ORIGINAL

CHAPTER 32

CHILD FOSTER CARE
ASSESSMENT, PREVENTION, AND PLACEMENT SERVICES

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CHAPTER 32

CHILD FOSTER CARE
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32.00 PROGRAM AUTHORITY

Federal: 45 CFR 233.110; P.L. 96-272
State: RCW 7.13.020; RCW 74.13.031.
WAC 388-15-150; WAC 388-70; WAC 388-73.

32.10 POLICY

32.11 Purpose of Service and Statement of Philosophy

The fundamental purpose of the foster care program is to provide children with a permanent family capable of providing continuous nurturing care. Preventive service alternatives are offered in order to help maintain the family unit prior to any consideration of out-of-home placement. When placement is necessary, reunification services will be implemented to expedite the child's return home. Foster care is viewed as a short-term service solution to an emergent situation. Permanency planning begins at the time a child is placed outside the home and continues throughout the service period until permanency is achieved. Permanency planning and follow through are essential to reducing/eliminating the negative effects that separation from family has on every child.

The philosophy of foster care services is:

- Children have a right to a stable, permanent home.
- Children have a right to be raised by their natural parents when their parents are able to do so in an adequate manner.
- Children who come to the attention of the foster care system generally have parents who care about them, want what is best for them, and who with help can assume responsibility and provide adequate care for their children.
- Immediately available, intensive service(s) can assist most parents in improving their capacity to carry out and resume their responsibilities as parents.
- Children have a right to a stable, permanent home by means of adoption, or other plan for permanency, when their parents are unable or unwilling to improve their ability to function as adequate parents in a timely manner.

CHAPTER 32

32.12 Service Description

A. Foster care is temporary, substitute care for the child whose family is unable and/or unwilling to minimally provide for the child's care. In some cases this may be due solely to the child's own physical and/or psychological problems. Except in rare instances, foster care is neither a goal nor a plan for permanence for the child. Foster homes may be recruited and approved for care by either Community Services Offices (CSO) or Child Placement Agencies (CPA). Foster care services may be provided by the CSO or purchased through a CPA.

B. Foster care includes:

1. A full assessment of the individual child and family situation.

2. Counseling and preventive services to the child, parent(s)/guardian(s), relative(s), to reinforce and maintain the family unit whenever possible.

3. Placement and supervision of children who cannot remain in their own family homes after all reasonable efforts have been made to provide preventive services.

4. Specialized placements for children with special needs.

5. Post-placement counseling and reunification services to the child, parent(s)/guardian(s), relative(s) to return the child home or to place child in an alternate permanent family situation.

6. Medical, psychological/psychiatric, and other specialized services as needed.

32.13 General Policies

A. Preventive/Reunification Services

Prior to a child being placed out of home, a full assessment of the individual child and family is required, and it must be clearly ascertained that the child's needs cannot be met through available services provided in his/her own home or relative's home. Reasonable efforts must be made to prevent placement and to make it possible for the child to return to his/her own home. (See 32.32 D. for Prerequisites to Placement.)

B. Parent Involvement

Whenever possible, the child's parent(s)/guardian(s) will be involved in the decision to place, or not to place, their child prior to removing the child from his/her home.

C. Minimum Possible Number of Placements

In order to provide stability to the child in out-of-home care, the placement selection will be made with a view toward the fewest possible placements for each child. If possible, the initial placement should be viewed as potentially the only placement for the child. The use of short-term interim placements (30 days maximum) to protect a child's health or safety while the placement of choice is being arranged is not a violation of this principle.

D. Preservation of Family Relationships

Efforts shall be made to place the child in close proximity to the parent(s)/guardian(s) home consistent with the best interests and special needs of the child. Placement selection will attempt to preserve the family relationships of the child. Frequency of visitation of the child in foster care by the parent(s) is directly related to the length of stay in foster care. Generally, the more frequent the visitation, the more likely the child will return home.

E. Long-Range Plan

The ultimate or long-range plan for the child (return home, adoption, placement with relative, guardianship, or in limited situations, long-term foster care) will be the primary consideration in the type and location of both initial and subsequent placements. Any temporary placement should be chosen with a view toward preparing the child for the long-range placement plan. (See Sections 32.21 F. and 32.35 G. for permanency planning priorities.)

F. Relative Placement

Efforts shall be made whenever possible and appropriate to place the child with an extended family member when the child cannot return to his/her natural family. When a child is placed temporarily with a relative in lieu of foster care, casework services should be provided the same as for all out-of-home care. (See Section 32.33 A.)

G. Permanent Family at Earliest Possible Date

Time is a critical factor in the temporary placement of children. The long-range placement plan is to be achieved at the earliest possible date. If the plan is to return the child home, selection of placement resources shall facilitate and support return home within weeks, if possible. (See Sections 32.21 F. and 32.35 G. for permanency planning priorities.)

H. Child's Previous Placement History

Careful attention is to be given to the child's previous placement history when selecting a temporary or permanent home for a child. Prior placement history may indicate a need for prompt action to achieve per-

manency, a need for more or less structure, an inability to relate to parental figures, or other factors which should be considered in placement selection.

I. Needs of the Child and Placement Resources

Efforts shall be made to place the child in the least restrictive (most family-like) setting available consistent with the best interests and special needs of the child. Placement selection must consider the needs of a child for specialized services and the accessibility of those services. For example, a child in need of special education services should not be placed where such services are not available. Similarly, the child in need of specialized medical treatment or services is to be placed where such services are available and reasonably accessible to the child.

J. Case Plans (ISP)

For each child in out-of-home care, there must be a case plan which is time-limited, goal-oriented, and routinely involves the child, parent(s)/guardian(s), and foster parent(s). The case plan is also intended to serve as a written agreement between the agency, the parent(s), child, and foster parent(s). (See ISP procedures in Section 32.34 C.)

K. Court Involvement

Foster care required beyond three months must be authorized by a court order, or through an Exception to Policy utilizing an Alternative Administrative Review as appropriate. (See Section 32.42 for Alternative Administrative Review procedures.) Under no circumstances may voluntary placement of a child exceed 18 months without entry of a court dispositional order.

32.14 Service Priorities

A. Mandatory Services

1. Providing assessment and counseling to child, parent(s)/guardian(s), relative(s) to develop a plan for meeting child's needs without placement if possible.

2. Providing/arranging counseling/preventive services to child, parent(s)/guardian(s), relative(s) to prevent placement.

3. Evaluating need for out-of-home placement.

4. Arranging for placement of children into homes of relatives, receiving homes, and family foster homes when out-of-home care cannot be prevented.

5. Determining source of funding for foster care maintenance payments and medical services.

6. Providing/arranging counseling/reunification services to child, parent(s)/guardian(s), relative(s) to return child home or to place child in an alternate permanent care situation.

7. Providing consultative and support services to foster parents to assist with maintaining the foster placement, to prevent a more restrictive placement of the foster child, and to achieve the Individual Service Plan (ISP) for permanency.

8. Monitoring of placement to ensure quality of care.

B. Case Assignment Priorities

The following case priorities are applicable to cases entering the foster care system for reasons described under Section 32.31 A.4. or transferred to ongoing foster care services from CPS or FRS. (For CPS/FRS case assignment priorities, see Manual G, Chapters 26 and 24.)

1. Priority 1 foster care cases will be reviewed and assigned as soon as possible, but no longer than three (3) working days of receipt. The following are Priority 1 Cases:

   a. Children without parent or legal guardian because of:

      (1) Death
      (2) Physical/emotional illness
      (3) Severe disability
      (4) Whereabouts unknown
      (5) Incarceration
      (6) Inpatient treatment
      (7) Parent's refusal to have child in home

   b. Dependent children who are at risk of abuse/neglect.

   c. Dependent children who are a danger to self, family or community.

2. Priority 2 foster care cases will be reviewed and assigned as soon as possible, but no longer than ten (10) working days of receipt. The following are Priority 2 Cases:

   a. Requests for relinquishment planning for children six and over.

   b. Minor who applies for financial assistance (including minor unmarried parents).

3. Priority 3 foster care cases will be reviewed and assigned as soon as possible, but no longer than twenty (20) working days of receipt. The following are Priority 3 Cases:

   a. Requests for home evaluations, other regions or states.

b. Requests for assistance in planning independent placements. (See Section 32.33 F.5.)

32.15 Eligibility

A. Service Eligibility

All children are eligible for foster care assessment, prevention, and placement services without regard to income.

B. Maintenance Payment Eligibility

Payment is made only when the department's service staff has determined the need for foster care, and at least one of the conditions in WAC 388-70-013 are met. The funding sources for children in foster care are AFDC-FC, Refugee Program, or State Funds. (See Section 32.61 to determine which funding source is appropriate.)

C. Medical Eligibility

Each child placed into foster care is eligible for the "Categorically Needy" medical program. This medical program shall fund dental and medical services not available to the child through private insurance. (See Section 32.62.)

32.16 Payment Rates

A. The department's rate of payment for the out-of-home care of a child is the same for foster family homes licensed by CSOs and private child-placing agencies.

B. Child-placing agencies shall receive a monthly service fee for each child placed for administration of their foster home or receiving home, unless the CPA waives the service fee in writing, or the fee is waived by a contract amendment.

C. See Section 32.63, Payment Rates and Reimbursements.

32.20 PROGRAM STANDARDS

32.21 Program Expectations/Response Time

The service worker will:

A. Within one working day of assignment, respond to all service/foster family placement requests as specified in Assessment, Prevention, and Placement Procedures, Section 32.32.

B. Within one working day of the initial assessment interview, refer inappropriate requests for service/foster care placement to appropriate department/community resources, i.e., CPS, family reconciliation services, mental health, etc.

C. Within 30 working days for cases accepted for service, complete an evaluation of the child/family situation and develop an Individual Service Plan (ISP) with the child, the family, and the foster care provider. (See 32.34 C. for specific ISP procedures.)

D. Arrange emergency medical/psychiatric treatment as needed for the child prior to placement.

E. Within 30 working days of service request, schedule a physical and dental examination for the child.

F. Within three months of placement, identify the plan for permanency for the child and steps necessary to achieve the plan. The primary plan should be to return child home, but if not possible and the parents agree, placement with a relative, adoption, or guardianship. If the child cannot be returned home and the parents do not agree, then the next step must be court action. A long-term foster care agreement may be approved if other plans for permanency have been explored and found to be inappropriate. (See Section 32.35 G. for permanency planning priorities.)

G. Have monthly face-to-face contact (individual or together) with the child and his/her own family in order to best implement the ISP and evaluate the placement. More frequent contact is encouraged during the initial month of placement. (See Section 32.35 B.)

H. Have monthly face-to-face contact with each foster care provider (individual or together with child) to access how the placement is going and what, if any, additional services are needed. (See Section 32.35 B.)

I. Within 10 working days, assess and determine the appropriateness of all initial requests for payment made by child-placing agencies. (See CPA procedures, Section 32.33 F.4.)

J. Monitor and approve Quarterly Reports/ISPs submitted by CPAs whose placements or services are partially or fully financially supported by DSHS. (See CPA procedures, Section 32.35 C.)

32.22 Program/Service Outcomes

A. Child remains home with the provision of necessary services to the child and family to prevent out-of-home placement.

B. Child placed in appropriate out-of-home setting and services provided to enable a return home or to an alternate permanent care situation as soon as possible.

C. Child returns home with provision of services necessary to prevent placement.

D. Child placed for adoption.

E. Guardianship established with relative(s), foster parent(s) or other appropriate individual. (See Chapter 23.)

F. Permanent foster family care agreement established.

32.30 SERVICE PROCEDURES

32.31 General Information

A. Referral Sources

1. Children may be referred for foster care services or placement from a variety of sources, both outside and within the department. Regardless of point of intake into the child welfare system, the prerequisites for placement are the same for all children. (See Section 32.32 D.)

2. Reasonable efforts to provide preventive services must be attempted and documented prior to removing the child from his/her home, except in emergency situations where the safety of the child precludes them. (See Section 32.32 C.)

3. Most children enter the foster care system through either the Children's Protective Services (CPS) program (see Manual G, Chapter 26), or the Family Reconciliation Services (FRS) program (see Manual G, Chapter 24). Coordination/cooperaton between discrete program areas is vital. (See Section 32.31 B.)

4. Some children who do not meet the definition of a CPS or FRS client are referred for service through the Foster Care Services (FCS) program.

   Examples of such referrals include, but are not limited to:

   a. Request for foster care or group care placement, where a conflict does not exist between the child and the caretaker, but the child has emotional/behavioral problems which cannot be dealt with in the home.

   b. Request for emancipation and support services, i.e., food stamps, medical care needs.

   c. Adoption requests, and adoption support development.

   d. Interstate courtesy supervision is requested, and/or a child from another state (whether a compact state or not) requests assistance regarding placement and support of basic needs.

   e. Voluntary relinquishment requests.

f. There is a need to legalize a placement, where no conflict exists, but custodial responsibilities need to be legalized (exclusive of custody disputes).

g. Situations resolved by provision of an agreed guardianship.

h. Requests for support services and maternity services where a pregnant child is in conflict with the parent and cannot remain in the home due to the emotional turmoil that exists.

i. Medical/psychiatric problems exist for a parent and that parent requests services to assist in caring for the child(ren).

5. SSPS Code 3252 is used when providing foster care assessment and preventive services to the population described above under Section 32.31 A.4.

B. Coordination of Foster Care Services with CPS/FRS

1. In those cases where a child is receiving CPS or FRS services and is also being considered for receiving home or foster care placement, staff are required to follow the same assessment, prevention, and placement procedures regardless of who is providing the service.

2. In those cases where it is necessary for a child to be removed from his/her own home and the case is transferred from CPS/FRS to ongoing foster care, there must be cooperation and coordination between programs to ensure a smooth transition of responsibility for working with the child, parent(s)/guardian(s), and foster family.

a. The CSO shall have adequate procedures for transitioning a case from CPS/FRS to foster care. The CPS/FRS staff is to provide services during the transition period to ensure that at no time will a child be without a service worker.

b. After the completion of CPS services, where some children of a family are placed in foster care and other children remain at home and a need for further service(s) exists, foster care staff are responsible for services to the children in foster care, the foster parents, and for case planning and services to the children and parents in the natural home.

c. If another CPS complaint or FRS referral involving the family is received while foster care services are being provided, CPS or FRS is responsible for provision of the CPS or FRS service. The foster care worker shall coordinate with the CPS/FRS staff and shall continue to provide foster care services to the child in foster care, the foster parents, and natural family. (See Chapter 26, Section 26.13 E.)

C. Rights of Natural Parents

1. The department, through its staff, shall interpret to the parent(s) and child, as appropriate, their legal rights and responsibilities.

2. The department may accept voluntary placement of children in foster care in cooperation with the family's decision to place the child outside of the home. The parent(s) retains all his/her rights in these situations. (See Section 32.41 for Voluntary Consent procedures.)

3. In cases where parents voluntarily consent to the child's out-of-home placement, the residual parental rights are generally: the right to participate in the placement of the child, reasonable visitation, information about the child's whereabouts and condition, determination of religious affiliation, consent to adoption, inheritance, and the right to notice and appearance at judicial proceedings involving the child.

4. In cases where court action has been initiated, the law provides for a number of additional legal rights and protections. (See RCW 13.34.060 and 090 and RCW 13.32 A 160.)

5. The parent(s) of a child placed in foster care remain financially responsible for that child and may be required to pay all or part of the cost of foster care.

6. In cases of termination of parental rights, there are no residual parental rights.

D. Information to be Provided Foster Parents

1. Prior to any placement, sufficient information about the child and his/her family will be given to the foster parents to enable them to make a decision regarding whether or not to accept a child in their home. (See Section 32.34 F. for specific information.)

2. The service worker will discuss with the foster parent(s) the department's policies regarding confidentiality.

32.32 Preventive Services

In recognition of the child's need for permanency in family relationships and the appropriate role of DSHS in supporting the family as the primary caretaker of children, primary efforts of the service worker should be focused toward identifying and remedying those problems which place children in jeopardy of out-of-home placement.

A. Family-Focused Case Assessment

1. The service worker shall make a full assessment of the individual child and family, and document the need for out-of-home placement per placement prerequisites in Section 32.32 D. Placement will be

used only when absolutely necessary in meeting the needs of children. Before a child is placed out of home, all reasonable efforts must be made to stabilize the family and assure the welfare of the child residing in the home, and such efforts shall be documented in the record.

2. A family-focused assessment includes an examination of the family's entire situation. Appropriate treatment is dependent on correct identification of family needs and strengths. (See Placement Decision, Section 32.32 D., and suggested Guides for Placement, Section 32.99.)

3. Procedures for making an accurate case assessment:

   a. Obtain clarification of the presenting problem(s) and expected resolution(s) from the referral source.

   b. Review available case records, including previous placement history and response, and determine who is legally responsible for child.

   c. Observe family environment, family interaction, child at school, etc., whenever possible.

   d. Obtain child's (when appropriate) and parent's/guardian's statement of the problems which prompted the request for service. This should include onset of problem, frequency, duration, intensity, etc., as well as a statement regarding any services already tried and the outcomes.

   e. Review/develop family social history that takes into consideration such things as resources, strengths, emotional/social support systems, cultural/ethnic background, family dynamics, work history, and family mobility.

   f. Review/develop child's/parent's educational background, that takes into consideration such things as last school child attended, grade, I.Q., academic skills, problem areas. There must be no disruption in special education and related services according to Section 32.98 B.

   g. Obtain medical history on family (i.e., hereditary problems). Complete DSHS 13-18X.

   h. Review less restrictive service alternatives, including those already utilized by the family. Document appropriateness.

   i. Make any collateral contacts essential to completing initial assessment.

   j. Obtain child's and parent's/guardian's recommendations for resolving stated problem(s).

✓ k. In consultation with the supervisor (as needed) and parent/child participation (as appropriate), decide what services are needed and available to resolve stated and observed problem(s).

l. Assessment is an ongoing process within service provision. Any new information, changes, etc., may require revision of the service plan.

m. Complete appropriate forms documenting above actions:

(1) Service Episode Record (DSHS 2-305(X));
(2) Face Sheet (DSHS 14-24(X));
(3) SSPS (DSHS-154(X)) with appropriate codes;
(4) Release of Information (DSHS 14-12(X)) when needed; and
(5) Any other forms required by the specific service being requested.

B. Resources

It is important to connect the family to supports within the community which will continue after DSHS services are terminated. Each CSO shall ensure that staff have knowledge about local resources.

1. The service worker shall explore, or develop to the extent possible where gaps in service exist, both in-home and out-of-home resources prior to placing a child in out-of-home care.

2. The following resource list links family need to potential services. The services available will vary from community to community and are provided through a multitude of delivery systems including voluntary agencies, regular social service agencies, DSHS, and by purchase-of-service.

FAMILY RELATED

INCOME

- AFDC, GA-U, Social Security
- Credit Counseling
- Churches
- Employment Referrals

CLOTHING

- Clothing Bank (local, schools)
- Salvation Army/Goodwill

HOUSING

- Low-income Housing
- Missions
- Emergency Shelter

MEDICAL CARE/DENTAL CARE

- Medical Insurance
- Community Health Nurse, Well-Child Clinics, Hospice
- Crippled Children's Services
- Medical Assistance Programs
- Civic Groups, Kiwanis, etc.

NUTRITION

- WIC
- Food Stamps/Commodities
- Food Banks
- Community Health Nurse

TRANSPORTATION

- FISH/Volunteers
- Bus Passes

JOB TRAINING/EMPLOYMENT

- Vocational Rehabilitation
- College Financial and Women's Centers
- Employment Security, (E&T, WIN)

MENTAL HEALTH

- Community Mental Health
- Casework Counseling
- Day Treatment
- Specialized Counseling
- In-Home Therapy
- Group Therapy

ABUSE/NEGLECT

- Anger Control Group
- Parent's Anonymous
- Mother's Groups
- Parent Aids
- CPS/CSW Daycare
- Chore Services
- Respite Care
- Coop Preschools
- Headstart, Bug-in-the-Ear
- Parenting Classes
- Parent Workshops
- Parent Advocates
- In-Home Specialists (health or education)
- Emergency Caretakers
- Crisis Nursery
- Homemaker Services
- Public Health
- Court

SUBSTANCE ABUSE

- Alcoholics Anonymous
- Narcotics Anonymous
- Community Alcohol/Drug Agencies
- Alateen/Alanon
- Inpatient Treatment

SOCIAL ISOLATION

- Extended Family
- Churches
- Clubs, Civic Groups
- Special Interest/Support Groups (SIDS, DDD)
- Friends
- Parents Without Partners
- Recreational Activities, YMCA, YWCA

COORDINATION

- Diagnostic Teams
- Consultation
- Staffings
- Resource Development

MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES

- Referral to DDD
- Civic/Community Groups for Special Needs
- Special Education Services

CHILD RELATED

SCHOOL ATTENDANCE

- School Counselors
- Staffings
- Alternative Schools
- Teachers

SCHOOL PERFORMANCE

- Tutoring
- Alternative Schools
- Evaluation - Special Education Services

JOB TRAINING/EMPLOYMENT

- Youth Jobs
- Vocational Programs

MENTAL HEALTH

- Group Therapy
- Community Mental Health
- Family Therapy
- Casework Counseling
- Specialized Counseling
- Therapeutic Day Care

BEHAVIOR (ACTING OUT, RUNNING AWAY)

- Peer Counseling
- One-To-One Programs (Big Brothers, Big Sisters)
- Family Reconciliation Services
- Recreational (Camps, Sports, YMCA, YWCA)
- Skill-Building Classes
- Preschool-Coops

SUBSTANCE ABUSE

- Youth Service Bureau
- Inpatient Treatment
- Community Alcohol/Drug Agencies
- Alateen
- Alcoholics Anonymous, Narcotics Anonymous

MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES

- Referral to DDD
- Civic Groups for Special Needs (Shriners, etc.)
- Special Education Services

C. Reasonable Efforts to Provide Preventive Services

1. The service worker must make reasonable efforts prior to the placement of each child in foster care to prevent or eliminate the need for removal of the child from his/her own home, as well as reasonable efforts to make it possible for the child to return to his/her home when placement of the child was necessary.

Needs Procedure

a. "Reasonable efforts" are defined as the service worker's best efforts to assess the individual child and family situation regarding the appropriateness and accessibility (within the limits of available funding) of preventive/reunification services and to offer the family and assist (as appropriate) in providing such services to the family whenever possible.

b. When attempts to provide service are made and documented, but no preventive/reunification services are delivered, this would qualify as "reasonable efforts". For example, if you assessed services at a mental health center were available and appropriate, but the family refused to use the services, this would qualify as "reasonable efforts".

Safety over Prevention

Doc. Why prevention services not provided

c. In emergency situations where it is assessed that the safety of the child precludes preventive services, service worker will document in the case plan (ISP) why such services were not provided.

2. See Section 32.32 B., Resources, for list of preventive/reunification service options.

ISP basic form of documentation

3. All efforts to provide preventive/reunification services must be documented in the service record on the ISP (Section 32.34 C.) or Updated ISP (Section 32.35 F.)

4. A court determination regarding the "reasonable efforts" by the department to provide preventive/reunification services is required for AFDC-FC eligibility. (See Section 32.61 for details.)

D. Deciding to Place or Not to Place

1. Determining the appropriateness of a child being placed out-of-home is based on the following five (5) prerequisites:

   a. Unmet critical needs of the child have been identified.

   b. Parental ability and/or availability to meet the child's needs have been assessed to be insufficient.

   c. Alternatives other than placement have been explored and/or identified as inadequate or unavailable to meet the child's needs. (See Section 32.32 B.)

Call each time they Place?

   d. Supervisory and/or team consultation (i.e., case staffing involving at least one supervisory member) supports a placement recommendation. (See Section 32.32 D.3.d.)

   e. Authority to place has been legally established.

Document. RCW citation for action

2. The fact a child is requesting out-of-home placement is not in and of itself a sufficient prerequisite for placement.

3. The service worker, in deciding whether or not to place a child, shall use the following definitions of the prerequisites to placement:

   a. Unmet Critical Needs of Child*

      (1) For each child in the family, the child's current condition and ability/willingness to protect and/or care for him or herself are determined by:

         (a) A full assessment of the referral problem. When content of the referral indicates a serious problem, but the specifics of the problem (nature of problem, severity, amount, and quality of intake information, etc.) are not clear, placement may be warranted until the assessment can be completed.

criteria

Substantiation by other professional

         (b) Degree Severity of the child's need for medical/dental/mental health care.

         (c) Child's age and general physical, psychological, and emotional capacity to protect self. A vulnerable child may be unable to survive (protect self) even in moderately deficient conditions.

* Refer to Section 32.99 for suggested Guide for Evaluating a Child's Life Experience.

Danger to child greater than impact of Placement. →

(d) A full assessment that the family's conflict and/or abuse/neglect is more extreme than the impact of placement on the child.

(e) An assessment of whether the quality of the child's support systems (i.e., friends, relatives, teachers, etc.) is sufficient to sustain the child and reduce risk/conflict during the interventional process.

SEX ABUSE

(2) Assessing risk in sexual abuse requires additional considerations (see Manual G, Section 26.37). These special considerations include:

(a) A determination of the ability of the non-offending parent(s)/guardian(s) to protect the victim from the alledged offender(s), with reasonable assurance that the abuse/neglect will stop. If separation is indicated, preferrably the offender will leave the home.

(b) Risk to other children in the family home may be greater in sexual abuse cases than with other forms of maltreatment because of the progressive repetitive nature of the problem. This is especially true if the victim leaves and the perpetrator stays.

Needs procedure ? each time

(c) Interaction with the legal system. The service worker shall discuss this issue with the supervisor regarding the local process.

b. Parental Ability and/or Availability to Meet Child's Needs*

(1) Parental Response - Recommendations for placement are often grounded on the parent(s)/guardian(s) refusal to perceive and/or remedy conditions which are seriously endangering or damaging a child. Some of the factors for assessing this parental response are:

(a) Recognition and acceptance of problem.

(b) Acknowledgement of their role in causing/allowing problem.

(c) Motivation to solve problem.

(d) Cooperation with case plan.

* Refer to Section 32.99 for suggested Guide for Evaluating Child/Parent Contributing Factors.

(2) Parental Ability to Nurture/Protect - The following factors are considered indicators of the parent(s)/ guardian(s) ability to function:

(a) Parental capacity for child care. Assessed strengths and limitations including physical, psychological, and emotional capacity.

(b) Substance use/abuse.

(c) Resource management.

(d) Support for parent, including availability and access to that support.

(3) For special considerations in assessing risk in sexual abuse cases see Section a.(2) above and Manual G, Section 26.37.

(4) Pervasiveness of problem, length of time the problem has existed, and history of prior referrals is also an indicator for determining parental ability/willingness to prevent or correct the conditions or conduct resulting in risk or conflict.

c. Alternatives Other than Placement

Both in-home and out-of-home resources are to be explored, or developed to the extent possible, prior to out-of-home placement. The extent to which resources are valuable/useful is dependent upon the parent's and child's willingness and ability to utilize the resources. Some of these resources are:

(1) In-Home Support Services - Homemakers, parent aids, or any other responsible person including relatives willing to come into the family home on a temporary basis to stabilize the crisis period. (See Section 32.32 B. for more specific suggestions.)

(2) Community Support Services - Day care services, emergency mental health, parent skill training. (See Section 32.32 B. for more specific suggestions.)

(3) Social Supports - Neighborhood ties, churches, schools, and/or relationships with relatives (see Section 32.32 B.).

legal base who places →

(a) The extended family is often appropriate as an emergency placement resource and should be considered first.

(b) For longer-term case planning, a complete assessment must be done for the purpose of permanency planning and will always include an assessment of the extended family member as a resource.

d. Supervisory and/or Other Consultation

1 in 10

(1) Recognizing the importance of, and often times the difficulty in deciding whether a child should be removed from his/her home (no matter how temporary the removal), supervisory and/or team consultation and support shall be provided to the service worker in all out-of-home placement decisions. When team consultation is used, at least one member of the team shall be at the supervisory level or above:

(a) Emergent Placements - Independent decisions must be made by the service worker in emergency out-of-home placements (i.e., situations where delay of placement would endanger the health and/or safety of the child). Such placements shall be reviewed by the supervisor/consultation team within one work day following the placement.

(b) Non-Emergent Placements - All non-emergent out-of-home placements shall be discussed with the supervisor/consultation team and shall have supervisory or team concurrence prior to the placement.

(2) Supervisor/team consultation on out-of-home placement decisions can be guided by the following: (1) Guide for Evaluating a Child's Life Experience; (2) Guide For Evaluating Child/Parent Contributing Factors; and (3) Placement Decision Summary Worksheet. These guides provide a concise format for the assessment process necessary in deciding to place or not to place. Brief instructions and a set of Guides can be found in Section 32.99.

(3) Documentation of supervisor/team concurrence with placement will be provided on the DSHS 2-305(X), Service Episode Record, and will be contingent on the placement prerequisites per Section 32.32 D. In situations of non-concurrence, document the reason(s) why and what is the alternate case plan.

e. Legal Authority to Place

One of the following considerations must exist before DSHS has legal authority to place a child. See RCW 13.32A, Families in Conflict, RCW 13.34, Dependency, and RCW 26.44, Child Abuse/Neglect.

See Chp. 31 - CRC chp.

Child's right of self-referral.

(1) Police Hold - A law enforcement officer acting under the authority of RCW 13.32A.050 or RCW 26.44.050 has authorized up to a 72-hour hold on the child and referred the child to DSHS for placement.

NOTE: DSHS must accept a child referred by Law Enforcement but DSHS is not necessarily required to place child. If, through the provision of crisis counseling/preventive service(s), the child may safely return home, or through assessment it is determined that the child does not need placement, then the child should be returned home and not placed.

(2) Court Order - An order by the court having jurisdiction has been issued as follows:

(a) Shelter Care - The authorization of shelter care by authority of:

- RCW 13.34.050 (dependency-court order to take child into custody),

- RCW 13.34.060 (dependency-placing child in shelter care),

- RCW 13.32A.160 (alternative residential placement-court order upon filing petition-child placement); or

(b) Disposition - The authorization of out-of-home placement as a result of a disposition or review hearing by authority of:

- RCW 13.34.130 (dependency-order of disposition-reviews).

- RCW 13.32A.170 (ARP-fact finding-placement disposition plan),

- RCW 13.32A.190 (ARP-placement diposition order reviews),

(3) Consent to Place - A placement authorization (DSHS 9-04(X)) has been signed by the parent(s) or person(s) having legal custody of the child.

(4) Interstate Compact Placement - Meets the conditions outlined in RCW 26.34.010, Article V (Retention of Jurisdiction).

32.33 Placement Options

A. Placement with Relatives

1. Placement with an extended family member, on a planned basis, must be considered for the child who cannot return to his/her own home, contingent on case plan and needs of child.

2. Temporary placement with a relative, in lieu of foster care and if DSHS is supervising the placement, is considered a foster care placement and foster care services are provided accordingly. (See Section 32.32 D.3.c.)

Does this include payment or services

3. Relative homes may be licensed to provide foster care, with an option if eligible to receive foster care payments, providing they are certified and meet all relevant foster family home rules and law. (See Section 32.61.)

4. The CSO shall do a criminal history/arrest record and CPS check on all relatives, except parents, who request placement of a child in their home. Such checks will be completed prior to placing the child in the relative's home. For appropriate form and procedures, see Manual G, Chapter 26.34 B. and Chapter 06, Green Notices regarding Criminal History/Arrest Record Check and CPS Check on Applicants for Licensure and on Employees of Child Care Facilities/Adult Foster Homes.

Does that mean no relative placements at night.

5. The CSO will further do an investigation to consider the character, suitability and competence of the relative in their care and treatment of the child prior to placing the child in the relative's home.

B. Receiving Care

1. Regular Receiving Care

   a. Receiving home care is care provided in licensed foster homes which are designated to provide emergent or short-term care.

   b. Receiving home care is temporary care not to exceed 30 days.

   c. Receiving home care is used when need for placement is immediate and time does not allow for planning to place directly into regular foster care.

   d. The child should be returned home as quickly as possible.

   e. If placement is necessary for more than 30 days, the child should be moved into regular foster care or other appropriate alternative care.

f. In some instances, it may become necessary to request an authorization from the Regional Administrator (RA) or designee (according to Regional procedures) to extend receiving care beyond 30 days. A child is not to be moved to another receiving home to avoid this process.

g. See Section 32.63 A. for Regular Receiving Care Pay Rates.

2. Special Rate Receiving Care

a. Certain children who are in conflict with their parents or who are runaways may be placed in receiving homes which have been identified by the Regional Administrator (RA) or designee to provide specialized care. (See Section 32.63 B.)

b. The number of special rate receiving home beds available to each region is determined and set by the DCFS program manager for interim care.

c. To be considered for placement in a special rate receiving home, a child must be 12 years of age or older, and

(1) Exhibit any one or more of the behaviors in Section 32.63 D., or

(2) Is a runaway taken into limited custody and placed by a law enforcement agency.

d. Special rate receiving home parents must maintain a daily activity and behavior log as well as prepare an after-care assessment report on each child placed in special rate receiving care.

e. See Section 32.63 B. for Specialized Receiving Care Pay Rates.

3. Determining need for receiving homes.

a. The number and type of receiving homes needed by each CSO and voluntary agency should be determined by evaluating caseload data such as the average number of new referrals for placement by age groupings and by sex, each month; the average number of replacements per month, average number of runaways, etc.

b. Receiving homes supported by the department shall be limited to the number the CSO Administrator determines necessary in the geographical area. The criteria to be followed are:

(1) Each CSO or voluntary agency shall document its need for a receiving home and present the request in writing, giving the specifics to the CSO Administrator or to the Regional Administrator when more than one CSO Administrator is involved.

(2) The CSO Administrator may establish utilization limits on receiving homes in order to protect the homes from overuse and subsequent loss as well as to ensure sufficient usage. The limitation on utilization is one method by which the quality of receiving home care can be enhanced.

(3) The CSO Administrator may limit the intake of children to regular receiving homes to specific categories of children in order to enhance the quality of care. For example, individual receiving homes may be restricted to serving CPS, dependent, or neglected children. Other receiving homes may be limited to serving runaway children or children in conflict with their families.

c. In determining the need for receiving homes the CSO Administrator may consider plans that do not require the 24-hour, 7-day-a-week availability of an individual home as long as the total number of beds available to a CSO is sufficient to meet emergency needs.

C. Family Foster Care

1. Is care provided in licensed homes when placement is needed beyond receiving home placement.

2. Shall be utilized without initial receiving home placement when circumstances allow time for planning.

3. See service procedures in Section 32.30.

D. Group Foster Care - See Manual G, Chapter 34.

E. Crisis Residential Center Care - See Manual G, Chapter 31.

F. Special Placement Considerations/Resources

1. Hard-to-place.

a. Foster care plans involving a reimbursement to the foster parents higher than that stipulated in WAC 388-70-048 can be developed for hard-to-place children through the Policy Exception Request. Such plans are intended for the small group of children who, because of behavioral difficulties and service needs, require a highly individualized level of service/supervision not normally available in either foster care or group care.

b. In developing these plans, consideration should be given to support services. Support services may include one or a combination of the following: increased foster parent reimbursement, support services to foster parents, support services to child. The individual service plan should outline the following:

(1) The goal of the service plan.

(2) The justification of need for the service.

(3) Description of the proposed services.

(4) Cost of the service plan.

c. Approval process.

(1) HTP plans in foster family care are initiated by the CSO service worker as Exceptions to Policy, and shall be submitted to the State Office, Secretary's designee. (See Chapter 1, Social Service Policy and Administration, for Exception to Policy procedures.)

(2) Depending on the complexity and cost of individual plans, the State Office may need to work closely with the CSOs in finalizing the reimbursement rate, particularly when contracted issues are involved.

