DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-19
ISSUED: 02/08/85

FROM: DIVISION OF CHILDREN/FAMILY SERVICES
Shirley Goins, Director

SECTIONS REVISED:
None

EFFECTIVE: On Receipt
FOR INFORMATION CALL:
Barry Fibel
Non-SCAN 753-0204 or
SCAN 234-0204

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: CRIMINAL HISTORY AND CENTRAL REGISTRY (RECORD)

Insert this notice in front of Chapter 38, DCFS Manual, and note on the Tan Notice Control Sheet the date Notice No. T-19 was entered.

BACKGROUND

A. The Washington State Patrol's Criminal Identification Section has informed us that the form which we have been using to request checks is no longer acceptable to them and that they need an updated listing of persons authorized to request and receive criminal history information.

B. House Bill 1526, with its provisions for criminal history/arrest record and Central Registry checks has a potential impact on most programs currently provided through the Division of Children and Family Services (DCFS), i.e. Adoption, Adoption Support, Child Protective Services, Day Care, Family Reconciliation Services, Crisis Residential Center's, Group Care, Indian Child Welfare, and Foster Care. The legislation requires these checks to be done when a placement is "authorized" by the department. DCFS with concurrence of the Assistant Attorney General has interpreted "authorizing a placement" as any situation where DCFS staff are called upon to make a recommendation about the suitability of a placement resource for a child. The legislation is divided into two groups: all applicants for licensure/relicensure and their employees and those not required to be licensed. When a record check is initiated, a separate check will be done for each adult member of the household.

POLICY

A. LICENSEES

Policy:

Criminal History/Arrest Record and Central Registry (Child Abuse and Neglect Register) Checks will be done by DCFS on all applicants seeking licensure/relicensure and their employees and for all new employees hired during the period of licensure.

B. THOSE NOT REQUIRED TO BE LICENSED: RELATIVES/OTHER RESPONSIBLE ADULTS/ADOPTIVE PARENT(S)

Policy:

DCFS staff will request a criminal history/arrest record and central registry check when the role of the department becomes one of making a placement or making a recommendation about the suitability of a proposed or existing placement resource. Some program specific clarifications are listed as follows:

1. Indian Children

A record check will be done prior to placement by DCFS of an Indian child in any unlicensed placement resource.

2. Family Reconcilation Services (FRS)

A record check will NOT be done when the role of DCFS staff is to facilitate a discussion regarding temporary respite care of the child(ren). When the child is or will be residing outside the parental home pursuant to an agreement between the parent(s) and the child, the "placement" decision is actually made by the parents rather than the department.

If the placement agreement between the parent(s) and child breaks down, thereby necessitating the filing of an Alternative Residential Placement (ARP) petition with the court to continue the out of home placement, the child would be required by the court to remain in a DSHS approved placement pending resolution of the ARP.

If the DSHS plan is for the child to continue residing in the unlicensed home, previously agreed to by the parent(s), there is no need to move the child, but a record check should commence immediately. If record check reveals questionable information,

the worker shall initiate a supervisory consultation immediately, noting in the case record the reason for the decision to leave the child in the present home or move the child to a licensed placement.

3. Child Protective Services, (CPS)

When the child(ren) has been "placed" with a relative by the parent(s) prior to CPS involvement, do not move the child(ren) but assess the risk to the child(ren) and the ability of the caretaker(s) to protect the child(ren) from further abuse and neglect. A record check should be initiated immediately.

If record check reveals questionable information about the placement resource, the worker will initiate a supervisory consultation. The reasons for the decision to leave child(ren) in the present placement or move the child(ren) to a licensed home will be clearly noted in the case record.

Once CPS is involved, a record check must be done prior to placement with a relative.

4. Adoption

While adoptive families are approved they are not licensed. A record check would not be done as part of the approval, but would be completed prior to placement by DCFS or voluntary agencies of a child in an approved home.

5. Voluntary Foster Care Agencies

Unless DCFS is asked to make a recommendation about the suitability of the home as a placement resource, placements made by voluntary agencies in unlicensed homes will not require a record check.

6. Group Care

For the child ready to leave group care, where DCFS has established dependency and/or is currently making payment for the group home placement, DCFS will initiate a record check prior to making placement in unlicensed relative homes.

7. Crisis Residential Centers (CRC)

A record check will NOT be done when the role of DCFS staff is to facilitate a discussion regarding placement alternatives. When the child leaves the CRC and goes to reside outside the parental home pursuant to an agreement between the parent(s) and the child, the "placement" decision was made by the parent(s).

8. Day Care

A record check will be initiated whenever the department authorizes care by an in-home caretaker or by a relative.

HOME STUDY

This legislation also requires that the Department assess the character, suitability, and competence of persons authorized to care for children. When DCFS initiates a record check, a home study will also be completed, except for adoptive families where a home study is part of the approval. Guidelines for the areas to be covered are found in the Interstate Compact Materials, DCFS Manual Section 30.99, Suggested Outline for Summary of Prospective Family. This information will be filed in the child's case record. Part of the home study must also include a check of DCFS records.

PROCEDURE

A. All criminal history check requests should be on DSHS 14-239(X), WSP Identification Section Request for Criminal History Record Information (see attached). The form is to include, as a minimum, the name, birthdate, and social security number of the adult. A separate form is to be completed for each adult in the household. Forms from each office should be batched whenever possible.

B. All requests for information from the Washington State Patrol's Criminal Identification Section must bear the name of a person designated to request and receive such information (see attached listing).

C. The designee will authorize all DCFS requests to the State Patrol.

D. Because of gaps in the Washington State Patrol's files and the Central Registry, staff doing criminal history checks are encouraged to check with local law enforcement agencies, where possible. Children and Family Service Centers should explore with local law enforcement agencies methods of obtaining information from them.

E. Information obtained from the Washington State Patrol or another law enforcement agency shall be safeguarded in the same manner as the information in the child abuse central registry established in RCW 26.44.070.

F. A check of the central registry of child abuse and local DCFS office CPS files shall also be made for those persons for whom a criminal history record check is required. A central registry check shall be made either by telephoning SCAN 234-3453 or writing to:

Division of Children and Family Services
OB-41
Olympia, WA 98504
Attention: Central Registry

Children's Services Personnel Authorized to Request and Receive Criminal History Information

	Primary Contact Person	Back Up
Spokane Center Office S. 121 Arthur, Suite A Spokane, WA 99202 MS: B32-6	Dave Perkins SCAN 584-1249	Frankie McBroom SCAN 584-1546
Colfax/Pullman CSO P.O. Box 149 300 S. Main Colfax, WA 99111 MS: B38-1	Freda Posey SCAN 545-5050	Barbara Sanborn SCAN 545-5050
Davenport CSO P.O. Box 640 8th and Park Davenport, WA 99122 MS: B22-1	Will Berry SCAN 545-6116	Judy Krupke SCAN 545-6116
Moses Lake CSO P.O. Box 1399 1620 S. Pioneer Way Moses Lake, WA 98837 MS: B13-2	Carol Billesbach SCAN 282-2250	Loretta Lucas SCAN 282-2265
Wenatchee CSO P.O. Box 3088 325 N. Chelan Wenatchee, WA 98801 MS: B4-1	Gloria Eakles SCAN 565-0488	Judy Cain SCAN 565-0596
Okanogan CSO Rt. 1, Box 1234 S. 2nd Okanogan, WA 98840 MS: B24-1	Vivian Rooks SCAN 336-1011	Vicky Bergstrom SCAN 336-1011
Spokane North CSO P.O. Box TAF C-41 E.232 Lyons Spokane, WA 99220 MS: B32-4	John Dean SCAN 249-5600	Carmen Farley 249-5600

	Primary Contact Person	Back Up
Spokane East CSO P.O. Box TAF C-40 S. 121 Arthur Spokane, WA 99220 MS: B32-1	Elaine Tyrie SCAN 584-1219	Brian Barbour SCAN 584-1212
Spokane Southeast CSO P.O. Box TAF C-42 N. 1425 Washington 2nd Floor Spokane, WA 99220 MS: B32-2	Bob Doty SCAN 545-2195	Bob Biondi 545-2188
Spokane Central Support CSO P.O. Box TAF C-37 N. 1425 Washington Spokane, WA 99220 MS: B32-3	Kay Porta SCAN 545-2146	Joyce Wright SCAN 545-2090
Colville CSO 1100 S. Main Colville, WA 99114 MS: B33-1	Greg Colburn SCAN 574-1011	Barbara Pacerelli SCAN 574-1202
Newport CSO P.O. Box 570 4th and Warren Newport, WA 99156 MS: B26-1	Harry Sedies SCAN 545-3043	Janet Thomas SCAN 545-2290
Yakima Center Office P.O. Box 9428 2515 Main Street, Valley Mall Yakima, WA 98909 MS: B39-6	Celeste Sunderland SCAN 558-2826	Betty Coles SCAN 558-2290
Ellensburg CSO P.O. Box 1183 525 Mountain View Ellensburg, WA 98926 MS: B19-1	Karla Smith SCAN 686-1111	Dave Gruber SCAN 686-1111
Yakima CSO P.O. Box 9788 2515 Main Street, Valley Mall Yakima, WA 98909 MS: B39-1	Janet Dahlin SCAN 558-2150	Bob Asbury 558-2207

	Primary Contact Person	Back Up
Toppenish CSO P.O. Box 470 306 Bolin Dr. Toppenish, WA 98948 MS: B50-1	Nancy Frenchette-Bagley SCAN 263-0100	Marilyn McGree SCAN 263-0100
Sunnyside CSO P.O. Box 818 208 S. 8th Street Sunnyside, WA 98944 MS: B54-1	Anita Schmidt SCAN 263-0100	Bill Rheinschmidt SCAN 263-0100
Pasco CSO P.O. Box 931 800 W. Court Pasco, WA 99301 MS: B11-1	Dwayne Upp SCAN 526-0100	Barbara Pepin SCAN 526-0100
Walla Walla CSO P.O. Box 517 206 W. Poplar Walla Walla, WA 99362 MS: B36-1	Vi Scott SCAN 629-4371	Ron Lindquist SCAN 629-4371
Clarkston CSO 720 - 6th Street Clarkston, WA 99403 MS: B2-1	Connie Murphy SCAN 545-5037	Dallas Hohnsbehn SCAN 545-5037
Everett Center Office 416 Central Building 1719 Hewitt Avenue Everett, WA 98201 MS: N31-9	John Troutner SCAN 265-5722	
Mountlake Terrace CSO 21309 - 44th Ave. West Mountlake Terrace, WA 98043 MS: N52-1	Carol Landeas SCAN 544-1011	Carol Northrup SCAN 544-1213
Mount Vernon CSO P.O. Box 310 1800 Continental Place Mount Vernon, WA 98273 MS: 29-1	Barbara Thompson SCAN 542-1400	Yvonne Messick SCAN 542-1438
Smokey Point CSO MS: B65-1 Route via N31-1	Helen Gamet	

	Primary Contact Person	Back Up
Oak Harbor CSO P.O. Box 909 2415 - 20th NW Oak Harbor, WA 98277 MS: B15-1	Dwayne Berg SCAN 542-1505	Phil Anderson SCAN 542-1505
Bellingham CSO P.O. Box 639 4101 Meridian Street Bellingham, WA 98226 MS: B37-1	Millie Mangels SCAN 738-2570	Dena Burton SCAN 738-2570
Everett CSO P.O. Box 527 2809 Grand Everett, WA 98206 MS: N31-1	Frank Coburn SCAN 265-8484	Karlen Carle 265-8484
Seattle Center Office Child Care Agency, Licensing Unit 2809 - 26th Avenue S. Seattle, WA 98144 MS: N56-1	Larry Levine SCAN 339-4080	Bettye Scott 339-4080
King Eastside CSO 15821 NE 8th Street Bellevue, WA 98008 MS: N40-1	Betty Cabaniss SCAN 658-7072	Pat Barnhart SCAN 658-7101
King South CSO P.O. Box 848 21851 - 84th Avenue So. Kent, WA 98031 MS: N43-1	Sophie Tersiisky SCAN 376-2663	Sue Browning SCAN 376-2653
Centralized Children's Services Office 2809 - 26th Ave. S. Seattle, WA 98144 MS: N56-6	Rosie Oreskovich SCAN 339-4224	Arlene Miletich SCAN 338-4224
King North CSO 907 NW Ballard Way Seattle, WA 98107 MS: N42-1	Blanche Simmons SCAN 428-7763	Eloise Valdez-Heald SCAN 428-7753

