



# Onondaga County Children & Family Services

Child Welfare ♦ Juvenile Justice ♦ Youth Bureau ♦ Children's Mental Health ♦ School-Based Initiatives

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## POLICY DIRECTIVE

<b>Policy Name/Topic</b>	Kinship Policy and Best Practices
<b>Applicable Laws, Regulations, ADM's</b>	See attached listing
<b>Transmittal</b>	19-DCFS-CWPD-4
<b>To</b>	DCFS Child Welfare Caseworkers DCFS Child Welfare Senior Caseworkers DCFS Child Welfare B Supervisors DCFS Child Welfare A Supervisors
<b>Issuing Division/Office</b>	Onondaga County Department of Children and Family Services
<b>Effective Date</b>	September 1, 2019 <i>(Revised October 29, 2019)</i>
<b>Suggested Distribution</b>	Onondaga County Child Welfare Division Onondaga County Family Court Onondaga County Attorney's Office Foster Care Service Providers Onondaga County DCFS Staff NYS-OCFS Regional Office
<b>Contact Person</b>	James C. Czarniak, Deputy Commissioner, Child Welfare Division
<b>Attachments</b>	List of New York Kinship Laws & Policies Onondaga Kinship Forms

## **I. Purpose**

The Onondaga County Department of Children and Family Services' Child Welfare Division is committed to creating a Kin-First culture by promoting safe and appropriate placements of children with caregivers with whom they have an established prior positive relationship. The Onondaga County Department of Children and Family Services' Child Welfare Division supports kinship care and explores this option whenever placement of a child is required. This policy supports kinship placements, kinship permanency and the development of a strong network of extended family and kin to help support the family whenever a case is opened for service.

## **II. Background**

In an effort to reduce congregate care and increase the use of kinship placements and permanency, the Onondaga County Department of Children and Family Services' Child Welfare Division partnered with Casey Family Programs, the Redlich Horwitz Foundation and the American Bar Association Center on Children and the Law to create this comprehensive policy. The goal of this policy is to improve kinship practices in Onondaga County and to clarify time frames, staff roles and the designation of tasks for all staff involved with kinship families. This policy reflects the current state laws and policies aimed at supporting agency-involved kinship families.

## **III. Policy Details – See Attached**

## **New York Kinship Laws & Policies**

### **State Laws and Regulations**

- Family Court Act § 1055 – diligent search for relatives
- Family Court Act § 1027 – search for relatives if removal is necessary
- Family Court Act § 1028-a – eligibility for relative placement
- Family Court Act § 1017 – direct relative placement, immediate investigation searching for relatives and notice to relatives
- Family Court Act § 262(b) – judge can assign counsel if requested
- Soc. Serv. Law § 378(a) – criminal history record check
- Soc. Serv. Law § 458(a)-(e) – Kinship Guardianship Assistance Program
- Soc. Serv. Law - § 384(b) – must make efforts to place child with relatives
- [18 CRR-NY- 430.10\(b\)\(2\)](#) – must attempt to place the child with relatives
- [18 CRR-NY 430.11\(c\)\(4\)](#) – Within 30 days of removal must use due diligence to identify relatives and provide notice
- [18 CRR-NY 443](#) – Certification, approval and supervision of foster family boarding homes
- [18 CRR-NY 443.7](#) - Agency procedures for certifying or approving potential emergency foster homes and emergency relative foster homes
- [18 CRR-NY 443.8](#) - Criminal history record check
- [18 CRR-NY 443.11](#) – Notice letter of denial of certification/approval

### **OCFS Policies and Forms: Notice and Placement**

- [09-OCFS-ADM-04](#) - Handbook for Relatives Raising Children
- [15-OCFS-ADM-01](#) - Definition of Siblings and Expansion of the Relative Notification Requirements
- [17-OCFS-ADM-02](#) - Changes to the Family Court Act Regarding Child Protective and Permanency Hearings, Including Changes Affecting the Rights of Non-Respondent Parents (1017)
- [18-OCFS-ADM-23](#) - New Brochure: Know Your Resources: Non-Parent Caregiver Benefits and New Requirements for Distributing Publications
- [18-OCFS-ADM-03](#) - Expansion of the Kinship Guardianship Assistance Program (KinGAP)
  - [KinGAP Annual Notification Letter](#)
  - [KinGAP Parent of Sibling Notification Letter](#)
  - [KinGAP Relative Notification Letter](#)
  - [KinGAP Non-Relative Notification Letter](#)
- [OCFS-4930](#) – Request for NYS Fingerprinting Services Form
- [19-OCFS-ADM-08](#) - Required Forms for Interstate Compact on the Placement of Children (ICPC) Placement Referrals
  - Checklist OCFS-5050, Checklist for Caseworkers for ICPC Home Study Requests
  - Checklist OCFS-5050g, Residential Placement Checklist for Caseworkers - Regulation 4
  - Form OCFS-5050a, Cover Sheet
  - Form OCFS-5050b, Certification of Title IV-E Eligibility for Interstate Placements of New York Children
  - Form OCFS-5050c, Financial-Medical Plan
  - Form OCFS-5050d, Detailed Child Summary

- Form OCFS-5050e, Signed Statement of Sending Agency Case Manager  
[Form OCFS-5050f, Expedited Placement Decision Home Study Request Form - Regulation 7-Combined Form](#)

#### **OCFS Policies and Forms: Certification/Approval**

- [16-OCFS-ADM-20](#) – Fingerprinting and Criminal History Record Checks for Foster and Adoptive Parents
- [18-OCFS-ADM-04](#) - Requirement to Forward Reports of Suspected Child Abuse or Maltreatment to the Local Departments of Social Services and Voluntary Authorized Agencies Charged With the Care, Custody, or Guardianship of a Child in Foster Care
- [18-OCFS-ADM-05](#) - Criminal History Record Checks of Persons 18 Years of Age or Older Residing in Foster Boarding Homes
- [18-OCFS-ADM-07](#) - Foster/Adoptive Home Certification or Approval Process
- [19-OCFS-ADM-07](#) – FFPSA Model Licensing Standards and Updated Forms for the Certification or Approval of Foster/Adoptive Homes
  - [Pub. 5183i](#) - Foster-Adoptive Parents Certification-Approval Process Chart
  - [Pub. 5183ii](#) - Clearance Chart for Certified or Approved Foster Homes
  - [OCFS-5183A](#) - Self-Assessment
  - [OCFS-5183B](#) - Foster-Adoptive Parent Application
  - [OCFS-5183C](#) - Application to Adopt
  - [OCFS-5183D](#) - Foster-Adoptive Applicant Medical Report
  - [OCFS-5183E](#) - Safety Review
  - [OCFS-5183F](#) - Household Compositions and Relationships
  - [OCFS-5183G](#) - Sample Genogram Template
  - [OCFS-5183H](#) - Personal References
  - [OCFS-5183I](#) - Resource Characteristics
  - [OCFS-5183J](#) - Foster Parent Agreement with Authorized Agency
  - [OCFS-5183K](#) - Final Assessment-Determination
- [18-OCFS-ADM-08](#) - Requesting Records from the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) for the Certification or Approval of Foster Boarding Homes
- [OCFS-5023](#) - Authorization for Release of Information (For Foster Boarding Home Certification or Approval Only) Form
- [OCFS 2659](#) - Notice of Results of Fingerprinting Criminal Record Found, Denial-Revocation Letter -.

#### **OCFS Policies and Forms: KinGAP**

- [18-OCFS-ADM-06](#) - Eligibility Forms for the Kinship Guardianship Assistance Program (KinGAP)
  - [OCFS-4435a](#) - Kinship Guardianship Assistance Eligibility Checklist
  - [OCFS-4435b](#) - Kinship Guardianship Assistance Eligibility Checklist Instructions
  - [OCFS-4435c](#) - Affidavit of Relationship
- [18-OCFS-ADM-03](#) - Expansion of the Kinship Guardianship Assistance Program (KinGAP)
  - [KinGAP Annual Notification Letter](#)
  - [KinGAP Parent of Sibling Notification Letter](#)
  - [KinGAP Relative Notification Letter](#)
  - [KinGAP Non-Relative Notification Letter](#)
- [16-OCFS-ADM-10](#) - Continuation of the Kinship Guardianship Assistance Program (KinGAP) to a Successor Guardian

- [12-OCFS-LCM-03](#) - Kinship Guardianship Assistance Program Payments - Excludable Income for Child Care Subsidy Program Eligibility
- [11-OCFS-ADM-03](#) - Kinship Guardianship Assistance Program (KinGAP)
  - [Attachment A - KinGAP Relative Notification Letter](#)
  - [Attachment B - OCFS 4430](#) - Application for the Kinship Guardianship Assistance and Non-Recurring Guardianship Expenses Programs
  - [Attachment C - OCFS 4431](#) - Kinship Guardianship Assistance and Nonrecurring Expenses Agreement
  - [Attachment D - OCFS 4432](#) - Kinship Guardianship Assistance and Non-Recurring Guardianship Expenses Amendment
  - [Attachment E](#) - Kinship Guardianship Assistance Program Annual Notification
  - [Attachment F](#) - Kinship Guardianship Assistance Program Certification Form
  - [Attachment G](#) - KinGAP Fair Hearing Notice Denial
  - [Attachment H](#) - KinGAP Fair Hearing Notice Denial of Upgrade
  - [Attachment I](#) - KinGAP Fair Hearing Notice Discontinuance
  - [Attachment J - OCFS-4434](#) - Non-Recurring Kinship Guardianship Expenses Reimbursement Form

### **OCFS Kinship Materials**

State kinship information – <https://ocfs.ny.gov/kinship/>

- [Make an Informed Choice: Kin Caring for Children \(OCFS Pub 5120\)](#)
- [Know Your Options: Kin Caring for Children Brochure \(OCFS Pub 5175\)](#)
- [Know Your Resources: Non-Parent Caregiver Benefits \(OCFS Pub 5194\)](#)
- [Having a Voice & a Choice, New York State Handbook for Relatives Raising Children \(OCFS Pub 5080\)](#)
- [Know Your Permanency Options: The Kinship Guardianship Assistance Program \(OCFS Pub 5108\)](#)
- [Kinship Guardianship Assistance Practice Guide](#)
- [KinGAP FAQs](#)
- [KinGAP Expansion FAQ](#)
- [KinGAP Systems Tip Sheet](#)
- [Pursuing Permanence for Children in Foster Care Issues and Options for Establishing a Federal Guardianship Assistance Program in New York State](#)

**Onondaga County**  
**Kinship Policy and Best Practices**  
Revised October 2019

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**Kinship Policy and Best Practices**

**I. Removal Determination and Required Identification of Kin**

- A. During an investigation, the worker must determine if the child needs to be removed or can safely remain in the home. During this determination the investigations worker must:
  - 1. Examine supportive services and reasonable efforts provided to prevent removal, unless immediate removal is necessary to avoid imminent danger.
  - 2. Identify all potential placement resources and document in Connections and on the Triage Referral Form, if appropriate.
  - 3. Interview all parents, children, household members and other significant individuals to help identify maternal and paternal family supports and possible placement resources.
  - 4. Discuss the importance of family and kin involvement and ask about family supports and resources at the first meaningful meeting with the parents.
  - 5. If the child needs to be removed, decide the best placement; try to make the first placement the only placement.
  - 6. For all removal cases, document all interviews with identified kin in Connections and list relatives and/or suitable others on Transfer Summary Form.
- B. When removal from the home is necessary, the parents will be asked to provide possible relative placement resources.
  - 1. The worker should discuss the notice requirements from the Fostering Connections Act with the parents prior to contact with relatives and kin.
  - 2. If it is not clear which relative would be the best placement resource, the worker will discuss all relative resources with his/her supervisor to determine the best placement for the child.

