency may initially pay an ISFC rate up to 60-days, for a child/youth who meets one or more of the static criteria. The care needs as presented based on the static criteria behavioral identifiers or situations must have occurred within the preceding 12 months. The initial 60-day placement may be extended an additional 60-days upon local county manager approval. The approval of additional 60-day option should only be exercised when no other appropriate and safe Home Based Family Care (HBFC) placements can be found. This type of immediate/urgent placement of the child/youth in a HBFC setting must be with a resource parent who is able to provide the care needs of the child/youth and has the capacity to be trained and meet the skill level required of an ISFC resource parent.

The training requirements for a resource parent who accept an urgent/immediate placement based on the static criteria must meet the training requirements outlined below.

ISFC Resource Parent Responsibilities and Capacity

An ISFC resource parent must:

- Participate in the development of the child/youth's plan.
- Complete all pre-placement and on-going specialized training needed to provide care and supervision for ISFC eligible child/youth. (see Training section in this ACL).
- Ensure the well-being of the child/youth, and participate in the implementation of the child/youth's needs and services plan, including participating as part of the Child and Family Team.
- Meet all requirements of the Resource Family Approval (RFA) Program.

The ISFC program allows for no more than two children/youth in foster care, one or both of whom may be an ISFC eligible child placed in an ISFC resource family home. In order to accommodate sibling group placements when at least one sibling (but no more than two) is identified as an ISFC child/youth, there can be no more than a total of five foster children in an ISFC resource family home. Prior to placement of a second ISFC child/youth, or any subsequent children/youth or sibling placement, a licensed FFA operating an ISFC program must provide each county placing agency with a written assessment of the risk and compatibility of placing subsequent foster children. Placement may then be made, if approved, by the county placing agency involved, considering the recommendations of the CFT.

ISFC Resource Parent Training

ISFC resource parents are required to complete 40 hours of pre-placement training. Those who have completed 12 hours of preapproval caregiver training during the RFA process only need an additional 28 hours to complete the required 40 hours of pre-placement training. For a FFH or Certified Family Home, up to 12 hours of preplacement training as required by HSC Section [1517](#) may be counted towards the 40-hour requirement. Finally, if the ISFC resource family is caring for children with special health care needs, training hours may be satisfied on an hour-by-hour basis for the training received pursuant to WIC Section [17731\(c\)](#).

In a two-parent household, placement of an eligible child may be made once at least one of the resource parents has completed 40 hours of pre-placement training as long as the second parent has completed 20 hours of pre-placement training. In such a circumstance, the second parent must complete the remaining 20 hours of preplacement training within 12 months of placement of the child.

The 40 hours of pre-placement training must include information relating to working with children who have experienced trauma, behavior de-escalation techniques and cardiopulmonary resuscitation and first aid. The pre-placement training may be customized to each resource parent based on the child the family intends to serve. Additional pre-placement training subject matter topics may be required by the county-placing agency, depending on the special needs of an eligible child/youth to be placed with the ISFC resource family.

Ongoing Training

ISFC resource parents must complete 24 hours of ongoing training within 12 months of the placement of an eligible child/youth, and 12 hours per year for each year thereafter. Eight hours of this required training may be satisfied each year through annual RFA caregiver training or, for FFHs or Certified Family Homes, annual training received required by that licensure or certification. As with initial training, if the ISFC resource family is caring for children with special health care needs, training hours may be satisfied on an hour-by-hour basis for the training received pursuant to [WIC Section 17731\(c\)](#).

For two-parent ISFC resource families, at least one of the parents must complete 24 hours of training within 12 months of the placement. Additionally, each parent must complete 12 hours per year for each year thereafter.

