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Roger Wiley
ATTORNEY GENERAL

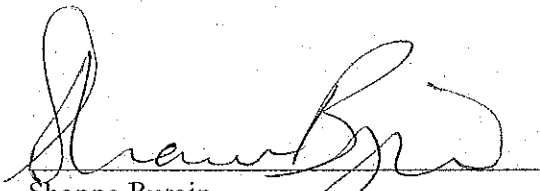
February 8, 2013

MEMORANDUM

TO: George Tiger, Principal Chief
FROM: Shanna Burgin, Assistant Attorney General
SUBJECT: Foster Care Agreement with OKDHS

In response to CFSA's legal request, this office has reviewed the enclosed proposed Foster Care Agreement (hereinafter "Agreement") between the Muscogee (Creek) Nation and the Oklahoma Department of Human Services. Tribal Resolution 07-066 authorizes the Principal Chief to execute this Agreement. Upon your receipt of a fully executed copy please return a copy to our office for our records.

Please feel free to contact me if you should have any further questions.


Shanna Burgin
Assistant Attorney General

Received
FEB 19 2013

Dept of Justice

ENCLOSURE

OFFICE OF THE ATTORNEY GENERAL
P.O. Box 580
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Roger Wiley
ATTORNEY GENERAL

February 4, 2013

MEMORANDUM

TO: Carmin Tecumseh-Williams, CFSA M
FROM: Shanna Burgin, Assistant Attorney Ge
SUBJECT: Foster Care Agreement with OKDHS

In response your legal request received by our off
enclosed proposed Foster Care Agreement (herei
(Creek) Nation and the Oklahoma Department of
authorizes the Principal Chief to execute this Agree
page ten, the tribe is listed as Absentee Shawnee Tri
our office and we will forward it for Principal Chi
cover memo to go over with that request. Upon you
copy to our office for our records.

Received
FEB 08 2013
Dept of Justice

Please feel free to contact me if you should have any further questions.

A handwritten signature in cursive script, appearing to read "Shanna Burgin", written over a horizontal line.

Shanna Burgin
Assistant Attorney General

Corrected
:)

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Muscogee (Creek) Nation

Este Muskokvltke Heyun Apokes Vnicet

*Division of Community Services
Children & Family Services Administration*

MEMORANDUM

TO: George Tiger, Principal Chief

FROM: Carmin Tecumseh-Williams, CFSA Program Manager *CTW*

DATE: January 22, 2013

RE: Tribal/State Foster Care Agreement

Please review the 2012-2013 Tribal/State Foster Care Agreement. This is the purposed Foster Care Agreement between the Muscogee (Creek) Nation and the Oklahoma Department of Human Services. If no changes are needed please forward to Chief George Tiger's office for signature. MVTO.

**FOSTER CARE AGREEMENT
BETWEEN
Muscogee (Creek) Nation
AND THE
OKLAHOMA DEPARTMENT OF HUMAN SERVICES**

This agreement defines the respective roles of the Oklahoma Department of Human Services (OKDHS) and, the **Muscogee (Creek) Nation**, a sovereign nation regarding the approval, provision and payment of foster care services for Native American children. **This agreement shall become effective 1st day of July 2012 and remain in effect until the 30th day of June 2013.**

1. Definitions

This Agreement recognizes the definitions in the Federal and Oklahoma Indian Child Welfare Acts. Other definitions used in this Agreement include:

- a. "CWS" refers to the Children and Family Services Division of the Oklahoma Department of Human Services.
- b. "CWS Tribal Coordinator" refers to the CWS staff assigned to develop, monitor and respond to the Tribal State Agreement. Other duties of the CWS Tribal Coordinator include the review and processing of tribal foster home studies, consultation with both OKDHS and Tribal staff, and conducting reviews with Tribal Child Welfare programs regarding the provisions of the Tribal State Agreement.
- c. "Custody Specialist" refers to the OKDHS staff who make determinations about Title IV-E eligibility and Medicaid for tribal custody children.
- d. "ICWA" refers to the Federal Indian Child Welfare Act as found in Chapter 21 of Title 25 of the United States Code Annotated.
- e. "Kinship" refers to those individuals or families who have either a blood (kinship-relative) or emotional relationship (kinship non-relative) to the custody child.
- f. "OICWA" refers to the Oklahoma Indian Child Welfare Act found at Section 40 of Title 10 of the Oklahoma State Statutes.
- g. "OKDHS" refers to the Oklahoma Department of Human Services.
- h. "Trially approved foster care homes" refers to those foster homes that the Tribe has determined to meet the foster care standards as defined by the Tribe.
- i. "Tribal child" refers to a child who is either a member or eligible for membership in the Tribe named in this Agreement.
- j. "Tribal Liaison" refers to the OKDHS Child Welfare workers who is assigned to the Tribe to assist in obtaining foster care payments and Child Care benefits for Tribal custody children placed in Trially approved foster homes.
- k. "Tribe", unless otherwise noted refers to the Tribe named specifically in this Agreement.