- C. Investigations and Direct Preventive will refer all cases requiring removal, to the Triage Team Leader using the Triage Referral Form and Safety Assessment Form (see II (B)6) immediately after:
  - 1. The child is placed with a relative the parent has identified and the worker has approved, pending the filing of a petition for removal (1017 or foster care); or
  - 2. There is an emergency removal and no identified relative resource; or
  - 3. The court approves a petition for removal and there is no identified relative resource; or
  - 4. Upon request of the Deputy Commissioner.
- D. Direct Preventive Services cases: Within 30 days of receiving a case assignment, the Services worker will work to identify all potential supportive and placement resources and document in Connections and on the Family Resource Form.
- E. For any open "Services" case, where a new child from that case is removed or born and requires removal, the Permanency or Services worker will refer the case to the Triage Team using the Triage Referral Form to assist with identification of kin.
- F. For any change in current placement to a new relative home, the worker must refer the case to the Triage Team using the Triage Referral Form to assist with assessment of kin.

## II. Assessing Kin Home for Placement

- A. If a removal or a change in placement is required and placement with a relative is requested either: 1) a recommendation for N-Docket custody with the relative or; 2) emergency certification or foster placement with kin, the worker must obtain a release from the relative to conduct a background check.
  - 1. Although it is acceptable to obtain a verbal approval to conduct the background check, the worker must obtain a signed release within 24 hours of the verbal release.
- B. Prior to placement in the relative's home and after obtaining written consent, the removing worker must conduct the following background and safety checks on the possible relative placement resources and people in the house aged 18 and older:
  - 1. Connections check – review any indicated CPS history, nature of offense, time of occurrence, removal of biological children;
  - 2. Request police reports for the placement address (results may not be available prior to placement with kin, but must be requested);
  - 3. Sex Offender Registry;
  - 4. Active warrants;
  - 5. NYS Prison website; and
  - 6. Safety check of the home using the Safety Assessment Form, section I only including:
    - a. The safety of the caregiver's home, and
    - b. Any potential risk to the health or safety of the child.
- C. The removing worker will not place child in a home without consulting his or her supervisor if any adults in the home have:
  - 1. Active warrants; or
  - 2. Hit on Sex Offender Registry; or
  - 3. Active investigation, open Direct Preventive, or open Permanency case (child currently removed from the home) (as indicated in Connections check); or
  - 4. Active parole or probation.
- D. The removing worker will document the reason the child was not placed with an identified relative resource in Connections including results of background checks.
- E. The Triage worker will:

1. Visit the relative's home to continue the safety assessment by completing section II of the Safety Assessment Form including:
  - a. Nature and quality of the relationship between the child and caregiver;
  - b. Ability and desire of the caregiver to protect the child from abuse and maltreatment; and
  - c. The health status of the caregiver, including any current physical, mental health, or substance abuse issues.
2. Evaluate the child's needs and the caregiver's ability to meet those needs
3. Discuss all options for placement with the potential kin caregiver again, using the Kinship "Welcome Packet". Contents of the Kinship "Welcome Packet" can be found in Section III(D)(2).
4. Review police reports for the placement address and a "ClearChecks" background check on all members over the age of 18 residing in the home. Unless the crime is a barrier crime, Triage worker should assess safety and appropriateness based on:
  - a. Reason for the police intervention;
  - b. If there was an arrest, what was it for;
  - c. The police narrative of the event; and
  - d. The capacity to care for children.
5. If the child is placed in foster care (not with a relative), review why a relative was not chosen and see if any of the documented barriers to relative placement can be waived or remedied.
6. At the first opportunity, the Triage worker will give the bio parent(s) a copy of the "Your Child has been Removed: What Parents Need to Know" brochure
- F. If there are multiple relatives being assessed, the removing or Triage worker should assess each relative's interest and discuss with parents the various, possible placements, and if applicable, their preference.
  1. The worker should consult with his or her supervisor to determine the best placement option.
  2. If the initial placement was in a "non-kin" foster home or a short-term kinship placement, Triage will do an assessment of all kin expressing an interest in being considered a placement option for the child as well as potential kin placements recommended by the parent.
  3. The court can get involved if there are two appropriate relatives who have been assessed and deemed suitable by the Department.
  4. If there is a suitable relative, but the parent does not want the child placed with that relative, the court should make the placement decision.

### III. Notification and Engagement of Family (Parents and Kin) by Triage Team

- A. After receiving the Triage Referral Form, the Triage Team Leader will assign a Triage worker by the end of the next business day.
- B. The Triage worker will, within 24 hours of the case being assigned, send the "Non-Custodial Parent Letter" or the "Non-Adjudicated Father Letter" (this includes incarcerated parents) and "Request for Relative Information" form asking for relative information to identify relatives.
- C. The Triage worker will contact the relative placement immediately upon case assignment and within 24 hours meet with the relative and document such meeting in Connections. At this meeting, the Triage worker will:
  1. Discuss all permanency and placement options



2. Provide the relative with the Kinship “Welcome Packet”, in compliance with the Department’s “Distribution Plan/Protocol for Mandated Kinship Materials”, including:
  - a. [Make an Informed Choice: Kin Caring for Children \(OCFS-5120\)](#);
  - b. [Know your Options: Kin caring for Children Brochure \(OCFS-5175\)](#);
  - c. [Know Your Resources: Non-Parent Caregiver Benefits \(OCFS-5194\)](#);
  - d. NYS Kinship Navigator Pamphlet and Permission to Contact Form;
  - e. TANF vs Foster Care vs KinGAP benefits chart; and
  - f. Information for Non-Foster Care Relative Placement (1017/N-Docket Placements) sheet
3. Discuss:
  - a. non-placement/supportive roles including visitation, acting as a supervised visitation resource, or a visitation host
  - b. the process to become certified as a foster parent on an expedited basis and how to begin that process (see section VI)
  - c. Educational Stability and Transportation Requirements including “Best Interest Determination” (with the help of the relatives)
4. Ask for contact information for other relatives to keep the child connected to all family members
5. Ask possible kin resources to sign background check releases if not already obtained by the removing worker
- D. If during the initial conversation the relative indicates they are interested in being a foster parent, the Triage worker will also give them the Self-assessment form ([OCFS-5183A](#)) and Foster Parent application ([OCFS-5183B](#)).
- E. The Triage worker will bring vouchers, clothes and any other items necessary to assist the relative resource with meeting the child’s basic needs.
- F. After a removal and receipt of the Triage Referral Form, the case will be assigned to a Permanency worker at the weekly Permanency Supervisors meeting.
- G. Within 48 hours of a Permanency worker being assigned, the Triage worker will schedule a transfer meeting to be held within 10 business days after court-ordered placement.
  1. Removing worker must complete the Transfer Summary (including section on relatives) within 48 hours prior to the scheduled meeting and give it to the Permanency worker, Triage worker, and Permanency worker’s Supervisor.
  2. Triage will bring copies of the completed Triage Checklist to the transfer meeting documenting completed tasks.
  3. Any follow-up tasks that Triage needs to complete will be discussed and agreed upon at the transfer meeting.
  4. Triage will no longer have an active role in the case after all tasks are completed.
  5. If it is determined at this meeting that a sufficient number of appropriate relatives have not been found or engaged, the Triage worker will make a referral for Family Finding at Hillside.
- H. The Triage worker must complete/update all information about identified kin on the Family Resource Form and give it to the Permanency worker at the transfer meeting.
  1. Permanency workers should update the Family Resource Form, at minimum, at every Service Plan Review.
  2. Removing workers, Permanency workers, and Triage workers must document relative contacts and information in Connections.
  3. Efforts to identify kin should include:
    - a. Resources associated with any previous child welfare involvement
    - b. Referral to Family Finding at Hillside, when necessary
- I. Per [18-OCFS-ADM-23](#), the Permanency Worker will mail the appropriate kin notification letter ([KinGAP Relative Notification Letter](#); [Non-Relative Notification Letter](#); or [the Sibling](#)

[Parent Notification Letter](#)); the [Know your Options: Kin caring for Children Brochure \(Pub. 5175\)](#); and [Make an Informed Choice: Kin Caring for Children \(Pub. 5120\)](#) to all identified kin listed on the Family Resource Form within 5 business days of the transfer meeting. The Permanency worker must document in Connections who the notice letter was sent to and keep hard copies of all notice letters in the case file.

- J. Per [18 CRR-430.11\(c\)\(4\)](#), and Family Court Act § 1017, LDSS must use due diligence within 30 days of removal to identify relatives and provide notice.
  - 1. The following relatives are required to receive notice:
    - a. All grandparents, parents of a sibling of the child where such parent has legal custody of the sibling, and other identified relatives suggested by the child's parent or parents, except for relatives with a history of family or domestic violence.
    - b. All relatives identified by a child over the age of five as a relative who plays or has played a significant positive role in his or her life.
    - c. Suitable persons identified by any respondent parent or any non-respondent parent. "Suitable person" means any person who plays or has played a significant positive role in the child's life or in the life of the child's family.
- K. If the child is not placed with a relative, the Triage worker will work to find a relative placement by taking the following steps:
  - 1. Meet with the parents to identify any family members not already documented on the Family Resource Form
  - 2. Attend the first court appearance to discuss relative resources with the parent and any relatives that attend the hearing
  - 3. Contact all relatives that have been identified
  - 4. Vet relatives and provide them information about possibly taking care of kin
  - 5. If the relative volunteers for the child to be placed in his or her home, then they will go through the same steps outlined above; as if the child had been placed with relative initially.

#### IV. Direct Relative Placement – 1017 or N-Docket

- A. If the child has been placed with a relative caregiver under a 1017 custody order, the Triage worker must:
  - 1. Complete tasks on the Triage checklist to connect custodian to benefits and other services
  - 2. Refer the custodian to the New York State Kinship Navigator Program to obtain information about available supports, services, and benefits.
  - 3. Review with the relative the [Know Your Resources: Non-Parent Caregiver Benefits Booklet \(OCFS-5194\)](#).
- B. The Triage worker should transfer the case to a Permanency worker after the court grants N-Docket custody to a relative. A transfer meeting is held with the Triage worker, Permanency worker and his or her supervisor, and Investigation workers and his or her supervisor within 10 days of court-ordered placement. This process will be the same as III(G).
- C. The Permanency worker must provide necessary services and the county-required monthly contacts to the child's parents, the child, and custodian, as needed, to stabilize the family and support reunification.
- D. Within 45 days of placement, and if reunification is not imminent, the Permanency worker must:

1. Review all permanency and placement options with the custodian, including foster care certification or approval. Use the TANF vs Foster Care vs KinGAP benefits chart.
2. The permanency plan should be reviewed monthly with the custodian; including a discussion of the custodian's placement and permanency options.
3. Review the Kinship "Welcome Packet" with the custodian (Section III(C)(2)) and document review in Connections.
4. If the custodian is interested in becoming a certified foster parent, explain the requirements in detail and refer the case to the Placement/Homefinding Unit Supervisor within 2 business days.
5. If the custodian is not interested in pursuing foster home certification, discuss alternative permanency options, such as filing for Article 6 custody.