(3) Hard-to-place service plans will be approved for periods up to six months. DCFS will send the CSO a confirming memo specifying the services approved, with a copy to the Regional Office.

d. See Section 32.63 E. for Hard-to-Place Payment Rates and Reimbursements.

e. See Chapter 34, Section 34.32 F. for hard-to-place procedures for children in group care.

2. Division of Developmental Disabilities (DDD).

The following procedures shall be followed for all DD children referred to the CSO by the Division of Developmental Disabilities (DDD) for child welfare (placement) services. These procedures also apply when parent(s)/guardian(s) of a DD child request foster care placement directly through the CSO or CPA.

In addition to the general assessment/prevention/placement procedures listed in Section 32.32, the service worker shall:

a. Arrange/attend a joint planning conference with DDD whenever out-of-home placement of a DD child is requested by the child's parent(s)/guardian(s) and CSO foster care is considered an option.

b. Together with DDD and the child's parent(s)/guardian(s), assess and make a determination as to what services are appropriate to meet the child's needs in the child's own home.

(1) If the parent(s)/guardian(s) are willing to keep the child home with the provision of additional in-home and/or community services, DDD will assume the major responsibility to explore the availability and arrange for such services.

(2) If provision of in-home services is not available and/or appropriate, the CSO will assume the major responsibility to explain to the child's family, and to the child when possible, what services are available through the CSO child welfare/foster care program.

(3) If determination is made by the CSO and DDD that the child's needs can best be met in the home, but the parent(s)/guardian(s) are in disagreement <u>and</u> are unwilling to keep the child in the home, consideration should be given to establishing dependency under RCW 13.34.030(2)(c) "parent unwilling/unable".

c. If out-of-home placement is the appropriate plan, together with DDD and the child's parent(s)/guardian(s), assess and make a determination regarding the appropriateness of foster family care. This determination shall be based on the level of care needed by the child, and the capacity to provide this within the foster care system.

d. If foster family care is the appropriate plan, explore the availability of an appropriate foster home, and the need and/or availability of support services, and in exceptional situations any special funding required.

e. Determine whether a Voluntary Consent by the parent(s)/guardian(s) or court action is the most appropriate legal authority for out-of-home placement. It will be important to ensure that prior to court involvement, the department will have identified and approved an appropriate alternate placement. This will include plan for support services, and in exceptional situations any additional funding required to provide adequate out-of-home care for the DD child. Guidelines for making this determination are as follows:

(1) <u>VOLUNTARY CONSENT</u>

(a) A DSHS 9-04(X), Placement Authorization and Acknowledgement, will be completed by the parent(s)/guardian(s) in lieu of dependency when:

(i) Placement is expected to last less than 90 days; or

(ii) Placement is expected to last more than 90 days but more time is needed by the service worker to explore/assess the following:

(A) Availability/suitability of an appropriate home;

(B) Need and/or availability of support services, and in exceptional situations any additional funding required to adequately provide out-of-home care;

(C) Capability of foster family care to meet the child's needs; or

(iii) Placement is expected to last more than 90 days, but less than 18 months and individual case circumstances indicate the placement can be adequately supervised on a voluntary basis.

(b) If it appears that a voluntary placement will continue beyond three months, the service worker shall submit an Exception to Policy (ETP) to continue the voluntary placement beyond three months. (See procedures in Section 32.41 H.)

(c) An Alternative Administrative Review will be held on voluntary placements after six months. No voluntary placement may extend beyond 18 months without court dispositional hearing. (See procedures in Section 32.42.)

(2) COURT ACTION

(a) A dependency petition will be filed according to RCW 13.34.030(2)(d) when:

(i) Placement is expected to last more than 18 months; or

(ii) Conditions above under Voluntary Consent (ii)(A), (B), and (C) have been met but individual case circumstances warrant the involvement/supervision of the court.

(b) If the child's level of care requires special funding, this will be obtained by an Exception to Policy (ETP) which must have approval prior to going to court (i.e., before filing dependency petition). The ETP shall indicate to what extent DDD is able or unable to assist in funding the additional service costs necessary to support the placement and plan for permanency.

(c) Because dependency under RCW 13.34.030(2)(d) can only be established when the department together with the child's parent, guardian, or legal custodian concur that services appropriate to the child's needs cannot be provided in the home, the CSO must review and approve all foster family placement plans made by child-placing agencies prior to court action.

(i) At the request of the CPA, the CSO service worker will provide a written statement indicating agreement or disagreement with the plan based on information provided in the ISP or quarterly report. This statement will be used by the CPA in petitioning the court for dependency under RCW 13.34.030(2)(d).

(ii) A response to the CPA will be made within ten (10) working days.

(iii) Any statement of disagreement will include the reason(s) why as well as recommendation(s) for alternate handling.

(iv) A copy of the statement will be filed in the child's service record.

f. The family of a DD child who is in foster care in lieu of an institutional placement is exempt from referral to OSE.

g. If an appropriate placement resource cannot be located, or support services/special funding developed to appropriately meet the child's needs in foster family care, a joint case staffing will be arranged with DDD Field Services to discuss and determine further action.

3. Placement of American Indian Children/Boarding Schools:

a. In all cases the service worker shall ask the family whether they are of Indian ancestry and whether they are enrolled or eligible to be enrolled in an American Indian tribe. If the parent(s) think they are of Indian ancestry but do not know their tribal affiliation or enrollment status, consultation will be obtained from the local ICWAC or Indian consultant.

b. In those instances where the American Indian child's parent(s)/guardian(s) are not available, the resources of the department and of the Indian community shall be used to locate the child's parent(s)/guardian(s) and relative(s), and to assist in locating possible placement resources.

c. Cases shall be referred to the Indian Child Welfare Advisory Committee (ICWAC) when the parent(s)/guardian(s) or court have given written permission.

d. When the ICWAC committee and local administration are deadlocked or when ICWAC is denied the review process by the parent(s)/guardian(s) or court of jurisdiction, consultation shall be obtained from the Indian consultant. (See Manual G, Section 1.04 E.)

e. When the decision to place an American Indian child ouside his/her home is made, first consideration shall be given to the home of a relative. When relatives' homes are not available, Indian children shall be placed in non-relative Indian foster homes. Two copies of DSHS 15-128(X), Verification of American Indian Status, will be completed and approved by the ICWAC committee or Indian consultant, and one copy filed in the child's record.

f. When American Indian homes are not available, Indian children shall, in cooperation with the local ICWAC or Indian consultant, be placed in non-Indian foster homes specifically recruited and trained to meet the special needs of American Indian children. These homes should be geographically near the child's home community to ensure continuation of the parent-child relationship and contact with the child's culture. (See Chapter 23.88 for Voluntary/Involuntary Placement Procedures.)

g. In planning foster care placements for American Indian children, demonstratable consideration shall be given to tribal membership, tribal culture and Indian identity. The case record shall document all service plans, all reasons for and circumstances concerning placement decisions with specific statements to support those decisions and plans.

h. For each unenrolled American Indian child who will be in out-of-home care for more than thirty (30) days, including those for whom adoption is planned, the CSO shall make a reasonable effort to complete two copies of the DSHS 4-220(X), Family Ancestry Chart. One copy will be retained in the child's file, the other will be forwarded to the Bureau of Indian Affairs Office responsible for that area. (The BIA has offices in Everett, Spokane, Colville, Hoquiam, Toppenish, Nespelem, and Wellpinit.) The BIA will review the chart for possible enrollment eligibility in conjuction with the enrollment committee of the appropriate tribe. The child's parent(s)/guardian(s) are the primary source of information regarding the child's ancestry and their availability is an important consideration.

i. In order to protect their rights, the child, his/her natural parent(s) and/or guardian(s) shall be informed of resources for legal representation; advocacy; and support from an Indian representative approved by the appropriate tribal council or urban Indian organization or the local ICWAC.

j. When an American Indian child is entitled to receive Indian trust income and is placed outside of the natural home, the service worker will notify the Superintendent of the Bureau of Indian Affairs Office which services the child's tribe. Such notice shall contain a request to withhold a child's Indian trust funds and place them in a trust account until the child returns home or is adopted. A copy of this notice shall be filed in the document section of the child's record.

(1) Bureau of Indian Affairs Offices in Washington State:

Colville Agency
P.O. Box 111
Nespelem, WA 99155

Spokane Agency
P.O. Box G
Wellpinit, WA 99040

Puget Sound Agency
3006 Colby Avenue
Everett, WA 98201

Yakima Agency
P.O. Box 632
Toppenish, WA 98948

Peninsula Area Office
P.O. Box 120
Hoquiam, WA 98550

(2) If the BIA agency that services the child's tribe cannot be determined, consultation from the Local Indian Child Welfare Committee (LICWAC) should be requested.

i. Services provided to an Indian child will be authorized by SSPS Code 3260, Service to Indian Child.

j. The initial Quarterly Report for Indian children in placement shall include the name of the agency placing the child and the child's tribal affiliation.

Placement in a Boarding School:

a. Federal boarding schools operated by the Bureau of Indian Affairs (BIA) are available for the education of Indian children receiving service from the department when other resources are not available or do not meet the needs of the particular child involved.

b. The department may provide personal incidentals and the monthly replacement clothing allowance while the child is in school if the following criteria are met:

(1) Planning for placement of the child in an out-of-state federal boarding school involved the child, the child's parent(s) or legal guardian(s), the representative of the BIA, and the CSO service worker.

(2) The child was either in foster care or was a member of a family receiving Aid to Families with Dependent Children (AFDC).

(3) All financial resources available to the child, such as OASDI or Indian benefits, were taken into consideration.

(4) An Indian federal boarding school was considered a better educational resource for the child than that which was available in his/her home community.

c. An Individual Service Plan (ISP) will be developed for children placed into boarding schools as defined in Section 32.34 C.

d. SSPS Service Code 3223 FC CPI authorizes clothing and personal incidentals during boarding school placement.

4. Voluntary Child-Placement Agencies (CPA):

a. Referrals Initiated by the CSO

The service worker may initiate a referral to a child-placing agency (CPA) requesting their assistance in finding a suitable foster home for a child requiring foster care placement. Procedures are as follows:

(1) The service worker initiates the request with a written referral to the child-placing agency.

(2) The referral shall include a social summary outlining the child's and family's situation and an Initial Service Plan (ISP). (See Section 32.34 C.)

(3) When the CPA is willing to accept the child into placement and provide services:

(a) CSO will assist in placement and in the development of a service plan, and

(b) Complete the same expectations that are required when placing a child in a CSO foster home (i.e., medical, etc.).

(4) If CSO plans to retain supervisory responsibilities:

(a) Written permission for the placement must be obtained from the CPA. A DSHS 15-190(X), DSHS/Private Child-Placing Agency, Child in Foster Care Agreement must be completed. (See Section 32.99.)

(b) SSPS code 3213 will be used to authorize a service fee to the CPA, unless the CPA requests in writing a waiver of the service fee.

b. Referrals Initiated by the CPA

CPA foster care referrals will be submitted to the CSO (or centralized unit) nearest the legal caretaker's residence. The CSO will receive and review CPA requests for payment. The request must comply with WAC 388-70-013 (authorization for foster care placement) and must address each of the elements in the Statement of Work (SOW) Section 7, and the "Reports Section" in the Contract. (See Contract and SOW in Section 32.99.)

(1) Within ten working days from the date a written request has been received, the service worker shall notify the child-placing agency of the CSO's final decision.

(2) The CSO has the authority to deny a request for payment made by a CPA when:

(a) All of the required documents (i.e., DSHS 23-05(X), Initial Individual Service Plan (ISP); Court Order or DSHS 9-04(X), Consent to Place; and DSHS 14-05, Application for Foster Care and Support Enforcement Services) are not received or are incomplete;

(b) The information provided in the request does not include sufficient assessment information to make a determination for out-of-home care; or

(c) The CSO determines that the child could be served in a less restrictive resource.

(3) SSPS code 3213 will be used to authorize a service fee to the voluntary agency, unless the CPA requests in writing a waiver of the service fee, or the fee is waived by a contract amendment.

5. Independent Placement:

Occasionally parent(s)/guardian(s) request help from the department in locating a suitable foster home for their child for a temporary period of time. The parent(s)/guardian(s) plans to maintain full responsibility for supervision and payment of care.

(a) The service worker will explore/discuss with the parent(s)/guardian(s) their responsibility to make arrangements with the foster parent(s) to maintain full responsibility for supervision and payment of care.

(b) The service worker will provide the parent(s)/guardian(s) with names and addresses of suitable foster families who have agreed to take independent placements. If the parent(s)/guardian(s) decides to use the foster home facilities offered, the CSO will advise him/her that the service worker will visit the foster home only to renew the license.

(c) The service worker shall authorize assistance with independent placement using SSPS Code 3252, Foster Care Counseling. (Also see Chapter 04.)

32.34 Preplacement Activities

Preplacement planning is done by the service worker providing Family Reconciliation Services (FRS), Child Protective Services (CPS), or Foster Care Services.

A. Goal-Oriented Service Delivery

1. Goal-oriented service delivery establishes a plan for permanency at the outset in order to best serve the child's and family's needs. Services and case activity should be planned to achieve these goals.

2. In the majority of cases, the case goal will be to return the child to the natural family. Goal-oriented activities shall be formulated by both service worker and family, and shall be clearly defined in the Initial Service Plan (ISP). (See Section 32.34 C.)

B. Developing a Service Plan

1. General information.

a. All case plans must be time-limited, goal-oriented, and routinely involve parent(s)/legal guardian(s) and children.

b. Once the presenting problem has been identified and goals for resolution established, the service worker will direct efforts toward helping the family work toward resolution of the identified problem(s).

c. Parent(s)/guardian(s) of children in foster care shall be informed of the service plan, and of their rights and responsibilities for the care of their child. (See Sections 32.31 C. and 32.34 C.)

d. The foster parent(s) and foster child(ren) are to be visited shortly after the child's placement to involve them in development of the Initial Service Plan. (See Section 32.34 C.)

e. Parent(s)/guardian(s) should continually be involved (as appropriate) in visiting the child in foster care, as well as in activities and planning for the child, such as attendance at school conferences and involvement in medical and dental appointments.

f. Arrange emergency medical/dental/psychiatric treatment when needed prior to placement in receiving/foster care. (See Section 32.51.)

g. Arrange an initial physical/dental examination for children entering foster care per Section 32.51.

h. The Initial Service Plan (ISP) should be reviewed on a regular basis with parents to evaluate their progress toward reunification of the family. Revisions will be made as needed. (See Section 32.35 F.)

i. Once the identified problem(s) which led to the child's removal has been sufficiently resolved, the child should be returned to parental care. Some cases may have additional serious underlying problem(s) which need to be addressed to ensure the home is made safe for the child's return.

C. Initial Service Plan (ISP)

1. An initial service plan will be started prior to placement when possible. It must be completed within 30 working days following initial placement. The ISP shall be developed in consultation with the child, family, and foster parent(s). The ISP is an agreement between parent(s)/legal guardian(s) and the placement agency. It is an invaluable tool for achieving the plan for permanency and serves as an indicator of parental willingness to continue to resolve problems concerning their children.

   a. For voluntary placements, this plan will be recorded either on DSHS 2-305(X), Service Episode Record, or on the DSHS 23-05(X), Initial Service Plan. (See 32.34 C.6.) This plan will be considered a written agreement between all parties. (Also see Chapter 02.11 and Chapter 99, DSHS 2-305(X).)

b. For court-ordered placements, the plan shall be recorded at a minimum in the court report (see Chapter 23.80), and cross referenced on the DSHS 2-305(X). Specific expectations for foster parents (if not included in the court report) and ongoing recording will be done on the DSHS 2-305(X).

2. An initial service plan is also required following re-entry into foster care.

3. At a minimum, the ISP will include:

a. A concise statement of the appropriateness of placement. (Include the need for placement as related to the identified problem(s) and the type of placement. Verification that the placement is the least restrictive alternative available in the closest proximity to the parent(s) home, and is consistent with the best interests and special needs of the child must be clearly stated.)

b. A description of the service(s) offered and/or provided. (Include reasonable efforts made to help the child remain with his/her family or return home. See Section 32.32 C.)

c. Permanency planning goal. (In some cases, 30 days may not be adequate for development of a permanency planning goal. It must be developed as soon as possible, but no later than 90 days following the out-of-home placement.)

d. Agency responsibilities and tasks (including those ordered by the court) to be provided to the child, family, and foster parent(s) to facilitate the child's return home or to achieve another permanent placement, if return home is not appropriate.

e. Supportive services to be provided by the agency to meet special medical, developmental, psychological/psychiatric, and educational needs of the child.

f. Responsibilities and tasks to be completed by the foster care provider(s), parent(s)/guardian(s), and child (if age appropriate), with time frames for each, which are necessary to achieve the plan for permanency. These services must be consistent with any court order.

Statements of what the parent(s)/guardian(s) are expected to do in order to achieve reunification of the family may be incremental in nature, in order that parent(s)/guardian(s) may make changes gradually depending on their capabilities.

g. A visitation agreement stating frequency, duration, place, and special conditions of the visits.

h. The original date of placement should be referenced in the summary portion of the ISP update, and on the DSHS 14-154/159 in the bottom box marked "Date of Service Request". (See Section 32.35 G.6.)

4. Parent(s)/guardian(s) signature(s) on the ISP:

a. The parent(s)/guardian(s) shall be requested to sign the ISP whenever possible, acknowledging their agreement/awareness with the plan and actions required of all parties.

b. In lieu of a signed agreement, a verbal agreement between the parent(s)/guardian(s) and the agency, put in writing by the worker, is an acceptable alternative. Although it is desirable for both the parent(s)/guardian(s) and agency to sign the agreement, hesitancy by the parent(s)/guardian(s) to sign should not impede progress toward returning the child home.

(1) For voluntary consent cases, the parent(s)/guardian(s) signature on the DSHS 9-04(X) is sufficient providing there is a clear statement on the form that placement is contingent on the requirements spelled out in the ISP.

(2) For court cases, where the court order clearly and specifically indicates the case plan, the signature of the parent(s)/guardian(s) attorney on the court order may substitute.

5. Distribution of ISP:

All parties shall be given a copy of the ISP and written notice of any changes in the plan. This will be documented on the DSHS 2-305(X). The original ISP will be filed in the case record.

6. Outline for ISP:

The CPA outline in Section 32.99 may be used when completing the ISP. Use of the DSHS 23-05(X), Initial Individual Service Plan, may substitute for recording the ISP on the DSHS 2-305(X), Service Episode Record.

D. Preplacement Visitation

1. In all instances where placement is not urgent (i.e., danger to health and/or safety of child, family crises necessitating immediate placement), a pre-placement visit shall be arranged to help reduce the anxiety of the child surrounding the placement, and to familiarize the child with his/her alternate family.

2. When possible and appropriate, the parent(s)/guardian(s) shall be involved in this visit to the foster home.

3. In all instances the service worker, who is the child's link to his natural family, will be involved in this visit unless an emergency pre-empts such involvement.

4. When urgency of the placement does not allow for pre-placement visitation, the service worker will transport the child and remain until the child has become familiar with the home/family. (In situations where law enforcement is involved, law enforcement may transport if approved by the department.)

5. A followup contact will be made within the next 2-3 days by the service worker to reassure the child of the worker's continued involvement and to allow the child to express any fears, questions, and concerns he/she may have, as well as to provide support and direction to the foster parent(s). This contact shall consist of a home visit in most cases. When a direct visit is not possible, a phone call to the child and foster parent(s) will be made.

E. Preparation of Child and Natural Family

To facilitate the child's transition from his/her own home to foster care, or from one foster placement to another, whenever appropriate and possible:

1. The foster home and members of the family will be described to the child and his/her parent(s)/guardian(s).

2. Preplacement visits to the foster home will be provided per Section 32.34 D.

F. Selection and Preparation of Alternate Family Resource

1. Careful evaluation will be done to assure the child is placed in the alternate family best suited to meet his/her needs.

2. When appropriate, relative placement will be explored, as well as neighborhood, family, and child networks, for a potential alternate care resource.

3. Assessment by other CSO staff and foster family records will be used in determining the suitability of a home for a specific child.

4. Sufficient information about the child and his/her family will be given to the foster parents to enable them to make a decision regarding whether or not to accept a child in their home. When complete information is not available at placement, all available pertinent information is to be provided. Additional information is to be provided as it becomes available. Documentation of the provision of this information to foster parents is to be contained in the record on the DSHS 2-305(X), Service Episode Record.

5. Specific information to be provided to the foster parents <u>in writing</u> is as follows:

   a. Child's full name;

   b. Birthdate and legal status;

   c. Last school of attendance and eligibility for special education and related services;

   d. Medical problems/history including name of doctor/dentist, medical coverage;

   e. Behavioral, emotional problems;

   f. Name and address of parent(s)/guardian(s);

   g. Reason(s) for placement;

   h. Emergency procedures and any special instructions;

   i. Name and telephone number of service worker and immediate supervisor.

6. Foster parent(s) will be informed of the goals of the placement and how they can assist in reinforcing the goals while meeting the developmental needs/adjustment of children in care. Foster parents are considered members of the placement "team".

7. Foster parent(s) will share in the case planning (ISP) and will be given a copy of that part of the ISP that relates to the tasks expected of the foster parent(s). Documentation is required in the service record.

8. The service worker will inform the foster parent(s) that this information is confidential and may not be shared with anyone, subject to DSHS policies on confidentiality.

32.35 Placement Activities

A. Eligibility and Service Authorization

The CSO service worker shall determine the need for foster care in all situations where the department makes payment or funds other services, and there is legal authority for placement per WAC 388-70-013. This includes placements made directly to the CSOs and those referred to the department for payment by voluntary agencies.

1. Within two working days of the placement, the service worker shall complete a DSHS 14-05(X), Application for Foster Care and Support Enforcement, determining the source of maintenance payment. (See Section 32.61, Maintenance Funding Categories and Child's Resources/ Income.)

2. Within two working days of the placement, the service worker shall make a referral to OSE, except for DD children who are in foster care in lieu of placment in an institution, or for other children placed in interim care (receiving home or CRC) who leave placement in 72 hours or less AND who are in placement for a cumulative total of less than 15 days in a preceding 90-day period. (See Section 32.97 G.)

3. When a child has been removed from a family receiving financial assistance in the child's behalf, the service worker shall complete and forward to financial services DSHS 2-306(X), Communication Referral (C/R), within one working day of the placement in order to terminate the AFDC payment to the family. The C/R should give the date and expected length of placement. Other reports may be necessary as the case progresses.

4. Within five working days of the out-of-home placement, the service worker shall complete the necessary eligibility and authorization documents:

   a. DSHS 9-04(X), Placement Authorization and Acknowledgement, for each child placed to authorize voluntary placement and/or authorize medical care, indicate religious preference and acknowledge that a financial obligation exists. When the parent(s) is requesting the placement, unless custody has been given to one parent, a good faith effort must be made to have both parents sign the form.

   b. DSHS 14-24(X), Face Sheet, to update family history and placement address.

   c. DSHS 14-154(X), Social Service Authorization, or DSHS 14-159, Change of Service Authorization, to authorize all services including foster care payment and medical services provided the child and family.

B. Supervising/Monitoring the CSO Placement

1. During the placement, the service worker shall maintain monthly face-to-face contact with the child, parent(s)/guardian(s), and foster parent(s), consistent with the ISP, and to assess and evaluate progress toward permanency planning goals. These contacts shall be documented in the service record on the DSHS 2-305(X), Service Episode Record.

2. More frequent visits are suggested in the first month following placement and when child returns home or to alternate permanent care.

3. Exceptions to Section B.1. above may be made in consultation with the supervisor and will be documented in the case record (i.e., long-term foster care agreement where the family situation is stable). At a minimum, these contacts shall be quarterly.

4. Supportive services consistent with the ISP and permanency planning goals shall be provided by the service worker to the foster parent(s) and recorded on the DSHS 2-305(X), Service Episode Record.

C. Monitoring Child-Placement Agency (CPA) Placements

1. The CSO must receive quarterly progress reports (DSHS 23-06(X)) from the CPA for all children whose placements or other services are financially supported by DSHS. The reports must provide the information required in the SOW, Section 8. (See SOW in Section 32.99.)

   a. The CSO has the authority to return any quarterly report that does not meet the expectations of the department. A letter outlining the department's concerns shall be sent to the child-placing agency with a carbon copy going to the Regional Office.

   b. For payment to be continuous, acceptable quarterly progress reports must be received into the CSO within 30 days of the end of the service period for which it covers. No payment shall be made until the report is received.

   c. Child-placing agencies are required to immediately notify the CSO in writing of all major injuries, illnesses, placement changes, whereabouts of the child prior to any move, or planned termination. In the event of an unplanned termination, the CSO must be immediately notified and a report submitted stating the reason(s) and summarizing services.

   d. In situations where a child-placing agency continually fails to submit timely and/or adequate ISPs/quarterly reports, and the issue cannot be resolved by the Regional Office, the DCFS foster care program manager should be notified and the problem will be handled as a contract compliance issue.

2. The following SSPS codes will be used to authorize services for CPA placements when appropriate. The request/need/approval must be documented in the case file.

   3203 Private Agency Regular Receiving Care
   3211 Private Agency Foster Care
   3212 FC Special Pay Rate
   3213 Service Fee Private Agency Foster Care
   3220 FC Property Damage/Loss
   3224 FC Personal Incidentals
   3225 FC Clothing (Special)
   3233 FC Transportation
   3256 FC Permanent Planning Registration/Services
   3262 Private Agency Foster Care Service Fee - Refugee
   3264 Private Agency FC Hard-to-Place Child

3. When a CPA has a contract amendment which provides for placement in a non-payment placement, the placement will be authorized by use of the "9" code, i.e., 93203 Private Agency Regular Receiving Care and 93211 Private Agency Foster Care. 3213, Service Fee Private Agency Foster Care, will not be authorized when waived in writing by the agency or by a contract amendment.

D. Parent/Child Visitation

Visitation with parent(s)/guardian(s) and sibling(s) should be implemented in accordance with the visitation agreement specified in the ISP. The parent(s)/guardian(s) shall participate in modifications of the visitation agreement and be given a written copy of any alterations. All changes will be documented on the DSHS 2-305(X), Service Episode Record.

1. Should contact with parent(s)/guardian(s) be broken, a diligent search must be conducted to discover their whereabouts.

2. Parent(s)/guardian(s) shall be informed of all placement changes of the child prior to moves, unless this information would endanger the child.

3. Documentation is required on the DSHS 2-305(X), Service Episode Record.

E. Child Illness/Injury/Hospitalization

By whom

1. Parent(s)/guardian(s) shall be informed of all illnesses and injuries requiring medical treatment while child is in out-of-home placement.

2. Any serious injury or illness requiring hospitalization shall be reported to the parent(s)/guardian(s) as soon as possible, but not later than 24 hours after its occurrence

3. Documentation required on the DSHS 2-305(X), Service Episode Record.

F. Reviewing/Updating the Service Plan

1. The ISP shall be reviewed/updated whenever service delivery changes or at least once every quarter by the service worker. This review/update shall be in written form and shall include:

   a. A summary of services provided, an evaluation of their effectiveness (i.e., progress or lack thereof), and a concise statement regarding the continued appropriateness of placement.

   b. A description of services continued, services terminated, and any new services, if any, that are added to the initial ISP.

   c. Any change in the plan for visitation.

   d. Verification of the provision of special education and related services for eligible handicapped children.

2. Modification of the ISP shall be recorded on DSHS 2-305(X), Service Episode Record, for both voluntary and court-ordered placements. Use of the DSHS 23-06(X), Quarterly Progress Report, may substitute for recording the updated ISP on the DSHS 2-305(X). (See CPA outline in Section 32.99.)

3. Parent(s)/guardian(s) signature will be obtained and copies distributed per Section 32.34 C.

G. Permanency Planning Procedures

Every child is entitled to a permanent home and the opportunity to form stable, permanent attachments with a family. Casework planning and activities should be directed toward this goal at all times and begin in the placement as soon as possible. Permanency planning may include the need to terminate parental rights so that a permanent placement through adoption can be pursued. Such action is only to be taken after serious deliberation has ruled out reunification of the family, and must have supervisor concurrence.

1. Permanency planning services are focused casework efforts to develop and implement the most appropriate plan for the child. As specified in Section 32.34 C.3., a permanency planning goal must be identified in the ISP as soon as possible but within 90 days of placement, after discussion with and concurrence by the supervisor or consultation team as described in Section 32.32 D.3.d. The permanency planning goal should be updated at each quarterly case review.

2. Permanency Planning Priorities

In the development of the plan for permanency, the service worker shall consider the following options in the priority order listed:

a. Return home;

b. Guardianship with relatives;

c. Placement with relatives;

d. Adoption or adoption with support;

e. Guardianship with foster parent or other unrelated individual; and

f. Long-term foster care with a written agreement in place (for children 14-17).

3. Conditions of Permanency Planning Priorities

a. Return home must be considered the primary option for each child. Reunification of families is a service priority. Casework efforts should be directed toward this goal.

b. Guardianship with a relative should be considered when <u>all</u> the following conditions apply (see Section 23.25 for specific guardianship procedures):

(1) The child has been found to be dependent; and

(2) The court has entered a dispositional order; and

(3) The child has been removed from the custody of the parents for six months pursuant to a finding of dependency; and

(4) Services have been offered to assist parents to correct deficiencies and there is little likelihood that the conditions will be remedied so that the child can return home in the near future; and

(5) Child is willing (when age appropriate), to live with the relative; and

(6) The relative is willing to assume responsibility for the child including authorization of medical care and treatment; and

(7) There are demonstrable advantages to the child for the relative to have guardianship, and the department to retain little or no supervision; and

(8) Guardianship rather than termination of parental rights or continuation of the child's current dependent status would be in the best interest of the child and parents.

c. Placement with relatives without an established guardianship should be considered when:

(1) The criteria for guardianship do not exist; and

(2) There is a relative willing to assume responsibility for the child; and

(3) The child is willing (when age appropriate) to live with the relative.

d. Adoption (see Chapter 36 for specific procedures) should be considered:

(1) For all children whose parents have had their legal rights terminated by court action.

(2) For all children whose parents wish to relinquish their rights.

(3) For children in cases where services to reunite the family have been unsuccessful or the whereabouts and identity of the parents are unknown. (A termination petition will be filed per procedures in Section 23.34, Juvenile Court Procedures for Termination of Parental Rights.)

(4) Adoption with support should be considered when the above criteria are met and the child meets the criteria for adoption support as defined in Chapter 38.

e. Guardianship with a foster parent or other non-relative should be considered (see Section 23.35 for specific guardianship procedures) when:

(1) Options specified in a. through d. in 3. above have been considered and found to be inappropriate; and

(2) Termination of parental rights was considered and was found not to be in the best interest of the child; and

(3) The child is willing (when age appropriate) to live with the individual; and

(4) The individual demonstrates commitment to provide permanent care for the child and is willing to assume responsibility for the child including authorizing medical care and treatment; and

(5) There are demonstrable advantages to the child for the individual to have guardianship and the department no longer needs to supervise (see note below); and

(6) Generally, the child is twelve years of age or older, has resided in the foster home for one year or more, and the stability of the placement is anticipated to continue. (Individual case exceptions to this criteria must be obtained from the supervisor.)

NOTE: Where there is a question about the capability of the individual to function as a guardian without department supervision, such plan should be moved toward very cautiously and reassessed frequently as to continued appropriateness of plan. (Child becomes ineligible for AFDC-FC when guardianship is established. See Section 32.61.).

f. A formalized long-term foster care agreement should be considered when:

(1) All other appropriate permanency planning options have been thoroughly explored and exhausted; and

(2) The <u>majority</u> of the following conditions apply:

(a) Child is between 14 and 18 years old;

(b) Child is unlikely to return home;

(c) Termination of parental rights is premature, inappropriate, or has been unsuccessfully tried;

(d) There is no relative capable and willing to care for the child;

(e) Foster parent has refused to become a guardian.

(3) Foster parents, child and natural parent(s) (if appropriate) are willing to sign a permanent foster care agreement (see suggested outline in Section 32.99).

4. Permanency Planning Activities

Service worker activities are based on the provision of time-limited, decision-making methods as outlined in the caseworker's handbook, "Permanent Planning for Children in Foster Care" (DHEW Publication #78-3012(X)). In addition, these activities may also include, but are not limited to:

a. Parent search to locate family members and resources;

b. Referral/coordination with other appropriate services including counseling or treatment in order to assist the service worker in identifying the most appropriate plan for permanency;

c. Psychiatric/psychological evaluation or consultation for children or families; and

d. Casework to assist a child to prepare for independent living.

5. In all cases in which termination of parental rights is being sought or has been achieved, there must be an Adoption Planning Review. (See Section 36.22.)

6. Registering Children for Permanency Planning

All children must be registered for permanency planning services by the time the child has been in placement six months. This includes family foster care, group care, voluntary agency foster care, and relative care in lieu of foster care if DSHS is providing casework services toward a plan for permanency. To register the child, the service worker must open SSPS Code 3256, "Permanent Planning Services" (also see Chapter 04).

a. The "objective" code entered on the SSPS forms (DSHS 14-154/159(X)) must match the most current permanency planning goal for the child as recorded in the Individual Service Plan. (See Section 32.34 C. for details on ISP recording.)

b. If the plan for permanency is not completed by the end of the service eligibility period, re-authorize SSPS Code 3256 for another six months. DO NOT terminate the code until the permanent placement is complete or the child leaves foster care for some other reason.

c. Length of time in out-of-home placement is defined as continuous care, out of the parent's or guardian's home, for a total of six months or more; OR the child remains in out-of-home placement for an accumulative total of six months or more during the past 12 months.

d. For sibling groups, as long as one child has been in care six months or more, all children may be registered.

e. Children shall be registered on an ongoing basis throughout the year, so that the length of time of care prior to registration is as short as possible.

f. The original date of placement must be reported on the DSHS 14-154 on the line marked "Date of Service Request" on the bottom of the form. This original date of placement must be used each and every time there is a new placement or placement change (i.e., without a break in placement intent and services).

7. Terminating Permanency Planning Registration

a. Termination of permanency planning registration and termination of SSPS permanency planning service code occurs when:

(1) The child is out of the foster care system and no foster care funds are paid for the child, i.e., the child is returned home, placed with relatives, or placed in an adoptive home, including foster parent adoption; or

(2) The child is placed with relatives as the permanent placement (payment may continue); or

(3) The non-legally free child is placed in a home for purposes of adoption (see Section 36.34) and foster care payment is made pending termination of parental rights and finalization of adoption; or

(4) A legal guardianship is established (payment may continue); or

(5) A long-term foster care written agreement is signed by parent(s), foster parent(s), and agency. Permanent foster care should not be an option for legally-free children. For a legally-free child to have long-term foster care as the plan for permanency, agency approval on a case-by-case basis must be obtained through the supervisor from the Regional Office per Regional procedures. (Children under 14 who have long-term foster care agreements as the plan for permanency will not count toward regional productivity. Only those 14 and over count.)

(6) An unplanned termination occurs, i.e., child dies, is placed in an institution, or runs away and whereabouts is unknown, and case is closed.

b. SSPS Procedures for Terminating Permanency Planning

(1) At the point of case termination, it is essential that the objective code of SSPS Code 3256 be updated to reflect the actual or last permanent placement that was completed or attempted.

(2) Use termination code 1 for a successfully completed permanent placement, i.e., returned home, placed with relatives, relative guardianship, adoption, other guardianship, or long-term foster care agreement.

(3) Use termination code 3 if the plan attempted was unsuccessful and a child is going out of care, i.e., runaway, into an institution, etc., and foster care is being terminated. (See Section a.(6) above.)

(4) Leave the SSPS code open when the child moves between foster care, group care, or voluntary agency care, and update the "reason" code to indicate the type of care the child is receiving.

(5) If a plan for permanency changes, leave the code open and change the "objective" to reflect the new plan.