	Primary Contact Person	Back Up
Rainier CSO 3600 S. Graham Seattle, WA 98118 MS: N41-1	Gwenn McElland SCAN 339-4654	Rose Wentz SCAN 339-5702
Burien CSO 15811 Ambaum Blvd. S. Seattle, WA 98166 MS: N44-1	Betsy Pierce SCAN 381-1300	
Capitol Hill CSO 1700 Cherry Seattle, WA 98122 MS: N46-1	Sharon Kleinhen SCAN 576-7407	
Tacoma Center Office 1305 Tacoma Ave. S. Tacoma, WA 98402 MS: N27-5	Joan Rutherford SCAN 462-2761	Kristy Galt SCAN 462-2922
Pierce Centralized Services 1301 Tacoma Ave. S. Room 114 Tacoma, WA 98402 MS: N27-1	Louise Peele SCAN 462-2566	Robert Harris 462-2298
Bremerton CSO 4810 Auto Center Way Bremerton, WA 98312 MS: B18-1	James Van Houton SCAN 356-4690	Nancy Carter SCAN 356-4690
Olympia Center Office P.O. Box 7489 Olympia, WA 98504 MS: KR-23	Steve Ennett SCAN 234-4148	
Aberdeen CSO P.O. Box 189 405 W. Wishkah Aberdeen, WA 98520 MS: B14-1	Gary Anderson SCAN 325-1263	Richard Englund SCAN 325-1280
Chehalis CSO P.O. Box 359 Chehalis, WA 98532 MS: S21-1	Gordon Sincock SCAN 332-1011	Jim O'Neal 332-1202

	Primary Contact Person	Back Up
Kelso CSO P.O. Box 330 711 Vine Kelso, WA 98626 MS: S8-1	Carol Sande SCAN 239-2194	Ann Watkins SCAN 239-2160
Olympia CSO P.O. Box 1816 5000 Capitol Blvd. Olympia, WA 98504 MS: KR-11	Mariam Madison SCAN 234-5981	Jean Lott 234-5981
Port Angeles CSO 716 South Chase Port Angeles, WA 98362 MS: B5-1	Eileen Gatlin SCAN 632-1223	Betty Warder SCAN 632-1236
Port Townsend CSO P.O. Box 554 802 Sheridan Port Townsend, WA 98368 MS: B 14-1	Dennis Kelley SCAN 632-1254	
Shelton CSO P.O. Box 1127 110 W. "K" Street Shelton, WA 98584 MS: B23-1	Lu Nichols SCAN 745-1136	Tom Wingard 745-1155
South Bend CSO P.O. Box 87 South Bend, WA 98586 MS: B25-1	Jack Gray SCAN 325-1236	Brandon Harnisch SCAN 325-1236
Vancouver CSO P.O. Box 751 Vancouver, WA 98666 MS: S6-1	Marian Gilmore SCAN 476-6167	Ken Nichols SCAN 476-6188
White Salmon CSO P.O. Box 129 White Salmon, WA 98672 MS: B20-1	Marcie Danielson SCAN 476-6583	Jeff Schriner (Stevenson Office) SCAN 476-6522 Mary Lou Orthman (Goldendale Office) SCAN 476-6636

DSHS 14-239(X) (07/84), WASHINGTON STATE PATROL IDENTIFICATION SECTION
REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

WASHINGTON STATE PATROL

IDENTIFICATION SECTION

REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

PLEASE TYPE OR CLEARLY STAMP THE ADDRESS TO WHICH OUR RESPONSE IS TO BE MAILED. (A RETURN ENVELOPE WOULD BE APPRECIATED.)

_____
_____
_____

USE THIS FORM WHEN REQUESTING CRIMINAL HISTORY RECORD INFORMATION FROM THE **WASHINGTON STATE PATROL IDENTIFICATION SECTION.** MAIL YOUR REQUEST TO **P.O. BOX 2527, OLYMPIA, WA 98504.**

FOR OUR SEARCH PURPOSES, PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE IN THE SPACE BELOW:

WA STATE IDENTIFICATION NUMBER (SID): WA1 _____

NAME: _____
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME: _____

DOB: _____ SEX: _____ RACE: _____ EYES: _____ HAIR: _____

SOCIAL SECURITY NUMBER: _____

FBI NUMBER: _____

_____ _____
NAME AND TITLE OF PERSON MAKING REQUEST DATE

DSHS 14-239(X) 7/84 (Formerly DSHS 0-35) OX A-196

DSHS 14-239(X) (07/84), WASHINGTON STATE PATROL IDENTIFICATION SECTION
REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION (cont.)

CRIMINAL/ARREST HISTORY REQUEST FORM

Instructions

General

This form is used to request computer file information from the State Patrol Identification Section regarding both the arrest and conviction histories of alleged perpetrators of CA/N applicants for a child care license, or persons with whom a child will be placed.

Future plans are for this information to be requested via local law enforcement computer terminal. Since information requests must be hand processed for the present, it is important that they be batched where possible and that the name and address of the person designated to receive the information be clearly printed.

Items

Washington State Identification Number: Optional item. This is the number assigned to each name in the file. If know, it can save search time.

Name: Include name of subject.

Alias/Maiden Name: Provide, if possible.

Date of Birth: Should be provided.

Physical Descriptions: Include if possible.

Social Security Number: Provide.

FBI Number: Include if known.

Address: Hand processing of these requests makes a correct return address essential.

CHAPTER 38

ADOPTION SUPPORT

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CHAPTER 38
ADOPTION SUPPORT

38.00 PROGRAM AUTHORITY

State: RCW 74.13.100 - 74.13.145 and RCW 26.32.115.
WAC 388-70-510 - 388-70-590.
Federal: PL 96-272

38.10 POLICY

38.11 Purpose of Service

The purpose of Adoption Support is to encourage and facilitate the adoption of the hard-to-place child. If support payments were not available, the child might otherwise remain in foster care and be without the security and stability of a permanent adoptive home.

38.12 Service Description

Adoption Support provides financial support after adoption to families who adopt hard-to-place children. Payment may be in three general areas: monthly maintenance, legal services related to the adoption and/or medical services. Medical services include corrective-rehabilitative services, psychological services, physical therapy, prosthesis, speech and hearing therapy, major and cosmetic surgery and orthodontics.

38.13 General Policies Related to this Service

A. Adoption Support facilitates the adoption of hard-to-place children by eliminating financial barriers to the adoption.

B. Adoption Support may be provided to children placed by public and voluntary child-placing agencies. The children to be involved are already fully or partially supported by state funds.

C. An agreement between adoptive parents and DSHS Adoption Support that provides for the type and amount of financial support must be made prior to the granting of the final Decree of Adoption.

D. All other financial and medical resources available to the child and family must be explored prior to completing DSHS 10-63, Adoption Support Agreement, for adoption support.

E. Pre-existing medical conditions of the child must be documented at the time of registration with Adoption Support.

F. Requests for orthodontics, extensive dental work, surgery and psychiatric treatment must be preauthorized by Adoption Support staff in State Office (SO).

G. The needs of a child, both financial and medical, adopted through Adoption Support should be met by the program. Therefore, if there is a major decrease in the adoptive family's financial circumstances, the family may apply for an additional amount of support payment up to the full rate of foster care payment.

H. In the case of adoptive parents who receive or apply for financial assistance grants, consideration should be given to the best overall outcome for the family from the following options:

1. The child may be left out of the assistance unit

   a. Adoption support payments are not deducted as income since there is no duplication of assistance payments.

   b. The adopted child has the same financial relationship to the assistance grant as a foster child.

2. The child may be terminated from adoption support and the child added to the AFDC grant.

I. The state will meet the financial obligation that is specified in the Agreement for Adoption Support. The termination of the law or a decision by the state or federal government to discontinue or reduce general funding will not change the state's specific obligations to support such adoptions. (See RCW 74.13.124 and WAC 388-70-570).

38.14 Priorities Related to this Service

This program has no specific priorities of population or service. Those who meet the eligibility requirements are given service.

38.15 Eligibility

A. For complete eligibility requirements, see Chapter 03, Social Service Eligibility.

B. Any child eligible for Adoption Support services on the basis of criteria outlined in 38.15 C-F will be provided those services. Funding sources for Adoption Support will differ according to the funding source available to the child while in foster care and according to the service(s) to be provided.

1. Federal matching for maintenance and Title XX services shall be available to children who, prior to adoptive placement, were receiving federal funding through AFDC, AFDC-FC, or SSI.

2. Federal matching for Title XIX services shall be available to all children in Adoption Support.

3. State-only monies shall be available for those children who are not eligible for federally matched funds and for those agreed-to services which are not matched by federal funds.

C. A child considered for Adoption Support must be registered with the Adoption Support Program prior to the adoption.

D. A child must meet the following criteria for registration:

1. Is residing in a foster home or a child-caring institution or is likely to be placed in either a foster home or a child-caring institution.

2. Is legally free for adoption.

3. Is under 18 years of age at the time the Agreement is signed.

4. Adoption is the most appropriate plan. For clarification see Chapter 36.

5. Is hard to place for adoption (i.e., there are no available, approved and appropriate adoptive families waiting) because of, but not limited to, one or more of the following:

a. Physical or mental handicap,
b. Emotional disturbance,
c. Ethnic background, including race, color or language,
d. Age,
e. Member of a large sibling group,

6. A nonsubsidized resource is unavailable to the child as demonstrated by three months registration with:

a. The DSHS adoption exchange or the Washington Adoption Resource Exchange (WARE); and

b. The Northwest Adoption Exchange (NWAE).

E. Registration with adoption exchanges shall not be necessary when foster parents desire to adopt a child who has been in their foster home for at least six months prior to the application to the department for adoption support. In cases of adoption by foster parents, the following eligibility criteria must be met:

1. The child must be hard-to-place by virtue of eligibility defined in 38.15 D.5., and

2. The child must have close emotional ties to the current foster family which, if severed, could cause emotional damage to the child, and

3. The foster family must have been identified as the adoptive family of choice by the agency or CSO having custody of the child.

4. In cases of adoption of Indian children, procedures in Chapter 36.35 (Adoptions) must be followed.

F. Not all adoptions of children with special needs should be subsidized. All financial and medical resources need to be explored prior to completion of the DSHS 10-63 (for example, SSI, Crippled Children's Services, family's medical insurance.) If a family can adopt a child without adoption support, they are expected to do so.

38.16 Payment Rates

A. The specific type and amount of adoption suport to be requested in the application shall be based on a financial/social determination arrived at between the family and their service worker. The Adoption Support payment should represent the difference between the cost of the child's needs and the family and community resources already available to meet those needs.

B. Monthly maintenance payments cannot exceed the monthly cost of foster care established for regular or specialized department foster homes.

C. If other financial resources, such as SSI or SSA, are available to the family, the amount of this resource shall be deducted from the maximum monthly maintenance payment.

D. A minimum of one dollar per month monthly maintenance must be paid to families who adopt children eligible for federal matching funds in order to trigger eligibility for Title XIX and Title XX services.

E. Adoption Support will pay a maximum of $200 plus court costs per child or family unit for the finalization of an adoption. If a higher fee is indicated by unusual legal issues, such fee must be requested in writing and approved by program manager in advance of the finalization. The total fee for the legal services in adoption is determined by the Superior Court Judge hearing the adoption.