When an ISFC Level Placement is Made Before Pre-placement Training is Completed

A resource parent that has not completed the required ISFC training may accept an eligible child/youth or retain a child/youth identified as an eligible child/youth subsequent to placement under the following conditions:

- In a one-parent household, the resource parent must complete the 40 hours of required pre-placement training within 120 days after the placement, or identification, of an eligible child/youth.
- In a two-parent household, one of the parents must complete the 40 hours of required pre-placement training within 120 days after the placement, or identification, of an eligible child/youth. Additionally, the other resource parent must complete the initial 20 hours of pre-placement training within 180 days from the placement, or identification, of an eligible child/youth and complete the remaining 20 hours of preplacement training within 12 months of the placement. The other parent shall not be required to complete the 24 hours of ongoing training.
- Placement, or identification, of the eligible child is made pursuant to the LOC protocol to meet the urgent placement needs of the child.
- The county-placing agency must provide or arrange for any necessary services and supports to a child/youth in a resource family pending the family's transition to an ISFC resource family, or a placement change.

Health Care Professional Training

No resource parent or FFA staff who is a health care professional caring for a child with a specialized health care needs shall be required to complete any training or additional training determined by the responsible individualized health care plan team to be unnecessary on the basis of his or her professional qualification and expertise. Training hours may be satisfied on an hour-by-hour basis by the training received pursuant to WIC Section [17731\(c\)\(6\)](#).

For ISFC Client Support Staff working with children with special health care needs, ISFC training may also be satisfied on an hour-by-hour basis in accordance with training received pursuant to WIC Section [17731\(c\)](#) or as required by the licensing board within their scope of practice.

Agency and County Staff Training

Client Support Staff are professional and paraprofessional staff or contractors who meet the experience and education requirements of WIC Section [18360.10\(c\) \(2\), \(3\), and \(4\)](#), and are operating within the scope of practice of their license or certification. These staff can provide individualized support and services to the eligible child/youth and other individuals, as approved by the placing agency and informed by the CFT. Client support staff may include, but are not limited to, classifications such as behavioral specialists, family support specialists, family specialists, or parent partners.

Client support staff training hours remain the same as in the previous ITFC programs, but training subjects can be expanded to include training tailored to specific populations.

Client support staff shall have at least one of the following:

1. A minimum of a bachelor's degree and six months of experience in working with children/youth who have serious emotional or behavioral needs or children/youth who have special needs including, but not limited to, intensive medical needs or
2. A minimum of an associate's degree and one year of experience in working with children/youth who have serious emotional or behavioral needs, or children/youth who have special needs including, but not limited to, intensive medical needs.

The Department may waive the educational requirements described in 1 or 2 above for client support staff who have direct client supervision with at least two years of experience working with children/youth who have serious emotional or behavioral needs, or children/youth who have special needs including, but not limited to, intensive medical needs, and who have demonstrated a combination of education, skills, and experience that meets the specific needs of the target population, including, but not limited to, cultural and linguistic needs.

For ISFC client support staff who are also health care professionals working with children with special health care needs, ISFC training may also be satisfied on an hour-by-hour basis in accordance with training received pursuant to WIC Section [17731\(c\)](#), or as required by the licensing board within their scope of practice.

For a Public Delivery Model, if client support staff are hired, the support staff must have 40 hours of training to include, but not limited to, working with children/youth who have experienced complex trauma. If client support staff have completed the Child Welfare Services Core Training curricula, then this initial training requirement would be met.

ISFC RATE

Effective December 1, 2017, all ITFC and Treatment Foster Care Oregon Model (TFCO) [previously known as Multi-Dimensional Treatment Foster Care (MTFC)] providers were paid the ISFC rate as displayed in [ACL 17-75](#), Table H. Counties can continue to place ISFC children/youth with existing ITFC providers while the FFAs convert to the ISFC program. FFA Certified or RF approved parents in an existing ITFC Program should already be receiving the current ISFC rate of \$2,410.

The LOC Protocol identifies the care and supervision needs for the child/youth and the resource parents level of expected supervision and supports. The LOC Protocol is being implemented with the FFAs as outlined in [ACL NO. 18-06](#) and [ACL 18-06E](#). The LOC Protocol has been available for use by FFAs since March 1, 2018.