2. Conditions

- a. Nothing in this Agreement shall be construed to give the State of Oklahoma or its agents jurisdiction over Indian persons on reservation land, as defined by Paragraph 10 of Section 1903 of Title 25 of the United States Code Annotated.
- b. In the event funds to finance this agreement become unavailable, OKDHS may terminate the agreement or reduce consideration upon written notice to the Tribe. Notice shall be delivered by certified mail, return receipt requested or in person with proof of delivery. The effective date of such agreement termination or reduction in consideration shall be specified in the notice and shall be no earlier than the date of service of said notice, or the actual effective date of the federal funding reduction, whichever is later. Reductions shall not apply to payments made for services satisfactorily completed prior to the effective date. OKDHS, as the Title IV-E Agency, shall be the final authority as to the availability of funds to support this agreement. In the event of a reduction in consideration, the Tribe may cancel this agreement as of the effective date of the proposed reduction upon the provision of advance written notice to the OKDHS.
- c. This Agreement may otherwise be terminated by either of the parties with or without cause upon 180 days prior written notice to the other. The Agreement may be revised or canceled at any time by written mutual agreement of both parties. Any modifications or amendments to this Agreement must be in writing and agreed to by both parties prior to a change in service.
- d. OKDHS and Tribal leaders shall bind their staff to the provisions of this Agreement.
- e. The tribes agree to follow the provisions for confidentiality and appropriate safeguards that are required in the following federal laws with regards to the data shared, exchanged, or utilized under the scope of this agreement.
 - i. Standards for Privacy and Security of Individually Identifiable Health Information (Parts 160, 162 and 164 of Title 45 of the Code of Federal Regulations) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
 - ii. Federal Information Processing Standards (FIPS) - Publication 200-Minimum Information Security Standards for Federal Information and Information Systems found at: <http://csrc.nist.gov/publications>.
- f. Rates will be paid in accordance with the fixed rate approved by OKDHS (Attachment I).
- g. The Tribe shall provide staff necessary to provide Child Welfare services during the terms of this agreement.
- h. Child Welfare services provided by the Tribe will promote child safety, permanency and well being as defined in the Adoptions and Safe Families Act.
- i. The Tribe agrees to keep confidential all information concerning juvenile proceedings covered by this Agreement and not to reveal the information to anyone who does not need the information in order to exercise the Tribe's rights under the ICWA, OICWA and/or Tribal codes or law.
- j. The Tribal Child Welfare worker will be responsible for obtaining all information necessary for OKDHS to make initial Title IV-E determinations and subsequent reviews for continued eligibility for Tribal custody children.
- k. Tribal Child Welfare services shall conform with Title IV-B and Title IV-E of the Social Security Act, Section 622 of Title 42 of United States Code and other relevant provisions of state and federal law.
- l. The Tribe will maintain the records of (1) all tribal custody children for whom OKDHS has provided a foster care payment and (2) all records of tribal foster homes certified by the Tribe and for whom OKDHS is providing a foster care payment. The Tribe will permit audit or examination of these records upon receipt of at least five (5) business days notice by authorized State or Federal personnel for the purposes of State and Federal reviews and audits.