F. Payment for medical services is made directly to the vendor according to the department fee schedule. Payment for atypical procedures may be authorized on an exception basis through Adoption Support in SO.

G. IRS ruling on taxable income

1. According to Internal Revenue Service rules, Adoption Support payments are not taxable income.

2. In order to claim the adopted child as a deduction for income tax, parents must be prepared to prove that they contributed from their own resources more than 50% of the child's support in excess of adoption support payments.

38.21 Program Expectations

A. Within 30 days of the receipt of all the necessary information at SO Adoption Support, a DSHS 10-63, Agreement, will be initiated. (See 38.31 and 38.32).

B. The DSHS 10-63 specifying the type and amount of payment and the conditions for continuation of the agreement will be signed by the prospective adoptive parents, the program manager and the Secretary's designee. (See 38.34).

C. SO Adoption Support is expected to make timely payments of monthly maintenance medical bills and legal fees.

D. The SO will conduct an annual review of each child's situation upon the anniversary date of the original DSHS 10-63. (See RCW 74.13.118 and 74.13.121).

38.22 Program Outcomes

The measurable outcome is the adoption of hard-to-place children.

38.30 SERVICE PROCEDURES

38.31 Registration of a Child

A. The child must be registered with SO Adoption Support prior to the adoption. DSHS 10-61(X), Child's Registration, is a summary of information about the child and the reasons for which Adoption Support is needed. Any pre-existing medical condition, including anticipated medical needs and prognosis, must be documented and attached to the DSHS 10-61(X). Send two copies to SO Adoption Support, MS OB-41C. Retain one copy for the service file.

B. Registration material must include an indication of the child's eligibility for federal matching while in foster care prior to the adoptive placement.

   1. If the child has been eligible for AFDC-FC, a copy of the DSHS 14-05(X) must be included.

   2. If the child has been receiving SSI, a copy of the SSA-L8165-61 must be included.

C. If the plan is for adoption by a family registered with an adoption exchange in which DSHS participates, the DSHS 10-61(X) may be submitted after the 90-day registration period, and either prior to, or subsequent to, finding an appropriate family.

D. If the plan is foster parent adoption, DSHS 10-61(X) may be submitted when the child is legally free, has been in the foster home for at least twelve months, and at the time of the foster parent application for adoption support. (For Indian children, see Chapter 36.33 and 36.35 C.4.a.)

E. Exceptions to policy may be made to waive the above time requirements. (See Chapter 01, Social Service Policies and Administration.)

38.32 Family Application

A. The prospective adoptive family must apply to SO Adoption Support for adoption support for the child prior to the granting of the adoption decree.

B. In foster parent adoptions the registration of a child and the application by the family for adoption support should occur simultaneously.

C. DSHS 10-62(X), Application (one for each child), will be jointly completed by the prospective adoptive parents and CSO or voluntary agency with which the family is working. The type and amount of adoption support requested shall be mutually determined by the family and the service worker. The Adoption Support requested should represent the difference between the costs of proviing for the needs of the child and the family and community resources already available to provide for those costs.

D. A copy of the family's most recent Federal Income Tax Return, IRS 1040, must accompany the application for adoption support.

1. If the family is not required to file a Federal Income Tax Return, they must submit a financial statement reporting all income as follows:

   a. Gross yearly income.
   b. Source of the income.
   c. Who receives the income.

2. The statement should be signed by the adoptive parents and dated. It does not need to be notarized.

E. In the case of a foster parent adoption, a copy of the CSO staffing report will accompany the application. (See 36.35 C. 4.)

38.33 Determining Amount of Payment

A. Adoption support payment may be in three areas; monthly maintenance, medical services and legal services. A family may receive payment in one or any combinations of these three. The following factors will be considered in setting the amount of any payment(s):

1. The size of the family including the adoptive child;

2. The usual living expenses of the family;

3. The special needs of any family member including his educational needs;

4. The family income;

5. The family resources and plan for savings;

6. The medical care and hospitalization needed by the family and the family's means of purchasing or otherwise obtaining the care;

7. Any other expense likely to be needed by the child to be adopted.

B. The specific amount of support will be established as the result of an individual, realistic social evaluation of the difference between the costs associated with the child's needs and the family's and community's resources available to meet those needs.

C. If changes occur in the family's economic circumstances or in the needs of the child, support payments may be modified or discontinued and later resumed. The monthly maintenance may increase as a child reaches different foster care age payment categories, but the increase must be requested by the adoptive family.

D. Monthly maintenance payments must not exceed the monthly cost of foster care established for DSHS foster homes. This includes all regular maintenance costs, or specialized foster care payments where indicated. If specialized rates are requested, the need for this must be documented. Documentation should include extra costs incurred by the family because of the child's special needs, such as transportation to therapy, special food, specialized child care, etc.

E. A monthly maintenance payment of at least one dollar per month must be paid to trigger Title XIX and Title XX Eligibility for those children who are eligible for federal reimbursement.

F. If the family is eligible to receive income on behalf of the child from sources other than Adoption Support, such as SSI or SSA, the amount the family receives from those other sources shall be deducted from the maximum monthly maintenance for which the family would otherwise be eligible.

G. Attorney fees and court costs, all or a part, may be paid by Adoption Support when prospective adoptive parents cannot pay the costs of an adoption proceeding. The maximum amount to be paid by Adoption Support is $200 plus court costs per child or family unit unless another amount is authorized by the program manager prior to the finalization of the adoption. The Superior Court ruling on the adoption will determine the court costs and a reasonable attorney fee, and will include this determination in the adoption decree.

H. If requested by the adoptive parent, the medical, dental, and psychiatric needs of a child may be provided through Adoption Support.

1. A child's pre-existing medical condition, including anticipated medical needs and prognosis, must be documented at the time of registration with Adoption Support.

2. SO staff will submit the child's medical information for review to the Office of Personal Health Services, MS LK-11, prior to a DSHS 10-63, Agreement, being signed with the prospective adoptive parents.

3. Medical requests cannot include items that can be, or are covered, by the adopting family's medical insurance, Crippled Children's Services, or any other resource. If a prospective adoptive family has medical insurance, they are expected to explore their medical coverage for the child they are adopting. The name of the insurance carrier, the adopted child's eligibility, and the parameters of the coverage should be included in the family's application.

4. In some cases, medical (corrective-rehabilitative) services will be needed by the child in future years.

a. Agreements for corrective-rehabilitative needs must be made prior to the adoption, and information updated on the DSHS 10-83, Medical Review.

b. The service must be performed before the age of 18 or, in the case of a physically or mentally disabled person, before the age of 21.

c. The need for the service must be reviewed by the Adoption Support office and the service pre-authorized immediately prior to the provision of service.

38.34 Agreement

A. The application must be made prior to finalization of the adoption.

B. When the application is accepted, four copies of DSHS 10-63, Agreement, will be prepared by SO Adoption Support office and forwarded to the prospective adoptive family.

C. The family signs DSHS 10-63 and returns it to SO Adoption Support, MS OB-41C, for necessary signatures. DSHS 10-63 becomes a binding contract only when it contains the signatures of the prospective adoptive parents, program manager and Secretary's designee.

D. After a DSHS 10-63 signed by all parties is received by the family and CSO, the CSO service worker will contact the family's attorney for finalization of the adoption.

E. The CSO service worker will file a copy of the adoption support agreement with the court prior to the date of the adoption hearing.

1. The Superior Court shall consider any agreement made between DSHS and the prospective parents when a petition, a modification or a vacation of a Decree of Adoption is being reviewed.

2. If the court finds the agreement is inadequate, it may recommend a change. However, the court is not empowered to direct the department to make any change in payment.

F. If Adoption Support is to pay attorney fees and court costs, SO staff sends the attorney a letter clarifying procedures for payment of legal fees. The family and referring agency receive copies of the letter. If the attorney believes the legal services provided warrant, a fee in excess of the $200 approved fee, prior to the court hearing an itemized statement of those fees should be sent to Adoption Support. The Program Manager must approve a higher fee before it can be paid.

38.35 Adoption Support Payment

A. Adoption support payment is for the month of issuance, not a post payment as in foster care.

B. Foster parent adoption

1. As soon as the DSHS 10-63 is signed and the Decree of Adoption is granted, the CSO worker will:

a. Terminate foster care payment and medical on the DSHS 14-159, Change of Service Authorization, effective the last day of the month in which the adoption took place.

b. Send a copy of this DSHS 14-159 immediately to SO Adoption Support so that adoption support payments may be initiated. (If near end of month, a telephone call to SO program staff should also be made to insure prompt payment.)

c. Coordinate, carefully, the closing of regular foster care payment and medical services, and the opening of the adoption support payment to avoid duplication or lack of payment.

2. SO Adoption Support will voucher the monthly maintenance payment beginning on the first day of the month following the granting of the decree.

3. Initially the family will receive two checks in one month from DSHS; one will be a post payment for foster care and the other will be pre-payment from Adoption Support.

C. Regular adoption

1. Adoption support may begin at the time of placement or on the first day of the month following the granting of the Decree of Adoption.

2. The SO program manager should be contacted by the CSO service worker to discuss the options and decide on method of payment.

3. The CSO worker terminates foster care payment for the child effective the date of placement with the adoptive family.

4. Follow procedure in B. 1. b. and c. above noting on the form in the "Special Instructions" when the effective date of payment begins according to the decision made. (See C. 2.)

D. The monthly maintenance checks should be delivered to the family in the first 10 days of the month.

E. If there are problems concerning payment (e.g., lost checks or incorrect amount of payment), the family or CSO worker should report it to Adoption Support.

F. Payment of attorney fees

1. If Adoption Support is to pay for all or part of the attorney fees and court costs, the Clerk of the Court must furnish the program coordinator with a certified copy of the Decree of Adoption containing the amount of the attorney's fee as determined by the Superior Court Judge.

2. When the certified copy of the Decree of Adoption and the itemized statement from the attorney are received, payment will be made directly to the attorney. When payment is made, the family will be informed by letter.

38.36 Medical Procedures

A. After the review and approval of the corrective-rehabilitative needs of the child by the Office of Personal Health Services and subsequent signing of DSHS 10-63, medical services will be coordinated through Adoption Support.

B. As long as there is no other resource available, all medical services requested by the adoptive parent and within the scope of medical services provided by the department will be approved during the effective period of the DSHS 10-63.

C. Due to changes in the child's medical situation, the DSHS 10-63 may be modified to include necessary additional medical care.

D. A DSHS 13-229, Medical Certification Card, will be issued to the adoptive parent(s) in the child's new name to indicate eligibility for medical care.

1. The card authorizes medical services.

2. The card provides vendors with billing instructions.

3. The eligibility period corresponds to the dates on the current DSHS 10-63.

4. No medical coupons are issued.

E. Payment for costs of medical services is made directly to the physician or professional providing the service.

F. Requests for major surgery, orthodontics, psychiatric care, physical therapy, appliances and extensive dental work may be submitted to Adoption Support when all other resources for payment have been explored/exhausted, i.e., family's medical insurance, Crippled Children's Services (CCS), community mental health agencies or other available community resources.

1. Professional providers must submit a request for approval for payment prior to providing services which states:

a. Reason(s) treatment needed;
b. Plan for treatment;
c. Frequency/duration of treatment;
d. Prognosis;
e. Background information, when appropriate;
f. Any other pertinent information; and
g. Estimated cost.

2. SO staff will notify the family/provider when the request is approved or denied.

G. Glasses and refractions

No prior approval is needed for the purchase of refractions and eyeglasses; however, glasses must be purchased through the DSHS contract with Western Optical. Local vendors are familiar with this contract which also purchases refractions/glasses for medical coupon clients.

H. Billing Instructions for Vendors

1. Adoption Support Program medical billings require special handling. The billing address and procedures are different than regular DSHS medical.