## V. Legal Custody – Article 6 or V-Docket Custody

- A. Sixty (60) days prior to the first scheduled permanency hearing, the Permanency worker should have a conversation with the custodian about their permanency options.
- B. If the custodian chooses to pursue Article 6 custody, the Permanency worker will provide them with the "Volunteer Lawyers Project Family Court Free Legal Clinic" flyer which gives them information on how to get help filing an Article 6 custody petition.
  1. The custodian must be informed of their right to ask the court for a referral for an attorney pursuant to Family Court Act 262(b).
  2. The custodian must file a petition for permanent Article 6/V-Docket custody.
  3. If the parent does not consent, the custodian must prove that extraordinary circumstances exist to place the child outside of the parent's custody.
- C. The Permanency Worker will refer the custodian to the New York State Kinship Navigator Program to obtain information about available supports, services, and benefits.
- D. Once Article 6/V-Docket custody is granted, the Permanency worker will close the case.

## VI. Emergency Foster Home Certification/Approval

- A. If a kin caregiver is interested in pursuing certification, the Triage or Permanency worker must assess if an interested relative (or non-relative with a positive relationship to the child) would qualify to be certified or approved as an emergency foster home per 18 CRR-NY 443.7 based on the following:
  1. The child was removed from his or her home and placed into foster care.
  2. There is a documented compelling reason to certify or approve the home on an emergency basis.
  3. The caregiver is eligible by being one of the following:
    - a. A relative within a second or third degree to the parent or step-parent of the child; or
    - b. A more distance relative; or
    - c. A non-relative with a significant prior relationship with the child.
- B. The Triage or Permanency worker completes the Safety Assessment Form (if not already completed) and the Foster Parent Application and Self -Assessment form with the caregiver.
- C. The Triage or Permanency worker must discuss all options to care for the child and clarify with the caregiver from the beginning the:
  1. Need to work toward reunification
  2. Caregiver's role to assist with permanency for the child (reunification or other permanency goals)
  3. Caregiver's commitment to continuing care of the child

4. Overview of foster care requirements and the need to complete the approval process within 90 days
- D. The Triage or Permanency worker must obtain a signed "Intent to Certify Attestation" form (pursuant to 18 CRR-NY 443.7) from the potential caregiver indicating the potential caregiver's:
  1. Relationship to the child and the child's parents
  2. Willingness to care for the child in custody of DCFS by cooperation and submit to supervision by DCFS
  3. Willingness to comply with all laws and regulations
- E. The Triage or Permanency worker will consult with their supervisor who then conferences the case with the Placement/Homefinding Unit supervisor to ensure the relative is an appropriate candidate for emergency certification/approval.
  1. If there are any indicated CPS history, significant criminal history or other potential certification compliance issues, the Placement/Homefinding Unit supervisor may submit a "Foster Home Certification Waiver Request" form to the Deputy Commissioner to approve continuing the emergency certification process. Typically, kin with any indicated history are not able to be emergently certified due to time constraints.
  2. The Deputy Commissioner will approve or deny the request to continue the emergency certification process within 3 days.
  3. If approved, documentation of the approval is sent to the Placement/Homefinding Unit supervisor. If not approved, they are referred for non-emergency certification (see Section VII below).
- F. The Triage worker or Permanency worker will then make the referral to the Placement/Homefinding Unit supervisor and provide the following documentation:
  1. Intent to Certify;
  2. Connections clearance results;
  3. Foster Parent Application ([OCFS-5183B](#));
  4. Foster Parent Self-Assessment ([OCFS-5183A](#));
  5. Relative/Suitable Other Safety Assessment Form (expedited home study); and
  6. Police reports for the placement address and a ClearChecks background check on all members over the age of 18 residing in the home.
- G. If all requirements are met and the home is found suitable, the home will be certified or approved as an emergency relative foster home for 90 days from the date of foster care placement of the child in the home.
  1. After custody is remanded to DCFS, the Permanency worker must meet with the Eligibility Unit to update the placement type to reflect foster care placement status and ensure payment.
    - a. If the child is already in the custody of DCFS, the Permanency worker will record the move in FACES
    - b. If the child is just coming into care, the Permanency worker needs to meet with Eligibility.
  2. In addition, the Permanency worker must indicate in Connections that the home is an approved relative home in the services tab.
- H. Before or on the date of the foster care placement, the Homefinding worker will:
  1. Open the emergency foster home in Connections;
  2. Enter the home in FACES;
  3. Provide the Placement/Homefinding Unit supervisor the "Contract for Payment of Foster Home" form; and
  4. Refer the custodian to Foster Parent Training
- I. Within 7 business days of the foster care placement, the Homefinding worker will give the caregivers a packet to complete for a full certification/approval within 90 days and assist

the relative in completing all remaining requirements for certification or approval within 90 days from the date of foster care placement including:

1. Completed Statewide Central Register (SCR) form to be submitted to OCFS;
  2. If necessary, authority to check records from other states of residence for the last 5 years.
  3. Request for NYS Fingerprinting Services form ([OCFS-4930](#)) for everyone in the home over the age of 18. These fingerprints must be completed and submitted to DCFS within 30 days of receiving the blank cards.
  4. Completed form authorizing DCFS to check the Justice Center for Protection of People with Special Needs "Staff Exclusion List (SEL)" (OCFS-6022).
- J. Within 60 days of receipt of background checks, Placement/Homefinding Unit supervisor must decide to fully certify or approve the home per 18 CRR-NY 443.7 (h)
1. The relative may continue to provide care if they meet all the necessary requirements but are still waiting to receive background checks for another 90 days.
- K. Pursuant to 18 CRR-NY 443.7 (h), if the family fails to meet the necessary requirements within 90 days, unless awaiting an SCR or fingerprint clearance:
1. No later than 20 days prior to the expiration, the Homefinding worker will give notice to the relative, identify the reason for denial or barrier to certification, and inform the relative of their right to a hearing.
  2. The Placement/Homefinding Unit supervisor will revoke the home's certification or approval.
  3. The Permanency worker will remove the child from the home and place the child in another certified or approved foster care placement (including eligible relatives) or review the case for modification back to a 1017 placement.
  4. Another 90 days may be granted if awaiting SCR or fingerprint clearance

## VII. Kinship Foster Home Certification/Approval

- A. If the home is not already an approved or certified emergency foster home, the Triage worker, if an active case in the Triage Unit, or Permanency worker must (if not already done) meet with the relative and:
1. Within 10 days of initial contact, discuss all the options to care for the child and if interested in becoming a foster parent for the child.
    - a. This includes providing information on the process and the requirements to become a certified or approved foster home.
    - b. Clarifying with the caregiver: the need to work toward unification; the caregiver's role to assist with permanency for the child (reunification or other permanency goals) and; the caregiver's commitment to continuing care of the child.
  2. If not interested in becoming a foster parent, enter their contact information on the Family Resource form (if not already entered).
  3. If interested in becoming a foster parent, within 15 days assist the relative and their families with completing the following:
    - a. Intent to Certify Attestation form;
    - b. Self-Assessment Form ([OCFS - 5183A](#));
    - c. Foster-Adoptive Parent Application ([OCFS - 5183B](#)); and
    - d. Relative/Suitable Other Safety Assessment form
- B. Within 1 business day of completing the necessary forms, the Triage Worker or Permanency worker must make the referral to the Homefinding unit and provide the following documentation:
1. Intent to Certify;
  2. Connections clearance results;
  3. Foster-Adoptive Parent Application ([OCFS-5183B](#));

4. Self-Assessment Form ([OCFS-5183A](#));
  5. Relative/ Suitable Other Safety Assessment Form; and
  6. Police reports for the placement address and a ClearChecks background check on all members over the age of 18 residing in the home.
- C. Within 5 days of the referral to the Homefinding Unit, a Homefinding worker will be assigned and open the prospective home under Inquiry in Connections. The Homefinding worker will assist with obtaining the clearances and completing the home study.
- D. Once the clearance and medical forms are obtained, the case will be changed to the Applicant phase. The case will not enter the Applicant phase if held in abeyance by the state due to criminal or indicated history. The Homefinding Worker will help the relative complete the following forms:
1. Foster-Adoptive Applicant Medical Report ([OCFS-5813D](#));
  2. Safety Review Form ([OCFS-5183E](#));
  3. Resource Characteristics ([OCFS-5183I](#)); and
  4. Foster Parent Agreement with Authorized Agency ([OCFS-5183I](#))
- E. Within 4 months of the Applicant phase, the Homefinding worker will complete the home study concurrently with an approved training program. The home study must include an SCR background check for the applicant and any household members age 18 or older.
1. If the SCR indicates a history, the applicant must request the relevant records.
- F. The Waiver Procedure will apply to all cases with an indicated CPS or criminal history for:
1. Mandatory Disqualifying Event and Decision on Continued Placement
    - a. When a child is placed in an Emergency Certified kinship home or a relative is seeking full certification and it is discovered that the home cannot be certified because of information obtained in accordance with 18 NYCRR 443.8, the Placement/Homefinding Supervisor will notify the Permanency Worker, the Case Supervisor, the Administrator and the Deputy Commissioner or his/her designee in writing as to the specific disqualifying act.
      1. a felony conviction at any time involving:
        - a) child abuse or neglect;
        - b) spousal abuse;
        - c) a crime against a child, including child pornography; or
        - d) a crime involving violence, including rape, sexual assault, or homicide, other than a crime involving physical assault or battery; or
      2. a felony conviction within the past five years for physical assault, battery, or a drug-related offense.
    - b. Upon notification, the Placement supervisor will send the “Notice of Results of Fingerprinting Criminal Record Found, Denial-Revocation Letter” (OCFS [2659](#)) to the kin caregiver in accordance with 18 CRR-NY 443.11.
    - c. Within three (3) business days after notification, the Case Worker and the Supervisor will meet with the Administrator to review the placement and to make a recommendation to the Deputy Commissioner on whether the children need to be removed from the home or if a modification to the current placement order needs to be completed.
    - d. The Deputy Commissioner will review the requests and make a final decision within five business days of notification and inform all parties.
    - e. If child is to remain in the home, the department must seek modification of custody to a 1017 placement or Article 6/N-Docket within 48 hours after the Deputy Commissioner’s decision.