FFA and County Process for Submitting ISFC Program Statements/Program Descriptions

Existing FFAs that have transitioned from an ITFC to an ISFC program, and FFAs interested in implementing the ISFC program, must submit an amended FFA Program Statement Template that is updated to include the new ISFC requirements to the Foster Care Rates Bureau (FCRB). The FFA is only required to submit section 35 of the FFA Program Statement. The ISFC Section 35 of the [Program Statement template](#) should be sent to the California Department of Social Services FCRB via email to: Fosterca@dss.ca.gov. The emailed copy must have the ISFC provider's name as part of the file name to identify which provider the ISFC FFA Program Statement belongs to. A hard copy of the amended program statement must to be sent to the applicable Community Care Licensing [Children's Residential Regional Office](#).

FFAs that are new ISFC programs and that were not prior ITFC providers will receive an ISFC rate approval and issued a rate letter, and a program number from FCRB. The effective date of the rate will correspond with the date the ISFC program is approved.

Counties that are not operating as a FFA and intend to opt-in as an ISFC public delivery model shall submit an ISFC Program Description to the Department, (See Attachment). The Program Description captures how a county will meet the ISFC requirements as outlined in this letter. The County ISFC Program Description is to be emailed to Fosterca@dss.ca.gov.

Inquiries

If you have any questions regarding the rates policy information in this ACL, please contact the FCRB at (916) 651-9152 or send emails to Fosterca@dss.ca.gov.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

c: CWDA
Attachment

ATTACHMENT

County Name: _____

PUBLIC DELIVERY MODEL

ISFC PROGRAM DESCRIPTION

A. Program Goals [Reference: WIC 18360.10]

1. Identify Program goals to ensure ISFC Resource Parents are carefully selected, trained, supervised, and matched with a child or nonminor dependent.
2. Describe how the ISFC program will target and support children or nonminor dependents who required a higher level of intensive services and supports.
3. Describe procedures to request CFTs as needed, including whenever there is a risk of placement disruption.

B. Training Requirements [Reference: WIC 18360.10(b)]

- Describe how ISFC Resource Parents will be trained. Identify other ISFC training requirements consistent with WIC 18360.10(b) to include initial and any ongoing training for ISFC Resource Parents.

C. ISFC Core Services and Supports [Reference: WIC 18360.10(c)]

1. Describe core services and supports and how they will be provided or arranged to support children and non-minor dependents, including culturally relevant services.
2. Describe how a County shall arrange for services for children and youth in the ISFC program who meet the eligibility criteria under other applicable publicly funded programs, including, but not limited to, mental health, education and health services
3. Identify the staff delivering core services and supports and manner in which they will be delivered.