2. The family should tell the medical provider the correct address for billing is:

   Department of Social and Health Services
   Accounting Services, Disbursements MS OB-24B
   Olympia, Washington 98504

3. Billing instructions are on the back of the DSHS 13-229, Medical Identification Card.

4. All Adoption Support Program medical billing is handled through Accounting Services rather than Office of Provider Services. If the billing is sent to Office of Provider Services, or if the child's DSHS 14-154(X) or 14-159 is closed, it will not be paid. If the billing is refused, the family or worker should contact Adoption Support, rather than assuming the service is not provided.

38.37 Review of Adoption Support Agreement

A. At the time of the annual review (see RCW 74.13.118) or when there is a change of circumstances (including variations in medical opinions, prognosis, and costs), appropriate adjustments may be made in the type and amount of Adoption Support payments.

B. The family is required to submit their Federal Income Tax Return (IRS 1040) to Adoption Support no later than two weeks after filing with the United States Government.

   1. If the family is exempt from filing a Federal Income Tax Return, they must submit a signed financial statement. (See 38.32 D.)

   2. The financial information shall be marked and held confidential at all times.

   3. The financial information will be considered during any review of the adoption support agreements.

C. DSHS 10-82, Annual Review, will be mailed by SO the the adoptive family each year at least 60 days prior to the anniversary of the DSHS 10-63. The review updates information on the child's ongoing needs and the family's social situation. The family must complete the form and return it to SO within 30 days.

D. If the adoptive family does not return the DSHS 10-82, Annual Review to SO within 30 days, a reminder letter will be sent to them. If the family does not then send the DSHS 10-82, Annual Review, to SO within the next 30 days, they may be permanently terminated from Adoption Support.

E. DSHS 10-83, Medical Review, will be sent with the DSHS 10-82 to update information on the child's medical situation, including current diagnosis, prognosis, treatment and duration of treatment.

1. This information is essential if the child has a pre-existing physical or medical condition and/or the department is covering the cost of medical care.

2. It is the adoptive parents' responsibility to have their physician or other professional complete this information and forward it directly to SO Adoption Support.

F. At any time, a parent may request in writing a review of the type and amount of any payment provided in the DSHS 10-63.

1. The review must be initiated within 30 days from the receipt of the request by Adoption Support.

2. Any adjustment may be made retroactive to the date the request was received by SO Adoption Support.

3. If no action is taken within 30 days, the parent may ask for a fair hearing.

G. During any review of the agreement, adjustments to the payment amount may be made based on changes in the needs of the child or in the adoptive parents' income, resources or expenses. When making adjustments, the intent of the original agreement is considered.

H. Any modification in the support payment will result in a new DSHS 10-63 signed by the parents, SO Adoption Support staff, and the Secretary of DSHS.

38.38 Transfer/Termination of Payment

A. Families served by the department who move within Washington State will have their Adoption Support files transferred to the CSO which serves their new geographical area.

B. Families served by a voluntary agency who move within Washington State will have their program files transferred to their nearest branch office of that voluntary agency, or the voluntary agency may refer the family to the CSO which serves their new address.

C. Adoption support payments may be continued when the family moves to another state or country.

1. For eligible children, Title XIX services shall continue to be the responsibility of Washington State regardless of the state of residence.

2. For eligible children, Title XX services shall become the responsibility of the new state of residence.

3. If a family receiving adoption support payments resides in another state or foreign jurisdiction, the family's original agency will continue to be responsible for contact.

4. If there is a need for direct contact with a family living out of state, American Public Welfare Association Guidelines (see Public Welfare Directory) for interstate service on child welfare cases will be followed.

5. When a family moves from one state to another prior to the finalization of adoption, the rules of Interstate Compact will be followed (see Chapter 30, Interstate Compact on Placement of Children.)

D. Payment may be terminated by mutual agreement of the department and family. Request for termination must be in writing.

E. Termination from Adoption Support shall be final.

F. If child is temporarily out of the home, or if the family wants Adoption Support to discontinue for a temporary period of time, the family should request a voluntary suspension from Adoption Support.

1. Voluntary suspension stops all payments and other services, but maintains a child on an inactive status.

2. Unless the family requests a reinstatement, children in voluntary suspension status will be automatically terminated from Adoption Support after one year.

a. Reinstatement can be either into continuing voluntary suspension or into active status.

b. Reinstatement shall be based upon needs as defined in the original program registration.

G. Adoption Support will not continue beyond the child's 18th birthday (or 21st birthday with the Secretary's approval) if either of the following apply:

1. The child has not yet completed high school or its equivalent and is a full-time student.

2. The child is physically or mentally handicapped such that continued assistance is warranted and no other assistance is available.

H. Application should be made by the adoptive family to determine SSI eligibility for disabled persons who are 18 years of age and who require continuing assistance.

I. State-only funding will be utilized for nondisabled persons over the age of 18 who are still enrolled full time in high school or its equivalent.

J. Prior to the child's 18th birthday, Adoption Support will be terminated under the following circumstances:

1. The child is no longer the legal responsibility of the family.

2. The child no longer continues to receive support from the family.

38.39 Appeal Procedure

A. Denial of an initial request for support payments and social decisions based on the appropriateness of the individual(s) to adopt a child shall not be subject to any review or hearing (see WAC 388-70-590(4)).

B. Change in support payments based on a pre-existing agreement or failure to act on a request for a review within 30 days may be appealed (see RCW 74.13.118).

1. If the department requests the change and the family does not agree, the department must notify the family by certified mail or personal service and state the grounds upon which the department proposes the change.

2. Within 90 days from the receipt of the notice or failure of the department to act on a request for review, the adoptive family may ask the Program Manager of Adoption Support for a hearing. The request must be written and sent by certified mail.

3. Upon receiving a request for hearing, the Program Manager must fix a hearing date, which must not be later than 35 days from the receipt of the request for hearing. The date of the hearing will be mutually agreed upon by all involved parties.

4. The Program Manager will also notify the Bureau of Children's Services Advisory Committee of the filing of the request not less than 25 days before the hearing date. If the adoptive parent agrees, a member of this committee may attend the hearing.

5. The Program Manager will notify the family of the decision within 30 days after the date of the hearing.

C. Appeal proceedings shall be conducted by the department in accordance with RCW 74.08.070. The adoptive parent shall have a right to appeal as provided in RCW 74.08.080.

D. If the decision of the Secretary or the Superior Court is made in favor of the adoptive family, adoption support shall be paid from the date of the change (see RCW 74.13.137).

38.40 Adoption Support Files

A. Following the granting of the adoption decree, the CSO's adoption file on the child who is receiving support payments is prepared for archives as other adoption files (see Chapter 36.46).

B. The family's file will be maintained in the CSO serving the family and will contain the adoption support information.

C. Confidentiality should be maintained.

D. The record should include copies of:

1. DSHS 10-61(X), Child's Registration

   a. Documentation of special need

   b. Documentation of eligibility for federal reimbursement

      (1) DSHS 14-05(X) to document AFDC-FC eligibility

      (2) SSA-L8165-61 to document SSI eligibility.

2. DSHS 10-62(X), Application

3. DSHS 10-63, Agreement

4. DSHS 10-09(X), Foster Parent/Relative Adoption, when applicable.

5. Pertinent correspondence regarding adoption support.

E. Case recording is found in the child's archived record and should not be part of this file.

F. These files shall be in inactive status and maintained by one designated supervisor in each office. If direct contact becomes necessary, the supervisor would assign the case to appropriate staff. The CSO should inform Adoption Support of the designated supervisor.

38.60 INTERFACE WITH OTHER DSHS SERVICES

A. Adoption Support is one component of the overall adoption services offered by DSHS and as such interfaces with all other adoption services/resources. (See Chapter 36, Adoption Services.)

B. This program is directly related to foster care in that all children who receive adoption support have been in foster care prior to adoption or are adopted by their foster parents.

C. Adoption Support receives referrals from Developmentally Disabled Case Services.

D. Adoption Support refers cases requesting medical payment and procedures to the DSHS Office of Personal Health Services for consultation and authorization of major medical procedures and psychiatric treatment.

38.70 INTERFACE WITH NON-DSHS SERVICES

A. Adoption Support interfaces with the adoption exchanges, i.e., WARE, and NWAE for family referrals for hard-to-place children.

B. Adoption Support receives referrals from other child-placing agencies such as Catholic Family and Child Service, Children's Home Society of Washington, etc.

C. Adoption Support relies on community medical/mental health services and other medical resources such as Crippled Children's Services for consultation, medical procedures and psychiatric treatment.

38.80 REQUIRED FORMS AND INSTRUCTIONS

A. See Chapter 99, Forms, for instructions on these forms:

DSHS 2-305(X)	Service Episode Record (10/78)
DSHS 2-306(X)	Communication/Referral (9/78)
DSHS 2-306A(X)	Communication/Referral page 2 (9/78)
DSHS 10-61(X)	Adoption Support - Child's Registration (Rev. 5/81)
DSHS 10-62(X)	Adoption Support - Application (Rev. 5/81)
*DSHS 10-63(X)	Adoption Support Agreement (Rev. 5/81)
*DSHS 10-82	Annual Review (Rev. 6/77)
*DSHS 10-83	Medical Review (Rev. 1/76)
*DSHS 13-229	Medical Identification Card (Rev. 6/77)
DSHS 14-24(X)	Face Sheet (Rev. 9/78)
DSHS 14-139(X)	Social Services Application (Rev. 12/79)

*These forms are included for information only. They are initiated by SO staff.

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38.00 PROGRAM AUTHORITY

State: RCW 74.13.100 - 74.13.150 and RCW 26.33.320 - 26.33.350.
WAC 388-70-510 - 388-70-595.

Federal: 42 USC (PL96-272).

38.10 POLICY

38.11 Purpose of Service

The purpose of Adoption Support is to encourage the adoption of certain hard-to-place children with special needs through the provision of services directed at correcting the special need condition. Due to the costs related to these conditions, these children are likely to remain in foster care without the benefit of permanent home and family.

38.12 Service Description

Adoption Support services are provided to an eligible adoptive child. These services include medicaid services and in certain circumstances, a child may be eligible to receive a cash payment. An individual assessment of the child's needs along with available family and community resources will be made in each situation. Available family/community resources to meet the child's needs are to be utilized before applying to adoption support and will be considered when determining the payments/services.

Nonrecurring costs are available to any special needs adoption in which the family applies for the reimbursement and is found eligible. These are costs for service expenses related to the adoption finalization. They are reimbursable based upon the pre-adoption agreement and provision of proof of payment following adoption finalization.

Reconsideration services are time limited medicaid services provided post adoption to children determined eligible through an application process. Eligibility is determined by special need conditions existing prior to adoption. The child and family must be residing in Washington and the child must have been eligible for state funded foster care placement in Washington prior to adoption.

38.13 General Policies Related to this Service

A. Adoption Support facilitates the adoption of hard-to-place children by providing services to correct conditions which are causing a barrier to the child's adoption.

B. To qualify a child must be receiving or determined eligible for Washington State foster care funds whether placed by DCFS or a state contracted private child placing agency.

C. Pursuant to State Statute, the Adoption Support Agreement is a binding contract.

1. The agreement must be signed by all parties to the agreement prior to the granting of the Adoption Decree.

2. The state will meet the financial obligation that is specified in the Adoption Support Agreement.

3. Termination of the law or a decision by the state or federal government to discontinue or reduce general funding will not change the state's specific obligations to support existing adoption support agreements. (See RCW 74.13.124 and WAC 388-70-570.)

4. If the adoptive parents are unable to continue parenting the child, the adoption support agreement is no longer in effect and the program services are no longer available to that child.

D. Within the limits of the terms of the agreement, the special needs of an eligible child adopted through adoption support will be met by the program.

E. ALL financial and medical resources available to the child must be assessed prior to issuing the Adoption Support Agreement.

1. When eligible for other assistance programs (i.e., AFDC, SSI) consideration should be given to the best overall outcome for the child and family when the family is seeking adoption support maintenance.

2. The family is expected to include/add the child to their medical insurance coverage.

F. Pre-existing special needs conditions of the child must be fully documented at the time of the child's registration with Adoption Support.