- f. If the child is to be removed from the relative's home, a referral to Triage will be made to find/engage other kin placements and find an alternative kinship home within 48 hours of the Deputy Commissioner's decision.
2. Non-Mandatory CPS History
  - a. The Placement/Homefinding Supervisor will complete the "Foster Home Certification Waiver Request" form and submit it to the Deputy Commissioner when any of the following situations exist:
    1. The CPS history includes any of the following conditions:
      - a. Any indicated report within the last year; or
      - b. Any Indicated history involving Sex Abuse or Severe Abuse; or
      - c. The applicant had their children removed and placed into Foster Care; or
      - d. The applicant had their Rights Terminated; or
      - e. Indicated history involving a child fatality; or
      - f. Any substantial or questionable history in which the Placement/Homefinding Supervisor and the Administrator cannot agree that the risk has not been ameliorated or has not been addressed satisfactorily to ensure the safety of the child(ren).
  - b. The Deputy Commissioner will gather additional information including a copy of the home study, a copy of the case file, and any other additional background information, if available.
  - c. The Deputy Commissioner will decide within five (5) business days after notification and will submit a written decision that will be sent to the applicant and interested parties via the "Notice of Results-CPS History"; which includes the right to appeal.
  - d. Once a decision is rendered, the worker and Placement/Homefinding supervisor will proceed accordingly.
3. Non-Mandatory Criminal History
  - a. The Placement/Homefinding Supervisor will complete the "Foster Home Certification Waiver Request" form and submit it to the Deputy Commissioner when any of the following situations exist:
    1. Any felony conviction for any member in the home; or
    2. If there are three or more total convictions by any member listed as being in the home; or
    3. If the Placement/Homefinding Unit Supervisor and Administrator can't agree or believe that previous criminal involvement raises considerable concern for the safety of the child in the home.
  - b. The Deputy Commissioner will gather additional information including a copy of the home study, a copy of the case file, and any other additional background information and will review the criminal background with the Commissioner of Probation or his/her designee.
  - c. The Deputy Commissioner (and Commissioner of Probation for waivers involving criminal history) will decide within five (5) business days after notification and will submit a written decision that will be sent to the applicant and interested parties via the "Notice of Results of Fingerprinting Criminal Record Found, Denial-Revocation Letter" (OCFS [2659](#)) which includes the right to appeal.

- d. Once a decision is rendered, the worker and Placement/Homefinding supervisor will proceed accordingly.
- G. After the home study is completed, the Final Assessment and Determination ([OCFS 5183K](#)) and a Certificate of Approval is completed by the Placement worker and signed by the relative.
- H. Once the home is certified/approved:
  - 1. For a child placed under a 1017, the Permanency worker must consult legal to request the child be placed in the custody of DCFS and modify the order.
  - 2. At the modification hearing, the department will request that the foster care placement date coincide with the licensing date, but no more than 30 days prior to the court-ordered modification.
  - 3. After custody is remanded to DCFS, the Permanency Worker must meet with the Eligibility Unit to update placement type to reflect foster care placement status and ensure payment.
  - 4. The Homefinding Unit will finalize the contract and add the relative home in FACES.
  - 5. The Permanency Worker must indicate in Connections that the home is an approved relative home in the services tab.

## VIII. Kinship Guardianship Assistant Program (KinGAP)

- A. A relative foster parent's KinGAP eligibility includes, but is not limited to, the following:
  - 1. Related to the child by blood, marriage or adoption, and the relationship can be to any degree of affinity; or
  - 2. Related to a half-sibling of the child by blood, marriage or adoption (to any degree of affinity) and is also seeking to become, or is, the guardian of such half-sibling through KinGAP; or
  - 3. An adult with a positive relationship to the child that was established prior to the child's current foster care placement.
    - a. Determine that the positive relationship was established prior to the child being placed with the prospective KinGAP resource, not based on being placed in foster care with the resource.
    - b. The relationship must be substantial; meaning both the child and the resource can speak of a positive established relationship.
  - 4. Cared for the foster child as a fully certified/approved foster parent for at least 6 consecutive months before the KinGAP application was submitted.
    - a. Emergency approval does not count toward the 6 months.
  - 5. If the child was placed in Article 10 custody, the child's first permanency hearing and fact-finding have been completed.
  - 6. Returning home and adoption are not appropriate permanency options for the case.
  - 7. The child has a strong attachment to the kin caregiver.
  - 8. The relative is committed to permanently caring for the child.
- B. Six (6) months after the child has been living in an approved relative foster home, the Permanency worker will discuss permanency for the child with the relative foster parent. They will discuss the likelihood of reunification, explore KinGAP and adoption.
  - 1. If a relative foster parent is interested in KinGAP, the Permanency worker will determine the relative's interest in providing a permanent home for the child and fully discuss KinGAP compared to adoption (utilizing the Adoption vs. KinGAP chart) and document the conversation in Connections.



- C. Within 15 business days of meeting with the relative, the Permanency worker and his/her Supervisor will consult the Legal Department to discuss the appropriateness of the primary goal and the concurrent goal. They will review the legal basis for the proposed goals and when it is appropriate to change from the primary to the concurrent goal.
- D. Within 7 days of the legal consultation, the Permanency worker must also discuss KinGAP with the birth parents and with the child (if age appropriate) and document in Connections.
  - 1. If parent is not available and cannot be located, the Permanency Worker will document efforts to meet with the parent to discuss permanency for the child.
  - 2. If the child is age 14 or older, the child must be consulted.
  - 3. If the child is age 18 or older, the child must give consent.
- E. The following items must be documented in the case file and in Connections:
  - 1. KinGAP is in the best interest of the child
  - 2. If there is separation of siblings, the reason for that separation
  - 3. How the child meets the eligibility requirements of KinGAP
  - 4. The efforts made to discuss KinGAP with the birth parents
  - 5. The efforts made to discuss adoption with the kin caregiver
  - 6. The child's feelings about the guardianship including consent if the child is 18 or older
- F. After consultation with the Legal Department, relative, parent(s), and child and *before* the letters of guardianship are issued, the Permanency worker must complete the following forms, documentation, and steps in the below order for each child:
  - 1. Within 30 days of the legal consultation, help the relative complete all forms listed in [18-OCFS-ADM-03](#) -- Sections I-V of the KinGAP Eligibility Checklist ([OCFS-4435a](#)) (Sections I & II by the Permanency worker; Sections III-V by Eligibility) using Checklist Instructions ([OCFS-4435b](#)); KinGAP Application ([OCFS-4430](#)); and the Kinship Guardianship Assistance and Non-Recurring Guardianship Expenses Agreement ([OCFS-4431](#)) and accompanying forms, and provide requested documentation to the Deputy Commissioner of Child Welfare including:
    - a. Complete section I of the KinGAP Eligibility Checklist ([OCFS-4435a](#))
    - b. Complete section II of the KinGAP Eligibility Checklist and KinGAP Application ([OCFS-4430](#))
      - 1. The prospective relative guardian(s) must complete and sign the application, and any youth age 18 or over must also sign (as a confirmation of his or her consent).
      - 2. Where a prospective relative guardian is married, both spouses are encouraged to apply together.
      - 3. The Application cannot be signed and submitted by the related foster parents until the events listed in part 2 of the application have occurred.
      - 4. The "Date of Application" is the date when the related foster parents sign and submit the Application.
    - c. Complete Kinship Guardianship Assistance and Non-Recurring Guardianship Expenses Agreement ([OCFS-4431](#))
      - 1. Must be signed by the prospective relative guardian(s) and the Commissioner of Dept. of Children & Family Services or designee
      - 2. Sections IV (Eligibility for KinGAP Payments), V (Medical Assistance/Medical Subsidy) and VI (Guardianship Assistance Calculations) must be completed by the department's Eligibility Unit.
      - 3. In case the relative completing the agreement dies or becomes incapacitated, he or she must name a prospective guardian in the

- agreement and complete the Prospective Successor Guardian Criminal History Attestation ([OCFS-4409](#)).
- d. Complete Affidavit of Relationship ([OCFS-4435c](#)) to determine and document eligibility.
  - e. The Eligibility Unit will complete Section III of the Eligibility Checklist (Title IV-E Reimbursement), Section IV (Siblings Exception for Title IV-E Eligibility) and Section V of the Eligibility Checklist (Medical Assistance/Medical Coverage).
- G. Within 2 business days of receiving a completed application from the relative, the Permanency Worker must give the application to the Deputy Commissioner.
- H. Within 5 business days of receiving a completed KinGAP application, the Deputy Commissioner or designee must approve or disapprove the application for KinGAP.
1. If the application is denied, the relative must be notified in writing detailing the reasons for denial and informing them of their right to a fair hearing.
- I. After the KinGAP application is approved and signed by the Deputy Commissioner, the Permanency worker will:
1. Give the relative the signed Kinship Guardianship Assistance and Non-Recurring Guardianship Expenses Agreement ([OCFS-4431](#));
  2. Refer the relative to an attorney and inform the relative that they will be eligible for reimbursement of legal fees, directly related to assuming legal guardianship of the child, of up to \$2,000 per child; and
  3. Give the relative the Non-Recurring Kinship Guardianship Expenses Reimbursement Form ([OCFS-4434](#)).
- J. The Permanency worker will provide guardianship attorney:
1. Kinship Guardianship Assistance and Non-Recurring Guardianship Expenses Agreement ([OCFS-4431](#)), and
  2. Affidavit of Relationship ([OCFS-4435c](#)) to determine and document eligibility
- K. The Permanency worker will attend the guardianship hearing.
- L. If the judge approves the guardianship, the Permanency worker will
1. Draft a letter indicating the granting of guardianship (template available in appendix and "I" drive), get it signed by the county attorney and deliver it to the Department's Administrative Assistant (L. Kline) and a copy to the Eligibility Supervisor; and
  2. Deliver to the Eligibility Supervisor the following documents:
    - a. KinGAP Application
    - b. Affidavit of Relationship
    - c. Kinship Guardianship Assistance and Non-Recurring Guardianship Expenses Agreement; and
    - d. KinGAP Eligibility Checklist
- M. Within 2 business days of receiving the notice of court approval, the Eligibility supervisor will complete Section VI of the Eligibility Checklist (Eligibility Summary and Signature/Supervisory Review).
1. Note: this Section (VI) is to be signed by the Permanency worker and Permanency Supervisor, but not completed by them. It is completed by the Eligibility Unit.
- N. Within 5 business days of receiving the notice of court approval, the Department's Administrative Assistant will end foster care payments and the Eligibility supervisor will open the KinGAP subsidy. The process for doing so will include the following steps:
1. End date the foster care payment lines and delete them;

2. Notify the Eligibility Supervisor that the KinGAP case can be opened;
  3. Email the County Attorney's notice of approval to the Placement/Homefinding supervisor;
  4. The Placement/Homefinding supervisor will add the Administrative Assistant as "Secondary" and check the KinGAP Subsidy box; and
  5. The Administrative Assistant will discharge to KinGAP in FACES and Activities and ensure "K" codes are in activities, if completed, close child's tracks in activities.
- O. The Eligibility Checklist should be part of the Case Record and when the Letters of Guardianship are received, they should replace the court's notice of approval in the case file.
- P. For assistance with this complex process, please see the KinGAP Checklist (aka "Cheat Sheet") available on the "I" Drive.