8. Procedures for Transferring Permanency Planning Cases

In handling transfers, the following procedures should be followed:

a. Where specialized caseloads are utilized, CSOs and/or permanency planning supervisors will establish procedures for the transfer of cases, and when permanency planning services have terminated and additional services are needed. Other transfers will be covered under established procedures, such as an adoptive worker providing services upon the child's placement into an adoptive home.

b. Procedures to provide for the transfer-in of cases to designated permanency planning workers and to maintain limited caseloads will be established by CSOs and/or permanency planning supervisors.

9. Monthly Report of Permanency Planning

A monthly report of permanency planning registrations and outcomes will be generated by SSPS based on the use of SSPS Code 3256.

a. The purpose of this report is to accurately track the children eligible for and receiving permanency planning services, and to report on statewide productivity.

b. The monthly report identifies the casework outcomes of children registered (in 6. above) for permanency planning, and is monitored against regional productivity goals for permanency planning outcomes.

H. Continuation of Placement Past 18th Birthday

Young adults 18 to 21 years of age who are not eligible for adult services placement, or who do not have other fiscal resources adequate to meet their needs may continue in family foster care if the young adult is attending but has not finished high school or an alternate program leading to the completion of a high school diploma or GED equivalent and has a documented need for family foster care services.

1. The intent of paying foster care past the 18th birthday is to enable a young adult to finish school where they would otherwise be unable to do so without assistance in maintenance care (room and board, clothing, personal incidentals). Individuals who qualify for other maintenance programs such as SSI or are eligible for other placement programs such as Adult Foster Care, CCF, etc., should be terminated from child foster care and transferred to the appropriate adult service category on the month following their 18th birthday.

2. The young adult is required to complete and sign the DSHS 15-173, "Foster Care Placement Consent: Continuation Beyond Age 18" form. (See Section 32.99.)

3. Payments may be continued until the date the high school program or eqivalent is completed.

4. Such payments shall not extend beyond age 21.

5. CSOs will be responsible to ensure smooth transition according to CSO/RO procedures on program changes including notification to the Trust Fund Unit regarding any accumulated trust funds.

6. Court or Administrative Reviews per Public Law 96-272 are not required but CSOs should continue to provide all of the necessary casework services to ensure that the young adult's service needs are being met and he/she continues to be eligible for family foster care services.

I. Abuse Incidents in Out-of-Home Placement

1. A complaint alleging abuse or neglect by foster parent(s) must be brought to the attention of a CPS worker, the child's foster care worker and licensing worker.

2. CPS staff have primary responsibility to investigate and provide services related to the CPS problem.

3. The procedure in Chapter 26.33 C. will be followed in all cases.

4. The CSO Administrator shall be informed of all CPS complaints relating to children in foster care for whom that CSO has responsibility.

5. Children shall be removed from a foster home in which there has been a protective service complaint unless there is clear and convincing proof that the child will not be harmed or endangered. The CPS worker will make this determination.

6. Children shall not be placed in a foster home in which there has been a protective service complaint unless that complaint has been investigated and is unfounded.

7. The CSO Administrator will be responsible to ascertain that all CPS complaints involving CSO foster homes are resolved.

8. The license shall be revoked for a foster home in which there has been a substantiated CPS complaint. (See Chapter 06, Licensing.)

32.36 Termination of Placement and Post-Placement Activities

Once it has been determined that the identified problem(s) has been alleviated to the extent that the child(ren) could be returned home or placed in another permanent setting, the service worker shall begin a planned process to make this transition.

A. Prerequisites for Reunification or Alternate Plan for Permanency

1. Prior to returning a child home or placing child in another permanent placement, the service worker shall provide documentation on the DSHS 2-305(X), Service Episode Record, that appropriate reunification services have been provided to the parent(s)/ guardian(s) and child and the results of these services.

2. For the child returning home, the service worker will document that the identified problem(s) causing removal have been resolved and the potential for further abuse or neglect minimized.

3. Collateral resources shall be utilized in helping the service worker arrive at a decision to return the child home or to an alternate permanent family. Documentation of collateral contact results will be recorded on the updated service plan. (See Section 32.35 F.)

4. The decision to return the child home or to an alternate permanent family must be discussed with and concurred by the supervisor or consultation team involving at least one supervisory staff. Document supervisor/team consultation and concurrence on the DSHS 2-305(X), Service Episode Record.

B. Child/Foster Parent Relationship

Sensitivity to the relationship that has developed between the child and foster parent(s) is important. Whenever possible, based on needs of the child, a means for continuing the relationship shall be developed.

C. Support Services to Family

For children returning to their own family, or being placed in another permanent setting, the family shall receive help and support in making necessary readjustments. These supports shall include:

1. Visitation.

   a. Gradually increase the amount of visitation between parent(s)/guardian(s), or other caretaker(s), including overnight and weekend visits. Increased visitation will help ease the transition from foster care to another living arrangement.

   b. Monitor and document the results of increased visitation to aid in determining the projected timing and success of the child returning home or to another permanent family.

2. Updated Service Plan.

   a. A written agreement (updated ISP per Section 32.35 F.) will be made with the family. Reasonable expectations of the parent(s)/guardian(s) and the child will be clearly outlined in order to maintain family reunification.

   b. Agreements are to be goal-directed and time-limited. One copy shall be placed in the service record and a copy provided to the family.

3. Community/Agency Resources.

   a. Prior to the child's return home or alternate family placement, the service worker shall be involved in developing/reinforcing a community support system.

   b. When the decision has been made to return the child, the service worker shall also plan for support systems for the child (e.g., preventive services, educational services, day care, employment services, recreational services, etc.).

   c. Such support services may include but are not limited to:

      (1) In-home services to assure family continuity, and to reinforce family strengths and maintain the family unit. Special contracted services or programs within DSHS may be utilized. (See Section 32.32 B.)

(2) Counseling services (as needed) to be provided by the service worker and/or community agencies, private practitioners to further resolve problems which previously necessitated placement. (See Section 32.32 B.)

(3) Work with the family's social support system (i.e., extended family, friends, neighbors, schools, church) to assist family in a supportive manner in order to re-establish/maintain family integrity. (See Section 32.32 B.)

4. Post-Placement Supervision.

a. Post-placement services may be provided for six months without supervisory approval.

b. Children and families requiring post-placement services beyond six months require supervisory approval.

c. The service worker shall utilize SSPS code 3253 to authorize foster care followup services.

32.40 PLACEMENT AUTHORIZATION AND COURT RELATED ACTIVITIES

32.41 Voluntary Consent Placement Requesting DSHS Financial Support

A. Children may be accepted for CSO voluntary foster care placement when the prerequisites listed in Section 32.32 D. have been met, and the service worker has obtained a signed DSHS 9-04(X), Placement Authorization and Acknowledgement, from the parent(s) or legal guardian(s) prior to placement. The department shall always have supervisory responsibility for these children.

B. Voluntary placements are limited to a maximum period of three months (see WAC 388-70-013(8)).

C. Agreements with the natural parent(s)/guardian(s) regarding the duration of care shall be confirmed in a letter (or copy of the ISP) to the family and recorded in the child's file. The parent(s)/guardian(s) shall be advised that a petition for dependency or ARP may be filed if it is necessary for the placement to be extended beyond the agreed period of time.

D. At the time of placement, the parent(s)/guardian(s) shall be advised that the return of the child should be requested, preferably in writing, far enough in advance so that the agency may prepare the child and the foster parent(s) for the change.

E. Court intervention shall be sought in spite of the parent(s)/guardian(s) willingness to place the child voluntarily when:

1. The family situation or dependency of the child warrants; or

2. There is not a responsible plan to remedy the situation necessitating placement. (See Chapter 23, Juvenile Court Process.)

F. If it appears a voluntary placement will continue beyond three months, the service worker shall:

1. File a dependency petition and obtain a shelter-care order prior to the expiration of the three months;

2. File a petition for an alternative residential placement prior to the expiration of the three months; or

3. Submit an Exception to Policy (ETP) to continue voluntary placement beyond three months (see procedures in Section 32.41 H.).

* G. Some examples of cases where continuing voluntary placement may be appropriate are:

Day-time

1. Children where return home is imminent;

2. Children who may turn 18 years of age prior to 18 months of placement;

3. Infants not at-risk of abuse/neglect who are living with their parent in the same foster home; or

4. Children for whom dependency may be severely dysfunctional for the child's family (e.g., DD child (see Section 32.33 F.2.), child or parent is terminally ill).

H. Procedures for Requesting Approval of an Extension of Voluntary Foster Care Placement Beyond Three Months (Exception to WAC 388-70-013(8)):

1. The service worker shall complete a DSHS 5-10(X), Policy Exception Request.

a. The Policy Exception Request shall clearly explain why a court ordered placement is not appropriate. If the primary reason for the exception is legal considerations, the service worker must consult with his/her assigned AAG/Prosecuting Attorney, and document this on the DSHS 5-10(X).

b. The Policy Exception Request shall verify the length of time the child has been in out-of-home placement. IN ORDER TO COMPLY WITH FEDERAL LAW, NO EXCEPTION CAN BE APPROVED EXTENDING VOLUNTARY PLACEMENT BEYOND 18 MONTHS.

2. The State Office, Secretary's designee, shall notify the CSO of:

   a. The Exception to Policy request approval or denial;

   b. The need for an Administrative Review, if necessary (see Section 32.42); and

   c. The date by which the Administrative Review must take place.

3. The State Office, Secretary's designee, shall waive the requirement for an Administrative Review of an approved Exception to Policy only when it is not required by federal law as follows:

   a. The length of placement will not exceed six months; or

   b. The child reaches 18 years of age prior to being in care for six months.

32.42 Alternative Administrative Case Review System

All children in out-of-home care six (6) months or longer must have either a Court Review (see Chapter 23) or, in appropriate situations, an Aternative Administrative Review.

A. An Alternative Administrative Review is required for:

   1. Voluntary placement beyond six months;

   2. Cases in which parental rights were terminated prior to the July, 1978 revision of the Juvenile Code;

   3. Cases in which termination of parental rights is under appeal resulting in lengthy delays (over six months) of case reviews;

   4. When a legally-free child has been placed in an adoptive home, until the adoption is finalized; and

   5. A serious or unique problem arises with a court resulting in their refusal or inability to hold a six-month review on time after DSHS requests it. Administrative Review in these cases may only be used during the first 18 months of placement, and the reason why the court cannot review the case on time must be well documented in the case record. (If this is an ongoing problem, the CSO Administrator is expected to work with the local court to resolve the problem(s) and if necessary inform/involve Regional/State Office staff.)

B. Upon approval of an extension of a voluntary placement, an Administrative Review, unless waived per Section 32.41 H.3., shall be scheduled by the regional chairperson to occur no later than the date specified by the State Office, Secretary's designee.

C. For children described above under Section 32.42 A.2.,3.,4., and 5., no Exception to Policy is necessary, as an extension of voluntary placement is not being sought.

D. As specified in the federal law the purpose of review is to do the following:

1. Determine the continuing necessity for and appropriateness of the out-of-home placement.

2. Determine the extent of compliance with the case plan by all parties, including the verification that services are being provided to assist the child's adjustment in foster care.

3. Determine the extent of progress in alleviating or mitigating the causes or circumstances necessitating the out-of-home placement.

4. Establish date by which the child will return home, be placed for adoption, or have legal guardianship established, i.e., plan for permanency will be implemented.

E. Procedures for the Alternative Administrative Case Review System:

1. Composition of Panel - At Least One Panel Per Region

a. The panel should consist of a sufficient number of members to ensure that three will be present at any review:

(1) A chairperson/coordinator, appointed by the Regional Administrator.

(2) Other members shall be appointed by the Regional Administrator, one of whom shall be a CSO supervisory level staff person. All members shall be DSHS employees, community representatives, or other foster care providers. If a person who is not a DSHS employee is selected, he/she must be registered as a DSHS volunteer to ensure authority for access to confidential information.

(3) At least three members must be present to provide a valid review. At least one of the panel members must NOT be responsible for the case management of, or delivery of services to, either the child or parent(s) of the case being reviewed, i.e., another service worker, a supervisor who does not supervise the case, etc.

(4) The chairperson may invite resource person(s) helpful in assessing a specific child's placement on a case-by-case basis. For example, a medical professional, a representative of a minority community, or an expert in developmental disabilities could assist in the process.

b. The Regional Administrator has the option of establishing the review panel at the CSO level provided the above criteria are met.

c. For American Indian children, the Administrative Review shall, to the extent possible, be completed by members of the Local Indian Child Welfare Committee (LICWAC). The chairperson of the LICWAC or his/her designee shall chair the Administrative Review for Indian children and shall follow the procedures as designated above. If the LICWAC chairperson is willing to delegate this responsibility to the regional Indian consultant and the Indian consultant is willing and able to serve in this capacity, this is acceptable. This can be negotiated on a region-by-region basis.

In those offices not served by LICWAC, the regional Indian consultant should chair the review and, to the extent possible, the person's representative or someone knowledgeable about the child's tribe shall serve on the committee.

2. Participants at the review.

a. The DSHS service worker for the family and/or child should attend the review. If the child is in group care, the agency service worker may be asked to participate as convenient. If the child is in voluntary agency foster care and is being supervised by that agency, the supervising worker should also attend the review.

b. The child's parent(s)/guardian(s) MUST be advised of the review, IN WRITING, and encouraged to attend, if they wish.

c. The foster parent(s), at the discretion of the service worker, may be invited to attend that part of the hearing which the review panel would choose to open to the foster parent(s).

d. At the discretion of the service worker, the child may be included in the review.

e. A DCFS staff person, as part of the monitoring responsibility for PL 96-272, may periodically observe administrative reviews.

3. Duties of the Chairperson and Members.

a. To the extent possible, the chairperson and members will serve for at least a one-year period to provide continuity and consistency to the review process.

b. The chairperson must be available to attend periodic training/consultation by DCFS regarding the review process.

c. The chairperson is responsible to:

(1) Provide ongoing training to other panel members and, as appropriate, to the LICWACs in the intent and process of the review;

(2) Organize the time, place, participants, etc., for the review sessions;

(3) Schedule sessions so that reviews are accomplished in a timely manner (within the dates specified on the approved exception) for each child;

(4) Ensure that all appropriate persons are notified in writing 14 calendar days in advance of the hearing to include at a minimum:

(a) The service worker and supervisor responsible for the case;

(b) The child's natural parent(s) or legal guardian(s); and

(c) The Division of Children and Family Services;

(5) Chair the review sessions unless chaired by LICWAC chairperson or Indian consultant or, if necessary, assign a panel person to chair the review session; and

(6) Prepare and distribute a final report of the review panel's recommendations for each review. (See Section 5.d. and e. below.)

4. Duties of the Service Worker.

a. The CSO service worker shall notify the chairperson who will schedule the review.

b. The CSO service worker shall prepare a packet of case-related information and submit it to the chairperson of the Administrative Review Committee for the region at least seven calendar days prior to the review. The packet shall contain:

(1) An up-to-date ISP for the child as defined in Section 32.35 F.; and

(2) A copy of the approved Exception to Policy extending voluntary placement.

5. Activities of the Review Panel.

a. The panel reviews case material for the following:

(1) To what extent has the case plan (ISP) been followed?

(2) What progress is being made toward alleviating or mitigating the cause which necessitated the placement?

(3) Is out-of-home placement still necessary?

(4) If out-of-home placement is still necessary, is the child in the most appropriate setting? Appropriate setting includes least restrictive, close proximity to parent(s), meeting the child's needs, etc.?

(5) When will the plan for permanency be realized, i.e., what is the likely date of completion of the plan for permanency?

(6) Are casework services being provided to the child? Are other services if needed being provided, such as medical, educational, psychological, etc?

b. The panel discusses the case material as appropriate with the participants. The following is a typical agenda after the panel has reviewed and discussed the case material:

(1) All participants are present unless it has been pre-arranged that the foster parent will only participate in a portion of the review.

(2) The purpose of the review is clarified by the chairperson.

(3) Case material is discussed to determine the appropriateness of the case plan and items 5.a.(1) through (6) above.

(4) Panel discusses recommendations with participants.

c. The panel makes recommendations.

It is important to realize that the review board can only make recommendations as to the casework activity. The review board cannot order a service worker to take certain steps, nor can it order a family to do certain things. The essential role of the review board is to make recommendations to the

CSO/agency on needed action to ensure appropriate placements and services, and to safeguard parent's and children's rights. Should there be subsequent reviews, the panel will evaluate whether or not the agency has implemented their recommendations, and what the outcomes have been. During the review, it would be desirable for the review board members to come to some consensus on the recommendations and, if possible, give a verbal report to the service worker and/or other parties present at the conclusion of review hearing.

d. The chairperson prepares a final written report (see suggested outline in Section 32.99).

The final step for the review board would be to prepare a written report on each case reviewed indicating their recommendations. The chairperson or his/her designee is responsible for summarizing the recommendations made by the panel and preparing the report.

Within 14 calendar days of the review, the report must be submitted to:

(1) The CSO supervising the case for inclusion in the case file (A COPY IN THE CASE FILE IS ESSENTIAL);

(2) A voluntary agency, (if involved); and

(3) The child's parent(s)/guardian(s).

e. Within 14 calendar days of the receipt of the report, the CSO shall return one copy of the report to the review board chairperson verifying the extent to which the recommendations will be followed.

32.43 Dependency Petition/Order

See Chapter 23, Juvenile Court Process.

32.44 Alternative Residential Placement (ARP)

For a child in an alternative residential placement (ARP per Section 23.31), the service worker shall prepare a report for any court review to be held after court approval of the placement. (See required Outline #7 in Chapter 23, Juvenile Court Process, Section 23.80.)

32.45 Dependency Court Reviews

When the child is under the jurisdiction of the court, the service worker shall prepare a report for the six-month court review for dependent children, using the required Outline #6. (See Chapter 23, Juvenile Court Process, Section 23.80.)

32.46 Court Dismissal

See Chapter 23, Juvenile Court Process.

32.50 MEDICAL/PSYCHOLOGICAL SERVICES

32.51 Physical Examinations and Immunizations for Children in Foster Care

A. The child's medical history and immunization history will be obtained by the service worker from the child's parent(s) or guardian(s) at the time of the child's placement and shall be recorded in the appropriate sections of the DSHS 13-18(X), Child's Health Record. (See Chapter 48 and Section 32.99.)

This partially completed form with the return address of the CSO will be given to the provider at the time of the physical examination and returned to the CSO and filed in the service record.

B. Initial physical examinations for children entering foster care are to be obtained prior to placement when possible or within 30 days of placement (see Chapter 48). Physical examinations will be obtained yearly for children over age one. Infants up to age one will receive five (5) examinations within the first year of life.

C. When there is a need (prior to placement) for immediate medical treatment or evaluation of a child referred to CPS, see procedures in Manual G, Section 26.15 C.

D. The initial and yearly physical examinations of children in out-of-home care shall consist of an unclothed examination which includes:

1. Medical history.

2. Assessment of physical growth and mental development.

3. Inspection of ears, nose, mouth, teeth and throat.

4. Vision screening.

5. Auditory screening.

6. Screening for cardiac abnormalities.

7. Screening for anemia.

8. Screening for sickle cell traits (children at risk if not previously tested).

9. Urine screening.

10. Blood pressure (children 12 years or older).

11. Assessment and updating immunizations.

12. Tuberculosis screening, if indicated.

E. Dental services for children over three years of age shall include both examination and treatment. This service must be provided by dentists who accept EPSDT and medical coupons.

F. Immunizations are to be updated as stated in the instructions for the DSHS 13-18(X) in Section 32.99.

G. The following guidelines shall be employed to assure recording of the examination:

1. The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program (see Chapter 48) may be used for the initial placement examination and subsequent examinations for children in foster care providing that the provider will complete the DSHS 13-18(X), "Child's Health Record", and the child is eligible for a federally funded medical program.

2. An EPSDT screening exam can be used only once in a year for children over one year of age.

3. Where an EPSDT provider willing to complete the DSHS 13-18(X) is not available but another vendor who is not an EPSDT provider will do so, state funds (using the Form A-19, "Invoice Voucher") may be used. The service will be authorized by SSPS Code 3231, FC Physical Exam/Report.

4. Where it is not otherwise possible to get a report of a physical examination, the service worker may authorize payment for the examination (using either EPSDT or state funds), and, at a later date, request a record review report, authorizing the appropriate payment for the record review report. (SSPS Code 3231, FC Physical Exam/Report, authorizes this service.)

5. When a physical examination screening has been completed prior to the placement within the length of time defined in Section 32.51 B., the service worker may authorize the appropriate payment for the record review report on DSHS 14-154/159 using SSPS Code 3231, FC Physical Exam/Report.

H. The following guidelines are to be utilized in respect to EPSDT for children in foster care:

1. Children in foster care who are eligible for medical assistance (i.e., medical coupons) are eligible for EPSDT under Title XIX.

2. EPSDT screening examinations (see Chapter 48.12 B.) may be provided in addition to regular medical care for illnesses or trauma and in addition to or in place of the preplacement physical examination (one (1) screening per year).

3. The service worker should utilize an EPSDT screening in place of a preplacement physical examination whenever possible.

4. Procedures in Chapter 48.33 shall be followed.

I. Per WAC 388-73-208, it is the responsibility of the service worker to provide foster parents with a health history as complete as possible for each child upon placement. This history shall include an immunization history, allergies, previous illnesses, and conditions of the child which may adversely affect his/her health. In addition, the service worker has responsibility to arrange for a medical examination and immunizations. The fact that the foster parents may on occasion participate in making such arrangements does not relieve the service worker of responsibility to see that required medical examinations, immunizations, and health care are obtained.

J. Per Manual G, Chapter 48, all clients must be informed that EPSDT is available. Service workers may assist if needed in arranging transportation. Refer to DSHS pamphlet #22-19(X).

32.52 Psychological or Psychiatric Services

A. Title XIX medical funding may be available for psychiatric and psychological evaluations and treatment when requested by a physician, including a psychiatrist in either private or community mental health center practice.

1. Payment is authorized as other medical care (i.e., medical coupons).

2. The physician is responsible for requesting approval from the medical consultant.

3. The service worker may be asked to provide the physician or medical consultant with additional information regarding the need for treatment.

B. Evaluations or treatment of children/parents required solely by service staff for adoptive/permanency planning may be purchased using foster care funds. These do not require approval by the medical consultant. Provision of these services is dependent on availability of contract funds, and constrained within established funding limits and definitions within the contract Statement of Work.

1. Provision of these services is through contracts developed by the Region/CSO with individual psychologists/psychiatrists.

2. Before services are purchased through these contracts, the service worker should ensure that the needed treatment will not qualify for Title XIX medical payments.

3. The service worker shall submit a request for each individual in need of a psychiatric/psychological service through established CSO and Regional procedures and include:

   a. The reason the service is needed, i.e., to evaluate parent's functioning for returning the child, complete a plan for permanency, etc.

   b. The alternatives that have been explored prior to the request, including services available through the categorically eligible medical program, if appropriate, i.e., medical coupons, mental health centers, family counseling, etc.

   c. The consequences that may result if the approval is denied.

4. A copy of the approval for psychological/psychiatric services shall be filed in the service record.

5. After receipt of the approval, the service worker will authorize service on a DSHS 14-154(X) using SSPS Codes 3232 or 3235. (Also see Chapter 04.) Payment will be generated per CSO forms and procedures, and processed on an A-19, Invoice Voucher.

6. In all requests to vendors for consultation, examinations, or other communications about the child, the following statement will be included, "All information about (child's name) is confidential and not to be released without the signed consent of the Department of Social and Health Services".

32.60 FUNDING CATEGORIES, PAYMENT RATES, AND REIMBURSEMENTS

32.61 Maintenance Funding Categories and Child's Resources/Income

A. Maintenance Funding Categories

1. The funding source for maintenance payments will be determined by completing DSHS 14-05(X), Application for Foster Care and Support Enforcement Services.

2. When the voluntary agency initiates a request for payment and placement approval from CSO, the child-placing agency is required to complete the DSHS 14-05(X) in quadruplicate sending the first three copies to the CSO.

3. The funding sources for children in foster care are the Refugee Program, AFDC-FC, or state funds. Every attempt shall be made to determine the correct eligibility for foster care payment as defined in Chapter 03.15, and explore all potential financial resources as defined in Section 32.61.

4. When a child is placed with a relative:

   a. Foster care payments may be authorized if the child is eligible for AFDC-FC and the home is certified. (See Chapter 06.52 and WAC 388-24-125.) In these cases, the source of payment for foster care would be AFDC-FC.

   b. Foster care payment may be authorized if the relative of specified degree is not eligible to receive AFDC on behalf of the child and the home is certified. (See Chapter 06.52.) In these cases, the source of payment for foster care would be state funds.

   c. Foster care payment cannot be authorized if the child is eligible to receive AFDC, but does not meet the AFDC-FC eligibility criteria as defined in 03.15, i.e., the child was not placed into foster care as a result of a judicial determination. Homes of relatives eligible for AFDC need not be licensed or certified. The source of payment is AFDC.

5. Homes of guardians to which the department makes foster care payment must be licensed and meet licensing requirements per WAC 388-73-020. The department's rules and procedures regarding the certification and supervision of the home for licensing purposes must be followed in spite of the fact that the court may have relieved the department of responsibility to supervise the child. (See Chapter 06.49 H.)

6. Where a court order relieves the department of providing supervision for a child where guardianship has been established, and that child's care had previously been AFDC-FC funded, the source of funds must be changed to state funds.

7. Eligibility for AFDC-FC ceases at the time the foster child attains the age of 18.

   a. At the time the AFDC-FC recipient reaches 18, the CSO shall determine need for continued foster care (see Section 32.35 H.). If eligibility requirements are met, the source of funding shall be changed to state funds. Item 31 of the DSHS 14-159, Change of Service Authorization, will need to be changed to "State Funds" to initiate this change.

b. Under state funded foster care for a child 18 and over and in school, the exempt resources are the same as a one-person AFDC household.

c. An exemption of the first $85 plus one-half of the remainder is allowed for gross monthly earned income.

8. Redetermination of eligibility for AFDC-FC must be completed every six months. (See Chapter 03.)

B. Resources and Unearned Income of Foster Child.

1. Maintenance costs:

If a child in foster care is entitled to financial benefits, the income received shall be used on behalf of the child to help pay for the cost of maintenance, except for resources held in trust for an American Indian child. (See WAC 388-70-069 and 388-28-650.)

Procedures:

a. Within five working days of the placement, all available/potential financial and/or medical resources for the child should be explored. Such resources may include (but are not limited to) Supplemental Security Income (SSI), Veterans benefits, medical insurance, Social Security benefits, etc.

b. Where it appears a child may be eligible for one of these resources, social service staff will complete and submit the appropriate application(s). (See Chapter 03, Social Service Eligibility.)

c. In order to ensure that the Trust Funds Unit of the Office of Accounting Services receives current information, copies of the following will be forwarded to Mail Stop OB-24:

(1) Applications to the Federal Government for SSA, SSI or VA.

(2) Applications for benefits from Washington State agencies, such as the Department of Labor and Industries.

(3) All notifications of changes in status (including termination of DSHS as representative payee) forwarded to SSA, SSI, VA or other providers.

(4) Changes not reportable to provider agencies, such as change of status involving county, CSO, address, schooling, etc.

(5) General correspondence concerning any of the above.

d. After a copy of the application, etc., has been forwarded to the Trust Fund Unit, that unit will be responsible for contacting the appropriate agency for any followup which may be necessary.

e. When DSHS is representative payee, receipts from SSA, SSI, Veterans, Railroad and Labor and Industries will be deposited by DSHS, Office of Financial Recovery, P.O. Box 9501, MS OB-21, Olympia, WA 98504.

f. Receipts from all other sources will be deposited with the appropriate office of Support Enforcement unless otherwise specified.

2. Property Damage Reimbursement:

Resources and unearned income of a foster child, except of an American Indian or Alaska Native foster child, in excess of the amount applied to his/her cost of maintenance, may be used to reimburse foster parents for property damage done by the foster child to foster parents' property. (See procedures below.)

Procedures: To get money from a child's trust account funds for additional clothing, medical, property damage reimbursement, and/or other things that would normally require an ETP.

a. Service worker shall telephone the Trust Fund Unit (234-4436) to see if child has excess funds in his/her trust account.

b. If funds are available in excess of amount applied to his/her maintenance, service worker will send memo to Trust Fund Unit (OB-24) asking for:

(1) Specific dollar amount;

(2) Specific item, i.e., clothing, medical or property damage/loss repairs/reimbursement; and

(3) State name and address of payee.

c. Funds will then be disbursed by the Trust Fund Unit according to request in Section 32.61 C.3.d.

d. See Section 32.61 B.1.c. for procedures on notifying the Trust Fund Unit regarding resources/income for maintenance costs.

C. Earnings of Foster Child.

1. Maintenance Costs: An older child (ages 16 and 17) in foster care may be wholly or partially able to meet the costs of his/her maintenance. Exempt earned income standards which apply to AFDC also apply in foster care. This is true regardless of source of maintenance funding, i.e., state funds or AFDC-FC. (See WAC 388-70-068, 388-28-535(3), 388-28-570, and Manual G, Section 32.15 B.7.)

2. Property Damage Reimbursement: Unexempt earned income of a foster child (above the amount applied to his/her cost of maintenance) may be used to recover part or all of a claim for property damage. Determination will be made by service worker and dependent on child's needs and individual circumstances of damage/loss (see procedures below).

3. Procedures: To apply child's earned income to his/her cost of maintenance and/or restitution:

   a. Service worker will assist child in completing form DSHS 7-42D(X), Income Report (see Forms Section 32.99).

   b. Service worker will complete form DSHS 2-306(X), Communication/Referral, requesting Financial Services to make a determination regarding the child's earned income exemption. Form DSHS 7-42D(X) completed by the foster child must be attached to the DSHS 2-306(X).

   c. Earned income exemption will be determined by Financial Services based on the following criteria:

      (1) All earned income of a child who is a part-time or full-time student and NOT full-time employed is exempt per WAC 388-28-535(3).

      (2) For children employed on a full-time basis, the first $30 plus one-third of remaining total monthly income (minus standard deduction of $75) for a maximum of four consecutive months is exempt per WAC 388-28-570(6).

   d. Service worker will advise DSHS Trust Fund Unit and foster child how much of his/her earned income will be applied to foster care maintenance and/or restitution.

   e. Service worker will assist child to send amount of earned income designated for his/her maintenance costs to DSHS Trust Fund Unit.

   f. Funds will then be disbursed by the Trust Fund Unit to pay all or part of his/her maintenance and/or part or all of the cost of property damage done by foster child to the foster parent(s) property.

32.62 Medical Coverage

A. The service worker is responsible for ensuring that each child placed into foster care has medical and dental coverage. For medical eligibility purposes, foster care includes placement of children into family foster homes, group homes funded by foster care, receiving homes, crisis residential centers, and placement of children leaving foster care for approved adoptive homes prior to the finalization of the child's adoption.

B. The "Categorically Needy" medical program is a federal/state-funded program for children in foster care. Children are eligible for this program regardless of other third-party liability medical/dental insurance.

C. Whenever possible, private medical insurance (third-party liability) shall be used to fund the child's medical expenses.

D. Procedures:

1. The service worker shall verify the child's eligibility for private insurance and the appropriate medical program (i.e., the Categorically Needy) on the DSHS 14-05(X), Application for Foster Care and Support Enforcement Services.

2. The service worker shall forward a copy of the completed DSHS 14-05(X) to:

   Division of Medical Assistance
   Office of Provider Services
   Third-Party Liability Unit, MS LG-11
   Olympia, WA 98504

   The Division of Medical Assistance shall use DSHS 14-05(X) to claim third-party liability.

3. The service worker shall issue a medical coupon using the DSHS 14-154/159, Social Service Authorization/Change of Service Authorization, for each child in foster care.

   a. SSPS codes 4810, 4811, 4812, 4813 authorize the medical coupon (see Chapter 48);

   b. Item 21 on DSHS 14-154/159 identifies whether the child has third-party liability;

   c. Source code 6 in Item 31 on DSHS 14-154/159 identifies whether the child is eligible for the "Categorically Needy" medical program. (Source Code 6 is used only when using the SSPS 4800 codes.)

4. For issuance of temporary medical coupons by the CSO, the service worker will complete the DSHS 14-154/159 according to D.3. above, including in the special instructions section a notation to the clerical support to issue "temporary coupons". Under no circumstances shall a service worker authorize issuance of temporary coupons verbally or by any other than the SSPS forms per above procedures.

5. If a medical coupon is issued initially by the CSO, the provider's name shall be typed on the medical coupon.

6. Children eligible for SSI will be issued medical coupons through Financial Services. Medical coupons are automatically issued once the children are approved for SSI benefits through the Social Security Administration office. The CSO social service worker shall authorize medical coverage through the "Categorically Needy" program for children whose application for SSI is being processed but eligibility has not yet been determined.

32.63 Payment Rates and Reimbursements

A. Receiving Home Care

1. The rate for receiving home care is $32.35 per month retainer fee for each receiving care bed for which the home is licensed, and $11.34 per day for temporary care actually provided for each child.

2. Receiving home care is not to exceed 30 days.

3. After 30 continuous days, the rate for regular foster family care will be paid unless a waiver for continued payment of the higher receiving care rate is authorized by the Regional Office (RO).

4. SSPS Code 3241 authorizes CSO receiving home retainer and SSPS Code 3201 authorizes CSO receiving care. (Also see Chapter 04, Appendix A.)

5. SSPS Code 3243 authorizes the child-placing agency receiving home retainer fee and SSPS Code 3203 authorizes child-placing agency receiving home care payment.

B. Special Rate Receiving Home Care

1. Certain receiving homes may be designated by the CSO Administrator to be special rate receiving homes for children who are in conflict with their parents or are runaways. (See Section 32.33 B.)

Does plcmt in one of these beds have to be specified at time of plcmt

   a. Foster homes providing this care will be authorized to receive a retainer for no more than two beds.

b. Foster parents must be qualified to provide specialized care by virture of having received specific training and/or experience in working with troubled teenagers.

2. The rate for this care is $65.21 per month retainer for each bed and $15.67 per day for temporary care actually provided for each child.

3. Special rate receiving care shall be limited to 15 consecutive days unless an exception is granted by the RO.

4. The number of specialized receiving homes is determined by the Division of Children and Family Services. New homes cannot be added without the approval of DCFS.

5. SSPS Code 3202 authorizes receiving home care and SSPS Code 3242 authorizes the special rate receiving home retainer. (Also see Chapter 04, Appendix A.)

C. Regular Foster Family Care

1. Board and Room Payment rates (effective July 1, 1984) in a foster home are:

	Monthly Rate Board & Room	Clothing*	Personal Inci-dentals*	Total Monthly Rate
Child, less than 6 years	$130.44	$20.38	$18.67	$169.49
Child, 6 through 11 years	169.45	20.38	18.67	208.50
Child, 12 years or older	203.57	24.23	18.67	246.47

Private Child-Placing Agency Service Fee is $60.95 (daily rate is $2.00).

*Refer to Section 32.63 F. re: Clothing and Personal Incidentals

2. For the purpose of computing maintenance payments, the child's birthdate is considered as the first of the month in which his/her birthday occurs.

3. The service worker shall use SSPS Code 3210 to authorize CSO regular foster family care. (Also see Chapter 04.)

4. The service worker shall use SSPS Code 3211 to authorize child-placing agency regular foster family care (also see Chapter 04).

5. The service worker shall use SSPS Code 3213 to authorize child-placing agency service fee.

D. Special Rate Foster Family Care

1. A special rate, in addition to the basic rate for board and room, may be allowed to a child in need of special and specific care. In order to authorize the additional rate, the child's service worker (i.e., CSO, voluntary agency) must write a justification for approval by the supervisor. If the special rate is approved, the supervisor must review the need for continued payment every six months. The approval of the special rate shall be documented on the DSHS 2-305(X), Service Episode Record.