3. Case Review

- a. The Tribe agrees to participate with OKDHS in the case reviews of children for whom foster care payments are provided. The case reviews focus on compliance with the requirements as stated in this Agreement.
- b. OKDHS will provide the Tribal program 30 days advance notice of case reviews. Preliminary findings will be discussed with the responsible staff in an exit conference at the conclusion of the review. A written summary of findings will be provided to the Tribal program within 30 days of the conclusion of the review.
- c. The Tribal Indian Child Welfare staff will assist in reviews by making records available, and scheduling interviews as necessary.
- d. If areas of non-compliance are identified, the Tribe will develop a program improvement plan within 30 days of the receipt of the written summary of findings.
- e. If a program improvement plan is required, the Tribe will provide documentation of the progress on the program improvement plan to the CWS Tribal Coordinator on a quarterly basis.

4. Notification of Suspected Abuse or Neglect incidents of Indian Children

- a. OKDHS and the Tribe agree to conform with the notification provisions outlined in the 2003 "Memorandum of Understanding for Reporting and Investigating Child Abuse Criminal Offenses in Indian Country.
- b. OKDHS shall conform with the provisions of the ICWA and OICWA including but not limited to:
 - 1) Notifying the child's tribe of allegations involving a Tribal child by written correspondence within 36 hours of receipt of initial referral to the Tribe.
 - 2) Notifying the child's tribe within 24 hours of the removal of any identified Tribal child from their home.
- c. The Tribe agrees to report any suspected abuse or neglect incidents identified in working with tribal families residing on state land to the local OKDHS office.

5. Service Provision and Coordination

- a. OKDHS is responsible for service provision to children in OKDHS custody placed in Tribal foster homes. (Attachment I)
- b. The Tribe is responsible for service provision to Tribal custody children placed in Tribal foster homes. (Attachment I)
- c. The Tribe agrees to report any suspected abuse or neglect incidents occurring in a Tribal foster home involving OKDHS custody children to OKDHS.
- d. The Tribe agrees to assist the OKDHS CW worker in the removal of a child in OKDHS custody in a tribal foster home located on trust or restricted lands as defined by 25 U.S.C.A. §1903 (10) if removal is necessary. OKDHS agrees to cooperate with the Tribe in the removal of a child in Tribal custody in a foster home located on state land if removal is necessary.
- e. If abuse or neglect allegations involving a tribal child occur in a foster home, a consultation occurs between the OKDHS worker and Tribal ICW worker regarding the immediate safety of the children. If necessary, the child may be removed pending the completion of the investigation. The Tribe makes decisions about removal from or return to the foster home of

tribal custody children. The State makes decisions about removal from or return to the foster home of OKDHS custody children.

- f. Additional placement of Tribal or OKDHS custody children in the foster home will not be made until the completion of the investigation.
- g. If violations of the Tribal foster home standards are identified in a tribal foster home, the Tribe agrees that they will develop a written plan of compliance to correct those conditions if the home is to continue to provide care for foster children.

6. Case Requirements

- a. Case plans are prepared for children within 60 days of removal. The case plans are child specific and indicate the child's permanency plan with the estimated date of achievement. Case plans are updated at least every six months or earlier if the permanency plan changes. [Section 1356.21 of Title 45 of the Code of Federal Regulations.]
- b. Placement agreements documenting the date of the child's placement into the tribal foster home are completed and signed by the Tribe and foster parent for each foster care placement.
- c. The tribal case worker is required to have face-to face contact with tribal custody children at least once a month. At least two of the visits per quarter should be conducted in the placement provider's home. Documentation of the visit is recorded in the KK case via Tribal E-KIDS.
- d. The tribal case worker is required to enter information required for the Adoption and Foster Care Analysis and Reporting system (AFCARS) in the KK case via Tribal E-KIDS.
- e. The tribal case worker is required to complete and submit the Indian Child Welfare Program Referral, form 04TB004E (DCFS-57) (Attachment 4 item 1) and all court orders to the assigned tribal liaison to initiate foster care payments for children in tribal custody.
- f. The tribal case worker is required to complete and submit the Indian Child Welfare Program Update, form 04TB003E (DCFS-57-A) (Attachment 4 item 2) when there is a change of placement, case plan goal or source of support to the child.
- g. Copies of case plans and all court orders are submitted to the tribal liaison on an on-going basis.
- h. The Tribe agrees to provide notice to tribal foster parents of review or permanency hearings concerning the foster child in tribal custody. The foster parent may be granted an opportunity by the Court to be heard if desired.
[Section 1356.21 of Title 45 of the Code of Federal Regulations]