## IX. Kin Adoption

- A. Six (6) months after child has been removed the parent, the Permanency worker will discuss permanency for the child. They will discuss the likelihood of reunification, explore KinGAP and adoption.
  1. The Permanency worker will review the relative's options with the kin caregiver including the comparison of adoption versus KinGAP during the monthly permanency conversation.
- B. If the kin caregiver plans to adopt a child, the Permanency worker will work with the family until the child is freed for adoption.
- C. After the child is freed, the Permanency worker will refer the case to the Adoptions Unit; utilizing the Adoption Transfer Checklist and Transfer Summary Form.
- D. Once an adoption worker is assigned, the procedure for processing an adoption case will be followed the same as it is for a non-relative.

## X. Interstate Compact on the Placement of Children (ICPC) -- DRAFT (pending new OCFS policy)

- A. If a relative is found in another state, request the court order an expedited ICPC if:
  1. The child is under the jurisdiction of a court as a result of action taken by a child welfare agency, the court has the authority to determine custody and placement of the child or has delegated said authority to the child welfare agency, the child is no longer in the home of the parent from whom the child was removed, and the child is being considered for placement in another state with a parent, stepparent, grandparent, adult uncle or aunt, adult brother or sister, or the child's guardian, must meet at least one of the following criteria in order to be considered a Regulation No. 7 case:
    - a. Unexpected dependency due to a sudden or recent incarceration, incapacitation or death of a parent or guardian. Incapacitation means a parent or guardian is unable to care for a child due to a medical, mental or physical condition of a parent or guardian; or
    - b. The child sought to be placed is four years of age or younger, including older siblings sought to be placed with the same proposed placement resource; or
    - c. The court finds that any child in the sibling group sought to be placed has a "substantial relationship" with the proposed placement resource. Substantial relationship means the proposed placement has a familial or mentoring role

- with the child, has spent more than cursory time with the child, and has established more than a minimal bond with the child; or
- d. The child is currently in an emergency placement.
- 2. The receiving state shall expedite provisional determination of the appropriateness of the proposed placement resource by:
  - a. Performing a physical "walk through" by the receiving state's caseworker of the prospective placement's home to assess the residence for risks and appropriateness for placement of the child;
  - b. Searching the receiving state's child protective services database for prior reports/investigations on the prospective placement as required by the receiving state for emergency placement of a child in its custody;
  - c. Performing a local criminal background check on the prospective placement;
  - d. Undertaking other determinations as agreed upon by the sending and receiving state Compact Administrators; and
  - e. Providing a provisional written report to the receiving state Compact Administrator as to the appropriateness of the proposed placement.
- B. Triage completes ICPC packet if court grants request to expedite and submits to the state within 5 days. See: 19-OCFS-ADM-08 - Required Forms for Interstate Compact on the Placement of Children (ICPC) Placement Referrals
  - 1. Permanency worker is named as the primary case manager and completes the packet if it is NOT expedited
- C. If NY approves the home, the Permanency worker files a modification order to move the child out of state.
- D. If the court orders the child moved, the Permanency worker keeps the case open and the receiving state monitors the child.
  - 1. The Permanency worker continues to work with the parent or toward another permanency goal
- E. If the home is required to be licensed, the receiving state's licensing regulations apply, and NY pays the foster care stipend and KinGAP subsidy, if applicable.

## Onondaga County Kinship Policy

Form/Tool	1 <sup>st</sup> Section Reference
Triage Referral Form	I/A
Safety Assessment Form (Relative/Suitable Other Assessment Form)	I/C
"Your Child Has Been Removed: What Parents Need to Know"	II/E/6
Non-Custodial Parent Letter & Request for Relative Information	III/B
Non-Adjudicated Father Letter	III/B
"Make an Informed Choice: Kin Caring for Children" (OCFS Pub. 5120) *	III/C/2
"Know Your Options: Kin Caring for Children" (OCFS Pub. 5175) *	III/C/2
"Know Your Resources: Non-Parent Caregiver Benefits" (OCFS Pub. 5194) *	III/C/2
TANF vs. Foster Care vs. KinGAP/Adoption Benefits Chart	III/C/2
Kinship Navigator Brochure and "Permission to Contact" Form	III/C/2
Information for Non-Foster Care Relative Placements (1017 Placements)	III/C/2
Self-Assessment Form (OCFS Pub. 5183A) *	III/D
Foster Parent Application (OCFS Pub. 5183B) *	III/D
Triage Checklist	III/G/2
Family Resource Form	III/H
KinGAP Relative Notification Letter ("I" Drive)	III/I
KinGAP Non-Relative Notification Letter ("I" Drive)	III/I
KinGAP Parent of Sibling Notification Letter ("I" Drive)	III/I
Volunteer Lawyers Project Family Court Free Legal Clinic flyer	V/B
Intent to Certify Form	VI/D
Foster Home Certification – Waiver Request Form	VI/E/1
Request for NYS Fingerprinting Services Form (OCFS 4930) *	VI/I/1
Request for Staff Exclusion List (SEL) Check Form (OCFS 6022) *	VI/I/4
Home Study Forms	
a. Medical Report (OCFS 5183D) *	VII/D/1
b. Safety Review Form (OCFS 5183E) *	VII/D/2
c. Resource Characteristics (OCFS 5183I) *	VII/D/3
d. Foster Parent Agreement with Authorized Agency (OCFS 5183J) *	VII/D/4
e. Final Assessment and Determination (OCFS 5183K) *	VII/G
Notice of Results - Criminal History; Denial/Revocation Letter (OCFS 2659) *	VII/F/1/b
Notice of Results - CPS History; Denial/Revocation Letter	VII/F/2/c
Letter Template for Court granting KinGAP Guardianship	VII/L/1
Adoption vs. KinGAP Chart	VIII/B/1
KinGAP Eligibility Checklist (OCFS 4435a) *	VIII/F/1
KinGAP Eligibility Checklist Instructions (OCFS 4435b) *	VIII/F/1
Affidavit of Relationship Form (OCFS 4435c) *	VIII/F/1/d
Application for KinGAP and Nonrecurring Guardianship Expense Programs (OCFS 4430) *	VIII/F/1
KinGAP and Non-Recurring Guardianship Expenses Agreement (OCFS 4431) *	VIII/F/1
Prospective Successor Guardian Criminal History Attestation (OCFS 4409) *	VIII/F/c/3
Non-Recurring KinGAP Expenses Reimbursement Form (OCFS 4434) *	VIII/I/3
KinGAP Checklist (aka "Cheat Sheet")	VIII/P
Adoption Transfer Checklist & Transfer Summary Form	IX/C
ICPC Packet	X/B

\*Note: These forms are accessible via the hyper-link in the policy document. All others are attached.

# TRIAGE REFERRAL FORM

(Please complete as much information as possible)

## BASIC INFORMATION

Caseworker/Supervisor Name and Ext:

Case Name:

Case Address and Ph:

Reason for Removal:

## CHILDREN'S INFORMATION

Children's Names:

Current location of children (address, phone, name of caretaker):

Foster Parents:

## FAMILY INFORMATION

Mother's Name:

Address & Phone:

Father's Name(s):

Address, Phone, and which child is he connected to:

Other important information:

## **Relative/Suitable Other Safety Assessment**

**Section I – To be completed by Investigations (or when a relative has been identified in a services case)**

Case Name:

Caregiver Name:

Caregiver Address & Phone:

Name of Child(ren) to be Placed:

DOB:


Name/Aliases of ALL Adults (18+) in the home:  
Child:

DOB:

Relation to


Clearances: Check if completed

Adult's Name	Warrants	Sex Offender	CPS	DOCS

Concerns regarding any of the above:


### **Conditions of the Home:**

Meets Minimal Standards?    ☐ Yes                      ☐ No

Operable Smoke Detectors?    ☐ Yes                      ☐ No

Pets in the Home?    ☐ Yes                      ☐ No

Safety Concerns?    ☐ Yes                      ☐ No

If “Yes”, please describe: \_\_\_\_\_

Safe Sleep Discussed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Pack ‘n Play Given? \_\_\_\_\_ Yes \_\_\_\_\_ No

Concerns to be Addressed:


Placement approved? \_\_\_\_\_ Yes \_\_\_\_\_ No

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach any CPS/Criminal Background Information

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\*\*\*\*\*

## Section II – To be completed by Triage/Permanency

<u>Name of Other Children Living w/ Caretaker</u>	<u>DOB</u>	<u>School/Daycare</u>

Describe sleeping arrangements – Will DCFS need to provide beds or pack ‘n play?


Where will the placed children go to School/Daycare/Medical/Mental Health:




Plan for Visitation with parents:


Caretaker's Physical/Mental Health Issues (i.e., ability to care for child(ren)):


Caretaker's Source(s) of Income (check all that apply):

Employment	TA/SNAP	SSI

Caretaker's Debt (if any): (check if in arrears)

Rent	National Grid	Other (please specify)

Willing to Submit to Jurisdiction of the Court?      ☐ Yes      ☐ No

Willing to be a long-term resource?      ☐ Yes      ☐ No

Referred for foster care emergency certification?      ☐ Yes      ☐ No

Other Relevant Information:


Caretaker's or Relative's Home:

Any apparent risk to health & safety of the child?    ☐ No                      ☐ Yes

If "Yes", please describe:


**Caretaker's or Relative's Family** – Please address the following factors:

- 1) The family's relationship with the child and child's parent(s) or stepparent(s):


- 2) The care provided to other children in the home by potential caregiver or relative:


- 3) The caregiver's or relative's knowledge of the circumstances and conditions that led to the need for the child's foster care placement:


- 4) The past role of the caregiver or relative in helping and/or protecting the child from and/or preventing occurrences of abuse or maltreatment of the child:


- 5) The present ability of the caretaker or relative to protect the child placed in its home from abuse of maltreatment and the caretaker's or relative's ability to understand the need to protect the child from abuse or maltreatment:


I have explained to the caregiver or relative the agency's role and authority to supervise the placement.

\_\_\_ Yes      \_\_\_ No

**Triage/Caseworker Name:** \_\_\_\_\_

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

**Attachments:**

- Foster Parent Application
- Self-Assessment Form

#### IMPORTANT NAMES AND PHONE NUMBERS:

Triage/Caseworker:

\_\_\_\_\_

Your Lawyer:

\_\_\_\_\_

Attorney for the Child:

\_\_\_\_\_

Important Dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## YOUR CHILD HAS BEEN REMOVED: WHAT PARENTS NEED TO KNOW



Onondaga County  
Department of  
Children & Family Services

When the Onondaga County Department of Children and Family Services (DCFS) investigates complaints of abuse or neglect, we will try to work with you and your family to ensure that the children remain safe and strengthen your family.