2. A special rate shall not be paid to foster parents who have not previously received the special rate unless that foster parent has attended, or is attending, the training (see Section 32.63 B.1.b.). Waivers to this requirement may be granted by the CSO Administrator.

3. Behavioral/emotional problems - the rate for care is $136.53 per month ($4.49 daily).

   Children who most often could be considered as having behavioral/emotional problems are children who exhibit at least three of the following behaviors:

   a. Regular use of an illicit drug;

   b. Regular overindulgence of alcohol;

   c. Poor school adjustment and/or truancy;

   d. Sexual acting out;

   e. Frequent shoplifting and/or other theft;

   f. Habitual running away;

   g. Demonstrated property destruction in own home and/or foster home;

   h. Regular peer conflict which may require action by foster parent;

   i. Significant sleep problems which may cause disruption in the normal sleeping patterns of foster parent;

   j. Destructive attention-seeking behavior which may demand extra attention by foster parents;

   k. Frequent noncompliance with requests of parents, teacher, or other authority figures;

l. Failure to use normal cautions in using potentially flammable substances;

m. Soiling and enuresis over age six; and

n. Extremely bizarre behavior, such as frequently displaying odd facial grimaces, bizarre eating habits, seems to or reports hearing voices/noises, responds to internal stimuli, and is withdrawn and fearful of adults.

4. Intellectual/Physically Handicapped Children - The rate for care is $136.53 per month (daily $4.49).

Children who most often could be considered as having intellectual and/or physical dysfunction are those children who, by definition, meet the service eligibility criteria for the Division of Developmental Disabilities services assuming they exhibit two of the following dysfunctions:

a. Requires the physical assistance of foster parent in feeding, dressing, bathing, or toileting;

b. Needs the physical help of foster parent in order to be mobile;

c. Needs regular and organized physical therapy by foster parent under the orders/direction of a professional;

d. Needs medication administered by foster parent on a regular basis per physician's orders;

e. Needs physical assistance by foster parent for drainage of ileum conduit, colostomy;

f. Requires suctioning, mist tent, etc., care which is provided by a foster parent;

g. Nonambulatory;

h. Epileptic child who has uncontrollable seizures;

i. Awaiting institutionalization placement;

j. Habitually wanders unless closely supervised; and

k. Failure to thrive below third percentile.

5. The service worker shall use SSPS Code 3212 to authorize special rate family foster care. (Also see Chapter 04.) This code should also be used to authorize CPA special rate family foster care for children who meet the criteria.

E. Hard-to-Place

1. Hard-to-place plans approved through Policy Exception Request have rates that are unique to the child's service plan.

2. The individual HTP rate consists of:

   a. The regular family foster care rate.

   b. The specialized foster care rate if the child and foster parent(s) qualify for it.

   c. Itemized costs of supplemental service not covered under a. and b. in this section.

3. Hard-to-place service plans through Policy Exception Request for foster care must be approved by State Office, Secretary's designee. (Refer to Chapter 1, Social Service Policy and Administration, for Exception to Policy procedures.) SSPS HTP Service Codes are used only when designated by the SO.

4. SSPS Code 3261 authorizes HTP services for CSO foster care.

5. SSPS code 3264 authorizes HTP services for voluntary child-placing agency foster care.

F. Clothing and Personal Incidentals (CPI)

1. Receiving or special rate receiving care.

   Personal incidentals will be purchased as needed for the individual child.

2. Regular or special rate foster care.

   a. A monthly allowance is added to the board and room rate for clothing and personal incidentals. This amount includes:

      (1) $18.67 for personal incidentals, i.e., school supplies, shampoo.

      (2) Clothing

Children under 12 years	$20.38
Children 12 years and older	24.23

3. The CSO may authorize the purchase(s) of an initial supply of clothing, within three months of placement, for those children needing clothing at the time they are placed in receiving, regular foster family care or group care. An initial supply is not purchased routinely for each child coming into care; purchases are authorized only to the extent necessary to supplement a child's wardrobe. These purchases will total no more than $100, except with Regional Office approval.

4. Prior to approving such purchases, the service worker shall document, in the child's record, efforts to recover from the child's parent(s) or previous placement whatever clothing the child may have had.

5. The following SSPS codes authorize clothing and personal incidentals (also see Chapter 04):

   a. The payment for clothing and personal incidentals is included in regular foster care authorization, i.e., 3210, 3211.

   b. SSPS Code 3224 for personal incidentals in shelter/receiving care.

   c. SSPS Code 3223 to authorize clothing and personal incidentals for children in special circumstances when room and board is <u>not</u> being paid.

   d. SSPS Code 3225 to authorize initial clothing purchased.

G. <u>Physical Examinations</u>

Refer to Sections 32.51 and 32.62.

H. <u>Psychological/Psychiatric Evaluations/Treatment</u>

Refer to Section 32.52.

I. <u>Transportation and Other Expenses</u>

1. When prearranged with the department, foster parents shall be allowed transportation for medically-related trips involving their foster child. The department, within available funds, will provide reimbursement at the same rate authorized for employees.

2. In addition, actual costs of food and lodging, if necessary, in securing the medical care will be reimbursed.

3. Details of the arrangement shall be recorded in the child's record.

4. Foster care funds shall be utilized to pay these expenses approved at the CSO level.

5. SSPS Code 3233 shall be used to authorize transportation. (Also see Chapter 04.)

J. Temporary Absence of Child from Foster Care

1. When there is a plan approved by voluntary agency and/or CSO service worker for a child to be temporarily absent from a foster care facility, the actual days of absence up to (but not more than) 15 days will be paid by the department.

2. Voluntary agencies receiving payment for children in foster care are required to notify the CSO authorizing payment of a child's absence from foster care in order to receive payment for the period of temporary absence.

3. Examples of such absences are visit of child to own home, hospitalization, camp experience and runaways. Regular weekly visits by a child to his/her home as part of an approved treatment plan do not require notification. These planned visits will be reported as part of the quarterly progress report.

4. Payment for more than 15 days absence for a child who was hospitalized may be made with RO approval.

K. Foster Parent Liability Insurance

1. The department purchases foster parent liability insurance for all licensed foster parents who have one or more children residing in their home whose placement has been approved by the CSO, or DDD Case Management Services for DD respite care. See Secton 32.35 C. for procedures on voluntary CPA non-pay placements.

2. Liability Coverage

a. Coverage shall be for damages due to an action, error or omission of the foster parent, arising out of the foster parent's activities while a foster child is in their care and custody; and shall include, but not be limited to, bodily injury, property damage, or personal injury for which the foster parent is held legally liable.

b. There are exclusions to this coverage (i.e., the use of an automobile), which are specified in the policy on file in the Division of Children and Family Services (DCFS) and DSHS-Safety and Risk Management. See Section 3.c. below for contact person regarding questions on claims and general insurance information.

c. Coverage provided by the liability policy is in excess to any other valid and collectible insurance available to the foster parent(s). This means that if the foster parent(s) has a homeowner's policy, with or without a deductible, the home owner's policy becomes primary and the state's policy would not be accessed until after the home owner's policy has paid or denied payment. Foster parents are encouraged to have homeowner's or personal liability insurance as is customary to fill those areas of exposure not provided for by the state insurance policy.

3. Procedures for Processing Liability Claims

a. For foster homes licensed by the CSOs, all claims are to be reported by the foster parents in writing to the Community Services Office (CSO) authorizing payment for the foster child. For DD respite cases, claims should be submitted by the foster parents in writing to the DDD Case Management Services authorizing respite care.

b. For foster homes licensed by voluntary child-placing agencies, the voluntary agency shall report all claims in writing to the CSO authorizing payment after receipt of claim in writing by the voluntary agency foster parents. For DD respite cases, claims shall be forwarded through the voluntary agency to DDD Case Management Services.

c. The CSO/DDD shall be responsible to process and forward the written claim in a timely manner (within 10 days) to:

Risk Manager
Safety and Risk Management Section
DSHS Headquarters, MS OB-14E
Olympia, WA 98504
Telephone SCAN 234-1780 or OFF SCAN 753-1780.

Prompt and thorough reporting of all claims is essential. Failure to report immediately may damage the right to protection under the policy. Each claim should be clearly marked in order to identify the claim as a "Foster Parent Insurance Claim".

The written claim should include:

(1) Facts of the claim (date, time, an account of how the damage/injury occurred, substantiating information such as bills, receipts, and notice of police involvement, if any);

(2) The claimant's name, address, and telephone number;

(3) The foster parents' name, address, and telephone number;

(4) The child's name, birthdate, and case number;

(5) The name of the contact person and the telephone number of the Community Services Office.

d. The Risk Manager will review and forward the claim to the appropriate insurance brokerage firm.

e. If a foster parent(s) receives a legal summons, a copy of the summons (including date served) shall be immediately forwarded by the foster parent(s) to the CSO. The CSO shall forward a copy of the summons to the Risk Manager at DSHS Headquarters for action as deemed appropriate. (See address 3.c. above.)

f. In the case of voluntary agency foster parents, a copy of the summons should be forwarded first to the voluntary agency, then to the CSO, and then to the Risk Manager. Again, time is of the essence in getting this information to the appropriate insurance brokerage firm.

g. For DD respite cases, a copy of the summons shall be forwarded to the Risk Manager by DDD Case Management Services.

4. Information on Claims

a. It shall be the responsibility of the CSO to provide an orientation briefing, initial reporting, and feedback of claims status to foster parents and to the Risk Manager.

b. Technical questions concerning claims shall be addressed to the Headquarter's Safety and Risk Management Section through the CSO. (See address 3.c. above.) The telephone number for Safety and Risk Management is SCAN 234-1780, Non-SCAN 753-1780.

c. Questions regarding general policy and interpretation shall be addressed to DCFS who will coordinate with Headquarter's Safety and Risk Management as necessary.

L. Property Damage and Loss Fund

1. The department will make provision for a limited fund to be used to reimburse foster parents for claims of personal property damage to a maximum of $300 per item or $1,000 aggregate per occurrence. Coverage and limits of physical damage to foster parents' property are subject to review by DCFS. Theft is excluded from this coverage unless it is conclusively proven.

2. Personal property damage coverage is for all licensed foster parents who have one or more children residing in their home whose placement has been approved by the CSO. (See Section 32.35 C. for procedures on voluntary CPA non-pay placements.) DD RESPITE CASES ARE EXCLUDED FROM THIS COVERAGE.

3. The funds shall be managed by the Regional Office.

4. Procedures for processing property damage and loss claims:

   a. The child's service worker shall be notified immediately by the foster parent(s) upon determination of a loss.

   b. The original claim for reimbursement shall be submitted by the foster parent(s) in writing to the foster child's service worker within 30 days of damage or loss.

   c. The licensed child-placing agency shall forward written claims to the CSO authorizing payment for the foster child.

   d. If the foster child has a trust account, prior to filing any claim under the Property Damage and Loss Fund, a reasonable effort should be made by the service worker to recover all or part of the claim from the trust account. Money from a trust fund account of an American Indian or Alaska Native foster child is not available for payment of a claim. (See procedures in Manual G, Chapter 32.61 B.)

   e. Unexempt earned income of a foster child (above the amount applied to his/her cost of care) may be used to recover part or all of a claim dependent on child's needs and individual circumstances of damage/loss as determined by the service worker. (See procedures in Manual G, Chapter 32.61 C.)

   f. The CSO shall forward written notice of each claim to the Regional Office.

   g. The written claim should include substantiating information made available by the foster parents (see above, Foster Parent Liability Insurance, 3.c.). This information should provide sufficient enough detail to relate the damage to a specific incident and not general "wear and tear" on a household.

5. Criteria for evaluating claims shall include:

   a. An evaluation of each claim individually.

   b. An evaluation of the probability that the damage was caused by a foster child and whether or not it was a loss that the foster parent(s) incurred as a result of foster care.

   c. An evaluation of the reasonableness of each claim; that is, the damage must be beyond what would normally be anticipated to occur with children in a home. Generally, damage caused by a foster child should be limited to damages other than those caused by normal wear and tear or routine behavioral living, including common accidents associated with routine family activities.

d. For claims related to theft, there must be proof of a report to law enforcement and charges filed (or attempt to file charges). Mysterious disappearances, cash thefts, and unusually expensive items that can be easily fenced (i.e., jewelry, furs, silver) are excluded. Foster parents should be directed to take special precautions to guard against the loss of high value items.

e. Provision of adequate substantiation of loss, such as proof of purchase, photo showing ID number, etc.

f. Provision of estimated cost of replacement. Allowance shall be made for depreciation to arrive at the true actual cash value at time of loss.

g. Supervision provided in the home by the foster parent(s) shall be explored, including a specific plan to prevent similar incidents in the future.

h. Claims shall not exceed $300 each item or shall not exceed $1,000 aggregate limit per occurrence.

i. A claim under the foster parent's homeowner's policy should be explored as a first option. The unwillingness of the foster parent(s) to access their own insurance does not disqualify them from receiving reimbursement from the Regional Property Damage and Loss Fund.

6. SSPS Code 3220 authorizes payment from the Property Damage and Loss Fund. (Also see Chapter 04, Appendix A.)

M. Elective Medical

Within the limited amount of funds available, elective medical services not covered by medical coupons may be funded by foster care funds. Payment may be approved for such things as orthodontics and corrective surgery which may correct a disfiguring condition. Verification of denial of payment from the Division of Medical Assistance must accompany each request for such medical services. The Regional Office will approve or deny all requests. The service will be authorized on DSHS 14-154/159 using SSPS Code 3230.

32.70 ADMINISTRATIVE

32.71 Setting Up a Case Record

For procedures on how to set up a case record, see Manual G, Chapter 02.

32.72 Inter/Intra County Referral/Transfer

A. Referral/transfer of a child to an out-of-home placement in another CSO's area may be necessary when:

1. There are no suitable homes available for a child in the initiating CSO's area.

2. There is a specific need for specialized medical, emotional, and/or educational services/facilities not available near child's family.

3. Child needs placement outside his/her home community due to the child's behavior and/or the family's situation.

4. Child's family or alternate family has moved.

5. A permanent placement has been located in another CSO area.

B. The initiating CSO will:

1. Consult with Attorney General's/Prosecuting Attorney's office regarding legal issues and decision to transfer dependency case.

2. Notify the court when:

   a. A change of custody is anticipated; and

   b. Responsibility for case supervision has been transferred to another CSO.

3. Request a foster placement/home study from the receiving CSO.

   a. Initial request may be made by telephone.

   b. Written request and social summary on the child will be sent within five working days of the initial request.

4. Confirm acceptance into special education and related services in the new school district if the child is an eligible handicapped child. (See Section 32.98 B.)

5. Provide additional planning and placement, if:

   a. Home study on a particular family indicates the home is unlicensable or unsuitable for the child; and

   b. Placement is made and fails.

6. Initiate a DSHS 14-05(X) if needed, terminate the DSHS 14-159 (see Chapter 02.14), complete the DSHS 2-305(X), and include any applicable court orders.

7. Assure supervisory review of case prior to transfer to verify completion/accuracy of file contents.

C. The receiving CSO will:

1. Contact the prospective family to evaluate placement and/or licensing and immediately notify the referring CSO of findings.

2. Refer suitable licensed homes to the referring CSO, or notify the referring CSO there are no suitable homes available.

3. Help coordinate actual placement with initiating CSO and prospective home;

4. Assume full responsibility for the child as soon as placement is made;

5. Immediately initiate a new DSHS 14-154(X) or update DSHS 14-159, authorizing placement and any other services to be provided (see Chapter 02.14);

6. Immediately notify the initiating CSO for additional planning if the placement fails.

D. Where there is disagreement in transferring a case, the approved chain of command shall be followed with every effort to resolve the dispute at the CSO level.

E. When an American Indian child is being referred/transferred, the procedures in Section 32.33 F.3. will be followed.

F. When a child in a foster home placement moves with the foster family to another area, the original CSO will coordinate with the court having jurisdiction of the child and the receiving CSO for licensing, continuation of payment and supervision of the child.

G. When a child in a CSO foster family placement runs away and is located in the catchment area of another CSO:

1. The CSO where the child is located shall:

a. Provide shelter care for the child, if necessary, and shall make payment to their foster home for that care.

b. Shall arrange for, and pay for, transportation to return that child to the catchment area of the originating CSO. (SSPS Code 3233, FC Transportation, authorizes this service.)

c. Notify the child's parent(s) of the child's whereabouts.

2. The originating office shall retain responsibility for planning for the child.

32.73 Supervisory Responsibilities

A. See Chapter 02.08, Social Service Delivery System, for supervisory expectations of a general nature.

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B. Foster care placement supervisors will review a random sample of no less than three (3) cases per month for each service worker. Verification of the review is to be placed in the child's file. In addition, the supervisor should maintain a listing of cases reviewed and the date the review took place. Items to be monitored include:

1. A service worker is assigned to each service case.

2. Program services as defined in Section 32.30 are provided:

   a. That reasonable efforts have been provided to prevent placement, or to return the child home if placement was necessary.

   b. For each case there shall be a valid court order giving the department supervision or a DSHS 9-04(X) signed by the parent(s)/guardian(s) having custody.

   c. For each placement case, the supervisor (or consultation team) has concurred with the plan for out-of-home care per Section 32.32 D.

   d. Each case plan has a specific permanency planning goal, is time limited, was developed with input from all participants where possible, defines specific actions to be taken by participants, and reflects a commitment to short-term foster care and permanency planning.

   e. Required medical and dental services are being provided, utilizing EPSDT whenever possible.

   f. Monthly visits are being made to each child in foster care to assure that the child is being provided adequate care in the foster home.

3. Activities specified in the case plan are being carried out by the service worker and are authorized on DSHS 14-154(X) and DSHS 14-159.

4. Verification or adequate documentation that AFDC-FC, SSI, medical eligibility, and other potential sources of income have been explored.

5. Voluntary placements comply with guidelines (see Section 32.41).

6. Adoption is being utilized for all legally-free children and all legally-free children have been promptly registered with SO upon termination of parental rights, using DSHS 9-235(X), Registry for Legally-Freed Children. (See Chapter 35, Adoption Services.)

7. Case recording and required forms, including all SSPS service codes are complete and current.

C. Supervisors are encouraged to review all case records prior to closure, but must review all cases prior to transfer, to verify completion/accuracy of record contents, and to monitor quality of care.

32.97 INTERFACE WITH OTHER DSHS SERVICES

A. Homemaker Services

Homemaker services are designed to prevent or reduce the length of out-of-home placement of children. Within regional allocations, homemakers are available to teach parenting and household management skills. Homemakers also function as members of a team working to deliver specific services described in the case plan (ISP). (See Chapter 40, Homemaker Services.)

B. Financial Services

1. Service workers will inform Financial Services when a child who has been included in a financial grant is placed in foster care. (See Section 32.35 A.3.)

2. Natural parent(s)/relative(s) will be referred to financial services for a financial eligibility determination when:

   a. It appears they may have been eligible for AFDC at the time the child was placed in foster care, (i.e., child may be eligible for AFDC-FC); or

   b. AFDC is indicated for the 30-day period prior to return to the caretaker relative. (See 03.32 E. for procedure.)

C. Day Care Services

1. Day Care Services are provided within available funds for a variety of educational, employment, or child welfare-related purposes. (See WAC 388-15-170.)

2. For the purposes of this chapter, Day Care Services are appropriate primarily to prevent or reduce the length of out-of-home placement of children. Child welfare day care should be part of an established CPS, FRS, or child placement-related case plan and should be designed to help achieve the goals of the children's services program under which it is being provided.

3. For further description of day care services and procedures, see Chapter 28, Day Care Services.

D. Division of Developmental Disabilities (DDD)

1. DDD Field Services will refer to the CSO any child who is considered to be in need of, and potentially eligible for, child welfare placement services. The CSO will determine eligibility and deliver appropriate child welfare services.

2. The CSO will refer to DDD Field Services any child who is considered to be in need of, and potentially eligible for, Developmental Disabilities Services. DDD Field Services will determine eligibility and deliver DDD services as appropriate.

3. Those clients referred to the CSO or DDD Field Services who are determined ineligible for services will be referred back to the originating office.

4. Refer to Section 32.33 F.2. for special placement considerations of developmentally disabled children.

E. Division of Juvenile Rehabilitation (DJR)

1. A child may be found by the court to be both a dependent child and a juvenile offender who may also be committed to a DJR institution.

2. If a foster care placement becomes necessary for a child who is either on parole or being paroled from a DJR institution, services must be coordinated with the assigned Juvenile Parole Counselor. It is necessary to have either the court authorize an out-of-home placement (dependency or ARP) or to obtain a DSHS 9-04(X), Placement Authorization and Acknowledgement. The previous finding of a juvenile offense is not sufficient to authorize a foster care placement. Prerequisites for out-of-home placement are the same for all children as defined in Section 32.32 D. (Also see Section 32.33 F.3. regarding the placement of American Indian children.)

3. The dependency aspect of the child's care is the responsibility of the CSO. This includes the development of the Individual Service Plan (ISP) and the determination of the need for out-of-home placement. CSO staff are responsible for obtaining legal authority for placement, and supervising the continuing need for foster care. If DJR staff submit quarterly reports covering the case planning and continued need for foster care, CSO staff may not need to supervise. These reports must be reviewed and approved by the CSO in order for continued placement to be authorized.

4. The CSO staff is responsible for licensing and supervision of the foster home.

5. Placing Community Residential Placement (CRP) children in family foster care through the CSO using foster care funds is contrary to regulations governing CRP programs and the agreement between DCFS and DJR. Such placements may not be authorized by CSO staff nor funded by DCFS foster care funds.

F. State School for the Blind/Deaf

1. A dependent child attending state schools for the blind or deaf is eligible for clothing and personal incidentals on the same basis as a child in foster care.

2. When a child has no own home to return to when ready to leave school or for summer vacation, the child may be referred to the CSO for placement in foster care using procedures in Section 32.30.

G. Office of Support Enforcement (OSE)

1. Copies of DSHS 14-05(X), DSHS 9-04(X) and court orders authorizing/ordering placement and/or payment of support/cost of placement must be sent to OSE within two working days of the placement.

2. Any updating information, i.e., change in location of child, rate of payment, etc., will be submitted to OSE as it occurs using DSHS 2-236, Client Change of Status.

3. DD children who are in foster care in lieu of placement in an institution are exempt from referral to OSE.

4. Also exempt from referral to OSE are other children placed in interim care (receiving home or CRC) who leave placement in 72 hours or less AND who are in placement for a cumulative total of less than 15 days in a preceding 90-day period.

32.98 INTERFACE WITH NON-DSHS SERVICES

A. Juvenile Probation

1. A child may be both a dependent child and a non-committable juvenile offender. Foster care services shall be made available the same as for all children generally. Services must be coordinated with the assigned Juvenile Probation staff.

2. If a foster care placement becomes necessary for a child on probation, it is necessary to have either the court authorize an out-of-home placement (dependency or ARP) or to obtain a DSHS 9-04(X), Placement Authorization and Acknowledgment. The previous finding of a juvenile offender is not sufficient to authorize a foster care placement. Prerequisites for out-of-home placement are the same for all children as defined in Section 32.32 D. (See Section 32.33 F.3. regarding the placement of American Indian children.)

3. The dependency aspect of the child's care is the responsibility of the CSO. This includes the development of the Individual Service Plan (ISP) and the determination of the need for out-of-home placement. CSO staff are responsible for obtaining legal authority for placement and supervising the continuing need for foster care. If probation staff submit quarterly reports covering the case planning and continued need for foster care, CSO staff may not need to supervise. These reports must be reviewed and approved by the CSO in order for continued placement to be authorized.

4. The CSO staff is responsible for licensing and supervision of the foster home.

B. Placements Requested through the School District

Washington school laws provide educational opportunities for all handicapped children. Occasionally a school district, especially in rural areas, may not have an education resource to fit the needs of the child involved.

1. Determine whether the child is receiving special education and related services. If the child is receiving these services:

   a. For children under the supervision and custody of DSHS, the service worker must confirm (prior to placement) that provision of special education and related services will continue in the new school district. (Confirmation can be obtained by requesting the child's current school to send his/her record to the new school district, and requesting the new school district to verify the continuation of special education and related services.)

   b. For children not under the custody of DSHS, the service worker will request the child's guardian to obtain confirmation of continued enrollment in special education and related services in the child's new school district.

2. Payment will be made in full by the school district when the only need for foster care arises from the need for an education. When the child is in care only five days a week, returning home on weekends, holidays, and for the summer, the placement should be considered to be one made to meet the child's educational needs.

3. DSHS will pay the cost of foster care if the primary reason for placement in foster care is one cited in WAC 388-70-012(1), i.e., the social reasons for the placement predominate and the child must remain in foster care continuously.

4. The school district will pay:

   a. Transportation costs for the child's parent(s)/guardian(s) or foster parent(s) to the school district in which the educational resource is available; and/or

b. Board and room to a licensed foster home for care in lieu of transportation costs, when payment of transportation is not practical.

(1) DSHS has no financial responsibility for children who are placed in foster care for the purpose of enabling them to meet their educational needs.

(2) The room and board rate paid by the school district will generally be the same as that paid by DSHS for foster family care.

(3) When the rate required for the child's care exceeds the DSHS rate for foster family care, the school district may also meet this, obtaining approval from the Office of the Superintendent of Public Instruction.

(4) DSHS will not supplement the rate which is paid by the school.

5. When payment for transportation is not a satisfactory arrangement for a handicapped child already in foster care under the supervision of DSHS, the originating school district will make arrangements for the child to be transferred to the school district which will meet the child's educational needs.

a. The CSO will make arrangements for the child to be placed in a foster home in the school district to which he is transferred.

b. DSHS will be responsible for making payment to the foster home selected.

6. When the school district refers the parent(s) to the CSO for private placement, the office will provide the parent(s) with the names of the homes in the area which are already licensed, or license a home the parent(s) may have found, if that home meets licensing standards.

a. The CSO will be responsible for supervising the home in relation to the licensing requirements.

b. The child's parent(s) shall select the home, make the placement, and work directly with the foster parents and the originating school district in respect to their child. (See Section 32.33 F.5.)

32.99 FORMS REQUIRED BY THIS SERVICE

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

DSHS 2-305(X)	Service Episode Record (10/78)
DSHS 2-306(X)	Communication/Referral (Rev. 9/78)
DSHS 2-306A(X)	Communication/Referral, page 2 (Rev. 9/78)
DSHS 4-220(X)	Family Ancestry Chart (Rev. 3/78)
DSHS 5-10(X)	Policy Exceptions Request (Rev. 6/83)
DSHS 9-04(X)	Placement Authorization and Acknowledgement (Rev. 7/78)
DSHS 14-05(X)	Application for Foster Care and Support Enforcement Services (Rev. 11/78)
DSHS 14-12(X)	Authorization to Release Information (Rev. 3/78)
DSHS 14-24(X)	Face Sheet (Rev. 9/78)
DSHS 14-154(X)	Social Services Authorization (Rev. 3/78)
DSHS 14-159	Change of Service Authorization (Rev. 2/78)
DSHS 15-128(X)	Verification of American Indian Status, Foster Care and Adoptive Applicant (5/79)

B. The following program specific forms and instructions are included in the remainder of this chapter:

DSHS 7-42D(X)	Income Report (8/81)
DSHS 13-18(X)	Child's Health Record (7/79)
DSHS 15-173(X)	Foster Care Placement Consent: Continuation Beyond Age 18 (12/82)
DSHS 15-190(X)	DSHS/Private Child Placing Agency Agreement Child In Foster Care (10/83)
DSHS 23-05(X)	Initial Individual Service Plan (7/83)
DSHS 23-06(X)	Quarterly Progress Report (7/83)
----------	Long-Term Foster Care Agreement (Suggested Outline)
----------	Foster Care Administrative Review (Suggested Outline)

NOTE: Nonstocked (no "X") forms may be obtained directly from the Division of Children and Family Services program manager - Mail Stop OB-41.

C. DSHS/Child Placing Agency Contract
Maternity Service and Child-Placing Agency Statement of Work.

D. Instructions for Using the Eunice Snyder Placement Guides
Guide for Evaluating a Child's Life Experience
Guide for Evaluating Child/Parent Contributing Factors
Placement Decision Summary Worksheet

DSHS 7-42D (X) (8/81), INCOME REPORT

INCOME REPORT

CSO NAME	CSO TELEPHONE NUMBER
CASE NUMBER	DATE

OUR RECORDS INDICATE THAT YOU ARE RECEIVING INCOME. IN ORDER TO INSURE THAT YOUR PUBLIC ASSISTANCE CHECK WILL BE ISSUED IN THE CORRECT AMOUNT, IT IS NECESSARY THAT YOU REPORT YOUR INCOME **EACH MONTH** ON THIS FORM. **THE COMPLETED FORM IS TO BE RETURNED TO YOUR LOCAL OFFICE BY THE 10TH OF THE MONTH FOLLOWING THE RECEIPT OF ANY INCOME:**

_____

_____

_____

USE THE ATTACHED SELF-ADDRESSED STAMPED ENVELOPE TO RETURN THIS FORM TO YOUR LOCAL OFFICE.

IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL FORMS PLEASE CALL YOUR LOCAL OFFICE.

COMPLETION INSTRUCTIONS

1. **READ AND COMPLETE THIS FORM.**
2. REPORT **ALL UNEARNED** INCOME OF ALL FAMILY MEMBERS INCLUDING CHILDREN IN SECTION 1. SUCH INCOME MAY INCLUDE SOCIAL SECURITY, INSURANCE OR INHERITANCE BENEFITS, ALIMONY, CHILD SUPPORT, UNEMPLOYMENT COMPENSATION,WORKMAN'S COMPENSATION, V.A. BENEFITS, PENSIONS, GIFTS, STRIKE BENEFITS, RENTALS; TAX REFUNDS, OR ANY OTHER MONEY RECEIVED FROM A SOURCE OTHER THAN WAGES.
3. REPORT ALL EARNINGS OF ALL FAMILY MEMBERS INCLUDING CHILDREN IN SECTION 2. EARNINGS INCLUDE WAGES, TIPS, REIMBURSEMENT FOR WORK RELATED EXPENSES SUCH AS MEALS AND/OR MILEAGE, OVERTIME, INCOME FROM ROOMERS AND BOARDERS, ETC.
4. A SEPARATE REPORT FORM IS REQUIRED FOR EACH PERSON RECEIVING INCOME IN YOUR HOUSEHOLD.
5. SELF-EMPLOYED. IF YOU RUN YOUR OWN BUSINESS, YOU MUST VERIFY ALL OF YOUR BUSINESS EXPENSES.
6. MONTHLY EARNED INCOME TAX CREDIT ADVANCE (EIC). IF IT IS DETERMINED THAT YOU ARE ELIGIBLE FOR AN EARNED INCOME ADVANCE AMOUNT (UNDER SECTION 3507(a) OF THE INTERNAL REVENUE CODE OF 1954), THAT AMOUNT WILL BE CONSIDERED EARNED INCOME AVAILABLE TO YOU EVEN THOUGH YOU ARE NOT RECEIVING IT. IF YOU ARE ELIGIBLE FOR ADVANCE EIC, YOU SHOULD APPLY BY COMPLETING INTERNAL REVENUE FORM W-5 AND GIVING IT TO YOUR EMPLOYER.
7. EXPENSES OF EMPLOYMENT. AN AMOUNT, UP TO $75.00, WILL BE ALLOWED AS AN EXPENSE OF EMPLOYMENT. AN AMOUNT UP TO $160.00 PER CHILD, WILL BE ALLOWED FOR CHILD CARE EXPENDITURES DUE TO EMPLOYMENT. IF YOU ARE EMPLOYED AND PAYING FOR CHILD CARE, PLEASE COMPLETE SECTION 5.
8. RETURN THIS FORM WHETHER YOU RECEIVE INCOME OR NOT. IF YOUR UNEARNED INCOME HAS STOPPED, REPORT THE REASON WHY. IF YOU ARE NO LONGER WORKING, REPORT YOUR LAST DAY OF WORK AND IF YOU HAVE EARNINGS DUE YOU. IF YOU ARE STILL WORKING BUT HAVE NOT BEEN PAID, REPORT THE REASON WHY. (ATTACH ADDITIONAL SHEETS IF NECESSARY).
9. RETURN THE COMPLETED FORM ALONG WITH PAY STUB(S) AND ALL RECEIPTS. **SIGN AND DATE THE FORM BEFORE RETURNING IT TO THE LOCAL OFFICE. IF YOU DO NOT RETURN THE SIGNED FORM YOUR CHECK MAY BE HELD AND YOUR GRANT TERMINATED.** TO RECEIVE THE FULL EARNED INCOME DISREGARDS FOR WHICH YOU ARE ELIGIBLE, THE COMPLETED REPORT MUST BE RETURNED IN A TIMELY MANNER. DISREGARDS WILL NOT BE ALLOWED FOR LATE REPORTS.

I REALIZE THAT I MUST REPORT CHANGES IN MY HOUSEHOLD WHICH MIGHT AFFECT MY ELIGIBILITY FOR ASSISTANCE. SUCH CHANGES INCLUDE CHANGES IN INCOME FROM ANY SOURCE, CHANGES IN THE NUMBER OF PERSONS IN MY HOUSEHOLD, MY CHILD(REN) QUITTING SCHOOL, MY SELLING REAL OR PERSONAL PROPERTY,MY MOVING, ETC. I REALIZE THAT MY STATEMENTS ARE SUBJECT TO COMPLETE VERIFICATION BY THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES. IF I DO NOT PROVIDE VERIFICATION WHEN REQUESTED, I HEREBY AUTHORIZE THE DEPARTMENT TO CONTACT OTHER PERSONS OR AGENCIES TO OBTAIN THE NECESSARY INFORMATION.

I UNDERSTAND THAT INFORMATION GIVEN IN THIS REPORT MAY RESULT IN THE REDUCTION, SUSPENSION OR TERMINATION OF MY GRANT.

I DECLARE UNDER PENALTY OF PERJURY, THAT INFORMATION GIVEN IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF I DISAGREE WITH THE ACTION TAKEN BY THE DEPARTMENT ON THIS REPORT, I HAVE THE RIGHT TO REQUEST A FAIR HEARING WITHIN 90 DAYS BY WRITING TO THE OFFICE OF HEARINGS, DEPARTMENT OF SOCIAL AND HEALTH SERVICES, P.O. BOX 2465, OLYMPIA, WASHINGTON 98504.

SIGNATURE OF RECIPIENT _____ / DATE

SIGNATURE OF HUSBAND/WIFE* _____ / DATE

DSHS 7-42D (X) (8/81) -248-

*SIGNATURE OF HUSBAND/WIFE IF MARRIED AND LIVING TOGETHER

DSHS 7-42D (X) (8/81), INCOME REPORT (Cont.)

INCOME REPORT

DO NOT WRITE IN SHADED AREA

1. UNEARNED INCOME

PERSON RECEIVING INCOME	TYPE OF INCOME	AMOUNT	DATE RECEIVED	DSHS OFFICE USE ONLY: 150% GROSS INCOME	EARNED INCOME

2. EARNED INCOME

PERSON EMPLOYED

EMPLOYER'S NAME

REPORT OF INCOME RECEIVED FROM TO

EMPLOYER'S ADDRESS

HOURS & DAYS WORKED PER MONTH HOURS DAYS

DATES PAID

GROSS PAY BEFORE DEDUCTIONS PER PAY PERIOD							
	WAGES						+B
	TIPS, MEALS, OVERTIME, ETC.						+C
	I RECEIVE A MONTHLY EARNED INCOME TAX CREDIT ADVANCE (EIC)			☐ YES	☐ NO		
ATTACH PAY STUB(S)							+D

A

+J

+K

3. RESOURCES

I, or a member of my household, have had a change in personal property or real property or have access to a bank account that has not been reported previously.