G. The family may make a written request for a change in the support agreement. The change is subject to program manager approval.

H. Biological parents whose rights have been terminated, but who later adopt their biological child are not eligible for adoption support.

I. Reconsideration may be available to certain children who would have been eligible for Adoption Support services had an application been made prior to adoption or for whom a special need condition existed, but for which medical knowledge had not yet been established to identify the condition (i.e., fetal alcohol syndrome).

38.14 Priorities Related to this Service

This program has no specific priorities of population. Those who apply and meet the eligibility criteria are given service.

38.15 Eligibility

A. Not all children with special needs conditions are eligible for Adoption Support. To be eligible, a child must meet all of the conditions described in 38.15 B through C below.

B. A child must be registered with the Adoption Support Program and meet the following criteria for registration:

1. Is residing in or is likely to be placed in:

   a. A foster home;
   b. A child-caring institution; or
   c. A relative home in lieu of a. or b. above.

2. Is hard-to-place for adoption as demonstrated by registration with Washington Adoption Resource Exchange (WARE) for 90 days or longer without an appropriate family being identified. Or in cases of adoption by foster parents the following eligibility criteria must be met in order to establish the child as hard to place. The child must:

   a. Have been in their foster home for at least six months prior to becoming legally free; and
   b. Have close emotional ties to the current foster family which, if severed, could cause emotional damage to the child; and
   c. The foster family must have been identified as the adoptive family of choice by the agency having custody of the child;
   d. **The child does not need to be registered with adoption exchanges if a.-c. apply.**

3. Has one or more of the following documented special conditions that creates a barrier to adoption and contributes to the child being hard to place for adoption:

   a. Physical or mental disability;
   b. Emotional/psychiatric disturbance;
   c. Ethnic background, including race, color and/or language,
   d. Age (six years or older);
   f. Chronic and severe medical diagnosis;
   e. Member of a large sibling group (three or more); or if a sibling group of two, at least one sibling was previously adopted by the family or one of the siblings being adopted is over six years).

4. Is legally free for adoption;

5. Is seventeen years of age or younger at the time the Agreement is signed; and

6. Adoption is the most appropriate plan (Refer to Chapter 36).

C. Income is not a factor in determining eligibility for services. For complete eligibility requirements, see Chapter 03, Social Service Eligibility.

D. Funding sources for Adoption Support will differ according to the funding source available to the child. The Adoption Support Monitoring Schedule (DSHS 14-319) must be completed and submitted with the Child's Registration identifying the correct funding source. (Please read Chapter 33 related to adoption support.)

1. Federal matching for maintenance shall be available to children who meet federal funding eligibility criteria.

2. Federal matching for Title XIX(medicaid) and Title XX (social services) shall be available to all children on Adoption Support.

3. State-only monies shall be available for those children who are not eligible for federally matched funds and for those agreed-to services which are not matched by federal funds.

E. In cases of adoption of Indian children, procedures in Chapter 36 (adoptions) must also be followed.

38.16 Payment Rates

A. Requested Adoption Support services should reflect the cost of meeting the child's needs and available family, state and community resources. All financial and medical resources will be explored prior to the completion of the Adoption Support Application (i.e., SSI, school programs, family's medical insurance, etc.). The specific type and amount of service to be requested in the application shall reflect the financial/social determination arrived at between the family and their service worker.

B. Monthly maintenance payments cannot exceed the current established regular or specialized family foster home rates. (See 38.33 C.)

C. If other financial resources, such as SSI or SSA, are available to the child, the amount of this resource shall be deducted from the monthly maintenance payment authorized in the adoption support agreement.

D. Adoption Support may reimburse up to $1500.00 in nonrecurring adoption costs related to the finalization of adoption of an eligible child, but the adoptive parents must apply separately for this service. **NOTE: Agreement for the fees must be signed by all parties to the agreement prior to adoption finalization or the family will be ineligible for reimbursement**. (See section 38.40.)

E. Payment for medical services is made directly to the vendor according to the department medicaid fee schedule.

38.20 PROGRAM STANDARDS

38.21 Program Expectations

A. Within 30 days of the receipt of all the necessary documentation at state office, a decision will be made regarding a child's eligibility for Adoption Support and if eligible, an initial Agreement will be issued. (See 38.31 through 38.34.)

B. The Adoption Support Agreement specifying the type and amount of service and the conditions for continuation of the agreement must be signed by the prospective adoptive parent(s), the program manager, and the Secretary's designee before it is a binding contract on the state of Washington. (See RCW 74.13.124.)

C. The DCFS worker or private agency worker is responsible for assuring the Signed Agreement is filed with the court prior to the adoption hearing. (See RCW 26.33.320(1).)

D. Adoption Support will make timely response to payments for monthly maintenance, medical bills, and nonrecurring costs reimbursement.

E. Each agreement shall be reviewed per requirements in statute (See RCW 74.13.118 and Section 38.53). Adjustments may be made in payment based upon a review of the child's needs and available resources.

F. The adoptive family will provide, annually, a copy of their IRS 1040 within two weeks of filing with the federal government. (See RCW 74.13.121.)

38.22 Measurable Outcomes

The measurable outcomes are:

A. Achieving permanency for hard to place children in foster care placement with the department.

B. Strengthening the adoption through the provision of post adoption support services.

C. Elimination of long-term, impermanent care for these children with the additional cost savings to the state.

38.30 ADOPTION SUPPORT APPLICATION PROCEDURES

38.31 Registration of a Child

A. The assigned worker must register the child with Adoption Support prior to the adoption.

B. A complete registration packet must include:

1. Child's Registration (DSHS 10-061(X)) with a brief summary of the child's history, behavior and primary reasons for Adoption Support request.

2. Reports documenting the child's special need condition(s) and diagnosis including any preexisting medical condition, anticipated medical needs and prognosis.

3. Adoption Support Monitoring Schedule (DSHS 14-319) indicating the child's funding source for Adoption Support Services.

4. SSI award letter, determination must be completed for eligible children prior to Adoption Support being issued.

5. Order of termination of parental rights.

6. If an Open Adoption Agreement exists, a copy must be included with the adoption support application packet.

C. Exceptions to policy may be made to waive time requirements in 38.15 B. 2. (See Chapter 01, Social Service Policies and Administration.) Such exception must:

1. Establish efforts made unsuccessfully to recruit a family willing to adopt said child without the benefit of Adoption Support, <u>and</u>

2. State reason(s) the prospective family will be unable to adopt this child without Adoption Support services.

3. The exception must be submitted in advance of registering a child and submitting the family application.

D. Send one copy of the Adoption Support packet to Adoption Support, MS 5713, Olympia, WA. 98504. Retain one copy in the child's file.

38.32 Family Application

A. The prospective adoptive family must apply to Adoption Support for services prior to the granting of the adoption decree (see Section 38.34 A.). A separate application (DSHS 10-062(X)) shall be completed by the adoptive parent(s) for each child being adopted.

B. The social worker responsible for the case and the prospective adoptive parents shall jointly complete the DSHS 10-062A. The Adoption Support requested should represent the costs of providing for the special needs of the child and the family and community resources available to provide for these costs.

C. A copy of the family's most recent Federal Income Tax Return, IRS 1040, must accompany the application for adoption support.

1. If the family is not required to file an IRS 1040, they must submit a financial statement reporting all income as follows:

a. Gross yearly income.
b. Source of the income.
c. Who receives the income.

2. The statement is to be signed and dated by the adoptive parent(s).

D. A copy of the Adoption Planning Review, DSHS 15-174 (see 36.32) is required for foster parent and relative adoptions.

38.33 Determining Amount of Payment

A. Adoption Support may be made for:

1. Medical, and in certain circumstances,

2. Cash payment.

B. MEDICAL, dental, and psychiatric needs (including counseling) of the child may be provided through the Adoption Support program according to state medicaid rules and rates.

1. A child's pre-existing medical condition, including anticipated medical needs and prognosis, must be documented at the time of registration with Adoption Support. (See 38.15 B.3.)

2. Medical requests are not to include items that can be, or are covered by other resources. If a prospective adoptive family has medical insurance, they are expected to use their medical coverage for the child. The name of the insurance carrier, the adopted child's eligibility, and the parameters of the coverage should be included in the family's application.

3. If the program is expected to provide for the costs, needed medical services must be performed before the child is 18 or if the child continues to be eligible beyond 18 years (see section 38.55), before age of 21.

C. CASH PAYMENTS are limited to established foster care rates. The specific amount of the payment will be determined by an evaluation of the difference between the costs of the child's documented needs and the family, community and state resources available to meet those needs.

D. Adoption Support will consider the following factors when setting the amount of any monetary payment(s):

1. Special needs expenses and routine costs related to the adoptive child;

2. The size of the family including the adoptive child;

3. The family/community resources available to the adoptive child (i.e., family income, medical, community/educational programs, etc.);

4. Unusual expenses of dependent family members (i.e., medical/ hospitalization, education, unusual living expenses);

5. Documentation should include extra costs incurred by the family related to the child's special needs factors not recoverable through existing resources.

38.34 Initial Agreement

A. An initial agreement must be signed by all parties prior to finalization of the adoption. If this does not occur, the family will be ineligible for Adoption Support.

B. Upon approval of the application, Adoption Support will issue an agreement to the prospective adoptive parents and send a copy to the service worker.

C. The family will review the agreement. If they have questions, they may request clarification.

D. If the family concurs with the terms of the agreement, they will sign/ date and return the agreement to the Adoption Support Program for necessary signatures. The agreement becomes a binding contract only after all parties (the prospective adoptive parent(s), the program manager, and the secretary's designee) have signed.

E. The service worker will contact the family's attorney to assure filing of the signed agreement with the court prior to the date of the adoption hearing.

1. The Superior Court shall consider any agreement made between DSHS and the prospective adoptive parents when a petition, a modification or a vacation of a Decree of Adoption is being reviewed.

2. If the court finds the agreement is inadequate, it may recommend a change. However, the court is not empowered to direct the Department to make any change in payment. (See RCW 26.33.320 (2).)

38.35 Adoption Support Files

A. Adoption support shall establish a file upon receipt of the Child's Registration/family application. The file shall be retained in the Adoptive family's name and shall contain:

1. A separate section for each adopted child. The section will include in order listed:

   a. Child's Registration (DSHS 10-061(X));
   b. Family Application for the child (DSHS 10-062 and DSHS 10-062A);
   c. Adoption Support Monitoring Schedule (DSHS 14-319);
   d. Verification of SSI eligibility if applicable;
   e. Adoption Planning Review (DSHS 15-174);
   f. Documentation of special need condition;
   g. Medical/counseling reports; and
   h. Current agreement on top of this section. Prior agreements will be kept in chronological order.

2. Family document section containing:

   a. IRS 1040;
   b Correspondence; and
   c. Other pertinent documents.

3. Narrative section for recording significant contacts.

B. All files shall be kept confidential. Department policy on confidentiality shall apply. Professional reports may not be released. Other materials and information shall only be released upon explicit written consent of the adoptive family.

38.40 NONRECURRING COSTS

38.41 Types of Reimbursable Costs

A. Certain nonrecurring adoption expenses may be reimbursed by Adoption Support. Reimbursement may be made for the following:

1. Adoption fees;

2. Court costs;

3. Revised birth certificate;

4. Attorney fees;

5. Costs related to the adoption home study, required health and psychological examinations, placement supervision, and pre-placement visits (lodging, meals, transportation, etc.).

B. These costs are available to any family adopting an eligible special needs child.

38.42 Nonrecurring Adoption Costs Application

A. Families determined to be eligible for Adoption Support Program services will be eligible for nonrecurring costs reimbursement.

1. A Nonrecurring Adoption Cost Application will be mailed to them along with the Initial Agreement for Adoption Support Services.

2. The family must complete and return the application before a nonrecurring cost agreement can be issued.

B. Families not applying for adoption support services will need to contact the program manager to request a Nonrecurring Adoption Cost Application.