In some situations, DCFS will decide to file a case in front of a judge, with allegations of abuse or neglect, and may also ask that the children be removed from your home. If the family court judge determines that removal is necessary to avoid imminent risk to your child's life or health, the court can order that your child be placed in foster care.



#### THE IMPORTANCE OF KINSHIP CARE:

Once your child is removed from your home, legal custody is temporarily transferred to DCFS. Your child will be cared for by a relative or non-relative foster parent.

When children can't live safely with their parents, the law prioritizes placement with relatives or close family friends, also known as kinship care. Kinship care is the preferred placement for many reasons.

Under the Fostering Connections Act and New York law, DCFS is required to identify and notify all adult relatives within 30 days of your children's removal and to explain their options to participate in the care and placement of your children.

Be sure to tell DCFS about any relatives or friends who you believe can safely care for your children. The identified adults do not necessarily have to be blood relatives. They could be someone who has a significant positive relationship with your children or your family.

DCFS will make every effort to place your children in a home most suitable to your children's needs, and if possible allow them to continue to attend the same school, see their same doctors and maintain family ties.

Onondaga County Department of Children and Family Services

#### PARENT'S RESPONSIBILITY:

We know that this is a very difficult and painful time for your family. In support of having your children returned to you, DCFS and the court will ask you to make changes in the way you provide care for your children. This includes addressing the issues that brought your children into care and any issues that prevent your children from returning home. This may mean making big changes in your life.

Under federal law, parents are required to take responsibility for making those changes and DCFS is also required to help bring families back together.

When a child is placed away from home, there will be hearings in Family Court, usually every 5-6 months. At these hearings, a judge will decide if and when your child:

- Will be returned home; or
- Placed for adoption; or
- Referred to the Kinship Guardianship Assistance Program (KinGAP); or
- Placed in "Another Planned Permanent Living Arrangement" (APPLA).

#### THE LAW STATES THAT AFTER ONLY 12 MONTHS, FAMILY COURT MUST MAKE DECISIONS ABOUT PERMANENCY FOR YOUR CHILD.

Permanency means a decision about where and with whom your children will live on a long-term basis. Your children can return home only if a judge decides that you have made the necessary changes in your life and you have an appropriate plan to keep your children safe and take care of them.

The problems that made it unsafe for your children to remain at home need to be resolved within one year of your children going into foster care or other living arrangement.

If your child has been in care for 15 of the past 22 months, the federal Adoption and Safe Families Act (ASFA) says DCFS must ask the court to end your parental rights and therefore free your child for adoption.

There are only a few exceptions to this rule. If the judge terminates your parental rights, your child may then be placed for adoption.

#### WHAT IS "CONCURRENT PLANNING" AND HOW WILL IT IMPACT YOUR CASE?

DCFS is required to make efforts to reunify your child with you. At the same time DCFS must also create a back-up plan, known as the Concurrent Plan, in case your child cannot be returned to you. This plan will be developed as soon as your child enters foster care.

Although all efforts will be made by DCFS to work with you to have your child returned, DCFS is also required by law to make efforts toward achieving this separate concurrent plan. You can help DCFS with the development of this concurrent plan by giving DCFS the names and addresses of all relatives or family friends that might be able to care for your child, if you are not able to reunify with your child.

You should know that DCFS, the court, and other parties involved with your child, may discuss permanency with your child's caregivers, including relatives. They may discuss adoption and/or other permanency plans even while DCFS is working with you on reunification.

It is now up to you to make sure that your child is returned to you by completing all court-ordered services and cooperating with the caseworkers assigned to your case.

#### WHAT KINDS OF PROBLEMS SHOULD YOU WORK ON?

You should work with your caseworkers to solve the problems that led to your children being removed and any problems that prevent your children from returning home (e.g., drug or alcohol abuse, inappropriate discipline, domestic violence, neglecting your child's basic need for food or medical care).

Your caseworker will work with you to develop a Family Assessment and Service Plan (FASP) that sets out goals and time-lines to meet these goals. If you have questions about these goals and how to meet them, contact your DCFS worker or lawyer right away. DCFS will work with you and provide referrals to services to help you resolve your problems.

Federal law sets strict time limits and deadlines that you and DCFS must both meet. Please be aware that there are very serious consequences for any of the following:

- Missing visits with your children
- Missing meetings with your children's caseworkers
- Missing scheduled hearings in Family Court
- Failing to resolve the family problems that led to your children living away from home or preventing your children from returning home

Onondaga County Department of Children and Family Services

Onondaga County Department of Children and Family Services

Created in collaboration with the ABA Center on Children and the Law and Casey Family Programs.

## Request for Relative Information

Please complete the following information. List additional names on the back, if necessary.

Child's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

My relationship to Child: \_\_\_\_\_

### OTHER RELATIVES:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Completed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return this form to us in the enclosed envelope within 14 days of receipt of this letter. Thank you!

## TANF vs. Foster Care vs. KinGAP/Adoption Benefits

(Onondaga County Rates for 2019)

<b><u>TANF</u></b> <b>(Age 6-11)</b>	<b><u>Foster Care</u></b> <b>(Age 6-11)</b>	<b><u>KinGAP/Adoption</u></b> <b>(Age 6-11)</b>
<p><b>One child</b> living with relative outside foster care &amp; relative does not receive any Public Assistance or subsidized rent</p> <p>Approximately \$ <b>431/month</b></p>	<p><b>One child</b> placed in foster care with a fully certified relative</p> <p>*Includes clothing allowance</p> <p>\$ 22.59/day (Regular Rate) Approximately <b>\$689/month</b></p>	<p><b>One child</b> living with a relative under KinGAP or Adoption subsidy</p> <p>\$22.59/day</p> <p>Approximately \$ <b>689/month</b></p>
<p><b>Two Children</b> living with relative outside foster care &amp; relative does not receive any Public Assistance or subsidized rent</p> <p>Approximately \$ <b>616/month</b></p>	<p><b>Two Children</b> placed in foster care with a fully certified relative</p> <p>\$ 45.18/day (Regular Rate x 2)</p> <p>Approximately <b>\$1378/month</b></p>	<p><b>Two children</b> living with relative under KinGAP or Adoption subsidy</p> <p>\$45.18/day</p> <p>Approximately <b>\$ 1378/month</b></p>
<p><b>Three children</b> living with relative outside foster care &amp; relative does not receive any Public Assistance or subsidized rent</p> <p>Approximately \$ <b>794/month</b></p>	<p><b>Three Siblings</b> placed in foster care with a fully certified relative</p> <p>\$ 135.51/day (Sibling Rate x 3)</p> <p>Approximately <b>\$4,133/month</b></p> <p>(above rate is for a limited time only during transition to KinGAP or Adoption)</p>	<p><b>Three children</b> living with relative under KinGAP or Adoption subsidy</p> <p>\$65.58/day</p> <p>Approximately <b>\$1967/month</b></p>

**Note: Rates are subject to change and therefore not guaranteed**

Created in collaboration with the ABA Center on Children and the Law and Casey Family Programs.



## **Caregiver Permission to Contact Form**

Kinship caregivers are grandparents, other relatives, and family friends who are full time caregivers of children. The New York State Kinship Navigator is a state-wide program that provides information and assistance to kinship families, and connects them with specialized services designed to support them.

**By signing this form, you are giving your permission for our staff to contact you about our services and offer information about your permanency options and other services available to you.**

**With your permission, we will call you!**

If you have questions about Kinship Navigator services, please call 877-454-6463 or email [navigator@nysnavigator.org](mailto:navigator@nysnavigator.org). Please go to the other side of this page, where you can complete the permission to contact form.

## PERMISSION FOR THE KINSHIP NAVIGATOR TO CONTACT YOU

Please sign and provide your contact information below, and then return to your staff person

Permission for Kinship Navigator to call you: ☐ Yes ☐ No (If No, Stop here)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. **Name of Primary Caregiver:** \_\_\_\_\_  
(Please PRINT legibly)

2. **Mailing Address:** \_\_\_\_\_ Apt Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Home Phone:** Area code: \_\_\_\_\_ phone: \_\_\_\_\_ - \_\_\_\_\_

4. **Cell Phone:** Area code: \_\_\_\_\_ phone: \_\_\_\_\_ - \_\_\_\_\_

5. **Other Phone:** Area code: \_\_\_\_\_ phone: \_\_\_\_\_ - \_\_\_\_\_

6. **Email Address:** \_\_\_\_\_

7. **What language do you prefer?** ☐ English ☐ Spanish ☐ Other \_\_\_\_\_

8. **Preferences for contact (check all that apply)**

**Time of day:** ☐ Morning (9-12) ☐ Lunchtime (12-1) ☐ Afternoon (1-4) ☐ Evening (4-6)

**By** ☐ Email ☐ Mail ☐ Home Phone ☐ Cell Phone

---

9. Would you agree for the referring worker to contact KN to inquire if contact was made? ☐ Yes ☐ No  
(If No, we will respect your privacy.)

---

**Instructions for Staff:** Please complete the information below, and fax this form to 585-456-1676 or email a scanned copy to [navigator@nysnavigator.org](mailto:navigator@nysnavigator.org).

Unit: \_\_\_\_\_ County: \_\_\_\_\_

Staff Person: \_\_\_\_\_

Child Welfare Staff Only: Types of Placement:

☐ "Temporary" (No Article Ten); ☐ Article Ten "direct"; ☐ Article Ten into Article Six;

☐ KinGAP; ☐ Other \_\_\_\_\_

Does the client have a Safety Plan in place? ☐ Yes ☐ No

Brief Description of Caregiver Situation/Needs: \_\_\_\_\_

Date fax/email sent \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please fax the form even if caregiver declined to be contacted; this is important for our records).

**FAX NUMBER: 585-456-1676**



County of Onondaga

## Children & Family Services

Child Welfare • Juvenile Justice • Youth Bureau • Children's Mental Health • School-Based Initiatives

JOHN H. MULROY CIVIC CENTER

421 MONTGOMERY STREET

SYRACUSE, NY 13202

[www.ongov.net](http://www.ongov.net)

**J. Ryan McMahon II**  
County Executive

**Richard Gasiorowski**  
Commissioner

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### **Information for Non-Foster Care Relative Placements (i.e., 1017 Placements)**

Children & Family Services' goal is to keep children in their home with their parents. When this is not possible, due to an unsafe environment and they have to be placed outside of the home, we seek relatives to care for the children. We ask that you work with our agency to provide a safe, nurturing and stable environment for the children we are placing with you.