☐ YES ☐ NO

(Personal property includes items such as cars, trucks, boats, motorcycles, insurance, stocks, bonds, sales contracts, etc. A change has occurred if you have been given, bought, sold, mortgaged, traded, given away, transferred, or cashed in personal or real property.)

ITEM	WHAT HAPPENED	DATE OF CHANGE	CURRENT VALUE

+E (Other 7-42'a)

=F (Total Income)

—G (150%)

=H

=L (Gross Pay)

—M

—N

=O (Earned Income)

—P (20 + one third)

=Q (Net Earned Income)

4. OTHER CHANGES IN YOUR CIRCUMSTANCES

Use this space to report any change in your circumstances which might affect your eligibility.

FST

DATE

5. CHILD CARE EXPENDITURES

If you are paying for child care while you are employed, complete below. Be sure to sign the form below and have the receipt completed and signed by the provider.

If care is provided in your home, wages of $50 or more per quarter are subject to Social Security Tax (FICA). Obtain Form 942 from the Internal Revenue Service (IRS) for instructions necessary to withhold and report wages to IRS.

CHILDREN FOR WHOM CHILD CARE IS BEING PROVIDED

COST (CHECK ONE)

☐ HOURLY AT $ /HR. ☐ WEEKLY AT $ /WK

☐ DAILY AT $ /DAY ☐ MONTHLY AT $ /MO.

PAID PROVIDER (EXCLUDING FICA)

$

EMPLOYEE'S SHARE OF FICA WITHHELD

$

WHERE IS CARE BEING PROVIDED (CHECK ONE)

☐ CHILD CARE CENTER ☐ SOMEONE'S HOME ☐ YOUR HOME

I certify that the above statements are a true report of child care services for which I have paid.

SIGNATURE OF CLIENT

ADDRESS

The Receipt below is to be completed and signed by the child care provider. A separate form is required for each provider.

RECEIPT

RECEIVED FROM _____ FOR CHILD CARE SERVICES PROVIDED.

FOR _____ FOR THE MONTH OF _____
(NAME OF CHILDREN)

IN THE AMOUNT OF $_____.

SIGNATURE OF PROVIDER

DATE

ADDRESS

NAME OF CHILD CARE CENTER (IF ANY)

☐ LICENSED
☐ UNLICENSED

DSHS 13-18(X) (Rev. 7/79), CHILD'S HEALTH RECORD

CHILD'S HEALTH RECORD

CSO _____ PARENT'S NAME _____

INSTRUCTIONS: The CSO enters the social data and the information regarding previous immunizations and tests. The form is then forwarded to the physician who enters the data as indicated on both front and reverse pages.

Name _____ Sex ____ Race _____ Case No. _____
(Last) (First) (MI)

Birthdate _____ Birthplace _____
(City) (State)

Birth Wt. _____ Delivery-Normal _____ Not Normal _____ (Specify) _____

Previous Physician _____ Phone _____

IMMUNIZATION

Type--Specify	Date 1st	Date 2nd	Date 3rd	Date Booster
Measles				
Mumps				
Rubella				
DPT				
OPV				

TESTS AND LABORATORY PROCEDURES

Test or Laboratory Procedure	Date 1st	Date 2nd	Date 3rd	Date 4th	Date 5th
Urine					
Hemoglobin/ Hematocrit					
Tuberculin					
Sickle Cell					
Lead Level					
Other (Specify)					

HISTORY

Allergies:

Major Illnesses:

Surgery:

Communicable Diseases: (List type and date)

CURRENT PROBLEMS & MEDICATION

Two copies: The copy for the foster parents and the original for the child's case record.

DSHS 13-18(X) Rev. 7/79

DSHS 13-18(X) (Rev. 7/79), CHILD'S HEALTH RECORD (Cont.)

PHYSICAL EXAMINATION

	1st	2nd	3rd	4th	5th
Date					
Age					
Height, Weight (over 12)					
Blood pressure					
Head, fontanels					
E.E.N.T.					
Mouth, teeth					
Visual screening					
Auditory testing					
Lymph nodes					
Chest, heart, lungs					
Abdomen					
Genitals					
Reflexes, muscle tone					
Orthopedic defect					
Emotional factors noted					
Other					
Physician's name					

Date	Abnormalities--explain, Remarks, Diagnosis, Recommendations

Return to _____ CSO, DSHS _____

DSHS 13-18(X) Rev. 7/79

FAMILY FOSTER CARE/GROUP CARE PLACEMENT CONSENT: CONTINUATION BEYOND AGE 18

I, _____, born on _____
Client's Name — Birthdate

currently placed at _____
Name of Facility

request that my current placement be continued. I hereby give DSHS the authority to develop the most appropriate treatment plan for me based on my unique needs and interests. I understand that this agreement can be revoked any time at my request.

_____ Signature

_____ Witness

_____ Date

_____ Date

DSHS 15-173(X) (12-82) OX (A-103)

NOTE: When a young adult is disabled and unable to sign his/her name on the DSHS 15-173(X), he/she may give consent by making a mark if possible on the 15-173(X) with two witnesses present who then sign the form as witnesses. Witnesses should be sure that the young adult understands the nature of the consent. The two witnesses may be any combination of the following: DD client advocate, caseworker, DDD case manager, or foster parent or group home representative.

DSHS 15-190(X) (10/83), PRIVATE CHILD PLACING AGREEMENT, CHILD IN FOSTER CARE

Instructions

A. DSHS 15-190(X) is completed jointly by DSHS worker and private child-placing agency (CPA) worker when DSHS retains supervision of a child, but utilizes a private agency for placement and provision of service. DSHS will be legally responsible for the child, but may delegate other responsibilities/provision of service as mutually agreed upon between the two agencies. Although this agreement can be renegotiated at any time at the request of either party, it should be reviewed at least quarterly. A copy should be filed in both the DSHS and the CPA service file.

B. Specific Instructions

1. Complete identifying information on top of form.

2. Review the list of Responsibilities/Services (1-16) which are listed, mutually determining whether DSHS or the CPA will perform and mark the appropriate column.

3. Additional space is available on page 2, items 17-25, to allow for addition of case specific services.

4. If clarification or further definition is needed on any of the numbered items, write the item number and pertinent information in the blank space provided on page 2. Attach additional pages if necessary.

5. Workers and supervisors from both agencies sign and date the form.

DSHS 15-190(X) (10/83), PRIVATE CHILD PLACING AGREEMENT, CHILD IN FOSTER CARE

DSHS/PRIVATE CHILD PLACING AGENCY AGREEMENT
CHILD IN FOSTER CARE

Child _____ Agency Name _____

B.D. _____ Telephone # _____

DSHS Case # _____ DSHS/CSO _____

P.A. Case # _____ Telephone # _____

Court # _____

_____ will be placed in foster care with
(Name of Child)
the mutually agreed division of responsibility listed below. This agreement does not supercede the contract statement of work and may be re-negotiated at any time at the request of either of the above agencies. For the duration of this agreement the child shall be under the supervision of the Department of Social and Health Services and the foster home shall be under the supervision of the private agency.

RESPONSIBILITIES/SERVICES	DSHS	VA	NA
1. Child's custody (either by Court Order or Voluntary Agreement)			
2. Provide direct services to child			
3. Provide direct services to natural family			
4. Provide direct services to foster family			
5. Develop ISP/permanent plan			
6. Implement ISP/permanent plan			
7. Provide input for court report			
8. Prepare court report			
9. Appear in court			
10. Attend case staffings/meetings			
11. Arrange for/monitor special education			
12. Arrange for/monitor parental visitation			
13. Determine program/financial eligibility			
14. Apply for SSI or other possible resources			
15. Provide medical planning for child			
16. Provide consent for medical treatment			

Other case specific agreements are listed on the second page of this form. Any item needing clarification is listed by item number and explanation.

PA Worker _____ Date _____ CSO Worker _____ Date _____

PA Supervisor _____ Date _____ CSO Supervisor _____ Date _____

DSHS 15-190(X) (10/83), PRIVATE CHILD PLACING AGREEMENT, CHILD IN FOSTER CARE (Cont.)

CASE SPECIFIC RESPONSIBILITIES/SERVICES	DSHS	VA	NA
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Use the space below to expand/clarify any of the above listed responsibilities/services.

DSHS 23-05(X) (7/83), INITIAL INDIVIDUAL SERVICE PLAN

Instructions

A. DSHS 23-05(X) is submitted to the CSO by the private child-placing agency (CPA) when initially requesting payment for a child placed into foster care. The form is designed to provide information required by PL 96-272 and the Contract Statement of Work.

The CSO worker authorizing payment must determine the form is adequately completed prior to submitting DSHS 14-154(X), Social Service Authorization. Either service code 3203, CPA Regular Receiving Care, or service code 3211, CPA Foster Care, and code 3213, Service Fee CPA Foster Care, must be authorized unless otherwise requested by the private agency. Other codes may be authorized if requested by the agency and determined appropriate by the CSO, i.e., clothing, transportation, etc.

The original of the form is submitted to the appropriate CSO and a copy should be retained in the CPA social file.

B. Special Instructions

Identifying Data: Self-explanatory.

1. Appropriateness of Placement: List services offered/provided, their outcome to prevent out-of-home placement. Note other alternatives explored such as relative placement and explain why they were not utilized. Provide verification that placement is the least restrictive available in closest proximity to the parent's home (if not, explain why). Indicate how the plan is in the best interest of the child and designed to meet his/her special needs.

2. Permanent Planning Goal: Circle the number which indicates the plan for permanency. If (5) Other, write in the plan. Enter the date by which the goal should be accomplished.

3. Services to be Provided by the Agency to Attain Goal and Meet Special Needs of Child While in Care: Indicate the specific services the agency plans to provide to (a) the child, (b) the foster parents, and (c) the natural parents to assist in realizing the permanency planning goal. If the child requires special education, include the plan for providing it here. Include timeframes where appropriate. CPA worker submitting report signs and dates the report.

4. Actions, Including Timeframes, to be Taken to Implement Case Plan and Support Child's Needs by: Indicate what actions (a) the child (when old enough to be involved in planning), (b) the child's parents, and (c) the foster parents are expected/willing to perform in order to assist in realizing the goal. Be sure to include any court-ordered activity. Have each person sign and date after his/her/their respective section indicating they are aware of/in agreement with the actions stated.

DSHS 23-05(X) (7/83), INITIAL INDIVIDUAL SERVICE PLAN (Cont.)

5. If the child being placed is American Indian, indicate tribal affiliation and the date the Local Indian Child Welfare Committee was contacted for consultation. If a staffing has been scheduled, indicate the time and place to be held and persons scheduled to attend, if known.

6. Indicate the date the DSHS 23-06(X), Quarterly Report, must be received by the CSO to continue payment.

DSHS 23-05(X) (7/83), INITIAL INDIVIDUAL SERVICE PLAN

INITIAL INDIVIDUAL SERVICE PLAN

Child _____ Birthdate _____ DSHS Case # _____

Placed at _____ Placement Effective Date: _____

Address _____ Medical Effective Date: _____

City _____ Placement is: Voluntary ☐ Court Ordered ☐
Court order attached ☐

State/ZIP _____

This plan is to be developed in consultation with parents and must be consistent with any court orders.

1. **Appropriateness of Placement** (Include: (1) Services provided to prevent foster care; (2) Reason for foster care placement versus remaining in own home/other alternatives; (3) Verification that placement is least restrictive available in closest proximity to parents' home, and if not, explain; (4) Plan consistent with best interests and special needs of child.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

2. **Circle Permanent Planning Goal:** (1) Return home; (2) Placement with Relative; (3) Guardianship; (4) Adoption Planning and Placement; (5) Other _____

Goal should be met by (date): _____

DSHS 23-05(X) (7/83), INITIAL INDIVIDUAL SERVICE PLAN (Cont.)

3. Services to be provided by agency to attain goal and meet special needs of child while in care (include time frames):

a. Child: (include medical, developmental, psychological and educational information. If child/expectant mother is in special education, confirm that arrangements have been made with new school for continuation):

b. Foster Parents:

c. Parents:

Counselor

Date

Agency

DSHS 23-05(X) (7/83), INITIAL INDIVIDUAL SERVICE PLAN (Cont.)

4. **Actions, including time frames, to be taken to implement case plan and support child's needs by:**

a. **Child** (when appropriate): _____

_____ Child _____ Date

b. **Child's Parents** (when appropriate): Include responsibilities and visitation agreement.

_____ Child's Parent _____ Date

_____ Child's Parent _____ Date

DSHS 23-05(X) (7/83), INITIAL INDIVIDUAL SERVICE PLAN (Cont.)

c. Foster Parents:

_____

_____

_____

_____

_____

_____

_____

_____

Foster Parent _____ Date _____

Foster Parent _____ Date _____

5. To be completed for Indian Child only
   Tribal Affiliation _____
   Date Local Indian Child Welfare Committee contacted _____

6. Date quarterly Review due _____

DSHS 23-06(X) (7/83), QUARTERLY PROGRESS REPORT

Instructions

A. DSHS 23-06(X) is completed by the private child-placing agency (CPA) and submitted to the CSO on a quarterly basis for each child for whom the agency wishes to receive continued foster care payment. The form is designed to provide information required by PL 96-272 and the contract Statement of Work.

The CSO worker authorizing payment must determine the form is adequately completed prior to submitting DSHS 14-159, Change of Service Authorization, extending payment.

A copy of the form should be retained in the private agency social file.

B. Specific Instructions

1. Enter child's name, birthdate, and DSHS case number.

2. Enter the dates covered by the report.

3. Give justification for the request for continued out-of-home placement. Indicate any moves of placement and reasons for these moves.

4. Indicate changes in the natural family's situation such as change in residence, living status, employment, siblings in or out of home, etc.

5. Report progress made by agency, child, natural parents, and foster parents toward implementing court-ordered plan for services, permanency (see original ISP).

6. Indicate additions/modifications to the plan for permanency, if any, and state reasons changes were made.

7. Indicate additions/modifications to the ISP including who is responsible for what and the timeframes for accomplishing these actions.

8. If the child is eligible for special education and related services for handicapped child, report status/progress.

9. Provide information regarding child's adjustment in foster home, school, relationship with natural family, counseling, and any other areas of behavior and social/peer adjustment since last report.

10. Indicate medical/dental services provided to the child during the report period. Include inoculations, illnesses, accidents, and other pertinent medical history. State whether or not parents notified and if not notified, reason they were not, unless parental rights were terminated.

DSHS 23-06(X) (7/83), QUARTERLY PROGRESS REPORT (Cont.)

11. If the child is receiving a special payment rate which should be continued, state reasons special rate needs to continue.

12. For the American Indian child, report the involvement of the Local Indian Child Welfare Committee. If not previously provided, attach a copy of DSHS 15-128(X), Verification of American Indian Status, Foster Care, and Adoptive Applicant.

13. Indicate whether the child is free for adoption. If yes, and the Exchange Registration has not previously been submitted, attach a copy to the report. Provide information regarding the status of the adoption planning, including plans for court review if placement has not been made within six months.

14. Indicate if the child is in need of further planning by DSHS. If so, state your recommendations for the child.

15. Indicate the date the next DSHS 23-06(X), Quarterly Report, must be received by the CSO to continue payment.

16. Worker submitting report signs, dates, and indicates agency.

32.99 FORMS REQUIRED BY THIS SERVICE

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

DSHS 2-305(X)	Service Episode Record (10/78)
DSHS 2-306(X)	Communication/Referral (Rev. 9/78)
DSHS 2-306A(X)	Communication/Referral, page 2 (Rev. 9/78)
DSHS 4-220(X)	Family Ancestry Chart (Rev. 3/78)
DSHS 5-10(X)	Policy Exceptions Request (Rev. 6/83)
DSHS 9-04(X)	Placement Authorization and Acknowledgement (Rev. 7/78)
DSHS 14-05(X)	Application for Foster Care and Support Enforcement Services (Rev. 11/78)
DSHS 14-12(X)	Authorization to Release Information (Rev. 3/78)
DSHS 14-24(X)	Face Sheet (Rev. 9/78)
DSHS 14-154(X)	Social Services Authorization (Rev. 3/78)
DSHS 14-159	Change of Service Authorization (Rev. 2/78)
DSHS 15-128(X)	Verification of American Indian Status, Foster Care and Adoptive Applicant (5/79)

B. The following program specific forms and instructions are included in the remainder of this chapter:

DSHS 7-42D(X)	Income Report (8/81)
DSHS 13-18(X)	Child's Health Record (7/79)
DSHS 15-173(X)	Foster Care Placement Consent: Continuation Beyond Age 18 (12/82)
DSHS 15-190(X)	DSHS/Private Child Placing Agency Agreement Child In Foster Care (10/83)
DSHS 23-05(X)	Initial Individual Service Plan (7/83)
DSHS 23-06(X)	Quarterly Progress Report (7/83)
----------	Long-Term Foster Care Agreement (Suggested Outline)
----------	Foster Care Administrative Review (Suggested Outline)

NOTE: Nonstocked (no "X") forms may be obtained directly from the Division of Children and Family Services program manager - Mail Stop OB-41.

C. DSHS/Child Placing Agency Contract
Maternity Service and Child-Placing Agency Statement of Work.

D. Instructions for Using the Eunice Snyder Placement Guides
Guide for Evaluating a Child's Life Experience
Guide for Evaluating Child/Parent Contributing Factors
Placement Decision Summary Worksheet

DSHS 7-42D (X) (8/81), INCOME REPORT

INCOME REPORT

CSO NAME	CSO TELEPHONE NUMBER
CASE NUMBER	DATE

OUR RECORDS INDICATE THAT YOU ARE RECEIVING INCOME. IN ORDER TO INSURE THAT YOUR PUBLIC ASSISTANCE CHECK WILL BE ISSUED IN THE CORRECT AMOUNT, IT IS NECESSARY THAT YOU REPORT YOUR INCOME **EACH MONTH** ON THIS FORM. **THE COMPLETED FORM IS TO BE RETURNED TO YOUR LOCAL OFFICE BY THE 10TH OF THE MONTH FOLLOWING THE RECEIPT OF ANY INCOME:**

_____

_____

_____

USE THE ATTACHED SELF-ADDRESSED STAMPED ENVELOPE TO RETURN THIS FORM TO YOUR LOCAL OFFICE.

IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL FORMS PLEASE CALL YOUR LOCAL OFFICE.

COMPLETION INSTRUCTIONS

1. **READ AND COMPLETE THIS FORM.**
2. REPORT **ALL UNEARNED** INCOME OF ALL FAMILY MEMBERS INCLUDING CHILDREN IN SECTION 1. SUCH INCOME MAY INCLUDE SOCIAL SECURITY, INSURANCE OR INHERITANCE BENEFITS, ALIMONY, CHILD SUPPORT, UNEMPLOYMENT COMPENSATION,WORKMAN'S COMPENSATION, V.A. BENEFITS, PENSIONS, GIFTS, STRIKE BENEFITS, RENTALS; TAX REFUNDS, OR ANY OTHER MONEY RECEIVED FROM A SOURCE OTHER THAN WAGES.
3. REPORT ALL EARNINGS OF ALL FAMILY MEMBERS INCLUDING CHILDREN IN SECTION 2. EARNINGS INCLUDE WAGES, TIPS, REIMBURSEMENT FOR WORK RELATED EXPENSES SUCH AS MEALS AND/OR MILEAGE, OVERTIME, INCOME FROM ROOMERS AND BOARDERS, ETC.
4. A SEPARATE REPORT FORM IS REQUIRED FOR EACH PERSON RECEIVING INCOME IN YOUR HOUSEHOLD.
5. SELF-EMPLOYED. IF YOU RUN YOUR OWN BUSINESS, YOU MUST VERIFY ALL OF YOUR BUSINESS EXPENSES.
6. MONTHLY EARNED INCOME TAX CREDIT ADVANCE (EIC). IF IT IS DETERMINED THAT YOU ARE ELIGIBLE FOR AN EARNED INCOME ADVANCE AMOUNT (UNDER SECTION 3507(a) OF THE INTERNAL REVENUE CODE OF 1954), THAT AMOUNT WILL BE CONSIDERED EARNED INCOME AVAILABLE TO YOU EVEN THOUGH YOU ARE NOT RECEIVING IT. IF YOU ARE ELIGIBLE FOR ADVANCE EIC, YOU SHOULD APPLY BY COMPLETING INTERNAL REVENUE FORM W-5 AND GIVING IT TO YOUR EMPLOYER.
7. EXPENSES OF EMPLOYMENT. AN AMOUNT, UP TO $75.00, WILL BE ALLOWED AS AN EXPENSE OF EMPLOYMENT. AN AMOUNT UP TO $160.00 PER CHILD, WILL BE ALLOWED FOR CHILD CARE EXPENDITURES DUE TO EMPLOYMENT. IF YOU ARE EMPLOYED AND PAYING FOR CHILD CARE, PLEASE COMPLETE SECTION 5.
8. RETURN THIS FORM WHETHER YOU RECEIVE INCOME OR NOT. IF YOUR UNEARNED INCOME HAS STOPPED, REPORT THE REASON WHY. IF YOU ARE NO LONGER WORKING, REPORT YOUR LAST DAY OF WORK AND IF YOU HAVE EARNINGS DUE YOU. IF YOU ARE STILL WORKING BUT HAVE NOT BEEN PAID, REPORT THE REASON WHY. (ATTACH ADDITIONAL SHEETS IF NECESSARY).
9. RETURN THE COMPLETED FORM ALONG WITH PAY STUB(S) AND ALL RECEIPTS. **SIGN AND DATE THE FORM BEFORE RETURNING IT TO THE LOCAL OFFICE. IF YOU DO NOT RETURN THE SIGNED FORM YOUR CHECK MAY BE HELD AND YOUR GRANT TERMINATED.** TO RECEIVE THE FULL EARNED INCOME DISREGARDS FOR WHICH YOU ARE ELIGIBLE, THE COMPLETED REPORT MUST BE RETURNED IN A TIMELY MANNER. DISREGARDS WILL NOT BE ALLOWED FOR LATE REPORTS.

I REALIZE THAT I MUST REPORT CHANGES IN MY HOUSEHOLD WHICH MIGHT AFFECT MY ELIGIBILITY FOR ASSISTANCE. SUCH CHANGES INCLUDE CHANGES IN INCOME FROM ANY SOURCE, CHANGES IN THE NUMBER OF PERSONS IN MY HOUSEHOLD, MY CHILD(REN) QUITTING SCHOOL, MY SELLING REAL OR PERSONAL PROPERTY,MY MOVING, ETC. I REALIZE THAT MY STATEMENTS ARE SUBJECT TO COMPLETE VERIFICATION BY THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES. IF I DO NOT PROVIDE VERIFICATION WHEN REQUESTED, I HEREBY AUTHORIZE THE DEPARTMENT TO CONTACT OTHER PERSONS OR AGENCIES TO OBTAIN THE NECESSARY INFORMATION.

I UNDERSTAND THAT INFORMATION GIVEN IN THIS REPORT MAY RESULT IN THE REDUCTION, SUSPENSION OR TERMINATION OF MY GRANT.

I DECLARE UNDER PENALTY OF PERJURY, THAT INFORMATION GIVEN IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF I DISAGREE WITH THE ACTION TAKEN BY THE DEPARTMENT ON THIS REPORT, I HAVE THE RIGHT TO REQUEST A FAIR HEARING WITHIN 90 DAYS BY WRITING TO THE OFFICE OF HEARINGS, DEPARTMENT OF SOCIAL AND HEALTH SERVICES, P.O. BOX 2465, OLYMPIA, WASHINGTON 98504.

SIGNATURE OF RECIPIENT _____ / DATE

SIGNATURE OF HUSBAND/WIFE* _____ / DATE

DSHS 7-42D (X) (8/81) -248-

*SIGNATURE OF HUSBAND/WIFE IF MARRIED AND LIVING TOGETHER

DSHS 7-42D (X) (8/81), INCOME REPORT (Cont.)

INCOME REPORT

DO NOT WRITE IN SHADED AREA

1. UNEARNED INCOME

PERSON RECEIVING INCOME	TYPE OF INCOME	AMOUNT	DATE RECEIVED	DSHS OFFICE USE ONLY: 150% GROSS INCOME	EARNED INCOME

2. EARNED INCOME

PERSON EMPLOYED

EMPLOYER'S NAME

REPORT OF INCOME RECEIVED FROM TO

EMPLOYER'S ADDRESS

HOURS & DAYS WORKED PER MONTH HOURS DAYS

DATES PAID

GROSS PAY BEFORE DEDUCTIONS PER PAY PERIOD							
	WAGES						+B
	TIPS, MEALS, OVERTIME, ETC.						+C
	I RECEIVE A MONTHLY EARNED INCOME TAX CREDIT ADVANCE (EIC)			☐ YES	☐ NO		
ATTACH PAY STUB(S)							+D

A

+J

+K

3. RESOURCES

I, or a member of my household, have had a change in personal property or real property or have access to a bank account that has not been reported previously.

☐ YES ☐ NO

(Personal property includes items such as cars, trucks, boats, motorcycles, insurance, stocks, bonds, sales contracts, etc. A change has occurred if you have been given, bought, sold, mortgaged, traded, given away, transferred, or cashed in personal or real property.)

ITEM	WHAT HAPPENED	DATE OF CHANGE	CURRENT VALUE

+E (Other 7-42'a)

=F (Total Income)

—G (150%)

=H

=L (Gross Pay)

—M

—N

=O (Earned Income)

—P (20 + one third)

=Q (Net Earned Income)

4. OTHER CHANGES IN YOUR CIRCUMSTANCES

Use this space to report any change in your circumstances which might affect your eligibility.

FST

DATE

5. CHILD CARE EXPENDITURES

If you are paying for child care while you are employed, complete below. Be sure to sign the form below and have the receipt completed and signed by the provider.

If care is provided in your home, wages of $50 or more per quarter are subject to Social Security Tax (FICA). Obtain Form 942 from the Internal Revenue Service (IRS) for instructions necessary to withhold and report wages to IRS.

CHILDREN FOR WHOM CHILD CARE IS BEING PROVIDED

COST (CHECK ONE)

☐ HOURLY AT $ /HR. ☐ WEEKLY AT $ /WK

☐ DAILY AT $ /DAY ☐ MONTHLY AT $ /MO.

PAID PROVIDER (EXCLUDING FICA)

$

EMPLOYEE'S SHARE OF FICA WITHHELD

$

WHERE IS CARE BEING PROVIDED (CHECK ONE)

☐ CHILD CARE CENTER ☐ SOMEONE'S HOME ☐ YOUR HOME

I certify that the above statements are a true report of child care services for which I have paid.

SIGNATURE OF CLIENT

ADDRESS

The Receipt below is to be completed and signed by the child care provider. A separate form is required for each provider.

RECEIPT

RECEIVED FROM _____ FOR CHILD CARE SERVICES PROVIDED.

FOR _____ FOR THE MONTH OF _____
(NAME OF CHILDREN)

IN THE AMOUNT OF $_____.

SIGNATURE OF PROVIDER

DATE

ADDRESS

NAME OF CHILD CARE CENTER (IF ANY)

☐ LICENSED
☐ UNLICENSED

DSHS 13-18(X) (Rev. 7/79), CHILD'S HEALTH RECORD

CHILD'S HEALTH RECORD

CSO _____ PARENT'S NAME _____

INSTRUCTIONS: The CSO enters the social data and the information regarding previous immunizations and tests. The form is then forwarded to the physician who enters the data as indicated on both front and reverse pages.

Name _____ Sex ____ Race _____ Case No. _____
(Last) (First) (MI)

Birthdate _____ Birthplace _____
(City) (State)

Birth Wt. _____ Delivery-Normal _____ Not Normal _____ (Specify) _____

Previous Physician _____ Phone _____

IMMUNIZATION

Type--Specify	Date 1st	Date 2nd	Date 3rd	Date Booster
Measles				
Mumps				
Rubella				
DPT				
OPV				

TESTS AND LABORATORY PROCEDURES

Test or Laboratory Procedure	Date 1st	Date 2nd	Date 3rd	Date 4th	Date 5th
Urine					
Hemoglobin/ Hematocrit					
Tuberculin					
Sickle Cell					
Lead Level					
Other (Specify)					

HISTORY

Allergies:

Major Illnesses:

Surgery:

Communicable Diseases: (List type and date)

CURRENT PROBLEMS & MEDICATION

Two copies: The copy for the foster parents and the original for the child's case record.

DSHS 13-18(X) Rev. 7/79

DSHS 13-18(X) (Rev. 7/79), CHILD'S HEALTH RECORD (Cont.)

PHYSICAL EXAMINATION

	1st	2nd	3rd	4th	5th
Date					
Age					
Height, Weight (over 12)					
Blood pressure					
Head, fontanels					
E.E.N.T.					
Mouth, teeth					
Visual screening					
Auditory testing					
Lymph nodes					
Chest, heart, lungs					
Abdomen					
Genitals					
Reflexes, muscle tone					
Orthopedic defect					
Emotional factors noted					
Other					
Physician's name					

Date	Abnormalities--explain, Remarks, Diagnosis, Recommendations

Return to _____ CSO, DSHS _____

DSHS 13-18(X) Rev. 7/79

FAMILY FOSTER CARE/GROUP CARE PLACEMENT CONSENT: CONTINUATION BEYOND AGE 18

I, _____, born on _____,
Client's Name — Birthdate

currently placed at _____
Name of Facility

request that my current placement be continued. I hereby give DSHS the authority to develop the most appropriate treatment plan for me based on my unique needs and interests. I understand that this agreement can be revoked any time at my request.

_____ Signature

_____ Witness

_____ Date

_____ Date

DSHS 15-173(X) (12-82) QX (A-103)

NOTE: When a young adult is disabled and unable to sign his/her name on the DSHS 15-173(X), he/she may give consent by making a mark if possible on the 15-173(X) with two witnesses present who then sign the form as witnesses. Witnesses should be sure that the young adult understands the nature of the consent. The two witnesses may be any combination of the following: DD client advocate, caseworker, DDD case manager, or foster parent or group home representative.

DSHS 15-190(X) (10/83), PRIVATE CHILD PLACING AGREEMENT, CHILD IN FOSTER CARE

Instructions

A. DSHS 15-190(X) is completed jointly by DSHS worker and private child-placing agency (CPA) worker when DSHS retains supervision of a child, but utilizes a private agency for placement and provision of service. DSHS will be legally responsible for the child, but may delegate other responsibilities/provision of service as mutually agreed upon between the two agencies. Although this agreement can be renegotiated at any time at the request of either party, it should be reviewed at least quarterly. A copy should be filed in both the DSHS and the CPA service file.

B. Specific Instructions

1. Complete identifying information on top of form.

2. Review the list of Responsibilities/Services (1-16) which are listed, mutually determining whether DSHS or the CPA will perform and mark the appropriate column.

3. Additional space is available on page 2, items 17-25, to allow for addition of case specific services.

4. If clarification or further definition is needed on any of the numbered items, write the item number and pertinent information in the blank space provided on page 2. Attach additional pages if necessary.

5. Workers and supervisors from both agencies sign and date the form.

DSHS 15-190(X) (10/83), PRIVATE CHILD PLACING AGREEMENT, CHILD IN FOSTER CARE

DSHS/PRIVATE CHILD PLACING AGENCY AGREEMENT
CHILD IN FOSTER CARE

Child _____ Agency Name _____

B.D. _____ Telephone # _____

DSHS Case # _____ DSHS/CSO _____

P.A. Case # _____ Telephone # _____

Court # _____

_____ will be placed in foster care with
(Name of Child)
the mutually agreed division of responsibility listed below. This agreement does not supercede the contract statement of work and may be re-negotiated at any time at the request of either of the above agencies. For the duration of this agreement the child shall be under the supervision of the Department of Social and Health Services and the foster home shall be under the supervision of the private agency.

RESPONSIBILITIES/SERVICES	DSHS	VA	NA
1. Child's custody (either by Court Order or Voluntary Agreement)			
2. Provide direct services to child			
3. Provide direct services to natural family			
4. Provide direct services to foster family			
5. Develop ISP/permanent plan			
6. Implement ISP/permanent plan			
7. Provide input for court report			
8. Prepare court report			
9. Appear in court			
10. Attend case staffings/meetings			
11. Arrange for/monitor special education			
12. Arrange for/monitor parental visitation			
13. Determine program/financial eligibility			
14. Apply for SSI or other possible resources			
15. Provide medical planning for child			
16. Provide consent for medical treatment			

Other case specific agreements are listed on the second page of this form. Any item needing clarification is listed by item number and explanation.

PA Worker _____ Date _____ CSO Worker _____ Date _____

PA Supervisor _____ Date _____ CSO Supervisor _____ Date _____

DSHS 15-190(X) (10/83), PRIVATE CHILD PLACING AGREEMENT, CHILD IN FOSTER CARE (Cont.)

CASE SPECIFIC RESPONSIBILITIES/SERVICES	DSHS	VA	NA
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Use the space below to expand/clarify any of the above listed responsibilities/services.

DSHS 23-05(X) (7/83), INITIAL INDIVIDUAL SERVICE PLAN

Instructions

A. DSHS 23-05(X) is submitted to the CSO by the private child-placing agency (CPA) when initially requesting payment for a child placed into foster care. The form is designed to provide information required by PL 96-272 and the Contract Statement of Work.

The CSO worker authorizing payment must determine the form is adequately completed prior to submitting DSHS 14-154(X), Social Service Authorization. Either service code 3203, CPA Regular Receiving Care, or service code 3211, CPA Foster Care, and code 3213, Service Fee CPA Foster Care, must be authorized unless otherwise requested by the private agency. Other codes may be authorized if requested by the agency and determined appropriate by the CSO, i.e., clothing, transportation, etc.

The original of the form is submitted to the appropriate CSO and a copy should be retained in the CPA social file.

B. Special Instructions

Identifying Data: Self-explanatory.

1. Appropriateness of Placement: List services offered/provided, their outcome to prevent out-of-home placement. Note other alternatives explored such as relative placement and explain why they were not utilized. Provide verification that placement is the least restrictive available in closest proximity to the parent's home (if not, explain why). Indicate how the plan is in the best interest of the child and designed to meet his/her special needs.

2. Permanent Planning Goal: Circle the number which indicates the plan for permanency. If (5) Other, write in the plan. Enter the date by which the goal should be accomplished.

3. Services to be Provided by the Agency to Attain Goal and Meet Special Needs of Child While in Care: Indicate the specific services the agency plans to provide to (a) the child, (b) the foster parents, and (c) the natural parents to assist in realizing the permanency planning goal. If the child requires special education, include the plan for providing it here. Include timeframes where appropriate. CPA worker submitting report signs and dates the report.

4. Actions, Including Timeframes, to be Taken to Implement Case Plan and Support Child's Needs by: Indicate what actions (a) the child (when old enough to be involved in planning), (b) the child's parents, and (c) the foster parents are expected/willing to perform in order to assist in realizing the goal. Be sure to include any court-ordered activity. Have each person sign and date after his/her/their respective section indicating they are aware of/in agreement with the actions stated.

DSHS 23-05(X) (7/83), INITIAL INDIVIDUAL SERVICE PLAN (Cont.)

5. If the child being placed is American Indian, indicate tribal affiliation and the date the Local Indian Child Welfare Committee was contacted for consultation. If a staffing has been scheduled, indicate the time and place to be held and persons scheduled to attend, if known.

6. Indicate the date the DSHS 23-06(X), Quarterly Report, must be received by the CSO to continue payment.

DSHS 23-05(X) (7/83), INITIAL INDIVIDUAL SERVICE PLAN

INITIAL INDIVIDUAL SERVICE PLAN

Child _____ Birthdate _____ DSHS Case # _____

Placed at _____ Placement Effective Date: _____

Address _____ Medical Effective Date: _____

City _____ Placement is: Voluntary ☐ Court Ordered ☐
Court order attached ☐

State/ZIP _____

This plan is to be developed in consultation with parents and must be consistent with any court orders.