D. Staffing Requirements [Reference: WIC 18360.10(c)]

1. Identify how social work staff with a Master's degree will provide case coordination for ISFC eligible child/youth

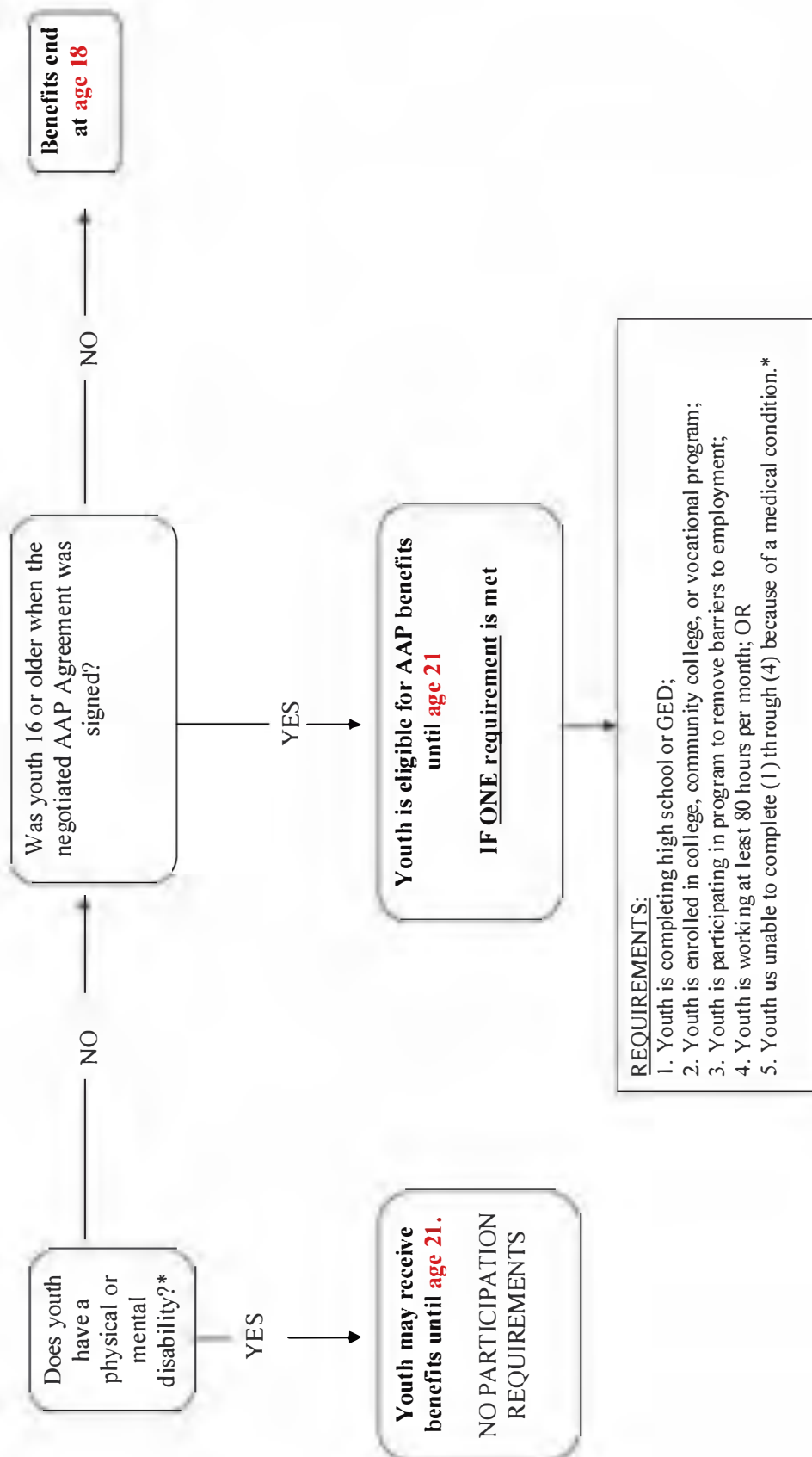
E. Staff Training Requirements [Reference: WIC 18360.10(c)]

- Ensure staff training requirements meet ISFC requirements set forth in ISFC statute

F. Needs and Services Plan [Reference: WIC 18360.15(a)]

Counties may utilize the child/youth's case plan as the individual needs and services plan.