38.43 Nonrecurring Adoption Costs Agreement

A. Pursuant to law, a Nonrecurring Adoption Cost Agreement must be signed by all parties before a decree of adoption is entered. **If the agreement is not signed by all parties to the agreement prior to the finalization of the adoption, the costs cannot be reimbursed to the family.**

B. The program allowable standard is $1500.00.

C. The program manager must approve the request per the Nonrecurring Adoption Cost Agreement in advance of finalization of the adoption.

38.44 Reimbursement Procedures

A. The fees are reimbursable meaning:

1. The family must pay for the nonrecurring adoption services in advance of being reimbursed.

2. Reimbursement from the program occurs after adoption finalization.

B. Adoption Support will reimburse the family for nonrecurring adoption costs upon receipt of:

1. The certified copy of the Decree of Adoption;

2. Itemized statements/bills; and

3. Receipts of payment or canceled checks, per the terms of the Nonrecurring Adoption Cost Agreement.

C. Reimbursement will be made within 30 days of receipt of all the required documents.

38.50 ADOPTION SUPPORT SERVICE PROCEDURES

38.51 Initiating Adoption Support Services

A. Adoption Support is effective on the first day of the month following the completed signing of the Initial Adoption Support Agreement.

B. Regular agency adoption - foster care is terminated upon placement of the child into the adoptive home. (See Chapter 36.)

C. Foster parent adoption - foster care is terminated on the last day of the month in which the Initial Adoption Support Agreement is signed.

D. Relative adoption - when receiving foster care payment shall be terminated as in C. above. If nonneedy relative AFDC payment is being received, the field worker will notify the CSO of the change in status.

E. The field worker shall be responsible for the following until finalization of the child's adoption:

1. Terminate foster care payment, services, and medical effective the last day of the month in which the initial adoption support agreement is signed off on the last signature line.

2. Continue to provide dependency related court work.

3. Maintain field file.

4. Pay private agency service fees (per agency contract) on cases actively serviced by the private agency through the finalization of the adoption.

5. Notify the adoption support program manager of adoption finalization by forwarding a copy of the certified adoption decree.

6. Notify the adoption support program manager of placement disruption and reopen foster care services immediately.

7. Archive the child's file (see Chapter 36 and 33.44.)

F. The financial eligibility specialist shall be responsible for continuing review of eligibility as required by federal law. (See Chapter 33.35 H.)

G. The adoption support program manger will:

1. Notify the field worker by mail of the completed signed agreement by forwarding a copy of the signed agreement to the worker.

2. Activate adoption support services to the child as specified in the adoption support agreement.

3. Provide ongoing review of the agreement.

H. Adoption support cash payment is for the month of issuance. The monthly checks should be delivered to the family in the first ten days of the month. If there are problems concerning payment, the family should report it to Adoption Support.

I. The family may initially receive two checks in one month; one a post payment for foster care and the other prepayment from Adoption Support.

38.52 Medical/COBRA Procedures

A. **Medical Procedures and Rates** are limited to the terms of the state medicaid program. As long as no other resource is available, medical services requests on behalf of the child will be covered within the scope of the state's medicaid program for the effective period of the agreement.

B. **Medical Certification Card** (DSHS 13-229) will be issued to the adoptive parent(s) in the child's new name to indicate eligibility of medical care. The card:

1. Summarizes terms of medical services;

2. Provides vendors with basic billing instructions; and

3. Indicates the child's eligibility period per the agreement.

C. Payment for costs of medical services is made directly to the provider.

D. Requests for medical services outside of medicaid coverage may be submitted to Adoption Support when all other resources for payment have been explored and exhausted.

1. Providers must submit written request for pre-approval of such services. The request needs to include:

a. Reason treatment is needed;
b. Plan for treatment;
c. Frequency/duration of treatment;
d. Prognosis;
e. Background information, when appropriate; and
g. Estimated cost.

2. Adoption Support staff will notify the family and provider when the request is either approved or denied.

3. Phone approval may be obtained for limited services. However, payment will not be made without the written request described above.

E. **Glasses and refractions** - No prior approval is needed for the purchase of refractions and eye glasses; however, glasses must be purchased through the DSHS contract. Most local vendors are familiar with this contract which also purchases refractions and glasses for medical coupon clients.

F. **Billing Instructions**

1. The family must inform the provider, before initiating service, that the child is on Adoption Support.

2. The family should present their medical card to the provider. Billing instructions and address are on the back of the medical card.

3. Payments are restricted to state medicaid rates.

4. Adoption Support Program handles all medical billings and forwards to Accounting Services rather than the Office of Provider Services. If the billing is refused and the family has questions they should contact Adoption Support to clarify the problem.

H. **COBRA** (Comprehensive Omnibus Budget Reconciliation Act)

1. Washington families residing outside the state of Washington must apply to the state of residence for medicaid (Title XIX) coverage when the child they have adopted is eligible for Federal IV-E funding.

   a. The adoption support agreement states the funding source.

   b. The family will need to contact the Adoption Support Program for detailed instructions and assistance due to variables between states.

2. Families, whose Adoption Support agreement is with another state, but who reside in Washington State may contact the Adoption Support Office for instructions on how to proceed on accessing Washington state medicaid.

38.53 Review of Adoption Support Agreement

A. An annual review to update information on the child's needs, changes in circumstances and available resources will be completed.

1. The family shall submit their Federal Income Tax Return (IRS 1040) to Adoption Support no later than two weeks after filing it with the United States government.

2. If the family is exempt from filing an IRS 1040, they must submit a signed and updated financial statement at the time of the review.

3. The family's financial information shall be considered during <u>any</u> review of the Adoption Support Agreement.

B. At the time of the review (see RCW 74.13.118) or when there is a change of circumstances, appropriate adjustments may be made in the type and amount of Adoption Support payments.

C. Adoption Support will mail the review forms to the adoptive family at least 30 days prior to the review.

D. The family must complete and return the form to Adoption Support within 30 days. Changes in circumstances need to be clarified when:

1. There are changes in the family or child's circumstances affecting the adoption support agreement; <u>**and/or**</u>

2. The family is requesting a change in the terms of the agreement.

E. If the adoptive family does not reply within 30 days, the Adoption Support agreement may be terminated or suspended.

F. Medical Review, will be sent with the Annual Review. This form is to be completed on any child receiving medical/counseling services or likely to receive such service prior to the next annual review.

G. The adoptive parents are responsible for having the provider complete this information and forward it to Adoption Support Program in state office.

H. Adoption Support will consider the original intent of the agreement during any review. Adjustments to the payment amount may be made based on changes in the needs of the child or in the adoptive parents' income, resources or expenses.

I. Any modification in the support payment will result in a new Agreement signed by the parents, Adoption Support staff, and the Secretary of DSHS (or Secretary's Designee).

J. The parents shall be notified in writing of the change. If the parent(s) disagree with the revised agreement they have a right to a Fair Hearing. The letter shall contain notice of the right to Fair Hearing. (See section 38.60.)

<u>38.54 Changes in Circumstances of Child/Family</u>

A. The family must notify the Adoption Support Program of any changes in the child/family circumstances affecting the agreement.

B. At any time, a parent may make a written request to review the type and amount of any payment provided in the agreement.

1. Adoption Support will initiate a review within 30 days from receipt of a written request.

2. Any adjustment may be made retroactive to the date the request was received by Adoption Support.

3. If no action is taken within 30 days, the parent may ask for a fair hearing. (See section 38.60.)

C. Adoption Support services will be continued when the family moves to another state or country. Ultimate responsibility of the adoption support remains with the state of origin. Families who have adoption support agreements through Washington State may write to the program manager at Post Office Box 45713, Olympia, WA 98504 or call 1-800-562-5682.

1. For IV-E funded children, medicaid (Title XIX services) shall become the responsibility of the state of residence. (See COBRA procedures.)

2. Title XX services shall become the responsibility of the new state of residence.

3. Washington state Adoption Support will continue to issue and be responsible for any cash payment to the family.

D. When a family moves from one state to another prior to the finalization of adoption, the rules of Interstate Compact apply (see Chapter 30).

38.55 Voluntary Suspension/Termination of Adoption Support

A. **Termination of Adoption Support** occurs when:

1. The child reaches the age of eighteen years, or

2. The child is no longer the legal responsibility of the adoptive family, or

3. The child leaves the care of the adoptive family, or

4. The child no longer continues to receive support from the family, or

5. The adoptive family requests termination, or

6. A decision is made by the program manager that the family is no longer responsible for the child's care.

B. The program may be extended to the child's 21st birthday with the Secretary's approval if both of the following are true:

1. The child has not completed high school or its equivalent, and

2. The child is a full-time student in an accredited high school program.

C. State-only funding will be utilized for nondisabled persons over the age of 18 who are still enrolled in full time, accredited high school program.

D. The adoptive family will be encouraged to seek other available resources such as SSI or GAU, if the child is physically or mentally disabled.

E. Payment may be terminated by mutual agreement of Adoption Support and the family. Request for termination or termination of payment/services must be in writing.

38.60 APPEAL PROCEDURE

A. Adoptive parents have the right to a **Fair Hearing** to contest:
   1. A decision by the Secretary to increase or decrease the level of payment(s) for the support of an adopted child without the mutual acceptance of the adoptive parents.
      a. Adoption Support shall notify the adoptive parents in writing of proposed changes in the level of a payment(s) for the support of an adopted child.
      b. The notice shall state the grounds for the action.
   2. The program decision to deny a written request by the adoptive parent(s) to adjust the amount of any payment or the level of continuing payments.
   3. The program's failure to take action upon such requests within 30 days of receipt of the request.

B. A hearing must be requested by the adoptive parents within 90 days of the receipt of written notice of the Adoption Support program decision to be reviewed.

C. Notification for a hearing shall be made by personal service or other means showing proof of receipt.

D. A hearing held pursuant to this section shall be conducted in accordance with chapter 388-08 WAC and RCW 74.08.08 except as specifically provided in the act and this section. A hearing and the results thereof shall be confidential and shall not be revealed to any other person, institution or agency, public or private.

E. Denial of an initial request for support payments and social decisions based on the appropriateness of the individual(s) to adopt a child shall not be subject to any review or hearing.

38.70 RECONSIDERATION

A. The department may, within limited funds, register a child for a limited adoption support reconsideration program if the child met the criteria for ongoing adoption support in Washington state at the time the adoption was finalized. Documented evidence available at the time of the adoption shall be used to make this determination.

B. The child and the child's family shall be current residents of the state of Washington.

C. The family must complete the application for adoption support reconsideration.

D. The family shall provide the following documents:

1. A cost estimate of the child's proposed corrective-rehabilitative services;

2. A current medical evaluation of the child's pre-adoptive special needs, and the current need for medical and counseling services; and

3. Permission to request and review pre-adoptive information from the adoption agency facilitating the child's adoption.

E. The department's Adoption Support Reconsideration Agreement with the family shall specify the parameters and length of time the agreement is in effect.

F. Payments shall be limited to medicaid rates and payment for corrective-rehabilitative services. Maximum allowable payment per child is $20,000 under medicaid.

G. There is no monthly stipend.

38.80 INTERFACE WITH OTHER SERVICES

38.81 DSHS Services

A. Adoption Support is one component of the overall adoption services offered by DSHS for children in state care. As such it interfaces with all other adoption services/resources such as Washington Adoption Resource Exchange (WARE) and purchase of service for recruiting families for hard to place children. (See Chapter 36 Adoption Services.)

B. Title XX services are the social services available to families following the finalization of the adoption. These services would include such services as Family Reconciliation or residential/out of home placement if needed post adoption.

C. Adoption Support coordinates with other Divisions within DSHS for services to support children on the program such as Division of Medical Assistance, Division of Mental Health, Division of Income Assistance, Office of Support Enforcement, Division of Developmental Disabilities, etc.

D. Adoption Support refers cases requesting medical payment and procedures to the DSHS Office of Personal Health Services for consultation and authorization of major medical procedures and psychiatric treatment.