1. **Appropriateness of Placement** (Include: (1) Services provided to prevent foster care; (2) Reason for foster care placement versus remaining in own home/other alternatives; (3) Verification that placement is least restrictive available in closest proximity to parents' home, and if not, explain; (4) Plan consistent with best interests and special needs of child.

_____

_____

_____

_____

_____

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_____

_____

_____

_____

2. **Circle Permanent Planning Goal:** (1) Return home; (2) Placement with Relative; (3) Guardianship; (4) Adoption Planning and Placement; (5) Other _____

Goal should be met by (date): _____

DSHS 23-05(X) (7/83), INITIAL INDIVIDUAL SERVICE PLAN (Cont.)

3. Services to be provided by agency to attain goal and meet special needs of child while in care (include time frames):

a. Child: (include medical, developmental, psychological and educational information. If child/expectant mother is in special education, confirm that arrangements have been made with new school for continuation):

b. Foster Parents:

c. Parents:

Counselor

Date

Agency

DSHS 23-05(X) (7/83), INITIAL INDIVIDUAL SERVICE PLAN (Cont.)

4. **Actions, including time frames, to be taken to implement case plan and support child's needs by:**

a. **Child** (when appropriate): _____

_____ Child _____ Date

b. **Child's Parents** (when appropriate): Include responsibilities and visitation agreement.

_____ Child's Parent _____ Date

_____ Child's Parent _____ Date

DSHS 23-05(X) (7/83), INITIAL INDIVIDUAL SERVICE PLAN (Cont.)

c. Foster Parents:

_____

_____

_____

_____

_____

_____

_____

_____

Foster Parent _____ Date _____

Foster Parent _____ Date _____

5. To be completed for Indian Child only
   Tribal Affiliation _____
   Date Local Indian Child Welfare Committee contacted _____

6. Date quarterly Review due _____

DSHS 23-06(X) (7/83), QUARTERLY PROGRESS REPORT

Instructions

A. DSHS 23-06(X) is completed by the private child-placing agency (CPA) and submitted to the CSO on a quarterly basis for each child for whom the agency wishes to receive continued foster care payment. The form is designed to provide information required by PL 96-272 and the contract Statement of Work.

The CSO worker authorizing payment must determine the form is adequately completed prior to submitting DSHS 14-159, Change of Service Authorization, extending payment.

A copy of the form should be retained in the private agency social file.

B. Specific Instructions

1. Enter child's name, birthdate, and DSHS case number.

2. Enter the dates covered by the report.

3. Give justification for the request for continued out-of-home placement. Indicate any moves of placement and reasons for these moves.

4. Indicate changes in the natural family's situation such as change in residence, living status, employment, siblings in or out of home, etc.

5. Report progress made by agency, child, natural parents, and foster parents toward implementing court-ordered plan for services, permanency (see original ISP).

6. Indicate additions/modifications to the plan for permanency, if any, and state reasons changes were made.

7. Indicate additions/modifications to the ISP including who is responsible for what and the timeframes for accomplishing these actions.

8. If the child is eligible for special education and related services for handicapped child, report status/progress.

9. Provide information regarding child's adjustment in foster home, school, relationship with natural family, counseling, and any other areas of behavior and social/peer adjustment since last report.

10. Indicate medical/dental services provided to the child during the report period. Include inoculations, illnesses, accidents, and other pertinent medical history. State whether or not parents notified and if not notified, reason they were not, unless parental rights were terminated.

DSHS 23-06(X) (7/83), QUARTERLY PROGRESS REPORT (Cont.)

11. If the child is receiving a special payment rate which should be continued, state reasons special rate needs to continue.

12. For the American Indian child, report the involvement of the Local Indian Child Welfare Committee. If not previously provided, attach a copy of DSHS 15-128(X), Verification of American Indian Status, Foster Care, and Adoptive Applicant.

13. Indicate whether the child is free for adoption. If yes, and the Exchange Registration has not previously been submitted, attach a copy to the report. Provide information regarding the status of the adoption planning, including plans for court review if placement has not been made within six months.

14. Indicate if the child is in need of further planning by DSHS. If so, state your recommendations for the child.

15. Indicate the date the next DSHS 23-06(X), Quarterly Report, must be received by the CSO to continue payment.

16. Worker submitting report signs, dates, and indicates agency.

DSHS 23-06(X) (7/83), QUARTERLY PROGRESS REPORT

QUARTERLY PROGRESS REPORT

Child _____ Birthdate _____ DSHS Case # _____

Report covers from _____ through _____.

Child's Need for Continued Foster Care:

_____

_____

_____

_____

_____

_____

_____

Changes in Natural Family Situation:

_____

_____

_____

_____

_____

_____

_____

_____

Actions/Progress Toward Implementing Court Order/Permanent Plan/Original ISP:

_____

_____

_____

_____

_____

_____

_____

DSHS 23-06(X) (7/83), QUARTERLY PROGRESS REPORT

QUARTERLY PROGRESS REPORT

Child _____ Birthdate _____ DSHS Case # _____

Report covers from _____ through _____.

Child's Need for Continued Foster Care:

_____

_____

_____

_____

_____

_____

_____

Changes in Natural Family Situation:

_____

_____

_____

_____

_____

_____

_____

_____

Actions/Progress Toward Implementing Court Order/Permanent Plan/Original ISP:

_____

_____

_____

_____

_____

_____

_____

DSHS 23-06(X) (7/83), QUARTERLY PROGRESS REPORT (Cont.)

Additions/Modifications to Permanent Plan:

Additions/Modifications to ISP:

Description of Special Education/Related Services for Eligible Handicapped Child:

DSHS 23-06(X) (3-84) OX A-143

32.99 FORMS REQUIRED BY THIS SERVICE

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

DSHS 2-305(X)	Service Episode Record (10/78)
DSHS 2-306(X)	Communication/Referral (Rev. 9/78)
DSHS 2-306A(X)	Communication/Referral, page 2 (Rev. 9/78)
DSHS 4-220(X)	Family Ancestry Chart (Rev. 3/78)
DSHS 5-10(X)	Policy Exceptions Request (Rev. 6/83)
DSHS 9-04(X)	Placement Authorization and Acknowledgement (Rev. 7/78)
DSHS 14-05(X)	Application for Foster Care and Support Enforcement Services (Rev. 11/78)
DSHS 14-12(X)	Authorization to Release Information (Rev. 3/78)
DSHS 14-24(X)	Face Sheet (Rev. 9/78)
DSHS 14-154(X)	Social Services Authorization (Rev. 3/78)
DSHS 14-159	Change of Service Authorization (Rev. 2/78)
DSHS 15-128(X)	Verification of American Indian Status, Foster Care and Adoptive Applicant (5/79)

B. The following program specific forms and instructions are included in the remainder of this chapter:

DSHS 7-42D(X)	Income Report (8/81)
DSHS 13-18(X)	Child's Health Record (7/79)
DSHS 15-173(X)	Foster Care Placement Consent: Continuation Beyond Age 18 (12/82)
DSHS 15-190(X)	DSHS/Private Child Placing Agency Agreement Child In Foster Care (10/83)
DSHS 23-05(X)	Initial Individual Service Plan (7/83)
DSHS 23-06(X)	Quarterly Progress Report (7/83)
----------	Long-Term Foster Care Agreement (Suggested Outline)
----------	Foster Care Administrative Review (Suggested Outline)

NOTE: Nonstocked (no "X") forms may be obtained directly from the Division of Children and Family Services program manager - Mail Stop OB-41.

C. DSHS/Child Placing Agency Contract
Maternity Service and Child-Placing Agency Statement of Work.

D. Instructions for Using the Eunice Snyder Placement Guides
Guide for Evaluating a Child's Life Experience
Guide for Evaluating Child/Parent Contributing Factors
Placement Decision Summary Worksheet

DSHS 7-42D (X) (8/81), INCOME REPORT (Cont.)

INCOME REPORT

DO NOT WRITE IN SHADED AREA

1. UNEARNED INCOME

PERSON RECEIVING INCOME	TYPE OF INCOME	AMOUNT	DATE RECEIVED	DSHS OFFICE USE ONLY: 150% GROSS INCOME	EARNED INCOME

2. EARNED INCOME

PERSON EMPLOYED

EMPLOYER'S NAME

REPORT OF INCOME RECEIVED FROM TO

EMPLOYER'S ADDRESS

HOURS & DAYS WORKED PER MONTH HOURS DAYS

DATES PAID

GROSS PAY BEFORE DEDUCTIONS PER PAY PERIOD							
	WAGES						+B
	TIPS, MEALS, OVERTIME, ETC.						+C
	I RECEIVE A MONTHLY EARNED INCOME TAX CREDIT ADVANCE (EIC)			☐ YES	☐ NO		
ATTACH PAY STUB(S)							+D

A

+J

+K

3. RESOURCES

I, or a member of my household, have had a change in personal property or real property or have access to a bank account that has not been reported previously.

☐ YES ☐ NO

(Personal property includes items such as cars, trucks, boats, motorcycles, insurance, stocks, bonds, sales contracts, etc. A change has occurred if you have been given, bought, sold, mortgaged, traded, given away, transferred, or cashed in personal or real property.)

ITEM	WHAT HAPPENED	DATE OF CHANGE	CURRENT VALUE

+E (Other 7-42'a)

=F (Total Income)

—G (150%)

=H

=L (Gross Pay)

—M

—N

=O (Earned Income)

—P (20 + one third)

=Q (Net Earned Income)

4. OTHER CHANGES IN YOUR CIRCUMSTANCES

Use this space to report any change in your circumstances which might affect your eligibility.

FST

DATE

5. CHILD CARE EXPENDITURES

If you are paying for child care while you are employed, complete below. Be sure to sign the form below and have the receipt completed and signed by the provider.

If care is provided in your home, wages of $50 or more per quarter are subject to Social Security Tax (FICA). Obtain Form 942 from the Internal Revenue Service (IRS) for instructions necessary to withhold and report wages to IRS.

CHILDREN FOR WHOM CHILD CARE IS BEING PROVIDED

COST (CHECK ONE)

☐ HOURLY AT $ /HR. ☐ WEEKLY AT $ /WK

☐ DAILY AT $ /DAY ☐ MONTHLY AT $ /MO.

PAID PROVIDER (EXCLUDING FICA)

$

EMPLOYEE'S SHARE OF FICA WITHHELD

$

WHERE IS CARE BEING PROVIDED (CHECK ONE)

☐ CHILD CARE CENTER ☐ SOMEONE'S HOME ☐ YOUR HOME

I certify that the above statements are a true report of child care services for which I have paid.

SIGNATURE OF CLIENT

ADDRESS

The Receipt below is to be completed and signed by the child care provider. A separate form is required for each provider.

RECEIPT

RECEIVED FROM _____ FOR CHILD CARE SERVICES PROVIDED.

FOR _____ FOR THE MONTH OF _____
(NAME OF CHILDREN)

IN THE AMOUNT OF $_____.

SIGNATURE OF PROVIDER

DATE

ADDRESS

NAME OF CHILD CARE CENTER (IF ANY)

☐ LICENSED
☐ UNLICENSED

DSHS 13-18(X) (Rev. 7/79), CHILD'S HEALTH RECORD

CHILD'S HEALTH RECORD

CSO _____ PARENT'S NAME _____

INSTRUCTIONS: The CSO enters the social data and the information regarding previous immunizations and tests. The form is then forwarded to the physician who enters the data as indicated on both front and reverse pages.

Name _____ Sex ____ Race _____ Case No. _____
(Last) (First) (MI)

Birthdate _____ Birthplace _____
(City) (State)

Birth Wt. _____ Delivery-Normal _____ Not Normal _____ (Specify) _____

Previous Physician _____ Phone _____

IMMUNIZATION

Type--Specify	Date 1st	Date 2nd	Date 3rd	Date Booster
Measles				
Mumps				
Rubella				
DPT				
OPV				

TESTS AND LABORATORY PROCEDURES

Test or Laboratory Procedure	Date 1st	Date 2nd	Date 3rd	Date 4th	Date 5th
Urine					
Hemoglobin/ Hematocrit					
Tuberculin					
Sickle Cell					
Lead Level					
Other (Specify)					

HISTORY

Allergies:

Major Illnesses:

Surgery:

Communicable Diseases: (List type and date)

CURRENT PROBLEMS & MEDICATION

Two copies: The copy for the foster parents and the original for the child's case record.

DSHS 13-18(X) Rev. 7/79

DSHS 13-18(X) (Rev. 7/79), CHILD'S HEALTH RECORD (Cont.)

PHYSICAL EXAMINATION

	1st	2nd	3rd	4th	5th
Date					
Age					
Height, Weight (over 12)					
Blood pressure					
Head, fontanels					
E.E.N.T.					
Mouth, teeth					
Visual screening					
Auditory testing					
Lymph nodes					
Chest, heart, lungs					
Abdomen					
Genitals					
Reflexes, muscle tone					
Orthopedic defect					
Emotional factors noted					
Other					
Physician's name					

Date	Abnormalities--explain, Remarks, Diagnosis, Recommendations

Return to _____ CSO, DSHS _____

DSHS 13-18(X) Rev. 7/79

FAMILY FOSTER CARE/GROUP CARE PLACEMENT CONSENT: CONTINUATION BEYOND AGE 18

I, _____, born on _____,
Client's Name — Birthdate

currently placed at _____
Name of Facility

request that my current placement be continued. I hereby give DSHS the authority to develop the most appropriate treatment plan for me based on my unique needs and interests. I understand that this agreement can be revoked any time at my request.

_____ Signature

_____ Witness

_____ Date

_____ Date

DSHS 15-173(X) (12-82) QX (A-103)

NOTE: When a young adult is disabled and unable to sign his/her name on the DSHS 15-173(X), he/she may give consent by making a mark if possible on the 15-173(X) with two witnesses present who then sign the form as witnesses. Witnesses should be sure that the young adult understands the nature of the consent. The two witnesses may be any combination of the following: DD client advocate, caseworker, DDD case manager, or foster parent or group home representative.

DSHS 15-190(X) (10/83), PRIVATE CHILD PLACING AGREEMENT, CHILD IN FOSTER CARE

Instructions

A. DSHS 15-190(X) is completed jointly by DSHS worker and private child-placing agency (CPA) worker when DSHS retains supervision of a child, but utilizes a private agency for placement and provision of service. DSHS will be legally responsible for the child, but may delegate other responsibilities/provision of service as mutually agreed upon between the two agencies. Although this agreement can be renegotiated at any time at the request of either party, it should be reviewed at least quarterly. A copy should be filed in both the DSHS and the CPA service file.

B. Specific Instructions

1. Complete identifying information on top of form.

2. Review the list of Responsibilities/Services (1-16) which are listed, mutually determining whether DSHS or the CPA will perform and mark the appropriate column.

3. Additional space is available on page 2, items 17-25, to allow for addition of case specific services.

4. If clarification or further definition is needed on any of the numbered items, write the item number and pertinent information in the blank space provided on page 2. Attach additional pages if necessary.

5. Workers and supervisors from both agencies sign and date the form.

DSHS 15-190(X) (10/83), PRIVATE CHILD PLACING AGREEMENT, CHILD IN FOSTER CARE

DSHS/PRIVATE CHILD PLACING AGENCY AGREEMENT
CHILD IN FOSTER CARE

Child _____ Agency Name _____

B.D. _____ Telephone # _____

DSHS Case # _____ DSHS/CSO _____

P.A. Case # _____ Telephone # _____

Court # _____

_____ will be placed in foster care with
(Name of Child)
the mutually agreed division of responsibility listed below. This agreement does not supercede the contract statement of work and may be re-negotiated at any time at the request of either of the above agencies. For the duration of this agreement the child shall be under the supervision of the Department of Social and Health Services and the foster home shall be under the supervision of the private agency.

RESPONSIBILITIES/SERVICES	DSHS	VA	NA
1. Child's custody (either by Court Order or Voluntary Agreement)			
2. Provide direct services to child			
3. Provide direct services to natural family			
4. Provide direct services to foster family			
5. Develop ISP/permanent plan			
6. Implement ISP/permanent plan			
7. Provide input for court report			
8. Prepare court report			
9. Appear in court			
10. Attend case staffings/meetings			
11. Arrange for/monitor special education			
12. Arrange for/monitor parental visitation			
13. Determine program/financial eligibility			
14. Apply for SSI or other possible resources			
15. Provide medical planning for child			
16. Provide consent for medical treatment			

Other case specific agreements are listed on the second page of this form. Any item needing clarification is listed by item number and explanation.

PA Worker _____ Date _____ CSO Worker _____ Date _____

PA Supervisor _____ Date _____ CSO Supervisor _____ Date _____

DSHS 15-190(X) (10/83), PRIVATE CHILD PLACING AGREEMENT, CHILD IN FOSTER CARE (Cont.)

CASE SPECIFIC RESPONSIBILITIES/SERVICES	DSHS	VA	NA
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Use the space below to expand/clarify any of the above listed responsibilities/services.

DSHS 23-05(X) (7/83), INITIAL INDIVIDUAL SERVICE PLAN

Instructions

A. DSHS 23-05(X) is submitted to the CSO by the private child-placing agency (CPA) when initially requesting payment for a child placed into foster care. The form is designed to provide information required by PL 96-272 and the Contract Statement of Work.

The CSO worker authorizing payment must determine the form is adequately completed prior to submitting DSHS 14-154(X), Social Service Authorization. Either service code 3203, CPA Regular Receiving Care, or service code 3211, CPA Foster Care, and code 3213, Service Fee CPA Foster Care, must be authorized unless otherwise requested by the private agency. Other codes may be authorized if requested by the agency and determined appropriate by the CSO, i.e., clothing, transportation, etc.

The original of the form is submitted to the appropriate CSO and a copy should be retained in the CPA social file.

B. Special Instructions

Identifying Data: Self-explanatory.

1. Appropriateness of Placement: List services offered/provided, their outcome to prevent out-of-home placement. Note other alternatives explored such as relative placement and explain why they were not utilized. Provide verification that placement is the least restrictive available in closest proximity to the parent's home (if not, explain why). Indicate how the plan is in the best interest of the child and designed to meet his/her special needs.

2. Permanent Planning Goal: Circle the number which indicates the plan for permanency. If (5) Other, write in the plan. Enter the date by which the goal should be accomplished.

3. Services to be Provided by the Agency to Attain Goal and Meet Special Needs of Child While in Care: Indicate the specific services the agency plans to provide to (a) the child, (b) the foster parents, and (c) the natural parents to assist in realizing the permanency planning goal. If the child requires special education, include the plan for providing it here. Include timeframes where appropriate. CPA worker submitting report signs and dates the report.

4. Actions, Including Timeframes, to be Taken to Implement Case Plan and Support Child's Needs by: Indicate what actions (a) the child (when old enough to be involved in planning), (b) the child's parents, and (c) the foster parents are expected/willing to perform in order to assist in realizing the goal. Be sure to include any court-ordered activity. Have each person sign and date after his/her/their respective section indicating they are aware of/in agreement with the actions stated.

DSHS 23-05(X) (7/83), INITIAL INDIVIDUAL SERVICE PLAN (Cont.)

5. If the child being placed is American Indian, indicate tribal affiliation and the date the Local Indian Child Welfare Committee was contacted for consultation. If a staffing has been scheduled, indicate the time and place to be held and persons scheduled to attend, if known.

6. Indicate the date the DSHS 23-06(X), Quarterly Report, must be received by the CSO to continue payment.

DSHS 23-05(X) (7/83), INITIAL INDIVIDUAL SERVICE PLAN

INITIAL INDIVIDUAL SERVICE PLAN

Child _____ Birthdate _____ DSHS Case # _____

Placed at _____ Placement Effective Date: _____

Address _____ Medical Effective Date: _____

City _____ Placement is: Voluntary ☐ Court Ordered ☐
Court order attached ☐

State/ZIP _____

This plan is to be developed in consultation with parents and must be consistent with any court orders.

1. **Appropriateness of Placement** (Include: (1) Services provided to prevent foster care; (2) Reason for foster care placement versus remaining in own home/other alternatives; (3) Verification that placement is least restrictive available in closest proximity to parents' home, and if not, explain; (4) Plan consistent with best interests and special needs of child.

_____

_____

_____

_____

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_____

_____

_____

2. **Circle Permanent Planning Goal:** (1) Return home; (2) Placement with Relative; (3) Guardianship; (4) Adoption Planning and Placement; (5) Other _____

Goal should be met by (date): _____

DSHS 23-05(X) (7/83), INITIAL INDIVIDUAL SERVICE PLAN (Cont.)

3. Services to be provided by agency to attain goal and meet special needs of child while in care (include time frames):

a. Child: (include medical, developmental, psychological and educational information. If child/expectant mother is in special education, confirm that arrangements have been made with new school for continuation):

b. Foster Parents:

c. Parents:

Counselor

Date

Agency

DSHS 23-05(X) (7/83), INITIAL INDIVIDUAL SERVICE PLAN (Cont.)

4. **Actions, including time frames, to be taken to implement case plan and support child's needs by:**

a. **Child** (when appropriate): _____

_____ Child _____ Date

b. **Child's Parents** (when appropriate): Include responsibilities and visitation agreement.

_____ Child's Parent _____ Date

_____ Child's Parent _____ Date

DSHS 23-05(X) (7/83), INITIAL INDIVIDUAL SERVICE PLAN (Cont.)

c. Foster Parents:

_____

_____

_____

_____

_____

_____

_____

_____

Foster Parent _____ Date _____

Foster Parent _____ Date _____

5. To be completed for Indian Child only
   Tribal Affiliation _____
   Date Local Indian Child Welfare Committee contacted _____

6. Date quarterly Review due _____

DSHS 23-06(X) (7/83), QUARTERLY PROGRESS REPORT

Instructions

A. DSHS 23-06(X) is completed by the private child-placing agency (CPA) and submitted to the CSO on a quarterly basis for each child for whom the agency wishes to receive continued foster care payment. The form is designed to provide information required by PL 96-272 and the contract Statement of Work.

The CSO worker authorizing payment must determine the form is adequately completed prior to submitting DSHS 14-159, Change of Service Authorization, extending payment.

A copy of the form should be retained in the private agency social file.

B. Specific Instructions

1. Enter child's name, birthdate, and DSHS case number.

2. Enter the dates covered by the report.

3. Give justification for the request for continued out-of-home placement. Indicate any moves of placement and reasons for these moves.

4. Indicate changes in the natural family's situation such as change in residence, living status, employment, siblings in or out of home, etc.

5. Report progress made by agency, child, natural parents, and foster parents toward implementing court-ordered plan for services, permanency (see original ISP).

6. Indicate additions/modifications to the plan for permanency, if any, and state reasons changes were made.

7. Indicate additions/modifications to the ISP including who is responsible for what and the timeframes for accomplishing these actions.

8. If the child is eligible for special education and related services for handicapped child, report status/progress.

9. Provide information regarding child's adjustment in foster home, school, relationship with natural family, counseling, and any other areas of behavior and social/peer adjustment since last report.

10. Indicate medical/dental services provided to the child during the report period. Include inoculations, illnesses, accidents, and other pertinent medical history. State whether or not parents notified and if not notified, reason they were not, unless parental rights were terminated.

DSHS 23-06(X) (7/83), QUARTERLY PROGRESS REPORT (Cont.)

11. If the child is receiving a special payment rate which should be continued, state reasons special rate needs to continue.

12. For the American Indian child, report the involvement of the Local Indian Child Welfare Committee. If not previously provided, attach a copy of DSHS 15-128(X), Verification of American Indian Status, Foster Care, and Adoptive Applicant.

13. Indicate whether the child is free for adoption. If yes, and the Exchange Registration has not previously been submitted, attach a copy to the report. Provide information regarding the status of the adoption planning, including plans for court review if placement has not been made within six months.

14. Indicate if the child is in need of further planning by DSHS. If so, state your recommendations for the child.

15. Indicate the date the next DSHS 23-06(X), Quarterly Report, must be received by the CSO to continue payment.

16. Worker submitting report signs, dates, and indicates agency.

DSHS 23-06(X) (7/83), QUARTERLY PROGRESS REPORT

QUARTERLY PROGRESS REPORT

Child _____ Birthdate _____ DSHS Case # _____

Report covers from _____ through _____.

Child's Need for Continued Foster Care:

_____

_____

_____

_____

_____

_____

_____

Changes in Natural Family Situation:

_____

_____

_____

_____

_____

_____

_____

_____

Actions/Progress Toward Implementing Court Order/Permanent Plan/Original ISP:

_____

_____

_____

_____

_____

_____

_____

DSHS 23-06(X) (7/83), QUARTERLY PROGRESS REPORT

QUARTERLY PROGRESS REPORT

Child _____ Birthdate _____ DSHS Case # _____

Report covers from _____ through _____.

Child's Need for Continued Foster Care:

_____

_____

_____

_____

_____

_____

_____

Changes in Natural Family Situation:

_____

_____

_____

_____

_____

_____

_____

_____

Actions/Progress Toward Implementing Court Order/Permanent Plan/Original ISP:

_____

_____

_____

_____

_____

_____

_____

DSHS 23-06(X) (7/83), QUARTERLY PROGRESS REPORT (Cont.)

Additions/Modifications to Permanent Plan:

Additions/Modifications to ISP:

Description of Special Education/Related Services for Eligible Handicapped Child:

DSHS 23-06(X) (3-84) OX A-143

DSHS 23-06(X) (7/83), QUARTERLY PROGRESS REPORT (Cont.)

re: _____

date: _____

Changes in Child's Adjustment:

_____

_____

_____

_____

_____

_____

_____

_____

Medical/Dental Treatment Received:

_____

_____

_____

_____

_____

Justification of Continuation of Special Rate Payment, if Any:

_____

_____

_____

_____

_____

_____

_____

_____

_____

DSHS 23-06(X) (7/83), QUARTERLY PROGRESS REPORT (Cont.)

For Indian Child Report on Coordination with Local Indian Child Welfare Committee:

_____

_____

_____

_____

_____

_____

Child is Free for Adoption: _____No _____Yes. Exchange Registration Attached. (When adoptive placement has not been made within 6 months, provide information pertaining to court review.)

_____

_____

_____

_____

_____

The Child is Nearing the End of Agency Program and Needs Alternate Planning by DSHS. _____No _____Yes. Recommendations are for:

_____

_____

_____

_____

_____

_____ Counselor _____ Date

Date next progress report due: _____

_____ Agency

LONG-TERM FOSTER CARE AGREEMENT (SUGGESTED OUTLINE)

LONG-TERM FOSTER CARE AGREEMENT

RE: _____(child)_____

The persons involved in this agreement believe that it is in the best interests of __(child)__ that he/she be allowed to remain in the home of Mr. and Mrs. __(foster parents)__ and be raised by them as a member of their family until he/she reaches adulthood.

I/We, __(foster parents)__, foster parents of __(child)__ agree to be the primary parents for this child until he/she reaches adulthood. We will not ask for him/her to be removed from our home except under serious, unusual circumstances. We agree to share information with the Department of Social and Health Services and with the biological parents, Mr. and Mrs. __(parents)__.

We, the Department of Social and Health Services, agree to maintain and support the long-term placement of __(child)__ in the foster home of Mr. and Mrs. __(foster parents)__. We will not disrupt this placement except under serious, unusual circumstances and only then through administrative decision. The Department of Social and Health Services will provide foster care payment, medical services, and other support provisions through the foster care program.

The Department of Social and Health Services will insure, for the biological parents, Mr. and Mrs. __(parents)__, that they will have reasonable visitation with their child, that they will be kept informed of __(child)__'s adjustment and progress. The Department of Social and Health Services is not, by its participation in this agreement, seeking termination of parental rights of Mr. and Mrs. __(parents)__, biological parents of __(child)__.

We, Mr. and Mrs. __(parents)__, the biological parents of __(child)__ agree that he/she shall remain in the foster home of Mr. and Mrs. __(foster parents__ until he/she is an adult. We will keep the Department of Social and Health Services and __(child)__ advised of our whereabouts and keep a regular schedule of visitation. We will pay $_____ dollars per month toward __(child)__'s support.

I, __(child)__ understand that I will remain in the foster home of Mr. and Mrs. __(foster parents)__, because I want to be a part of this family until I am on my own and self-supporting.

Signed,

Child	Date
Foster Parent	Date
Foster Parent	Date
Biological Parent	Date
Biological Parent	Date
CSO Service Worker	Date
CSO Supervisor	Date
CSO Administrator	Date

DEPARTMENT OF SOCIAL AND HEALTH SERVICES FOSTER CARE ADMINISTRATION REVIEW

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
FOSTER CARE ADMINISTRATIVE REVIEW

CHILD'S NAME:

CHILD'S CASE NUMBER:

DATE OF CHILD'S PLACEMENT INTO FOSTER CARE:

DATE OF ADMINISTRATIVE REVIEW:

PARTICIPANTS: (Name and Relationship to Child)

REVIEW BOARD'S RECOMMENDATIONS/COMMENTS: (All items in III.F.1. must be addressed.)

I certify that this administrative review was open to the child's parent(s), and conducted by a panel of appropriate persons at least one of whom is not responsible for the case management of, or delivery of services to, either the child or the parents.

Signature of Review Board Chairperson _____ Date _____

CSO RECOMMENDATIONS/COMMENTS (Due within 14 calendar days of receipt of report)

CSO Service Worker _____ Date _____

CSO Supervisor _____ Date _____

BCS FORM 5/83

CONTRACT NO. _____

CONTRACT
BETWEEN

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AND

_____

THIS CONTRACT, is entered into by and between the DEPARTMENT OF SOCIAL AND HEALTH SERVICES, hereinafter referred to as "DSHS" and _____, doing business as _____, hereinafter referred to as the "Contractor".

IT IS THE PURPOSE OF THIS CONTRACT TO provide placement services into temporary care, continued care, or for adoption to children under eighteen years of age (except as provided in WAC 388-70-024(2)) who cannot live in their own home. An additional purpose is the provision or arrangement for care or services to expectant mothers regardless of age, before or during confinement, or provision of care as needed to mothers and infants after confinement.

IT IS, THEREFORE, MUTUALLY AGREED THAT:

STATEMENT OF WORK

The Contractor shall furnish the necessary personnel and services and otherwise do all things necessary for or incidental to the performance of the work set forth in Exhibit "A" attached hereto and incorporated herein.

TERMS AND CONDITIONS

All rights and obligations of the parties to this contract shall be subject to and governed by the Special Terms and Conditions contained in the text of this contract instrument and the General Terms and Conditions attached hereto as Exhibit "B" and incorporated herein.

PERIOD OF PERFORMANCE

Subject to its other provisions, the period of performance of this contract shall commence _____ and be completed on _____, unless terminated sooner as provided herein.

IN CONSIDERATION WHEREOF

DSHS shall pay the Contractor a fixed rate per month per child placed in a licensed facility, according to the schedule below. Payment made for placement of children in family foster care shall be separate and distinct from payment made for care provided in a group care facility. DSHS shall provide for medical care for residents in accordance with the Department's standard medical program for children in foster care. (See WAC 388-82-010.)

A. Family Foster Care:

Board and Room	Monthly Rate	Daily Rate
Less than six years	$130.44	$4.29
Six thru 11 years	169.45	5.57
12 years or over	203.57	6.70
Additional allowances for children with special needs		
Grossly retarded or severely handicapped	136.53	4.49
Emotionally Disturbed/Behavior problems	136.53	4.49
Services and operations	60.95	2.00
Personal incidentals	18.67	0.61
Clothing		
Child under 12 years	20.38	0.67
Child 12 years and over	24.23	0.80

B. Receiving Homes:

Regular daily rate per child	None	11.34
Monthly Retainer Fee	32.35	None
Specialized daily rate per child	None	15.67
Monthly Retainer Fee	65.21	None

BILLING PROCEDURE

The Contractor shall submit monthly invoices for services performed under this contract in triplicate (original and two signed copies) in the manner prescribed by DSHS. These vouchers shall include such information as is required for DSHS to determine the exact nature of all charges for services.

LICENSE STANDARDS

The Contractor shall be licensed or certified by the Department as a child-placing agency and maintain the quality and quantity of standards required by DSHS' regulations governing the licensing of the type of care performed by the Contractor.

IMPROPER PAYMENTS

In the event the Contractor bills for clients not served, bills in excess of the contractual limitation, or does not meet the performance criteria set forth herein, DSHS shall notify the Contractor that an overpayment has been made and shall recover the amount due DSHS. The Contractor shall have the right to dispute DSHS' claim of overpayment according to the terms of the Dispute's clause.

In the event it is determined that the Contractor has received less than the contractual amount set forth herein for services provided pursuant to this agreement, DSHS will make the appropriate adjustment in accordance with DSHS policy.

ELIGIBILITY

Eligibility determination and payment to the Contractor shall be done in accordance with WAC 388-70 and DSHS Policy.

Provided, however, that nothing in this contract shall be construed to prevent the Contractor from providing services on his own account and without charge to DSHS for any child it desires to assist nor to prevent the continuance of any existing arrangement until it can be determined whether or not the child shall be brought under the provisions of this contract.

REPORTS

1. When the Contractor requests approval for payment of child care, the request must be accompanied by:

   a. The Individual Service Plan (ISP) using the form prescribed by DSHS,

   b. A court order or DSHS 9-04(X), Consent to Place, authorizing placement,

   c. Information needed to determine financial maintenance payment on the form prescribed by the Department,

   d. Other information as requested.

2. The Contractor shall immediately inform the Community Service Office in writing when there is a change in a child's: placement location (for other than planned visits of less than 72 hours), requirements, resources, or legal status.

3. The Contractor shall prepare and submit a quarterly progress report for each child for whom the Department is making payment. The report is to be submitted to the Community Service Office making payment for the child's care, using the form prescribed by DSHS. The quarterly progress report shall be related to the implementation and updating of the ISP for the child's care and must justify the continued need for foster care. The report must include the information listed in the Statement of Work, number 8.

TRANSPORTATION

The Contractor shall make no charge for transportation provided to residents without prior approval of the Department. This provision does not preclude voluntary contributions by parents and others for a child's transportation, as part of a treatment plan approved by the Department. To the extent that DSHS rules permit, DSHS shall pay the costs of other transportation such as returning a runaway child to the facility. (WAC 388-70-056.)

EXCEPTIONS

Requests for payment at a rate other than that authorized by the Consideration clause of this contract for a child accepted by the Contractor shall be directed to the Community Services Office. Any such exception to the authorized rate shall be approved only by the State Office, Secretary's designee. Any other changes to the terms of this contract shall be made by mutual agreement of the parties or in accordance with the Changes and Modifications clause of the General Terms and Conditions. All changes shall become an amendment to this contract.

SEVERABILITY

If any part of this contract or application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of this contract which can be given effect without the invalid provisions or application, and to this end, the provisions of this contract are declared severable.

APPLICABLE LAWS

The Contractor shall comply with all applicable statutes and related regulations and procedures, and specifically with the following:

Chapter 74.15 RCW - Licensing of Child Care Agencies
Chapter 388-73 WAC - Licensing of Child Care Agencies
Chapter 26.44 RCW - Child Abuse
Chapter 74.13 RCW - Child Welfare Services
Chapter 388-70 WAC - Child Welfare Services, Foster Care, Adoption Services, Services to Unmarried Parents
Chapter 26.34 RCW - Interstate Compact on the Placement of Children
Chapter 388-71 WAC - Interstate Compact on the Placement of Children

ORDER OF PRECEDENCE

In the event of an inconsistency in this contract, unless otherwise provided herein, the inconsistency shall be resolved by giving precedence in the following order:

a) Applicable Federal and State Statutes and Regulations;
b) Special Terms and Conditions;
c) General Terms and Conditions,
d) Statement of Work; and
e) Any other provisions of the contract incorporated by reference or otherwise.

ALL WRITINGS CONTAINED HEREIN

This agreement contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this agreement shall be deemed to exist or to bind any of the parties hereto.