If you agree to accept temporary custody of a child during a Child Protective proceeding, you will be required to submit to the jurisdiction of Family Court and abide by any existing court Orders of Protection and DCFS safety plans. This includes the following expectations:

- \* Commit to keeping parent(s) informed and engaged in their child's life and aware of important milestones
- \* Schedule, transport, facilitate and supervise (if court-ordered) visitation between the child and the biological parents and siblings
  - Visits should occur in the relative's home or an agreed upon location in the community
  - The relative caregiver may use other relatives and community supports to help with visitation (with DCFS approval), but are ultimately responsible to ensure regular visitation, in accordance with all court orders
  - DCFS staff may not transport children, as they are not in the custody of DCFS
- \* Meet with the DCFS caseworker in your home as requested and allow the caseworker to meet with the children;
- \* Work with the children's appointed Attorney for the Child and allow them to meet with the children;
- \* Ensure that the children receive proper medical and dental care, including obtaining a verifiable plan of medical insurance, and assist with the provision of any services needed by the children;
- \* Send the children to school/day care, daily and on time, and cooperate with the school/day care agency;
- \* Provide the DCFS caseworker the *name, date of birth, and social security #* of every person in the household over 18 years old, and any adult that frequents the home or regularly provides care for the children;
- \* Notify the DCFS caseworker immediately of any change of address, phone number, or household composition;



- \* Inform DCFS if problems with the child in the home occur and allow DCFS a reasonable amount of time to resolve the issue; and
- \* It is expected that you will be the main care provider for the children and will ensure proper supervision of the children at all times. If you plan to allow anyone else to care for the children, that person will need to be pre-approved by the DCFS caseworker.

As a person requesting to become a placement resource for a child, there will be a required home study, part of which will include a review of criminal records history.

You will have the option of applying to become a DCFS foster parent or of having the child placed with you directly as a relative/suitable other placement. The caseworker will review with you the differences between the two options, the advantages and disadvantages of both and what supports are available for each.

You should know that any of the following criminal convictions would automatically disqualify you from being certified as a DCFS foster parent, under New York State law:

- A felony conviction at any time involving child abuse or neglect, spousal abuse, or a crime against a child, including child pornography;
- A crime involving violence, including rape, sexual assault, or homicide;
- A felony conviction within the past five years for physical assault, battery, or a drug-related offense.

Please note that the above is only a list of **automatic** disqualifiers for foster care certification. Any other criminal charges and/or convictions, as well as any Child Protective history, will also be taken into account in the process of approving your certification as a foster parent.

Know also that the above convictions and any other convictions, criminal charges, or Child Protective history, will be reviewed, and may also impact the recommendation that DCFS will make to Family Court with regard to your becoming a relative/suitable other placement resource for a child. The final decision in the case of a relative/suitable other placement request will be made by Family Court.

Children, under one year of age, should be sleeping on their back for both night-time and naps. They should be sleeping on a firm surface. Absolutely no pillows, blankets, crib bumpers, stuffed animals, toys, or any other item should be in the sleep area with the child. No one should be smoking around the baby.

*Revised 4/29/19*

Created in collaboration with the ABA Center on Children and the Law and Casey Family Programs.

Triage Checklist		Case Name:		
Child:	FC/Rel	Address	Phone	Misc

#### FSC/FOSTER CARE/RELATIVE PLACEMENT

<input type="checkbox"/>	Clothing Voucher:	
<input type="checkbox"/>	Daycare:	
<input type="checkbox"/>	WIC	
<input type="checkbox"/>	Enhance:	
<input type="checkbox"/>	School:	
<input type="checkbox"/>	Placement Letter	
<input type="checkbox"/>	Bill of Rights (14+):	
<input type="checkbox"/>	Grantee Application:	
<input type="checkbox"/>	Food Voucher:	
<input type="checkbox"/>	Items Purchased:	
<input type="checkbox"/>	Other:	

#### DOCUMENTS

<input type="checkbox"/>	Birth Certificate:	
<input type="checkbox"/>	ICWA:	
<input type="checkbox"/>	Birth Records:	
<input type="checkbox"/>	Consent to Treat:	
<input type="checkbox"/>	Religious Preference:	
<input type="checkbox"/>	Putative Father Registry:	
<input type="checkbox"/>	Acknowledgement of Paternity:	
<input type="checkbox"/>	Order of Filiation:	
<input type="checkbox"/>	Letters sent to absent fathers:	

<input type="checkbox"/>	Family Resource Form:	
<input type="checkbox"/>	Medical Records:	
<input type="checkbox"/>	Case Master Record:	
<input type="checkbox"/>	Other:	

#### MISC

<input type="checkbox"/>	Emergency FC Cert?	
<input type="checkbox"/>	Rel Home Assessment?	
<input type="checkbox"/>	Family Place Referral?	
<input type="checkbox"/>	Bus Passes?	
<input type="checkbox"/>	Kinship Navigator referral?	
<input type="checkbox"/>	Photo of child in case file?	
<input type="checkbox"/>	Other	

#### IMPORTANT DATES

<input type="checkbox"/>	Next Court Date/Part/Reas PH Date:	
<input type="checkbox"/>	Next Enhance Appt:	
<input type="checkbox"/>	Date of last child/parent visit:	
<input type="checkbox"/>	Date Child was last seen in Placement:	
<input type="checkbox"/>	Other Information:	

**FAMILY RESOURCE FORM**  
**ONONDAGA FAMILY COURT PART \_\_\_\_**

Case Name: Date of Initial Court Appearance:		FF#	Docket #	Completed By: Date:	
Child/Youth's Name	Date of Birth	Mother's Name	Mother's Address	Father's Name	Father's Address
1					
2					
3					
4					
5					

**RELATIVE AND NON-RELATIVE RESOURCES:** ( Include parent's spouse/partner, child/youth's adult siblings, grandparents, aunts, uncles, adult cousins, godparents, friends, neighbors, teachers, coaches, ministers, daycare providers, former foster parents, former caretakers, and visit hosts.)

[illegible]

NOTES:

# **Family Court Free Legal Clinic**

**Wednesdays: 9 am — 3 pm**

**Fridays: 9 am — 12 pm**

**Free Help with Petitions  
Custody & Visitation  
Child Support & Paternity  
For Low-Income Clients Only**

**Room 116, Onondaga County Courthouse  
401 Montgomery Street, Syracuse, NY**

**VOLUNTEER**  
**LAWYERS PROJECT**  
OF ONONDAGA COUNTY, INC.

## Intent to Certify Attestation by Potential Caretaker or Eligible Relative

Case Name: \_\_\_\_\_

Child(ren)'s Name(s) & DOBs:

<u>Name</u>	<u>Date of Birth</u>

Caretaker's/Relative's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

I, \_\_\_\_\_, am willing to provide foster care for the child(ren) listed above and assure that I understand that the child(ren) is/are in the legal custody of the Commissioner of Children & Family Services and that by accepting responsibility for providing foster care for the child(ren), I agree to comply with foster care requirements, including, but not limited to those involving the role and authority of the certifying or approving authorized agency and the social services district with legal custody of the child(ren) to supervise the placement.

\_\_\_\_\_  
Caretaker/Relative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness for Dept. of Children & Family Services

\_\_\_\_\_  
Date

*Draft 3/8/19*

## Foster Home Certification Waiver Request

Case Name: \_\_\_\_\_

Emergency Cert: ☐

Relative's Name: \_\_\_\_\_

Full Cert: ☐

Relationship to Child(ren): \_\_\_\_\_

Indicated CPS/Criminal History:

Additional Background Information:

Other Foster Board Compliance Issues/Concerns:

Permanency Staff Recommendation:

Caseworker Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Supervisor Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
"A" Supervisor Signature

\_\_\_\_\_  
Date

.....

☐ Waiver Granted

☐ Waiver Denied

Reason for Decision:

Request for Additional Information:

\_\_\_\_\_  
Deputy Commissioner

\_\_\_\_\_  
Date

Attachments:

- Copy of Home Study (if completed)
- Copy of "Clear" Report
- Copy of Case File
- Applicant Submissions (if any)

*Revised 6/5/19*

**Notice of Results of Child Protective Services History Check**  
**Denial/Revocation Letter**

Date: \_\_\_\_\_

Dear \_\_\_\_\_ :

Pursuant to Onondaga County's "Kinship Policy", a Child Protective Services (CPS) history check has been completed as part of the process of certifying or recertifying you and your home for foster care. After a review of this and other relevant information, the following decision has been made:

- ☐ Your request to be certified or recertified as a foster parent, approved or reapproved as a relative foster parent, or approved as an adoptive parent has been **denied**.
- ☐ Your certification or approval as a foster parent or approval as an adoptive parent has been **revoked**.
- 

The reason(s) for the above decision is/are as follows:

- ☐ An indicated CPS report within the last year
- ☐ An indicated CPS history involving sexual abuse or severe abuse
- ☐ Your child(ren) were removed and placed into foster care
- ☐ Your had your parental rights terminated
- ☐ An indicated CPS history involving a child fatality
- ☐ Any substantial or questionable history in which the risk has not been ameliorated or has not been addressed satisfactorily to ensure the safety of the child(ren)
- ☐ Other: \_\_\_\_\_
- 

If you are a prospective or approved foster or adoptive parent and your application has been denied or your approval revoked, you have the right to request an administrative hearing before OCFS, pursuant to Section 372-e of the Social Services Law. A request for an administrative hearing before OCFS must be made in writing and sent to:

Bureau of Special Hearings  
New York State Office of Children and Family Services  
P.O. Box 1930  
Albany, NY 12201

Such a request must be made within 60 days of the receipt of this notice.

Sincerely,  
James C. Czarniak, Deputy Commissioner  
Dept. of Children & Family Services – Child Welfare Division



## Kin GAP vs Adoption: Benefits, Rights and Responsibilities

RESPONSIBILITIES/ RIGHTS	KINSHIP GUARDIANSHIP ASSISTANCE	ADOPTION
<b>Legal</b>	<p>Relative guardian has right to physical custody and control of the child until age 21. They are responsible for day-to-day care, supervision and daily decision-making.</p> <p>DSS and Family Court are no longer actively involved in the case.</p> <p>Birth parents may petition the Court for return of child if prove change in circumstances that allow for proper care of the child.</p>	<p>Adoptive parents have full legal, parental &amp; financial responsibilities for the child. All decisions made by adoptive parents.</p> <p>DSS and Family Court are no longer actively involved in the case.</p> <p>Generally, adoption cannot be overturned based on a change in birth parents' circumstances. However, in <b>very</b> limited circumstances a parent may petition to have their parental rights returned.</p>
<b>Birth Parents</b>	<p>Suspends the birth parents decision-making responsibility. Birth parents' rights may or may not be terminated, but not necessary.</p> <p>Certain rights and responsibilities i.e. child support, consent to adoption, visitation may be retained by birth parents.</p>	<p>Terminates the child's legal relationship with the birth parents. However, contacts may continue with the agreement of all parties (conditional adoption).</p>
<b>Daycare</b>	<p>Daycare eligibility based on <u>family's</u> income however, KinGAP subsidy not included when assessing income.</p>	<p>Daycare eligibility based on adoptive <u>parent's</u> employment, family size and income.</p>

### **KINGAP vs. Adoption: Benefits, Rights and Responsibilities**

<b>Legal Fees</b>	May receive a one-time payment for legal fees related to receiving guardianship up to \$2,000 per child.	Adoption finalization costs may be covered under subsidy contract up to \$2,000 per child.
<b>Health Care Coverage</b>	If receiving Guardianship Assistance, child is automatically eligible for Medicaid/Managed Care, unless child is a non-qualified immigrant.	Child may receive Medicaid/Managed Care through subsidy agreement. Child may be entitled to coverage on adoptive family's private health plan.
<b>Independent Living Services and Education and Training Vouchers</b>	If child age 16 or older when enter guardianship, eligible for independent living services such as vocational training and may apply for the ETV for up to \$5,000 toward post-secondary education or vocational training. Now up to age 26.	If child age 16 or older when adopted, eligible for some independent living services such as vocational training and may apply for the ETV for up to \$5,000 toward post-secondary education or vocational training. Now up to age 26.
<b>Financial Assistance</b>	Child is eligible for a Kinship Guardianship subsidy unless the guardianship ends, or child reaches the age 21, if requirements for continuation are met.	Child may be eligible for an adoption subsidy if certain criteria are met until age 21, unless child gets married or enters military.
<b>Tax Credits</b>	No tax credit available specifically for guardianships. May be eligible for other child tax credits, such as earned income tax credit and dependent care credit.	Adoptive parent(s) can claim child as a dependent for tax purposes. A substantial lump sum federal tax credit may be available for expenses related to the adoption.