38.82 Non-DSHS Services

A. Adoption Support interfaces with the adoption exchanges, i.e., WARE, NWAE for family referrals for hard to place children.

B. Adoption Support receives referrals from state contracted private child-placing agencies.

C. Adoption Support relies on community medical/mental health services and other medical resources for consultation, medical procedures and psychiatric treatment.

D. Region X of DHHS and other states to coordinate services such as COBRA for Washington State families receiving Adoption Support but residing outside Washington and for eligible Adoption Support families from other states who are residing within Washington State to receive appropriate Medicaid services.

38.90 FORMS/INSTRUCTIONS AND SUGGESTED READINGS

38.91 Required Forms

A. See Chapter 99, Forms, for instructions/copies of forms.

DSHS 10-061(X) Adoption Support - Child's Registration (Rev. 07/84)

DSHS 10-062(X) Adoption Support - Application (Rev. 07/84)

DSHS 10-062(A) Adoption Support - Application, pg. 2 (Rev. 07/84)

DSHS 10-082 Annual Review (Rev. 07/84)

DSHS 10-083 Medical Review (Rev. 07/84)

DSHS 13-229 Medical Identification Card (Rev. 4/92)

DSHS 14-319 Adoption Support Monitoring Schedule (Rev 4/91)

38.92 State Office Use only:

A. File forms:

Face Sheet

Nonrecurring Cost Application

Application for Reconsideration

B. Agreements

Initial Agreement

Renewal Agreement

Nonrecurring Cost Agreement

Reconsideration Agreement

C. Form letters

ASP-1	Cover letter with initial agreement
ASP-2	Cover letter with signed initial agreement
ASP-2A	Cover memo to social worker with signed agreement
ASP-3	Cover letter for finalized adoption/initiation of services
ASP-4A	Cover letter with renewal agreement
ASP-4B	Cover letter with signed renewal agreement
ASP-5	Initial annual review letter
	Delinquent Annual Review
Term-1	Eighteen Year Old letter
Term-2	Termination letter

38.93 Suggested Readings

A Child's Journey Through Placement, Vera I. Fahlberg, M.D., 1991

The Broken Cord, Micheal Dorris,

Adopting the Older Child, Claudia Jewett,

Separation and Loss, Claudia Jewett

DCFS MANUAL: CHAPTER 36 -- ADOPTIVE SERVICES

TO: Holders of DCFS Manual

NOTICE NO.: T-94
ISSUED: 04/09/91

FROM: Children, Youth and Family Services
Yvonne M. Chase, Assistant Secretary

SECTIONS REVISED:
Chapter 36.13 A., B.

EFFECTIVE: Immediately
FOR INFORMATION CALL:
Patrick Weber
753-0965 or SCAN 234-0965

IF NOT DELIVERABLE, RETURN TO: MANUAL DISTRIBUTION CENTER, MG-13.
FOR DISTRIBUTION CHANGES, NOTIFY: MANUAL PRODUCTION, MS OB-16.

SUBJECT: POLICY REGARDING THE CONSIDERATION OF RACIAL AND ETHNIC OR CULTURAL HERITAGE IN MAKING ADOPTIVE PLACEMENT DECISIONS

Insert this notice in front of Chapter 36, DCFS Manual, and note on the Tan Notice Control Sheet the date Notice No. T-94 is entered.

A. BACKGROUND

DCFS is committed to improving the racial, ethnic, and cultural heritage components of its practice. At the same time, DCFS is committed to preventing discrimination on the basis of race, color, or national origin against any of its clients. Changes in procedural language are necessary to ensure that both aspects of practice are carried out in adoptive placement decisions.

B. ACTION REQUIRED

Delete the text of Section 36.13, A. 4. of the DCFS Manual and replace it with the following:

It is the policy of DCFS to ensure that: the best interests of children are met by requiring that a number of factors be taken into consideration when making adoptive placement decisions; and, all adoptive placement decisions must be made on a case-by-case basis to take into account the particular child, adoptive parents and circumstances.

a. When making an adoptive placement decision, the emphasis must be placed on the best interests of the child, taking into account the particular child, parents and circumstances. The following factors must be taken into consideration: relationship of family to child; sibling placement status; physical and emotional needs of child; age; sex; racial, ethnic, and cultural identity; placement background; availability of placement resources for timely placement; and continuity and stability of the child's foster care placement and child's psychological attachment to foster family.

b. In furtherance of this policy, DCFS will give preference to adoptive placement with a relative of the child. If a relative placement is considered detrimental to the child, or a relative is not available, documented efforts will be made to place with a family best able to meet the child's needs considering all factors mentioned above.

c. Although a child's racial, ethnic, and cultural identity should be considered when making an adoptive placement decision, the decision may not be based upon such factors unless it is in the best interest of the child to be placed, taking into account the particular child, parents and circumstances.

Delete the text of Section 36.13, B. 1 and 2 of the DCFS Manual to clarify that applications are accepted to meet the needs of waiting children in the DSHS foster care system. Replace the section with the following:

B. Adoptive Families

1. Family recruitment and application acceptance are based upon the special needs of children awaiting placement. The department accepts applications from any family or single person that demonstrates an ability to meet the special needs of children awaiting placement in the department's foster care system. Special needs may include but are not limited to, the child's age, ethnic or cultural background, membership in a sibling or minority group, or the presence of physical, mental, or emotional handicaps. Applications are accepted from:

   a. Relatives of children in foster care who have been identified as a potential family of choice;

   b. Foster parents who have been selected as the potential family of choice for a particular child in their care;

   c. Families interested in adopting children registered with the Washington Adoption Resource Exchange;

2. Exchange registration will be limited to only those families able to meet the needs of children in the department's care. Applications are accepted from families able to demonstrate an ability to meet the needs of a child of:

   a. Any age who exhibits a seriously disabling condition;

   b. A racial minority;

   c. A sibling group;

d. Six years of age or older; and

e. Any age who is not legally free for adoption but who is at risk of having parental rights terminated.

Delete the text of Section 36.13, E.1.a. of the DCFS Manual.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-18
ISSUED: 02/08/85

FROM: DIVISION OF CHILDREN/FAMILY SERVICES
Shirley Goins, Director

SECTIONS REVISED:
None

EFFECTIVE: On Receipt
FOR INFORMATION CALL:
Barry Fibel
Non-SCAN 753-0204 or
SCAN 234-0204

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: CRIMINAL HISTORY AND CENTRAL REGISTRY (RECORD)

Insert this notice in front of Chapter 36, DCFS Manual, and note on the Tan Notice Control Sheet the date Notice No. T-18 was entered.

BACKGROUND

A. The Washington State Patrol's Criminal Identification Section has informed us that the form which we have been using to request checks is no longer acceptable to them and that they need an updated listing of persons authorized to request and receive criminal history information.

B. House Bill 1526, with its provisions for criminal history/arrest record and Central Registry checks has a potential impact on most programs currently provided through the Division of Children and Family Services (DCFS), i.e. Adoption, Adoption Support, Child Protective Services, Day Care, Family Reconciliation Services, Crisis Residential Center's, Group Care, Indian Child Welfare, and Foster Care. The legislation requires these checks to be done when a placement is "authorized" by the department. DCFS with concurrence of the Assistant Attorney General has interpreted "authorizing a placement" as any situation where DCFS staff are called upon to make a recommendation about the suitability of a placement resource for a child. The legislation is divided into two groups: all applicants for licensure/relicensure and their employees and those not required to be licensed. When a record check is initiated, a separate check will be done for each adult member of the household.

POLICY

A. LICENSEES

Policy:

Criminal History/Arrest Record and Central Registry (Child Abuse and Neglect Register) Checks will be done by DCFS on all applicants seeking licensure/relicensure and their employees and for all new employees hired during the period of licensure.

B. THOSE NOT REQUIRED TO BE LICENSED: RELATIVES/OTHER RESPONSIBLE ADULTS/ADOPTIVE PARENT(S)

Policy:

DCFS staff will request a criminal history/arrest record and central registry check when the role of the department becomes one of making a placement or making a recommendation about the suitability of a proposed or existing placement resource. Some program specific clarifications are listed as follows:

1. Indian Children

A record check will be done prior to placement by DCFS of an Indian child in any unlicensed placement resource.

2. Family Reconcilation Services (FRS)

A record check will NOT be done when the role of DCFS staff is to facilitate a discussion regarding temporary respite care of the child(ren). When the child is or will be residing outside the parental home pursuant to an agreement between the parent(s) and the child, the "placement" decision is actually made by the parents rather than the department.

If the placement agreement between the parent(s) and child breaks down, thereby necessitating the filing of an Alternative Residential Placement (ARP) petition with the court to continue the out of home placement, the child would be required by the court to remain in a DSHS approved placement pending resolution of the ARP.

If the DSHS plan is for the child to continue residing in the unlicensed home, previously agreed to by the parent(s), there is no need to move the child, but a record check should commence immediately. If record check reveals questionable information,

the worker shall initiate a supervisory consultation immediately, noting in the case record the reason for the decision to leave the child in the present home or move the child to a licensed placement.

3. Child Protective Services, (CPS)

When the child(ren) has been "placed" with a relative by the parent(s) prior to CPS involvement, do not move the child(ren) but assess the risk to the child(ren) and the ability of the caretaker(s) to protect the child(ren) from further abuse and neglect. A record check should be initiated immediately.

If record check reveals questionable information about the placement resource, the worker will initiate a supervisory consultation. The reasons for the decision to leave child(ren) in the present placement or move the child(ren) to a licensed home will be clearly noted in the case record.

Once CPS is involved, a record check must be done prior to placement with a relative.

4. Adoption

While adoptive families are approved they are not licensed. A record check would not be done as part of the approval, but would be completed prior to placement by DCFS or voluntary agencies of a child in an approved home.

5. Voluntary Foster Care Agencies

Unless DCFS is asked to make a recommendation about the suitability of the home as a placement resource, placements made by voluntary agencies in unlicensed homes will not require a record check.

6. Group Care

For the child ready to leave group care, where DCFS has established dependency and/or is currently making payment for the group home placement, DCFS will initiate a record check prior to making placement in unlicensed relative homes.

7. Crisis Residential Centers (CRC)

A record check will NOT be done when the role of DCFS staff is to facilitate a discussion regarding placement alternatives. When the child leaves the CRC and goes to reside outside the parental home pursuant to an agreement between the parent(s) and the child, the "placement" decision was made by the parent(s).

8. Day Care

A record check will be initiated whenever the department authorizes care by an in-home caretaker or by a relative.

HOME STUDY

This legislation also requires that the Department assess the character, suitability, and competence of persons authorized to care for children. When DCFS initiates a record check, a home study will also be completed, except for adoptive families where a home study is part of the approval. Guidelines for the areas to be covered are found in the Interstate Compact Materials, DCFS Manual Section 30.99, Suggested Outline for Summary of Prospective Family. This information will be filed in the child's case record. Part of the home study must also include a check of DCFS records.

PROCEDURE

A. All criminal history check requests should be on DSHS 14-239(X), WSP Identification Section Request for Criminal History Record Information (see attached). The form is to include, as a minimum, the name, birthdate, and social security number of the adult. A separate form is to be completed for each adult in the household. Forms from each office should be batched whenever possible.

B. All requests for information from the Washington State Patrol's Criminal Identification Section must bear the name of a person designated to request and receive such information (see attached listing).

C. The designee will authorize all DCFS requests to the State Patrol.

D. Because of gaps in the Washington State Patrol's files and the Central Registry, staff doing criminal history checks are encouraged to check with local law enforcement agencies, where possible. Children and Family Service Centers should explore with local law enforcement agencies methods of obtaining information from them.

E. Information obtained from the Washington State Patrol or another law enforcement agency shall be safeguarded in the same manner as the information in the child abuse central registry established in RCW 26.44.070.