IN WITNESS WHEREOF, the undersigned have affixed their signatures in execution thereof.

CONTRACTOR

_____ / /
Contractor (Date)

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

_____ / /
Contracting Officer (Date)

APPROVED AS TO FORM ONLY

_____
Assistant Attorney General

EXHIBIT "A"

MATERNITY SERVICE AND CHILD
PLACING AGENCY STATEMENT OF WORK

THE CONTRACTOR SHALL PROVIDE:

1. Services to prevent placement.

These services may include, but are not limited to, counseling, day care, in-home services, etc. Services may be provided directly by the contractor or by referral to another appropriate agency. Attempts by other agencies or the contractor to provide such services shall be documented in the contractor's case file.

2. Placement services to children.

a. Services provided to children under the supervision of the contractor may include temporary and/or continued foster family care. Adoption services may be provided at the option of the contractor (for children with special needs see Statment of Work #10) or referral may be made to other agencies who provide adoption services.

b. Placement services to children referred by DSHS where DSHS retains supervision (including responsibility to the court) may also be provided.

1) Responsibilities and services to be provided by each agency will be designated on the agreement form provided by DSHS.

2) When the Community Services Office refers a child to the contractor for placement, the Individual Service Plan (ISP) will accompany the referral.

3. Maternity services to expectant mothers regardless of age (applicable only if the contractor is licensed to provide maternity services.)

These services shall include the provision of, or arrangement for, pre-confinement and/or post-confinement care to expectant mothers. Services shall also include the provision of care as needed to mothers and their infants after confinement.

4. Staff

Individuals whose primary responsibility is the provision of social services shall meet the qualifications as outlined in WAC 388-73-074.

5. Review

a. Court Review at no less than six (6) month intervals for children under court-ordered supervision of the contractor.

b. Alternate Administrative Review at least every six (6) months for children in voluntary placement. (No child shall remain in care beyond three (3) months without a court order or an Exception to Policy.)

6. Permanent Planning Services.

Permanency planning shall be provided for children under the contractor's supervision either on a voluntary basis or by court order. Permanent planning services shall be required for all children who have been in foster placement for a cumulative total of six months or more during the last 12 months. Permanent planning services include casework with children and families to develop and implement one of the following permanent plans: return home, placement with relatives, adoptive planning and placement, or guardianship. If all these placement options have been explored and exhausted, a long-term family foster care agreement may be written. When indicated, permanent planning services include parent search, psychiatric/psychological consultation and evalution, termination of parental rights, and other appropriate activities to implement the permanent plan.

In the event the contractor wishes to be relieved of the above service expectation for a particular child's case, the contractor may request the transfer of supervision of that case to DSHS. Approval/disapproval of such requests shall occur only after a case staffing is held involving the contractor and appropriate DSHS staff. Disapproval of such requests by DSHS does not relieve the contractor of the responsibility to provide these services.

7. Individual Service Plan.

The contractor shall develop in writing an Individual Service Plan (ISP) for each child under his supervision. Development of the ISP shall involve the contractor's service worker, the natural parent(s) (whenever possible), the foster parent(s) (when placement is in a foster home), and the child (when age appropriate).

At a minimum, the ISP must include:

1) The reason for placement versus other alternatives;

2) The type of placement (i.e., foster home, group care, etc.); and

3) Verification that the placement is the least restrictive (most family like) alternative available in the closest proximity to the parent(s) home consistent with the best interests and special needs of the child.

b. Verification of special education and related services to eligible handicapped children.

1) Verify that special education and related services will be continued for a child already receiving services and not changing schools.

2) Confirm with the new school that special education and related services will be provided for a child already receiving services when placement requires a change in schools.

3) Request evaluation of a child not receiving special education and related services when it appears the child may be eligible for and can benefit from such services.

c. Identification of the permanency planning goal and the services to be provided to the child and family to facilitate the child's return home or to achieve another permanent placement (as defined in #6 above), if return home is not appropriate. (Although in some cases development of the permanency planning goal may not be feasible initially, the goal should be developed and reported to the CSO as soon as possible, but no later than 90 days after the out-of-home placement.)

d. For court-ordered placements, identification of services to be provided by the agency which will fulfill the court order.

e. A summary of services to be provided which will support the child's needs and adjustment during the out-of-home placement.

f. A listing of specific actions to be taken by the foster care provider, the natural parent, and the child (as age appropriate) to implement the case plan. Include timeframes for each action.

g. A clear description of the natural parent(s) and foster parent(s) responsibilities including contingencies or consequences. This must be consistent with the court order, if any.

h. A visitation agreement as reached with the natural parent(s) and foster parent(s) and consistent with the court order, if any.

i. For Indian children:

1) Agency placing the child; and

2) Child's tribal affiliation, if known.

In the case of Indian children being placed in foster care or adoption, the Local Indian Child Welfare Advisory Committee (LICWAC), pre-designated by a tribal council, or appropriate urban Indian organization, shall be contacted when the parent(s) or court have given written permission. Members of that committee will serve as resource persons for the purpose of cooperative planning and aid in placement. When the LICWAC committee and the agency are deadlocked or the review process is denied by the parent(s) or the court, consultation shall be obtained from DSHS Indian consultants.

8. The Quarterly Progress Report.

The quarterly progress report must be received before continued if payment is authorized. The report shall be related to the implementation of the case plan for the child's care and must justify the continued need for care. The report must include the following information:

a. Any known change in the child's family situation, such as change in parental marital status or employment, or any illness or death of parent(s), etc.

b. An explicitly stated permanent plan for the child (as described in the Statement of Work, #6).

c. Steps being taken and progress being made toward implementing the court order (attach copies of any court orders not previously provided) and/or the permanent plan such as: services being provided to the child and/or family to facilitate return home, action being taken to locate and prepare an alternative family resource, action being taken to terminate parental rights, action being taken to establish a relative or foster parent guardianship, provision of other specific services to facilitate the permanent plan such as psychiatric evaluation, etc.

d. Progress being made in the provision of other services and actions that were to occur per the ISP.

e. Any additions or modifications to the ISP.

f. Progress reports for children whose parents have had parental rights legally terminated shall include what is being done to facilitate the permanency plan. (When adoption is the plan, include copies of exchange registration.) When adoptive placement has not been made within six months, the contractor shall provide information pertaining to the court review.

g. Changes in the child's adjustment.

h. Medical and dental treatment received by the child.

i. Justification of continuation of a special rate of payment, if any.

j. The fact that a child is nearing the end of the agency's program and the department will need to make an alternative placement will be reported by the contractor in a progress report early enough to allow the department at least 30 days for development of the alternative placement.

9. Procedural Safeguards of the Natural Parent(s') Rights.

a. Involvement of parent(s) in development of the case plan (ISP as described above) and any subsequent modifications, either through discussions with the service worker, due process through the juvenile court, or both.

b. Notification of parents of all placement changes prior to the move, unless provision of such information would endanger the child.

10. Adoption Services to Children with Special Needs.

To the extent funding is available, and if the contractor so chooses, adoption services may be provided to children with special needs. These services shall be provided in accordance with the Adoption of Special Needs Children's Statement of Work, attached hereto as Exhibit "C".

PROCEDURES FOR DECIDING TO PLACE OR NOT TO PLACE

Developing a recommendation to place or not to place a child is a complex process. Factors must be weighed individually and against other factors. Rarely is it appropriate to make this important recommendaton on the basis of a single factor, e.g., the home is filthy; the child has been injured; the parent is alcoholic. Instead, the child's condition, the physical and emotional environment, the capacity of the parent, and the alternatives available are among the dimensions to be assessed.

Three Guides will help to establish whether or not the child needs out-of-home placement:

1. Guide for Evaluating a Child's Life Experience

2. Guide for Evaluating Child/Parent Contributing Factors

3. Placement Decision Summary Worksheet

Together the Guides provide a structure for the assessment and decision-making process. They are written to guide the recommendation for a single child. Care should be taken to view each child in a family individually, and to give attention to each dimension of that child's life experience.

Developing a recommendation about placement of a child is not the same as determining whether or not a child has been abused or neglected. The question here is: Should services be provided to the child and family while the child remains in the home, or with the child out of the home?

Instructions for Using the Guides

1. Always use minimum standards for judging adequacy of the child's experience and the parent's performance. Be certain the standards used correspond with:

   a. Child's age/development;

   b. Cultural environment/community standard; and

   c. Professional knowledge (health, child development, etc.)

2. Be certain all judgments made are based upon sufficient reasonable evidence and/or documentable facts.

3. Use the Guide for Evaluating a Child's Life Experience to identify adequacies, as well as critical and noncritical concerns. Transfer a summary of these judgments to the Placement Decision Summary Worksheet in the sections provided.

4. Use the Guide for Evaluating Child/Parent Contributing Factors to assess:

   a. The levels to which child behaviors contribute to parenting problems; and

   b. The capacity of the parents to participate in the resolution of problems identified.

   Transfer a summary of assessments made to corresponding sections of the Placement Decision Summary Worksheet.

5. Use the Placement Decision Summary Worksheet to integrate all case-related judgments into a tentative recommendation for or against placement.

6. Test the probable outcome of that recommendation by describing:

   a. How will it impact all parties?

   b. How will it bring about the wanted changes?

   c. When will it bring about the wanted changes?

7. Obtain supervisory consultation of the decision about placement.

Child's Name _____ Child's Age _____

GUIDE FOR EVALUATING A CHILD'S LIFE EXPERIENCE

INSTRUCTIONS: On the continuum suggested below indicate with an "X" the level to which each of this child's needs is being met. Connect the "X"s for a graphic profile. At the bottom of the page itemize specific concerns. Transfer a summary of your evaluations to the Placement Decision: Summary Worksheet. CAUTION: Age, functional level, and cultural identity must be considered in establishing expectations for a particular child.

THE CHILD'S NEEDS	Unmet	Minimum Sufficient Level	Optimal Level
PHYSICAL NEEDS:			
Food			
Shelter			
Clothing			
Health/Medical			
Protection/Safety			
SOCIAL-EMOTIONAL NEEDS:			
Attachment/Belonging			
Ability to Trust			
Realistic Expectations			
Limit Setting			
Positive Interactions			
DEVELOPMENTAL NEEDS:			
Physical/Motor Skills			
Cognitive Skills			
Language Skills			
Social Skills			

CRITICAL CONCERNS:	SERIOUS CONCERNS:	ADEQUATE AREAS:
1.	1.	1.
2.	2.	2.
3.	3.	3.

Date _____ Caseworker _____

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Child's Name _____ Child's Age _____

GUIDE FOR EVALUATING CHILD/PARENT CONTRIBUTING FACTORS

INSTRUCTIONS: On the continuum suggested below indicate with an "X" a level of adequacy for each parent and child factor. Connect the "X"s for a graphic profile. At the bottom of the page itemize specific concerns and areas of adequacy. Transfer a summary of the evaluations for each section to the Placement Decision: Summary Worksheet.

	Critically Inadequate	Seriously Inadequate	At Least Adequate
CHILD INDICATORS			
CHILD'S SELF-DESTRUCTIVE BEHAVIOR:			
Child's Misconduct			
Coping Behavior of Child			
PARENT INDICATORS			
PARENTAL RESPONSE:			
Coping with Difficult Behavior			
Recognition of Problem			
Motivation to Solve Problems			
Cooperation with Case Plan			
PARENT ABILITY TO NURTURE/PROTECT:			
Parental Capacity			
Substance Use/Abuse			
Resource Management			
Support for Parent			

CRITICAL CONCERNS:	SERIOUS CONCERNS:	ADEQUATE AREAS:
1.	1.	1.
2.	2.	2.
3.	3.	3.

Date _____ Caseworker _____

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Child's Name _____ Child's Age _____

PLACEMENT DECISION SUMMARY WORKSHEET

	Critical	Serious	Adequate
CHILD FACTORS:			
Summary of Guide A: Child's Life Experience:			
Critical Needs			
Non-Critical Needs			
Child's Self-Destructive Behavior			
Multiple or Unexplained Injuries to a Young Child	Yes		
Attachment Process (6-24 months)	Poor		Evident
Child Requests Placement	Yes		
PARENT/CAREGIVER FACTORS:			
Parental Response			
Parental Ability			
Re-Abuse Present	Yes		No
Self-Referral, Child in Danger	Yes		No
Sexual Abuser Present	Yes		No
Substitute Caregiver Requests Placement of Abandoned Child	Yes		
OTHER FACTORS:			
Consultation Recommendations:			
1. _____	Place		Don't Place
2. _____	Place		Don't Place
3. _____	Place		Don't Place
Alternative Plan Available	No		Yes
Acceptable Placement Available	Yes		No

PLACEMENT DECISION RECOMMENDATION:

☐ Yes _____ Child in Danger

_____ Treatment Plan

☐ No _____ Not now, but Changes Essential by _____

_____ Changes Advisable but Not Critical

Date _____ Caseworker _____

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CHAPTER 32
CHILD FOSTER FAMILY CARE

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CHAPTER 32
CHILD FOSTER FAMILY CARE

32.00 PROGRAM AUTHORITY

Federal: 45 CFR 233.110; CFR 228.45; CFR 228.46; CFR 228.12; and CFR 228.26.

State: RCW 7.13.020; RCW 74.13.031.
WAC 388-15-150; WAC 388-70.

32.10 POLICY

32.11 Purpose of Service

The purposes of foster family care are as follows:

A. Emergency care for not more than thirty days;

B. Time-limited care while the natural family is being helped to improve the home situation and prepare for the child's return;

C. Time-limited preadoptive care;

D. Long-term foster family care until age 18 on a planned basis, agreed upon in writing by all parties;

E. Specialized care of mentally, physically, emotionally handicapped children, and teenagers exhibiting behavior problems.

32.12 Service Description

A. Foster care is substitute care for the child whose family cannot or will not take care of him/her for a planned period of time, ranging from brief temporary placement to extended placement.

B. Foster family care includes:

1. The evaluation of the need for foster care,

2. Placement of children in foster care,

3. Supervision of placements (including work with foster parents, the child, natural parents, community agencies, and the courts) in order to return the child home or provide a permanent placement for the child,

4. The provision of specialized placements for children with special needs, and

5. Post-placement supervision for children who have been returned to their families.

C. The Community Services Office (CSO) may have occasion to utilize resources beyond those routinely provided as part of the department's services, including medical specialists, psychologists, psychiatrists, and others who may have particular skills.

D. The department has the authority to purchase care for children and to use properly approved private agency services for the actual care and supervision of such children to the extent that the services are available.

32.13 General Policies Related to this Service

A. Out-of-home placement will be used as a last resort in meeting the needs of children. Before a child is placed out-of-home, it must be clearly ascertained that his/her needs cannot be met through available services provided in the home. Criteria for out-of-home placement must be met and adherence to criteria documented. (See I. below.)

B. Foster care is generally viewed as being a temporary arrangement. Efforts should be focused on reuniting the child with his/her family as soon as possible or implementing a permanent plan for the child.

C. In order to assume stability in foster care, the child should not be subjected to changes of placement or service workers if this is avoidable.

D. Children require a stable, secure environment in which to mature. When it is not feasible for them to return to their natural parents, the alternatives of placement with relatives, adoption, or permanent foster care are to be utilized in a timely manner.

E. Foster care services provided to Indian children shall be provided in a manner which will maximize their opportunities to preserve their Indian heritage and identity.

F. Rights of natural parents

1. The department through its staff shall interpret to the parent(s) and child, as appropriate, their legal rights and responsibilities.

2. The department will accept voluntary placement of children in foster care in cooperation with the family's decision to place the child outside of the home. The parent(s) retains all his/her rights in these situations.

3. In cases where a court has made an award of legal temporary custody of the child's person, residual parental rights are generally: the right to participate in the placement of the child, reasonable visitation, information about the child's whereabouts and condition,

2. Child without parent or legal guardian because of:

   a. Death
   b. Physical/severe mental illness
   c. Severe disablement
   d. Whereabouts unknown
   e. Incarceration
   f. In-patient treatment
   g. Parent's refusal to have child in home.

3. Dependent child who is a danger to self, family, or community.

4. Child referred to DSHS by court order for investigation or in lieu of detention.

5. Requests for relinquishment planning.

6. Minor who applies for financial assistance (including minor unmarried parents).

7. Requests for home evaluation from other regions or states.

B. Case Assignment Priorities

1. Priority 1 Cases will be reviewed and assigned within 3 working days of receipt as follows:

   a. Any case in which there is pending court action scheduled within 60 days.

   b. Children for whom the department has temporary custody and there is presently a clear crisis.

   c. Cases for which the plan is to return the child home in 90 days or less.

2. Priority 2 Cases will be reviewed and assigned within 10 working days as follows:

   a. Cases in which deprivation or relinquishment is planned or in process.

   b. Legally freed children.

   c. Cases in which a child has been in foster care less than six months and the goal is to return the child home within one year.

   d. Cases in which a child is overtly acting out and the child and/or foster parents are receiving counseling services from a community agency.

3. Priority 3 Cases are reassigned as follows:

   a. Cases in which a child has been in the same foster placement for one year or more.

   b. Cases in which there is court jurisdiction and this department is providing courtesy supervision for another region/state and, when applicable, there is an interstate compact in effect.

32.15 Eligibility

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

B. The parents inability or unwillingness to contribute to a child's support does not affect that child's need for and eligibility for foster care maintenance and social services.

C. Any child requiring foster care services will be provided those services. However, the funding sources for social services and for maintenance payment will differ. (See Chapter 03.15 for funding sources.)

   1. The funding source for maintenance payments will be determined by completing DSHS 14-05(X), Application for Foster Care and Support Enforcement Services.

   2. Social service eligibility will be determined on the DSHS 14-139(X), Application for Social Services.

D. Children 18 to 21 may continue in foster care to complete high school.

   1. Eligibility for AFDC-FC ceases at the time the foster child attains the age of 18.

   2. It will be up to the CSO to indicate a change to state-funded foster care if eligibility requirements are met at the time the AFDC-FC recipient reaches 18. Item #31 of the DSHS 14-159, Change of Service Authorization, will need to be changed to "State Funds" to initiate this change.

   3. Under state-funded foster care for a child aged 18 and over and in school, the exempt resources are limited to $750 for one person. $200 of that amount may be in cash and marketable securities.

   4. Exempt the first eighty-five dollars plus one-half of the remainder of monthly total gross earned income.

   5. Other types of income received by the 18-year-old in school receiving state-funded foster care will be considered in accordance with the income rules as they apply to continuing general assistance. (See Manual F, 29.12 C.)

E. A child returned from foster care is eligible for post-placement supervision.

F. The child's placement is contingent on a DSHS 9-04(X), Placement Authorization and Acknowledgement, signed by the parent or court order giving the placing agency authority to care for the child.

G. Foster care funds shall not be expended for a child living with a relative eligible to receive AFDC on behalf of the child. If a child not eligible for AFDC is placed in the home of a relative, his/her care is paid from state foster care funds. (See Chapter 03.32 to determine if child is eligible for H-medical.) Homes of relatives eligible to receive AFDC need not be licensed or certified, those paid from state foster care funds must be certified. (See Chapter 06.52 and WAC 388-24-125.)

H. Children from disrupted adoptive placements where the child was brought to this state under the Interstate Compact or from a foreign country for the purpose of adoption are not eligible for state foster care.

32.16 Payment Rates (Effective 7/1/79)

A. The department's rate of payment for the care of a child is the same for foster family homes licensed by CSOs and private child-placing agencies.

B. Receiving home care

1. Receiving home care is care provided in licensed foster homes which are designated to provide emergent or short-term care.

2. The rate for receiving home care is $26.75 per month retainer fee for each receiving care bed for which the home is licensed, and $9.30 per day for temporary care actually provided for each child.

3. Receiving home care is used when need for placement is immediate and time does not allow for planning to place directly into regular foster care.

4. Receiving home care is temporary and is not to exceed 30 days.

5. After 30 days the rate for regular foster family care will be paid unless an exception to policy is authorized by the Regional Office (RO). Such authorization should always be requested when the delay of placement is beyond the control of the service worker such as foster home has been selected but placement cannot be effected until a later date, or a second court hearing has been scheduled and child is to be detained. A child is not to be moved to another receiving home to avoid the exception process. (See Chapter 01, Social Service Policy and Administration, for exception to policy procedure.)

C. Specialized Shelter/Receiving Home Care

1. Certain receiving homes have been designated to provide specialized shelter/receiving home care for children who are in conflict with their parents or are runaways. (See 4. below.)

   a. Foster homes providing this care will be authorized to receive a retainer for no more than two beds.

   b. Foster parents must be qualified to provide specialized care by virtue of having received specific training and/or experience in working with troubled teenagers.

   c. A daily activity and behavior log must be maintained on each child and an after-care assessment report will be provided to the CSO on each child placed in care.

2. The rate for this care is $53.50 per month retainer for each bed and $12.85 per day for temporary care actually provided for each child.

3. Specialized shelter/receiving care shall be limited to 15 days unless an exception is granted by the RO.

4. A child who may be considered for placement in a specialized shelter/receiving home is one who is over 12 years of age, and

   a. Is a status offender, and/or

   b. Exhibits any one or more of the behaviors in 32.16, E.3.a. through 1.,or

   c. A runaway taken into limited custody and placed by a law enforcement agency.

D. Regular foster family care

1. Board and Room Payment rates in a foster home are:

	Monthly Rate
Child, less than 6 years	$ 107.00
Child, 6 through 11 years	139.00
Child, 12 years or older	167.00

2. For the purpose of computing maintenance payments, the child's birthdate is considered as the first of the month in which his birthday occurs.

E. Specialized foster family care

1. A special rate, in addition to the basic rate for board and room, may be allowed to a child in need of special and specific care. In order to authorize the additional rate, the child's worker (i.e., CSO, private agency, Developmental Disabilities Case Services) must write a justification for approval by the CSO children's services supervisor. If the special rate is approved, the supervisor must review the need for continued payment on a quarterly basis.

2. In those communities where specialized training for foster parents is available, a rate for specialized care shall not be paid to foster parents who have not previously received the specialized rate unless that foster parent has attended, or is attending, the training. Exceptions to this requirement may be granted by the CSO administrator.

3. Behavior problems - $112.00 per month

   Children who most often could be considered as having behavioral problems are children released from or awaiting institutional placement, status offenders, or dependent children, provided they exhibit at least three of the following behaviors:

   a. Regular use of an illicit drug
   b. Regular overindulgence of alcohol
   c. Poor school adjustment and/or truancy
   d. Sexual acting out
   e. Frequent shoplifting and/or other theft
   f. Habitual running away
   g. Demonstrated property destruction in own home and/or foster home
   h. Regular peer conflict which may require action by foster parent
   i. Significant sleep problems which may cause disruption in the normal sleeping patterns of foster parent
   j. Destructive attention-seeking behavior which may demands extra attention by foster parents
   k. Frequent noncompliance with requests of parents, teacher, or other authority figures
   l. Failure to use normal cautions in using potentially flammable substances

4. Intellectual/Physically Handicapped Children - $112.00 per month

   Children who most often could be considered as having intellectual and/or physical dysfunction are those children who, by definition, meet the service eligibility criteria for the Division of Developmental Disabilities services assuming they exhibit two of the following dysfunctions:

a. Requires the physical assistance of foster parent in feeding, dressing, bathing, or toileting
b. Needs the physical help of foster parent in order to be mobile
c. Needs regular and organized physical therapy by foster parent under the orders/direction of a professional
d. Needs medication administered by foster parent on a regular basis per physician's orders
e. Needs physical assistance by foster parent for drainage of ileum conduit, colostomy
f. Requires suctioning, mist tent, etc., care which is provided by a foster parent
g. Nonambulatory
h. Epileptic child who has uncontrollable seizures
i. Awaiting institutionalization placement
j. Habitually wanders unless closely supervised
k. Failure to thrive below third percentile

5. Emotionally Handicapped Child - $112.00 per month

Children whose behavior is sufficiently deviant to impair life functioning, requiring intensive supervision and behavioral training and structure to conform to expected normal social behavior will most likely require this special rate. A child must be receiving continuing mental health care from a mental health professional (i.e., a psychiatrist, psychologist, or psychiatric social worker functioning under the direction of a psychiatrist) or have been diagnosed by a psychiatrist or psychologist as emotionally handicapped, and exhibit at least two of the following behaviors to a degree of severity which necessitates professional help:

a. Soiling and/or enuresis over age six
b. Inability to have normal interactions with peer group
c. Wide mood swings
d. Significant sleep problems which may cause disruption in the normal sleeping patterns of foster parent
e. Exhibit extreme destructive attention-making behavior
f. Inappropriate sexual behavior
g. Running away/withdrawal which may result in significant disruptions in the foster parents' normal child care giving activities
h. Extremely bizarre behavior, such as, frequently displaying odd facial grimaces, bizarre eating habits, seems to or actually reports hearing voices/noises, responses to internal stimuli
i. Young child who is withdrawn and fearful of adults

F. Clothing and personal incidentals (CPI)

1. Receiving or specialized shelter/receiving care

Personal incidentals will be purchased as needed for the individual child.

2. Regular or specialized foster care

   a. A monthly allowance is added to the board and room rate for clothing and personal incidentals. This amount includes:

      (1) $17.45 for personal incidentals, i.e., school supplies, shampoo.

      (2) Clothing

Children under 12 years	$14.82
Children 12 years and over	17.67

3. The CSO may authorize the purchase of an initial supply of clothing for those children needing clothing at the time a child is placed in shelter/receiving foster family care or group care. An initial supply is not purchased routinely for each child coming into care; purchases are authorized only to the extent necessary to supplement a child's wardrobe. In general, it is expected that these purchases will total no more than $150.

4. Prior to approving such purchases, CSOs will document, in the child's service record, efforts to recover from the child's parents or previous placement whatever clothing the child may have had.

G. Transportation and other expenses

1. When prearranged with the department, foster parents shall be allowed transportation for medically related trips involving a foster child in their home. The department, within available funds, will provide reimbursement at the same rate authorized for employees.

2. In addition, actual costs of food and lodging if necessary in securing the medical care will be reimbursed.

3. Details of the arrangement shall be recorded in child's record.

4. Foster care funds shall be utilized to pay these expenses approved at the CSO level.

H. Temporary absence of child from foster care

1. When there is a plan approved by private agency and/or CSO service staff for a child to be temporarily absent from a foster care facility, the actual days of absence up to (but not more than) fifteen days will be paid by the department.

2. Examples of such absences are visit of child to own home, hospitalization, camp experience and runaways.

3. Payment for more than fifteen days absence for a child who was hospitalized may be paid with RO approval.

32.20 PROGRAM STANDARDS

32.21 Program Expectations

The service worker will:

A. Respond to service requests the same day; contact parents and child to determine if receiving home/foster care is necessary.

B. Within one working day, refer inappropriate requests for foster care placement to appropriate department/community resources, i.e., CPS, services to children in their own homes, mental health, etc.

C. Arrange emergency medical/psychiatric treatment for a child, when needed, prior to placement in shelter/receiving care.

D. Within 72 hours of placement (excluding Sundays and Holidays) file a petition with the court and obtain a shelter order for a dependent child if parents have not signed a DSHS 9-04(X), Placement Authorization and Acknowledgement. Submit recommendations to the court as to the further need for shelter care and be prepared to attend any subsequent hearing on those cases where the petition alleging dependency was filed by the department, unless otherwise ordered by the court.

E. Within 30 working days, complete evaluation of family/child situation/attitudes, develop an individual service plan (ISP) with the child and the family which includes a time-limited plan for returning the child home.

F. Within 30 working days, a physical and dental examination should be scheduled for the child.

G. Within 12 months of placement, when efforts to return a child home have failed, complete a plan for long-term care including relinquishment/deprivation and adoption or permanent foster care.

H. A home visit, which includes an evaluation of the adequacy of care being provided, will be made to each child in foster care at least once each quarter.

32.22 Program Outcomes

A. Child returns home with the provision of necessary services to the child and family.

B. Child placed in appropriate out-of-home setting and services provided to enable a return home as soon as possible.

C. Guardianship established with relative.

D. Child placed for adoption.

E. Permanent foster care agreement established.

32.30 SERVICE PROCEDURES

32.31 General Placement Guidelines

A. A child may require out-of-home placement when any one or more of the criteria listed in 32.13, I, exists.

B. Pre-placement planning is usually done by a crisis intervention worker, a child protective services (CPS) worker, or a foster care placement worker. When the family's case is open to a worker in another service, that worker may provide the planning under expanded worker responsibility.

C. The service worker handling the request for foster care placement will:

1. Determine if child is in need of foster care.

2. Ascertain who is legally responsible for the child.

3. Contact the parent(s) or whoever is responsible for the child and involve them in planning.

D. During the pre-placement planning (with the parents/guardian, if available) the service worker will:

1. Complete a DSHS 14-05(X), Application for Foster Care and Support Enforcement Services, to determine source of maintenance funding for each child for whom DSHS foster care payment will be made prior to completion of DSHS 14-139(X), Social Services Application.

2. Determine service eligibility by completion of the DSHS 14-139(X).

3. Complete DSHS 9-04(X), Placement Authorization and Acknowledgement, for each child placed to authorize voluntary placement and/or authorize medical care, indicate religious preference and acknowledge that a financial obligation exists.

a. When parent(s) is requesting the placement, a good faith effort must be made to have both parents sign the form unless custody has been given to one parent.

b. When child is removed from parent(s) by court order, the parent(s) signature assures authorization of medical, religious preference, and notification of financial obligation.

4. Make a referral to Office of Support Enforcement (OSE). (See instructions for DSHS 14-05(X) in Chapter 99.)

5. Complete or update DSHS 14-24(X), Face Sheet.

6. Develop an individual service plan (ISP) with the parent(s) and the child (if appropriate) for resolving, in a reasonable time, the family's situation which necessitates the child's out-of-home placement. This plan and subsequent case activity will be recorded on the DSHS 2-305(X), Service Episode Record. (See 32.34.)

7. Complete DSHS 2-306(X), Communication Referral (C/R), within one working day of placement when a child has been removed from a family receiving financial assistance in the child's behalf. The C/R should give the date and expected length of placement. Other reports may be necessary as the case progresses.

8. Attend shelter care/fact finding and/or dispositional hearings, as required. (See Chapter 26.34, Juvenile Court hearings and reports.)

E. All social services (including foster care payment and medical services) provided to the child/family will be authorized by the service worker on a DSHS 14-154(X) and/or DSHS 14-159, Change of Service Authorization.

F. A physical and dental examination should be scheduled for the child during pre-placement planning or shortly after placement. DSHS 13-18(X), Child's Health Record, should be sent/given to the medical provider for completion and subsequently filed in the service record. Emergency medical or psychiatric care <u>must</u> be obtained prior to placement, if needed.

G. All available/potential financial and/or medical resources for the child should be explored. Such resources may include (but are not limited to) Supplemental Security Income (SSI), Veterans benefits, medical insurance, Social Security benefits, Indian benefits, etc. (See Chapter 03, Social Service Eligibility.). <u>In order to ensure that the Trust Funds Section of the Office of Accounting Services receives current information, copies of the following will be forwarded to Mail Stop OB-24.</u>

1. Applications to the Federal Government for SSA, SSI or VA.

2. Applications for benefits from Washington State agencies, such as the Department of Labor and Industries.

3. All notifications of changes in status (including terminaton of DSHS as representative payee) forwarded to SSA, SSI, VA or other providers.

4. Changes not reportable to provider agencies, such as change of status involving county, CSO, address, schooling, etc.

5. General correspondence concerning any of the above.

When DSHS is representative payee, receipts from SSA, SSI, Veterans, Railroad, Labor and Industries, and Indian Affairs will be deposited with DSHS, Reimbursements, P.O. Box 9501, Olympia, WA 98504.

Receipts from all other sources will be deposited with the appropriate office of Support Enforcement unless otherwise specified.

H. Whenever possible, careful matching of the child and foster family will be done by the service staff, as follows:

1. Foster family records will be used to assist in determining the suitability of the home for a specific child.

2. Sufficient information about the child and his/her family will be given to the foster parents to enable them to make a decision regarding whether or not to accept a child in their home.

I. To facilitate the child's transition from his/her own home to foster care or from one foster placement to another (whenever possible):

1. The foster home and members of the foster family will be described to the child and his/her parent(s).

2. The child's natural parent(s) will assist in moving the child to the foster home.

3. Pre-placement visit(s) to the foster home will be arranged (including an overnight visit), if possible.

J. Any changes/terminations on placement/services will be authorized on the DSHS 14-154(X) or DSHS 14-159.

K. All information regarding the progress or changes in the ISP will be documented on the DSHS 2-305(X).

32.32 Specific Placement Guidelines

A. Receiving home placement

1. Receiving home care is temporary care not to exceed 30 days.

2. The child should be returned home as quickly as possible.

3. When it becomes evident that placement will be necessary for more than 30 days, the child should be moved into regular foster care as soon as possible so that:

a. The child does not become attached to the receiving home parents causing the move to foster care to be more difficult.

b. The adjustment to the foster home can begin as quickly as possible.

4. In some instances, it may become necessary to request an exception to policy from the Regional Director (RD) or designee to extend receiving care beyond 30 days. (See Chapter 01, Social Service Policy and Administration, for exception to policy procedure.)

B. Crisis Intervention Placement

1. Out-of-home placement may become necessary at any point in the provision of crisis intervention services. (See Chapter 24, Services to Children in their Own Home.)

2. When crisis intervention services are being provided by Delinquency Prevention Services (DPS) or DSHS service contractor and out-of-home placement becomes necessary the case will be referred back to the CSO.

3. Depending on the child's behavior the child may be placed in:

a. Regular receiving care (See 32.13, G, and 32.32, A)
b. Specialized shelter/receiving care (See 32.16, C)
c. Group shelter care (See Chapter 34, Private Agency/Child Group Care, and 32.39)

4. When a child is placed out-of-home, services will be provided to facilitate the earliest possible return home of the child. Immediate action must be taken so that the child is kept in care no longer than is absolutely necessary.

C. Voluntary Placement

1. Children may be accepted for voluntary foster care placement when the parent(s) are willing to sign a DSHS 9-04(X) and when one or more of the criteria listed in 32.13, I, exists.

2. Court intervention should be sought in spite of the parent(s) willingness to place the child voluntarily when:

a. The family situation or dependency of the child warrants;

b. There is not a responsible plan to remedy the situation necessitating placement.

3. A voluntary placement should be accepted only when that placement will not extend over a three-month period. Older teenage youths (16 and 17 years) may be accepted into voluntary foster care under agreements covering periods greater than three months. Agreements with the natural parents regarding the duration of care shall be made and recorded in the child's file.

4. At the time of placement, the parent(s) should be made aware of the following:

   a. The return of the child must be requested, in writing, far enough in advance so that the agency may prepare the child and the foster parents for the change.

   b. If the child is left in voluntary foster care beyond the specified time and a new agreement has not been negotiated, the situation will be reviewed and a decision reached either to return the child home or petition the juvenile court to review the placement situation for jurisdiction of the child with custody given to the department.

D. Independent Placement

1. Occasionally parents request help from the department in locating a suitable foster home for their child for a temporary period of time. The parent(s) plans to maintain full responsibility for supervision and payment of care.

2. The service worker will explore/discuss with the parent(s):

   a. Parents' responsibility to make arrangements with the foster parents regarding:

      (1) Amount of payment,
      (2) Obtaining medical care,
      (3) Discipline,
      (4) Religious training,
      (5) Visiting, and
      (6) Arrangements for holidays.

   b. Type of foster parents wanted, age, standards, geographical area, etc.

3. The service worker will provide the parent(s) with names and addresses of suitable foster families and will call foster parents, if possible, to determine interest and availability.

4. If the parent(s) decides to use the foster home facilities offered, the CSO will advise him/her that the service worker will visit the foster home only to evaluate the care the foster parents are giving to the child and to renew the license.