County of Onondaga  
Department of Children & Family Services

Child Welfare • Children's Mental Health • Juvenile Justice • Youth Bureau • School-based Initiatives

John H. Mulroy Civic Center  
421 Montgomery Street, Syracuse, NY 13202

J. Ryan McMahon II

*County Executive*

[www.ongov.net](http://www.ongov.net)

Richard Gasiorowski

*Commissioner*

(Enter Date)

James Czarniak, Deputy Commissioner  
Onondaga County Dept. of Children & Family Services  
John H. Mulroy Civic Center – 6<sup>th</sup> Floor-East  
421 Montgomery Street  
Syracuse, NY 13202

Re: (Enter Child's Name(s); DOB; and CIN #)

Dear Deputy Commissioner Czarniak,

This writing is to confirm that Kinship Guardianship was granted to (enter relative's/kin's name and relationship to child/ren) in Onondaga County Family Court on (enter date) by Hon. Judge (enter Judge's name) for the above-mentioned child(ren).

Sincerely,

x

(Enter Caseworker Name)  
DCFS Caseworker

x

(Enter County Attorney Name)  
Onondaga County Attorney

Cc: Leslee Kline, Administrative Assistant  
Jackie Woods, Eligibility Unit Supervisor

## ADOPTION TRANSFER CHECKLIST

Date: \_\_\_\_\_

Foster Case Worker: \_\_\_\_\_

New Case#: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Childs CIN#: \_\_\_\_\_

Date of placement with current Foster parents: \_\_\_\_\_

### **Case Worker Checklist**

These items are to be included in the transferred case. The Transferring Case worker should place these items in the appropriate folder and be checked off on this checklist.

### **Adoptions Folder**

- ( ) Photo Listing Form - pink {if no letter of intent} ( Will need to complete photo listing summary and have an Electronic Photo of the child ) \_\_\_\_\_
- ( ) Religious Preference Form \_\_\_\_\_
- ( ) Signed Letter Of Intent {signed by Foster Parent(s)} \_\_\_\_\_
- ( ) {2} Certified Birth Certificates \_\_\_\_\_
- ( ) Consent Forms/ Release Forms {Recent only} \_\_\_\_\_
- ( ) Childs Social Security Card {copy}, Pictures, Etc. \_\_\_\_\_
- ( ) Birth Parent Registry Form (if surrenders)

### **Legal Folder**

- ( ) Court Order Dispositions {FCR}, {TPR}, {Permanency Planning} \_\_\_\_\_
- ( ) Surrender- {Mother} {Father} \_\_\_\_\_
- ( ) Punitive Father Registry Form \_\_\_\_\_
- ( ) Death Records of Biological Parents \_\_\_\_\_
- ( ) Candidacy form completed (CONX completed)

### **School Records Folder**

- ( ) School Records {report cards, IEP} \_\_\_\_\_

### **Medical Records Folder**

- ( ) Medical Records for child \_\_\_\_\_
- ( ) Birth Records \_\_\_\_\_
- ( ) Health Homes Referral/ B2H

### **Psychological Records Folder**

- ( ) Psychological Records for this child \_\_\_\_\_

### **Progress Notes Folder**

- ( ) Transfer Summary \_\_\_\_\_

### **FASP(s) Folder**

- ( ) Last {2} FASPS \_\_\_\_\_
- ( ) Last (2) PHR

### **MISC. Folder**

- ( ) Rate Packet (copy) (updated Medical letter needs to be included)

### **Rate**

- ( ) Regular    ( ) Special    ( ) Therapeutic    ( ) Exceptional

## TRANSFER SUMMARY FOR ADOPTIONS

Case Name:	Case Number: S
Transferring Worker:	Date:
Transferring Supervisor:	

### CHILD'S INFORMATION

Child's Name:
DOB:
Social Security #:
CIN #:
Religion:
Placed with:
Anyone else in the home:
Voluntary Agency:
Address, phone, email of placement:
Name of school and grade level: <i>(IEP needs to be included in the record)</i>
Contact person at school and phone number:
Names of all child's service providers and phone #'s:
1.
2.
3.
4.
Birth records: <i>(required)</i>
Included in case record Yes ____ No ____
If not included in case record, date record was sent for _____
<i>Include copy of request for birth record in case record.</i>
Intent to Adopt signed? Yes ____ Date ____ No ____ Date ____
<i>If Intent to Adopt is not signed, child must be photo listed.</i>
Child photo listing submitted & date: Yes ____ Date ____
<i>Photolisting must be completed within 10 days of child becoming freed unless the Foster Parent signs Intent to Adopt. Photolisting form is found in Children's Division Forms and Procedures.</i>

Does child receive a <b>Special Rate</b> foster care payment? Y__ N__
Does child receive a <b>Therapeutic Rate</b> foster care payment? Y__ N__
Does child receive an <b>Exceptional Rate</b> foster care payment? Y__ N__
Is the supporting documentation dated within one year? <i>required</i>

**Siblings:** List names, dates of birth, legal status (freed/in-care, freed/adopted, not freed/in-care, not freed/at home) addresses and phone numbers for all siblings. If separated, include the history as to how this occurred. Please include what type of contact has been maintained and any reasons why contact has not been maintained.

NAME	DOB	LEGAL STATUS	ADDRESS/PHONE #	CONTACT/VISITATION (TYPE/CONSISTENCY)

**Other visiting resources**

NAME	DOB	Relationship	ADDRESS/PHONE #	CONTACT/VISITATION (TYPE/CONSISTENCY)

<b>Mother:</b>	Last known address:
<b>Father:</b>	Last known address:

**LEGAL INFORMATION**

Attorney for the Child Name and Phone #
TPR/Surrender Judge:

**Freeing Documents**

	Date/Type of TPR	Date of Surrender	Conditions of Surrender
Mother			
Father			

**Permanency Hearing**

Date PHR Filed:	Date of Hearing:
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**SYSTEMS**

CID date:	Next FASP Due Date:
Family Case closed Y__ N__	Continuing Family Case Manager::

**CASE SUMMARY, including how child came into care:**

**BIRTH PARENTS' NON-IDENTIFYING INFORMATION**

This information is required for Family Court. Non-identifying information may be released to the adoptee, once 18 years old, through the NYS Adoption Registry.

	MOTHER	FATHER
A. DOB	2/18/92	4/19/95
B. HERITAGE		
Nationality	U.S.	U.S.
Ethnic Background		
Race	African American	African American
C. EDUCATION (number of school years completed)	No High School diploma	No High School diploma
D. PHYSICAL APPEARANCE		
Height	5'4"	5'10"
Weight	slender	slender
Hair Color	Brown	Brown
Eye Color	Brown	Brown
Skin Color	Light complexion	Medium light complexion
Other Characteristics		
E. RELIGION		
F. OCCUPATION		
G. TALENTS, HOBBIES AND INTERESTS		

*Please comment on how to best present or describe the birth parents to the child. What would you want the child to know? What would the parents want the child to know??*

This information was not obtained from the parents.

This is a relative placement therefore relatives will be able to provide this information.



## BIOLOGICAL PARENTS MEDICAL INFORMATION

If known, indicate whether birth mother had any of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Tuberculosis<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Mental or nervous disorder, e.g. schizophrenia, depression, manic depressive illness (specify):<br><input type="checkbox"/> Thyroid disease<br><input type="checkbox"/> Stroke<br><input type="checkbox"/> Sickle cell anemia<br><input type="checkbox"/> AIDS infection<br><input type="checkbox"/> High blood pressure<br><input type="checkbox"/> Bleeding tendency<br><input type="checkbox"/> Eye or ear disorder<br><br><input type="checkbox"/> Retardation: mental<br><input type="checkbox"/> Physical disability (specify): | <input type="checkbox"/> Circulatory or blood disorders (specify):<br><input type="checkbox"/> Obesity<br><input type="checkbox"/> Gastrointestinal disease, e.g. gall bladder, ulcer, irritable bowel disorder (specify):<br><br><input type="checkbox"/> Asthma<br><input type="checkbox"/> Breast cancer<br><input type="checkbox"/> Colon cancer<br><input type="checkbox"/> Cancer, other (specify):<br><input type="checkbox"/> Arthritis or rheumatism<br><input type="checkbox"/> Kidney disease (specify):<br><input type="checkbox"/> Alcoholism or other substance abuse (specify):<br><input type="checkbox"/> Developmental disorder, e.g. learning disability, attention deficit, etc. (specify):<br><input type="checkbox"/> Other (specify): |
|--|--|

If known, indicate whether birth father had any of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Tuberculosis<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Mental or nervous disorder, e.g. schizophrenia, depression, manic depressive illness (specify):<br><input type="checkbox"/> Thyroid disease<br><input type="checkbox"/> Stroke<br><input type="checkbox"/> Sickle cell anemia<br><input type="checkbox"/> AIDS infection<br><input type="checkbox"/> High blood pressure<br><input type="checkbox"/> Bleeding tendency<br><input type="checkbox"/> Eye or ear disorder<br><br><input type="checkbox"/> Retardation: mental<br><input type="checkbox"/> Physical disability (specify): | <input type="checkbox"/> Circulatory or blood disorders (specify):<br><input type="checkbox"/> Obesity<br><input type="checkbox"/> Gastrointestinal disease, e.g. gall bladder, ulcer, irritable bowel disorder (specify):<br><br><input type="checkbox"/> Asthma<br><br><input type="checkbox"/> Colon cancer<br><input type="checkbox"/> Cancer, other (specify):<br><input type="checkbox"/> Arthritis or rheumatism<br><input type="checkbox"/> Kidney disease (specify):<br><input type="checkbox"/> Alcoholism or other substance abuse (specify):<br><input type="checkbox"/> Developmental disorder, e.g. learning disability, attention deficit, etc. (specify):<br><input type="checkbox"/> Other (specify): |
|--|--|

Indicate source for information about child's medical history and the source(s) for information about medical history of birth father and birth mother and whether from direct or indirect source:

Signature:		
Transferring Caseworker	Supervisor	Date
Any additional information:		