Chart, Availability of Adoption Assistance Program Benefits Past Age 18

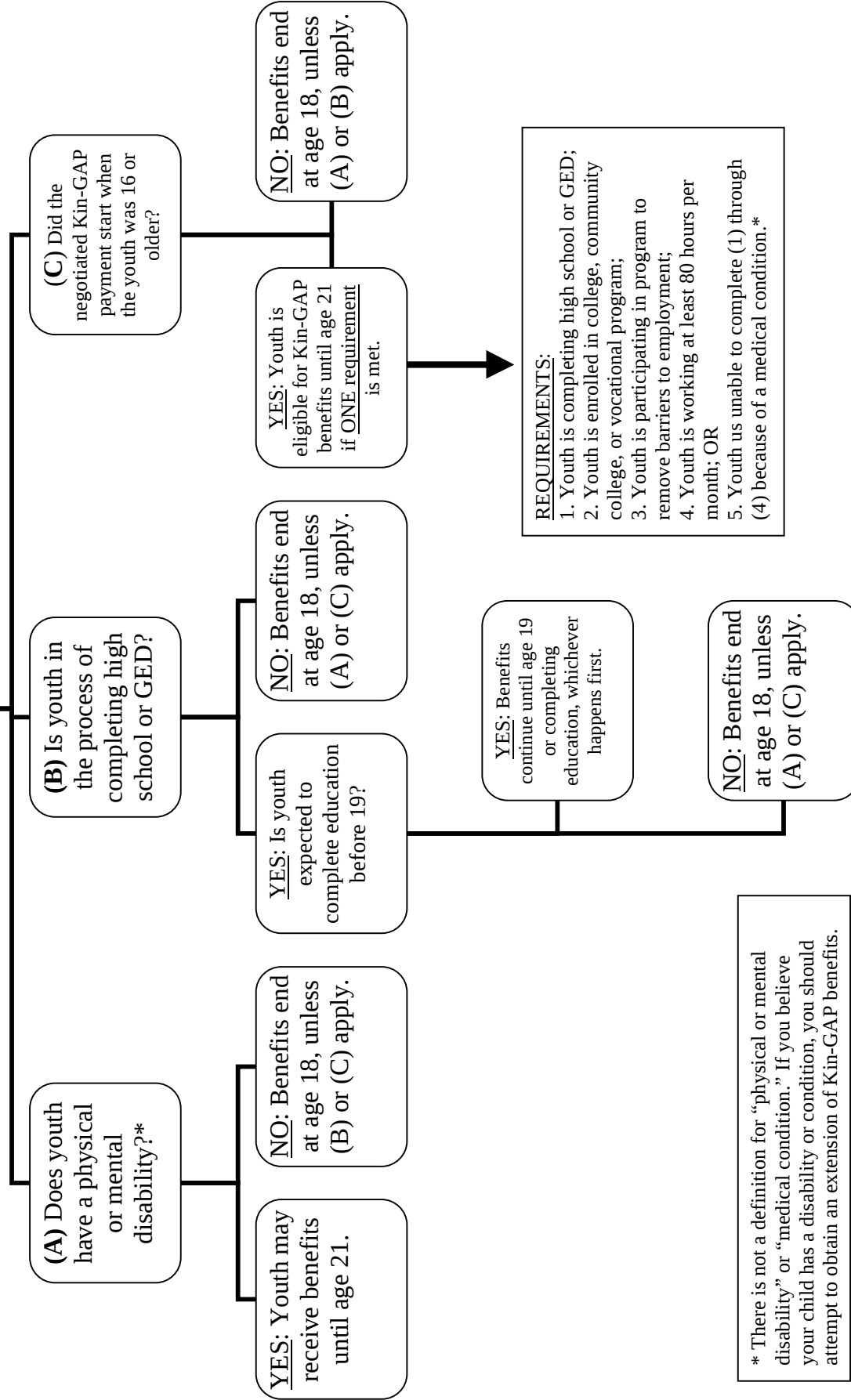


* There is not a definition for “physical or mental disability” or “medical condition.” If you believe your child has a disability or condition, you should attempt to obtain an extension of Kin-GAP benefits.

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

Availability of Kin-GAP Benefits Past age 18

Is youth eligible
for Kin-GAP
benefits past age
18?



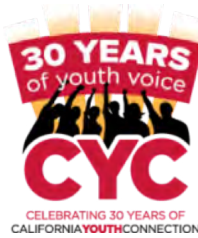
NOTE: Non-related legal guardians whose guardianship was established by the dependency court receive AFDC-FC benefits until the youth turns 21 regardless of the age of the youth when the guardianship was ordered.

How to Request a State Hearing

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



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



In partnership with these agencies and organizations:



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