32.33 Placement of Indian Children

A. In those instances where the Indian child's parents are not available, the resources of the department and of the Indian community shall be used to locate the child's parents and relatives, and to assist in locating possible placement resources.

B. Cases shall be referred to the Indian Child Welfare Advisory Committee (ICWAC) when the parents or court have given written permission.

C. When the ICWAC committee and local administration are deadlocked or when ICWAC is denied the review process by the parent, guardian or court of jurisdiction, consultation shall be obtained from the Regional Director/designee. (See Manual G, 01.04 E.)

D. When the decision to place an Indian child outside his/her home is made, first consideration shall be given to the home of a relative. When relatives' homes are not available, Indian children shall be placed in non-relative Indian foster homes and a copy of DSHS 15-128(X), Verification of American Indian Status, will be completed. If the applicant is unable to provide documentation, consultation will be obtained from the local ICWAC. When Indian homes are not available, Indian children shall, in cooperation with the local ICWAC, be placed in non-Indian foster homes specifically recruited and trained to meet the special needs of Indian children. These homes should be geographically near the child's home community to insure continuation of the parent-child relationship and contact with the child's culture.

E. In planning foster care placements for Indian children demonstrable consideration shall be given to tribal membership, tribal culture and Indian religion. The case record shall document all service plans, all reasons for and circumstances concerning placement decisions with specific statements to support those decisions and plans.

F. For each unenrolled Indian child who will be in care for more than thirty (30) days, including those for whom adoption is planned, the CSO shall make a reasonable effort to complete two copies of the DSHS 4-220(X), Family Ancestry Chart. One copy will be retained in the child's file, the other will be forwarded to the Bureau of Indian Affairs Office responsible for that area. (The BIA has offices in Everett, Spokane, Colville, Hoquiam, Toppenish, Nespelem, and Wellpinit.) The BIA will review the chart for possible enrollment eligibility in conjunction with the enrollment committee of the appropriate tribe. The child's parents are the primary source of information regarding the child's ancestry and their availability is an important consideration.

G. In order to protect their rights, the child, his/her natural parent(s) and/or guardian shall be informed of resources for legal representation; advocacy; and support from an Indian representative approved by the appropriate tribal council or urban Indian organization or the local ICWAC.

32.34 Individual Service Plan and Case Management

A. The placement worker, the parent(s) and the child and foster parents, if appropriate, will develop an Individual Service Plan (ISP) for resolving in a reasonable time the child's temporary status in foster family care and the family disruption. This plan will be recorded on DSHS 2-305(X).

1. The mutually agreed plan must have a specific goal and be time-limited.

2. Each ISP defines specific actions to be taken by service worker, foster care provider, parent (when available) and child (when age appropriate). There must be a time frame for each action.

3. The parent(s) responsibilities should be clearly delineated; contingencies or consequences should be explicit.

4. A written agreement should be utilized.

B. Foster parents should be made aware that the placement is not permanent.

C. During out-of-home placement:

1. Contact should be maintained with parent(s); service worker should provide reasonable support.

2. Parents should be encouraged to visit child.

3. Should contact with parents be broken, a diligent search should be conducted to discover their whereabouts.

4. Efforts to involve the child's parent(s) should be carefully recorded, as should the parents' effort or lack of effort.

D. Case will be reviewed every quarter and ISPs renegotiated as necessary. Periodic reports will be completed for the foster parent record indicating the type of problem(s) exhibited by the child and the foster parent(s)' ability and means of coping. A summary will also be completed for the foster parent record when the child leaves the foster home.

E. Where the child is under the jurisdiction of the court, the worker shall prepare a report for the six-month court review for dependent children, which includes:

1. What services have been provided to or offered to the parent(s) to facilitate reunion;

2. The extent to which the parent(s) have visited the child and any reasons why visitation has not occurred or has been infrequent;

3. Whether the agency is satisfied with the parent(s)' cooperation;

4. Whether additional services are needed, if any, to facilitate the return of the child to the child's parent(s);

5. When return of the child can be expected.

F. For a child in an alternative residential placement, the worker shall prepare a report for an initial court review to be held three months after court approval of the placement. Subsequent hearings, if necessary, will be at six-month intervals.

G. When, after a long-term placement it appears possible to return a child to his/her parent(s), pre-placement visits shall be utilized.

1. Post-placement supervision services after child returns home will generally be provided for a three-month period. (See 32.13 M.)

2. Services beyond a six-month period require supervisory approval.

H. If parent(s) fails to meet obligations, an alternate, more permanent plan should be developed.

1. Expert evaluation (i.e., psychiatrist, psychologist, etc.) of parent(s) should be used when permanent planning becomes a consideration.

2. If return to the parent(s)' home does not appear likely, consideration should be given to:

a. Guardianship with relatives (see H below).

b. Termination of parental rights (see Chapter 36.31).

c. Formalized long-term foster care (see I below).

I. Guardianship with a relative should be considered when:

1. Child is unlikely to return home;

2. Adoption is not appropriate or feasible;

3. Relationship between parent(s) and relative(s) is free from destructive conflict;

4. Parent(s) accepts the plan;

5. Child is willing to live with the relative(s);

6. The relative is willing to assume responsibility for the child including authorization of medical care and treatment;

7. Supervision by the department or other social service agency is not necessary.

J. Formalized long term foster care should be considered when the majority of the following conditions apply:

1. Child is between 16 and 18 years old.

2. Child is unlikely to return home.

3. Relationship between parent(s) and child is not free from destructive conflict.

4. There is no relative available and/or amenable to caring for child.

5. Child has healthy ties to present community and school.

6. Child and foster parent(s) wish to continue the relationship.

7. Parent(s) agree with arrangement.

8. Foster parents, child and natural parent(s) are willing to sign a long-term foster care agreement. (See suggested outline in 32.80.)

K. Guardianship With Foster Parents

A. Where the department or voluntary agency has been a party to the dependency proceedings for a child, the department or voluntary agency may file a petition for guardianship in juvenile court if:

1. a. The child has been removed from the custody of the parents for a period of at least six months pursuant to a finding of dependency as defined under RCW 13.34.030(2)(a) or (b); and

b. The conditions which led to the removal still persist; and

c. There is very little likelihood that these conditions will be remedied so that the child can be returned to the parent in the near future; and

d. Continuation of the parent-child relationship clearly diminishes the child's prospect for early integration into a stable and permanent home; and

e. The finding of dependency has been pursuant to RCW 13.34.030(2)(b), and necessary services have been provided or offered to the parent to facilitate a reunion.

2. Sole guardianship is in the best interest of the child.

3. There are demonstrable advantages to the child for the foster parent to have guardianship as opposed to a permanent foster care arrangement in which the department retains supervision.

B. The homes of guardians to which the department makes payment must be certified as meeting licensing requirements per WAC 388-73-020. The department's rules and procedures regarding the certification and supervision of the home (see Manual G, 6.49 H.) must be followed in spite of the fact that the court may have relieved the department of responsibility to supervise the child.

C. Where a court order relieves the department of providing supervision for a child and that child's care had previously been AFDC-FC funded, the source of funds must be changed to state funds.

D. Where CSO staff are initiating the petition for guardianship in a child's behalf, the petition should specify that guardianship of the person shall go to the foster parents while the department retains guardianship of the estate.

32.35 Psychological or Psychiatric Evaluations

A. Medically related psychiatric and psychological evaluations (that is, those requested by a physician) will require approval by medical consultants.

1. Payment is authorized as other medical care (i.e., medical coupons).

2. The physician is responsible for requesting approval from the medical consultant.

B. Evaluations of children/parents required solely by service staff for foster home or adoptive placement are not medically related and:

1. Require approval from Regional Director (RD)/designee.

2. Do not require approval by the medical consultant.

C. To request approval from the RD, the service worker will:

1. Submit a separate request for each individual requesting evaluation.

2. Include:

a. The reason the evaluation is needed, i.e., to determine proper placement of the child, evaluate parent's functioning for returning the child, etc.

b. The alternatives that have been explored prior to the request, i.e., mental health centers, family counseling, etc.

c. The consequences that may result if the approval is denied.

3. A copy of the approval will be filed in the service record.

D. After receipt of the approval, the service worker will authorize payment to the vendor on a DSHS 14-154(X).

Payment will be at the established rate unless an additional amount is approved in an exception to policy request.

E. In all requests to vendors for consultation, examinations, or other communications about the child the following statement will be included, "All information about (child's name) is confidential and not to be released without the signed consent of the Department of Social and Health Services."

32.36 Abuse Incidents in Foster Care

A. A complaint alleging abuse or neglect by foster parents must be brought to the attention of a CPS worker, the child's worker and licensing worker.

B. CPS staff have primary responsibility to investigate and provide services related to the CPS problem.

C. The procedure in Chapter 26.36 C. will be followed in all cases.

D. The CSO administrator shall be informed of all CPS complaints relating to children in foster care for whom that CSO has responsibility.

E. Children shall be removed from a foster home in which there has been a protective service complaint unless there is clear and convincing proof that the child will not be harmed or endangered. The CPS worker will make this determination.

F. Children shall not be placed in a foster home in which there has been a protective service complaint unless that complaint has been investigated and is unfounded.

G. The CSO administrator will be responsible to ascertain that all CPS complaints involving CSO foster homes are resolved.

H. The license shall be reviewed for a foster home in which there has been a substantiated CPS complaint. (See Chapter 06, Licensing, 06.44, 06.46, and 06.47.)

32.37 Physical Examinations and Immunizations for Children in Foster Care

A. The child's medical history and immunization history will be obtained by the service worker from the child's parents or caretaker at the time of the child's placement and shall be recorded in the appropriate sections of the DSHS 13-18(X), Child's Health Record.

This partially completed form with the return address of the CSO will be given to the provider at the time of the physical examination and returned to the CSO either by mail, via the foster parent, or by the service worker.

B. Initial physical examinations for children entering foster care are to be obtained per section 32.31 F. Physical examinations will be obtained yearly for children over age 1. Infants up to age 1 will receive examinations as follows:

1. One examination up to six weeks of age.

2. One during two to three months of age.

3. One during four to six months of age.

4. One during six to seven months of age.

5. One during 11 to 12 months of age.

C. The initial and yearly physical examinations of children in foster care shall consist of an unclothed examination which includes:

1. Medical history.

2. Assessment of physical growth and mental development.

3. Inspection of ears, nose, mouth, teeth and throat.

4. Vision screening.

5. Auditory screening.

6. Screening for cardiac abnormalities.

7. Screening for anemia.

8. Screening for sickle cell traits (children at risk if not previously tested).

9. Urine screening.

10. Blood pressure (children 12 years or older).

11. Assessment and updating immunizations.

12. Tuberculosis screening, if indicated.

D. Immunizations are to be updated as stated in the instructions for the DSHS 13-18(X).

E. The following guidelines shall be employed to assure recording of the examination:

1. The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program may be used for the initial placement examination and subsequent examinations for children in foster care providing that the provider will complete the DSHS 13-18(X), "Child's Health Record," and the child is eligible for a federally funded medical program.

2. Where an EPSDT provider willing to complete the DSHS 13-18(X) is not available but another vendor who is not an EPSDT provider will do so, CWS funds (using the Form A-19, "Invoice Voucher") may be used.

3. Where it is not otherwise possible to get a report of a physical examination, staff may authorize payment for the examination (using either EPSDT or CWS funds), and, at a later date, request a record review report, authorizing the appropriate payment for the record review report.

F. The following guidelines are to be utilized in respect to EPSDT for children in foster care:

1. Children in foster care who are eligible for medical assistance (i,e., medical coupons) are eligible for EPSDT under Title XIX.

2. EPSDT screening examinations (see 48.12 B.) may be provided in addition to regular medical care for illnesses or trauma and in addition to or in place of the preplacement physical examination.

3. The service worker should utilize an EPSDT screening in place of a preplacement physical examination whenever possible.

4. Procedures in 48.33 shall be followed.

G. Per WAC 388-73-208, it is the responsibility of the service worker to provide foster parents with a health history as complete as possible for each child upon placement. This history shall include an immunization history, allergies, previous illnesses, and conditions of the child which may adversely affect his/her health. In addition, the service worker has responsibility to arrange for a medical examination and immunizations. The fact that the foster parents may on occasion make such arrangements does not relieve the service worker of responsibility to see that required medical examinations, immunizations, and health care are obtained. (See WAC 388-73-208.)

32.38 Inter/Intra County Referral/Transfer

A. Referral/transfer of a child to an out-of-home placement in another CSO's area may be necessary when:

1. Court refers a child to a placement outside the initiating CSO's area.

2. There are no suitable homes available for a child in the initiating CSO's area.

3. There is a specific need for medical facilities or boarding school placement.

4. Child needs placement outside his/her home community due to the child's behavior or the family's situation.

B. The initiating CSO will be responsible for planning, which may include:

1. Coordinating with the court, when necessary.

   a. In some instances a change of custody may be required.
   b. A court recommended placement may prove to be unsuitable.

2. Requesting a foster placement/home study from the receiving CSO.

   a. Initial request may be made by telephone.
   b. Written request and social summary on the child will be sent within five working days of the initial request.

3. Additional planning and placement, if:

   a. Home study on a particular family indicates the home is unlicensable or unsuitable for the child.
   b. Placement is made and fails.

4. Initiating a DSHS 14-05(X), if needed, and initiating or updating a DSHS 14-139(X).

5. Transferring the DSHS 14-159 and completing the DSHS 2-305(X).

6. Transferring the record, including any court orders, if applicable.

C. The receiving CSO will:

1. Contact the prospective family to evaluate placement and/or licensing; or

2. Refer suitable licensed homes to the referring CSO;

3. Notify the initiating CSO immediately if the home is not suitable/licensable or there are no licensed homes available;

4. Help coordinate actual placement with initiating CSO and prospective home;

5. Assume full responsibility for the child as soon as placement is made;

6. Immediately initiate a new DSHS 14-154(X) or update DSHS 14-159, authorizing placement and any other services to be provided;

7. Immediately notify the initiating CSO for additional planning if the placement fails.

D. When an Indian child is being referred/transferred, the procedures in 32.33 will be followed.

E. When a child in a foster home placement moves with the foster family to another area, the original CSO will coordinate with the court having jurisdiction of the child and the receiving CSO for licensing, continuation of payment and supervision of the child.

32.39 Determining Need for Shelter/Receiving Homes

A. The number and type of shelter/receiving homes needed by each CSO and private agency is directly related to the average number of new referrals for placement by age groupings and by sex, each month; the average number of replacements per month, average number of runaways, etc.

B. Shelter/receiving homes supported by the department shall be limited to the number the CSO administrator determines necessary in the geographical area. The criteria to be followed is:

1. Each CSO or private agency shall documents its need for a shelter/receiving home and present the request in writing, giving the specifics, to the CSO administrator or to the Regional Director when more than one CSO administrator is involved.

2. All shelter/receiving homes shall be licensed as child foster family care homes.

3. Shelter/receiving homes are developed to provide care up to 30 days.

4. The need for shelter/receiving home(s) must carry a direct relationship to the department's or private agency's program and service responsibilities.

5. The intent of the service is to allow the department or private agency to develop and carry out a suitable plan for the child.

6. Every six months the CSO administrator shall receive from licensing staff a written report on each shelter/receiving home, resubstantiating its continued use and need. (See 06.37 C.)

32.40 Private Child Placing Agencies

A. Children requiring out-of-home placement may need financial and/or placement resources of both DSHS and of private child placing agencies. Generally referrals are made:

1. From a private agency to the CSO for financial payment.

2. From a CSO to a private agency for placement when:

   a. There are no suitable CSO foster family homes available;
   b. The child has had several unsuccessful placements in a foster family home;
   c. The child's behavior indicates a more structured environment than a family home is required;
   d. The child needs a treatment program which can be obtained from a private agency.

B. For specific procedures regarding referral, placement, supervision, etc., see Chapter 34, Private Agency/Child Group Care.

32.41 Supervisory Functions

A. See Chapter 02, Social Service Delivery System, for supervisory expectations of a general nature.

B. Foster care placement supervisors will review a random sample of cases on a monthly basis. A copy of the completed review schedule is to be placed in the child's file. Items to be monitored include:

1. A service worker is assigned to each child in foster care.

2. Program expectations as defined in 32.31 are met.

   a. For each case there shall be a valid court order giving the department custody or a DSHS 9-04(X) signed by the parent(s) having custody.

   b. Each case plan has a specific goal, is time limited, was developed with input from all participants where possible, defines specific actions to be taken by participants, and reflects a commitment to short-term foster care and permanent planning.

c. Required medical and dental services are being provided, utilizing EPSDT whenever possible.

d. Quarterly visits are being made to each child in foster care to assure that the child is being provided adequate care in the foster home.

3. Activities specified in the case plan are being carried out by the service worker.

4. Verification or adequate documentation that AFDC-FC, SSI, medical eligibility, and other potential sources of income have been explored.

5. Voluntary placements comply with guidelines. (See 32.32 C.)

6. Adoption is being utilized for legally-free children and that legally-free children have been promptly registered with SO upon termination of parental rights, using DSHS 9-235(X), Registry for Legally Freed Children. (See Chapter 36, Adoption Services.)

32.60 INTERFACE WITH OTHER DSHS SERVICES

A. Financial Services

1. Service workers will inform financial services when a child who has been included in a financial grant is placed in foster care. (See 32.31 D. 7.)

2. Natural parent(s) relative(s) will be referred to financial services for a financial eligibility determination when it appears they may have been eligible for AFDC at the time the child was placed in foster care.

B. Division of Developmental Disabilities (DDD)

1. Developmental Disabilities Case Services may request aid from a CSO in selecting an appropriate foster home for a developmentally disabled child and may refer the case to the CSO for payment.

2. The CSO will refer a child for DDD Case Services when a child is considered physically and/or mentally disabled by:

a. Mental retardation; or

b. Cerebral palsy, epilepsy, autism, auditory impairment, or visual impairment having the following additional characteristics:

(1) Condition originates before such person reaches age 18;

(2) Has continued or can be expected to continue indefinitely; and

(3) Constitutes a substantial handicap to such individual's ability to function normally in society.

3. When a DDD Case Services worker is supervising the placement of a DD child in foster care, he/she is responsible for all case planning and management activities. The CSO is responsible only for payment and licensing concerns related to the foster home placement.

a. DSHS 14-154(X) authorizing foster care payment is routed through CSO foster care placement supervisor for approval.

b. Periodic visits to the foster home will be made by licensing staff. (See Chapter 06, Licensing/Certification.)

C. Division of Juvenile Rehabilitation

1. If a foster care placement becomes necessary for a child on parole from a Division of Juvenile Rehabilitiation institution because that youth is unable to reside at home or with a relative, it is necessary to have the court authorize an out-of-home placement. The previous finding of delinquency is not sufficient to authorize a foster care placement.

2. The dependency aspect of the child's care is the responsibility of the CSO. CSO staff are responsible for initiating a dependency or alternative residential petition and for supervision in respect to the child's continuing need for foster care, except that CSO staff may not need to supervise if DJR staff submit quarterly reports covering the case planning and the youth's continued need for foster care.

3. The CSO staff is responsible for licensing and supervision of the foster home.

D. State School for the Blind/Deaf

1. A dependent child attending state schools for the blind or deaf is eligible for clothing and personal incidentals on the same basis as a child in foster care.

2. When a child has no own home to return to when ready to leave school or for summer vacation, the child may be referred to the CSO for placement in foster care using procedures in 32.39.

E. Office of Support Enforcement (OSE)

1. Copies of DSHS 14-05(X), DSHS 9-04(X) and court orders authorizing/ordering placement and/or payment of support/cost of placement must be sent to OSE for each child placed in foster care at time of placement.

2. Any updating information, i.e., change in location of child, rate of payment, etc., will be submitted to OSE as it occurs.

32.70 INTERFACE WITH NON-DSHS SERVICES

A. Juvenile Probation Subsidy Program

One of the components of a juvenile offender's treatment plan may be the need for a placement outside the youth's own or relatives' home. An exception to payment policy is allowed if following criteria are met:

1. The youth has been the recipient of the Probation Subsidy Program and would lose the continuing benefits of the program and therapeutic relationship with the probation counselor if placement and supervision were the responsibility of the CSO.

2. There is a court order or DSHS 9-04(X) giving the department or group care facility custody.

3. The parent(s) and probation counselor discuss the time-limited placement plan with a CSO worker and DSHS 14-05(X) is completed.

4. The CSO processes the application following same procedures as any other child in foster care.

5. The juvenile offender is placed in a licensed foster family home or group care facility.

6. The probation counselor or group care facility submits a progress report to the department on a quarterly basis and keeps the CSO informed as to any changes in treatment plan. (See 32.39.F.)

B. Foster Family Care for Handicapped Children

Washington school laws provide educational opportunities for all handicapped children. Occasionally a school district, especially in rural areas, may not have an education resource to fit the needs of the child involved.

1. Payment will be made by the school district when the only need for foster care arises from the need for an education. When the child is in care only five days a week, returning home on weekends,

holidays, and for the summer, the placement should be considered to be one made to meet the child's educational needs and the school district shall be responsible for the total payment.

2. DSHS will pay the cost of foster care if the primary reason for placement in foster care is one cited in WAC 388-70-014(1), i.e., the social reasons for the placement predominate and the child must remain in foster care continuously.

3. The school district will pay:

   a. The child's parents or the child's guardian, or the foster parent transportation costs to the school district in which the educational resource is available; or

   b. Board and room to a licensed foster home for care in lieu of transportation costs, when payment of transportation is not practical.

      (1) DSHS has no financial responsibility for children who are placed in foster care for the purpose of enabling them to meet their educational needs.

      (2) The room and board rate paid by the school district will generally be the same as that paid by DSHS for foster family care.

      (3) When the rate required for the child's care exceeds the DSHS rate for foster family care, the school district may also meet this, obtaining approval from the Office of the Superintendent of Public Instruction.

      (4) DSHS will not supplement the rate which is paid by the school.

4. When payment for transportation is not a satisfactory arrangement for a handicapped child <u>already in foster care under the supervision of DSHS</u>, the originating school district will make arrangements for the child to be transferred to the school district which will meet the child's educational needs.

   a. The CSO will make arrangements for the child to be placed in a foster home in the school district to which he is transferred.

   b. DSHS will be responsible for making payment to the foster home selected.

5. When the school district refers the parents to the CSO for private placement, the office will provide the parents with the names of the homes in the area which are already licensed, or license a home the parents may have found, if that home is licensable.

a. The CSO will be responsible for supervising the home in relation to the licensing requirements.

b. The child's parents shall select the home, make the placement, and work directly with the foster parents and the originating school district in respect to their child. (See 32.32.D.)

32.80 FORMS REQUIRED BY THIS SERVICE

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

DSHS 2-265(X)	Information and Referral Log (Rev. 6/78)
DSHS 2-305(X)	Service Episode Record (9/78)
DSHS 2-306(X)	Communication/Referral (9/78)
DSHS 2-306A(X)	Communication/Referral, page 2 (9/78)
DSHS 4-220(X)	Family Ancestry Chart (Rev. 3/78)
DSHS 9-04(X)	Placement Authorization and Acknowledgement (Rev. 7/78)
DSHS 14-05(X)	Application for Foster Care and Support Enforcement Services (Rev. 11/78)
DSHS 14-24(X)	Face Sheet (Rev. 9/78)
DSHS 14-139(X)	Social Services Application (Rev. 9/78)
DSHS 14-154(X)	Social Services Authorization (Rev. 3/78)
DSHS 14-159	Change of Service Authorization (Rev. 2/78)
DSHS 15-128(X)	Verification of American Indian Status, Foster Care and Adoptive Applicant (5/79)

B. The following specific forms and instructions are included in the remainder of this chapter:

DSHS 13-18(X)	Child's Health Record (10/72)
	Long-Term Foster Care Agreement (Sample)

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

MANUAL G - REVISION 8

IF NOT DELIVERABLE, RETURN TO: MANUAL DESK - OB-45

This form is being revised to reflect the fact that the content of the placement examination and yearly physical for children in foster care is being revised so that it will be similar to the requirements for an EPSDT screening. (The form would, in fact, be used for EPSDT screenings of children in foster care as well as CWS funded examinations until the department develops a uniform form for all EPSDT screenings.) This will improve the placement physical and result in uniformity, which the department is seeking in response to a recommendation contained in the Budget Committee Review of the Child Foster Care Program.

Along with altering this form, the Bureau is revising Chapter 32, Manual G to reflect increased expectations regarding the frequency of physical examinations and the relative responsibilities of foster parents and the agency staff. The Bureau has also requested that the rates for the CWS physical examination be increased so that they are comparable to the rates paid for the EPSDT screening.

REMOVE	INSERT
Chapter 32, Remove DSHS 13-18(X) (Rev. 10/72) form and instructions located in the back of the chapter.	DSHS 13-18(X) (Rev. 7/79) form and instructions.

On the Revision Control Sheet note the date Revision 8 was entered.

DSHS 13-18(X), Child's Health Record (Rev. 7/79)

Instructions

The DSHS 13-18(X) is to be used to record the routine physical examinations of all children in foster care.

1. The social data and information regarding previous immunizations and tests are completed by the service worker. The form is then forwarded to the physician or whoever takes the child for the examination. The physician enters current data as indicated on both front and reverse pages.

2. Parents should be informed that children whose parents so certify in writing, may be exempted from immunization requirements under certain conditions. (Note, however, that children who have been exempted may be excluded from school for a specific period of time during an epidemic in the schools.)

3. Children need three DTP and two polio immunizations in the first year; a fourth DTP and third polio twelve months later; with boosters at four to six years; and mumps, measles and rubella at fifteen months.

   Adult type tetanus and diphtheria are needed at fourteen-sixteen years of age and ten years thereafter.

4. If a child's immunization history is not available or the immunizations have not been given on schedule, the physician will know what immunization schedule will best protect the child, depending upon the age of the child.

5. Urine analysis, hemoglobin/hematocrit, tuberculin, and lead level tests are required. Other tests may be administered when the child appears to be at risk. Where these procedures are administered as part of a CWS funded physical examination the rates paid are the same as those allowed when they are part of an EPSDT screening.

DSHS 13-18(X), Child's Health Record (Rev. 7/79)

CHILD'S HEALTH RECORD

CSO _____ PARENT'S NAME _____

INSTRUCTIONS: The CSO enters the social data and the information regarding previous immunizations and tests. The form is then forwarded to the physician who enters the data as indicated on both front and reverse pages.

Name _____ Sex _____ Race _____ Case No. _____
(Last) (First) (MI)

Birthdate _____ Birthplace _____
(City) (State)

Birth Wt. _____ Delivery-Normal _____ Not Normal _____ (Specify) _____

Previous Physician _____ Phone _____

IMMUNIZATION

Type--Specify	Date 1st	Date 2nd	Date 3rd	Date Booster
Measles				
Mumps				
Rubella				
DPT				
OPV				

TESTS AND LABORATORY PROCEDURES

Test or Laboratory Procedure	Date 1st	Date 2nd	Date 3rd	Date 4th	Date 5th
Urine					
Hemoglobin/ Hematocrit					
Tuberculin					
Sickle Cell					
Lead Level					
Other (Specify)					

HISTORY

Allergies:

Major Illnesses:

Surgery:

Communicable Diseases: (List type and date)

CURRENT PROBLEMS & MEDICATION

Two copies: The copy for the foster parents and the original for the child's case record.

DSHS 13-18(X) Rev. 7/79

DSHS 13-18(X), Child's Health Record (Rev. 7/79) (cont.)

PHYSICAL EXAMINATION

	1st	2nd	3rd	4th	5th
Date					
Age					
Height, Weight (over 12)					
Blood pressure					
Head, fontanels					
E.E.N.T.					
Mouth, teeth					
Visual screening					
Auditory testing					
Lymph nodes					
Chest, heart, lungs					
Abdomen					
Genitals					
Reflexes, muscle tone					
Orthopedic defect					
Emotional factors noted					
Other					
Physician's name					

Date	Abnormalities--explain, Remarks, Diagnosis, Recommendations

Return to _____ CSO, DSHS _____

DSHS 13-18(X) Rev. 7/79

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

MANUAL G - REVISION 9

IF NOT DELIVERABLE, RETURN TO: MANUAL DESK - OB-45

Revision to section 32.31 to add instructions on Foster Care Trust Funds.

REMOVE	INSERT
Chapter 32, pp. 17-20	Chapter 32, pp. 17-20, 20-a

On Revision Control Sheet note date Revision 9 was entered.

B. Child placed in appropriate out-of-home setting and services provided to enable a return home as soon as possible.

C. Guardianship established with relative.

D. Child placed for adoption.

E. Permanent foster care agreement established.

32.30 SERVICE PROCEDURES

32.31 General Placement Guidelines

A. A child may require out-of-home placement when any one or more of the criteria listed in 32.13, I, exists.

B. Pre-placement planning is usually done by a crisis intervention worker, a child protective services (CPS) worker, or a foster care placement worker. When the family's case is open to a worker in another service, that worker may provide the planning under expanded worker responsibility.

C. The service worker handling the request for foster care placement will:

1. Determine if child is in need of foster care.

2. Ascertain who is legally responsible for the child.

3. Contact the parent(s) or whoever is responsible for the child and involve them in planning.

D. During the pre-placement planning (with the parents/guardian, if available) the service worker will:

1. Complete a DSHS 14-05(X), Application for Foster Care and Support Enforcement Services, to determine source of maintenance funding for each child for whom DSHS foster care payment will be made prior to completion of DSHS 14-139(X), Social Services Application.

2. Determine service eligibility by completion of the DSHS 14-139(X).

3. Complete DSHS 9-04(X), Placement Authorization and Acknowledgement, for each child placed to authorize voluntary placement and/or authorize medical care, indicate religious preference and acknowledge that a financial obligation exists.

   a. When parent(s) is requesting the placement, a good faith effort must be made to have both parents sign the form unless custody has been given to one parent.

b. When child is removed from parent(s) by court order, the parent(s) signature assures authorization of medical, religious preference, and notification of financial obligation.

4. Make a referral to Office of Support Enforcement (OSE). (See instructions for DSHS 14-05(X) in Chapter 99.)

5. Complete or update DSHS 14-24(X), Face Sheet.

6. Develop an individual service plan (ISP) with the parent(s) and the child (if appropriate) for resolving, in a reasonable time, the family's situation which necessitates the child's out-of-home placement. This plan and subsequent case activity will be recorded on the DSHS 2-305(X), Service Episode Record. (See 32.34.)

7. Complete DSHS 2-306(X), Communication Referral (C/R), within one working day of placement when a child has been removed from a family receiving financial assistance in the child's behalf. The C/R should give the date and expected length of placement. Other reports may be necessary as the case progresses.

8. Attend shelter care/fact finding and/or dispositional hearings, as required. (See Chapter 26.34, Juvenile Court hearings and reports.)

E. All social services (including foster care payment and medical services) provided to the child/family will be authorized by the service worker on a DSHS 14-154(X) and/or DSHS 14-159, Change of Service Authorization.

F. A physical and dental examination should be scheduled for the child during pre-placement planning or shortly after placement. DSHS 13-18(X), Child's Health Record, should be sent/given to the medical provider for completion and subsequently filed in the service record. Emergency medical or psychiatric care <u>must</u> be obtained prior to placement, if needed.

G. All available/potential financial and/or medical resources for the child should be explored. Such resources may include (but are not limited to) Supplemental Security Income (SSI), Veterans benefits, medical insurance, Social Security benefits, etc. Where it appears a child may be eligible for one of these resources, social service staff will complete and submit the appropriate application(s). (See Chapter 03, Social Service Eligibility.).

1. In order to ensure that the Trust Funds Unit of the Office of Accounting Services receives current information, copies of the following will be forwarded to Mail Stop OB-24.

a. Applications to the Federal Government for SSA, SSI or VA.

b. Applications for benefits from Washington State agencies, such as the Department of Labor and Industries.

c. All notifications of changes in status (including terminaton of DSHS as representative payee) forwarded to SSA, SSI, VA or other providers.

d. Changes not reportable to provider agencies, such as change of status involving county, CSO, address, schooling, etc.

e. General correspondence concerning any of the above.

2. After a copy of the application, etc. has been forwarded to the Trust Fund Unit, that unit will be responsible for contacting the appropriate agency for any follow-up which may be necessary.

3. When DSHS is representative payee, receipts from SSA, SSI, Veterans, Railroad, Labor and Industries, and Indian Affairs will be deposited with DSHS, Reimbursements, P.O. Box 9501, Olympia, WA 98504.

4. Receipts from all other sources will be deposited with the appropriate office of Support Enforcement unless otherwise specified.

H. When an Indian child is entitled to receive Indian trust income and is placed outside of the natural home, the service worker will notify the Superintendent of the Bureau of Indian Affairs office which services the child's tribe. Such notice shall contain a request to withhold a child's Indian trust funds and place them in a trust account until the child returns home or is adopted.

1. Bureau of Indian Affairs offices in Washington State:

Colville Agency
P.O. Box 111
Nespelem, WA 99155

Spokane Agency
P.O. Box 6
Wellpinit, WA 99040

Puget Sound Agency
3006 Colby Avenue
Everett, WA 98201

Yakima Agency
P.O. Box 632
Toppenish, WA 98948

2. If the BIA agency that services the child's tribe cannot be determined, consultation from the Local Indian Child Welfare Advisory Committee (LICWAC) should be requested.

I. Whenever possible, careful matching of the child and foster family will be done by the service staff, as follows:

1. Foster family records will be used to assist in determining the suitability of the home for a specific child.

2. Sufficient information about the child and his/her family will be given to the foster parents to enable them to make a decision regarding whether or not to accept a child in their home.

J. To facilitate the child's transition from his/her own home to foster care or from one foster placement to another (whenever possible):

1. The foster home and members of the foster family will be described to the child and his/her parent(s).

2. The child's natural parent(s) will assist in moving the child to the foster home.

3. Pre-placement visit(s) to the foster home will be arranged (including an overnight visit), if possible.

K. Any changes/terminations on placement/services will be authorized on the DSHS 14-154(X) or DSHS 14-159.

L. All information regarding the progress or changes in the ISP will be documented on the DSHS 2-305(X).

32.32 Specific Placement Guidelines

A. Receiving home placement

1. Receiving home care is temporary care not to exceed 30 days.

2. The child should be returned home as quickly as possible.

3. When it becomes evident that placement will be necessary for more than 30 days, the child should be moved into regular foster care as soon as possible so that:

a. The child does not become attached to the receiving home parents causing the move to foster care to be more difficult.

b. The adjustment to the foster home can begin as quickly as possible.

4. In some instances, it may become necessary to request an exception to policy from the Regional Director (RD) or designee to extend receiving care beyond 30 days. (See Chapter 01, Social Service Policy and Administration, for exception to policy procedure.)

B. Crisis Intervention Placement

1. Out-of-home placement may become necessary at any point in the provision of crisis intervention services. (See Chapter 24, Services to Children in their Own Home.)

2. When crisis intervention services are being provided by Delinquency Prevention Services (DPS) or DSHS service contractor and out-of-home placement becomes necessary the case will be referred back to the CSO.

3. Depending on the child's behavior the child may be placed in:

   a. Regular receiving care (See 32.13, G, and 32.32, A)
   b. Specialized shelter/receiving care (See 32.16, C)
   c. Group shelter care (See Chapter 34, Private Agency/Child Group Care, and 32.39)

4. When a child is placed out-of-home, services will be provided to facilitate the earliest possible return home of the child. Immediate action must be taken so that the child is kept in care no longer than is absolutely necessary.

C. Voluntary Placement

1. Children may be accepted for voluntary foster care placement when the parent(s) are willing to sign a DSHS 9-04(X) and when one or more of the criteria listed in 32.13, I, exists.

2. Court intervention should be sought in spite of the parent(s) willingness to place the child voluntarily when:

   a. The family situation or dependency of the child warrants;

   b. There is not a responsible plan to remedy the situation necessitating placement.

(Text continues on page 21)