F. A check of the central registry of child abuse and local DCFS office CPS files shall also be made for those persons for whom a criminal history record check is required. A central registry check shall be made either by telephoning SCAN 234-3453 or writing to:

Division of Children and Family Services
OB-41
Olympia, WA 98504
Attention: Central Registry

Children's Services Personnel Authorized to Request and Receive Criminal History Information

	Primary Contact Person	Back Up
Spokane Center Office S. 121 Arthur, Suite A Spokane, WA 99202 MS: B32-6	Dave Perkins SCAN 584-1249	Frankie McBroom SCAN 584-1546
Colfax/Pullman CSO P.O. Box 149 300 S. Main Colfax, WA 99111 MS: B38-1	Freda Posey SCAN 545-5050	Barbara Sanborn SCAN 545-5050
Davenport CSO P.O. Box 640 8th and Park Davenport, WA 99122 MS: B22-1	Will Berry SCAN 545-6116	Judy Krupke SCAN 545-6116
Moses Lake CSO P.O. Box 1399 1620 S. Pioneer Way Moses Lake, WA 98837 MS: B13-2	Carol Billesbach SCAN 282-2250	Loretta Lucas SCAN 282-2265
Wenatchee CSO P.O. Box 3088 325 N. Chelan Wenatchee, WA 98801 MS: B4-1	Gloria Eakles SCAN 565-0488	Judy Cain SCAN 565-0596
Okanogan CSO Rt. 1, Box 1234 S. 2nd Okanogan, WA 98840 MS: B24-1	Vivian Rooks SCAN 336-1011	Vicky Bergstrom SCAN 336-1011
Spokane North CSO P.O. Box TAF C-41 E.232 Lyons Spokane, WA 99220 MS: B32-4	John Dean SCAN 249-5600	Carmen Farley 249-5600

	Primary Contact Person	Back Up
Spokane East CSO P.O. Box TAF C-40 S. 121 Arthur Spokane, WA 99220 MS: B32-1	Elaine Tyrie SCAN 584-1219	Brian Barbour SCAN 584-1212
Spokane Southeast CSO P.O. Box TAF C-42 N. 1425 Washington 2nd Floor Spokane, WA 99220 MS: B32-2	Bob Doty SCAN 545-2195	Bob Biondi 545-2188
Spokane Central Support CSO P.O. Box TAF C-37 N. 1425 Washington Spokane, WA 99220 MS: B32-3	Kay Porta SCAN 545-2146	Joyce Wright SCAN 545-2090
Colville CSO 1100 S. Main Colville, WA 99114 MS: B33-1	Greg Colburn SCAN 574-1011	Barbara Pacerelli SCAN 574-1202
Newport CSO P.O. Box 570 4th and Warren Newport, WA 99156 MS: B26-1	Harry Sedies SCAN 545-3043	Janet Thomas SCAN 545-2290
Yakima Center Office P.O. Box 9428 2515 Main Street, Valley Mall Yakima, WA 98909 MS: B39-6	Celeste Sunderland SCAN 558-2826	Betty Coles SCAN 558-2290
Ellensburg CSO P.O. Box 1183 525 Mountain View Ellensburg, WA 98926 MS: B19-1	Karla Smith SCAN 686-1111	Dave Gruber SCAN 686-1111
Yakima CSO P.O. Box 9788 2515 Main Street, Valley Mall Yakima, WA 98909 MS: B39-1	Janet Dahlin SCAN 558-2150	Bob Asbury 558-2207

	Primary Contact Person	Back Up
Toppenish CSO P.O. Box 470 306 Bolin Dr. Toppenish, WA 98948 MS: B50-1	Nancy Frenchette-Bagley SCAN 263-0100	Marilyn McGree SCAN 263-0100
Sunnyside CSO P.O. Box 818 208 S. 8th Street Sunnyside, WA 98944 MS: B54-1	Anita Schmidt SCAN 263-0100	Bill Rheinschmidt SCAN 263-0100
Pasco CSO P.O. Box 931 800 W. Court Pasco, WA 99301 MS: B11-1	Dwayne Upp SCAN 526-0100	Barbara Pepin SCAN 526-0100
Walla Walla CSO P.O. Box 517 206 W. Poplar Walla Walla, WA 99362 MS: B36-1	Vi Scott SCAN 629-4371	Ron Lindquist SCAN 629-4371
Clarkston CSO 720 - 6th Street Clarkston, WA 99403 MS: B2-1	Connie Murphy SCAN 545-5037	Dallas Hohnsbehn SCAN 545-5037
Everett Center Office 416 Central Building 1719 Hewitt Avenue Everett, WA 98201 MS: N31-9	John Troutner SCAN 265-5722	
Mountlake Terrace CSO 21309 - 44th Ave. West Mountlake Terrace, WA 98043 MS: N52-1	Carol Landeas SCAN 544-1011	Carol Northrup SCAN 544-1213
Mount Vernon CSO P.O. Box 310 1800 Continental Place Mount Vernon, WA 98273 MS: 29-1	Barbara Thompson SCAN 542-1400	Yvonne Messick SCAN 542-1438
Smokey Point CSO MS: B65-1 Route via N31-1	Helen Gamet	

	Primary Contact Person	Back Up
Oak Harbor CSO P.O. Box 909 2415 - 20th NW Oak Harbor, WA 98277 MS: B15-1	Dwayne Berg SCAN 542-1505	Phil Anderson SCAN 542-1505
Bellingham CSO P.O. Box 639 4101 Meridian Street Bellingham, WA 98226 MS: B37-1	Millie Mangels SCAN 738-2570	Dena Burton SCAN 738-2570
Everett CSO P.O. Box 527 2809 Grand Everett, WA 98206 MS: N31-1	Frank Coburn SCAN 265-8484	Karlen Carle 265-8484
Seattle Center Office Child Care Agency, Licensing Unit 2809 - 26th Avenue S. Seattle, WA 98144 MS: N56-1	Larry Levine SCAN 339-4080	Bettye Scott 339-4080
King Eastside CSO 15821 NE 8th Street Bellevue, WA 98008 MS: N40-1	Betty Cabaniss SCAN 658-7072	Pat Barnhart SCAN 658-7101
King South CSO P.O. Box 848 21851 - 84th Avenue So. Kent, WA 98031 MS: N43-1	Sophie Tersiisky SCAN 376-2663	Sue Browning SCAN 376-2653
Centralized Children's Services Office 2809 - 26th Ave. S. Seattle, WA 98144 MS: N56-6	Rosie Oreskovich SCAN 339-4224	Arlene Miletich SCAN 338-4224
King North CSO 907 NW Ballard Way Seattle, WA 98107 MS: N42-1	Blanche Simmons SCAN 428-7763	Eloise Valdez-Heald SCAN 428-7753

	Primary Contact Person	Back Up
Rainier CSO 3600 S. Graham Seattle, WA 98118 MS: N41-1	Gwenn McElland SCAN 339-4654	Rose Wentz SCAN 339-5702
Burien CSO 15811 Ambaum Blvd. S. Seattle, WA 98166 MS: N44-1	Betsy Pierce SCAN 381-1300	
Capitol Hill CSO 1700 Cherry Seattle, WA 98122 MS: N46-1	Sharon Kleinhen SCAN 576-7407	
Tacoma Center Office 1305 Tacoma Ave. S. Tacoma, WA 98402 MS: N27-5	Joan Rutherford SCAN 462-2761	Kristy Galt SCAN 462-2922
Pierce Centralized Services 1301 Tacoma Ave. S. Room 114 Tacoma, WA 98402 MS: N27-1	Louise Peele SCAN 462-2566	Robert Harris 462-2298
Bremerton CSO 4810 Auto Center Way Bremerton, WA 98312 MS: B18-1	James Van Houton SCAN 356-4690	Nancy Carter SCAN 356-4690
Olympia Center Office P.O. Box 7489 Olympia, WA 98504 MS: KR-23	Steve Ennett SCAN 234-4148	
Aberdeen CSO P.O. Box 189 405 W. Wishkah Aberdeen, WA 98520 MS: B14-1	Gary Anderson SCAN 325-1263	Richard Englund SCAN 325-1280
Chehalis CSO P.O. Box 359 Chehalis, WA 98532 MS: S21-1	Gordon Sincock SCAN 332-1011	Jim O'Neal 332-1202

	Primary Contact Person	Back Up
Kelso CSO P.O. Box 330 711 Vine Kelso, WA 98626 MS: S8-1	Carol Sande SCAN 239-2194	Ann Watkins SCAN 239-2160
Olympia CSO P.O. Box 1816 5000 Capitol Blvd. Olympia, WA 98504 MS: KR-11	Mariam Madison SCAN 234-5981	Jean Lott 234-5981
Port Angeles CSO 716 South Chase Port Angeles, WA 98362 MS: B5-1	Eileen Gatlin SCAN 632-1223	Betty Warder SCAN 632-1236
Port Townsend CSO P.O. Box 554 802 Sheridan Port Townsend, WA 98368 MS: B 14-1	Dennis Kelley SCAN 632-1254	
Shelton CSO P.O. Box 1127 110 W. "K" Street Shelton, WA 98584 MS: B23-1	Lu Nichols SCAN 745-1136	Tom Wingard 745-1155
South Bend CSO P.O. Box 87 South Bend, WA 98586 MS: B25-1	Jack Gray SCAN 325-1236	Brandon Harnisch SCAN 325-1236
Vancouver CSO P.O. Box 751 Vancouver, WA 98666 MS: S6-1	Marian Gilmore SCAN 476-6167	Ken Nichols SCAN 476-6188
White Salmon CSO P.O. Box 129 White Salmon, WA 98672 MS: B20-1	Marcie Danielson SCAN 476-6583	Jeff Schriner (Stevenson Office) SCAN 476-6522 Mary Lou Orthman (Goldendale Office) SCAN 476-6636

DSHS 14-239(X) (07/84), WASHINGTON STATE PATROL IDENTIFICATION SECTION
REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

WASHINGTON STATE PATROL

IDENTIFICATION SECTION

REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

PLEASE TYPE OR CLEARLY STAMP THE ADDRESS TO WHICH OUR RESPONSE IS TO BE MAILED. (A RETURN ENVELOPE WOULD BE APPRECIATED.)

_____
_____
_____

USE THIS FORM WHEN REQUESTING CRIMINAL HISTORY RECORD INFORMATION FROM THE WASHINGTON STATE PATROL IDENTIFICATION SECTION. MAIL YOUR REQUEST TO P.O. BOX 2527, OLYMPIA, WA 98504.

FOR OUR SEARCH PURPOSES, PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE IN THE SPACE BELOW:

WA STATE IDENTIFICATION NUMBER (SID): WA1 _____

NAME: _____
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME: _____

DOB: _____ SEX: _____ RACE: _____ EYES: _____ HAIR: _____

SOCIAL SECURITY NUMBER: _____

FBI NUMBER: _____

_____ _____
NAME AND TITLE OF PERSON MAKING REQUEST DATE

DSHS 14-239(X) 7/84 (Formerly DSHS 0-35) QX A-198

DSHS 14-239(X) (07/84), WASHINGTON STATE PATROL IDENTIFICATION SECTION REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION (cont.)

CRIMINAL/ARREST HISTORY REQUEST FORM

Instructions

General

This form is used to request computer file information from the State Patrol Identification Section regarding both the arrest and conviction histories of alleged perpetrators of CA/N applicants for a child care license, or persons with whom a child will be placed.

Future plans are for this information to be requested via local law enforcement computer terminal. Since information requests must be hand processed for the present, it is important that they be batched where possible and that the name and address of the person designated to receive the information be clearly printed.

Items

Washington State Identification Number: Optional item. This is the number assigned to each name in the file. If know, it can save search time.

Name: Include name of subject.

Alias/Maiden Name: Provide, if possible.

Date of Birth: Should be provided.

Physical Descriptions: Include if possible.

Social Security Number: Provide.

FBI Number: Include if known.

Address: Hand processing of these requests makes a correct return address essential.

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