7. Judicial Requirements [Section 1356.21 of Title 45 of the Code of Federal Regulations]

- a. The Tribal Court or CFR court is required to provide a judicial determination in the first order that sanctions the removal from the home that "it is (would be) contrary to the welfare of the child to remain in the home" or language to that effect. This specific judicial determination is also required when either: (1) a child re-enters foster care after a failed trial reunification or (2) if the trial reunification extends past 180 days.
- b. The Tribal or CFR court is required to make a judicial determination that (1) reasonable efforts were or were not made to prevent the removal of the child from the home; or (2) absence of efforts was reasonable because removal was due to an emergency. This judicial determination must be made within the first 60 days of the child's removal from the home. This judicial

determination is also required when trial reunification exceeds 180 days and the child returns to foster care.

- c. The Tribal or CFR court is required to conduct review hearings no less frequently than six months in order to determine the safety of the child, the continuing necessity for and appropriateness of the placement as well as compliance and progress with the case plan.
- d. The Tribal or CFR court is required to conduct an initial permanency hearing no later than 12 months from the date of the child's entry into foster care. During this hearing, a judicial determination is made regarding reasonable efforts by the Tribe to finalize the permanency plan for the child. Subsequent permanency hearings are scheduled at least once every 12 months thereafter. A permanency hearing is scheduled 30 days after a judicial determination that reasonable efforts to reunify are no longer required.
- e. The Tribal or CFR court is required to consider termination of parental rights when a Tribal custody child has been in foster care for 15 of the last 22 months or when there has been a judicial determination that aggravated circumstances exist as defined in Section 1356.21 of Title 45 of the Code of Federal Regulations unless there is documentation for exception to this requirement. Such exceptions include (1) the child is being cared for by a relative; (2) the Tribe has documented in the case plan (which is available for court review) a compelling reason for determining that filing such a petition would not be in the best interest of the child; (3) The Tribe has not provided (when reasonable efforts are required) the services the Tribal or CFR Court deems necessary for the safe return of the child to the child's home.

8. Placement of Tribal children

- a. The Tribe and OKDHS shall cooperate in the placement of Tribal children in OKDHS custody foster home placements.
- b. OKDHS agrees to respect and follow the identified Tribal order of placement preference as it appears on **Attachment II** when out of home placement is necessary for OKDHS custody children.
- c. OKDHS agrees to continue to follow the identified Tribal order of placement preference for the duration of the case.
- d. OKDHS agrees to consult with the Tribal CW representatives in placement and permanency planning for Tribal children.
- e. OKDHS agrees to contact the Tribal Indian Child Welfare program, prior to any contact with the Tribal Resource home, to obtain permission for placement of any child in the home. If prior permission is not obtained, OKDHS may be required to remove the child upon 24 hour notice by the Tribal Child Welfare office.
- f. OKDHS agrees to first contact the Tribal Indian Child Welfare office to utilize the Tribe's approved foster or adoptive home in accordance with Title 10 § 40.6 which states "in all placements of an Indian child by the Department of Human Services (DHS) or by any person or placement agency, DHS, the person or placement agency shall utilize to the maximum extent possible the services of the Indian tribe of the child in securing placement consistent with the provisions of the Oklahoma Indian Child Welfare Act."
- g. The Tribe agrees to consider Indian children who are members or eligible for membership with other Tribes for placement in their tribally approved homes.
- h. Placement agreements documenting the date of the placement into the Tribal foster home are completed and signed by the Tribe and foster parent for each foster care placement of tribal custody children.

- i. Placement agreements documenting the date of the placement into the Tribal foster home are completed and signed by the foster parent and the OKDHS worker for each foster care placement of OKDHS custody children. A copy of the placement agreement is provided to the Tribal CW office for their files.
- j. If at any time, the OKDHS is considering a change in placement, or the Court requires a change in placement, the OKDHS worker notifies both the Tribal ICW worker and the resource parent immediately. If placement is disrupted, OKDHS shall comply with the OICWA and ICWA placement preferences of the Tribe.

9. Approval of Tribal Foster Homes

- a. The Tribe agrees to develop and implement standards for the approval of foster homes, appearing as **Attachment III**. The standards will promote safety and well-being of children and will include requirements for background checks. The Tribe agrees to provide OKDHS a copy of any updates or changes to the standards within 30 days tribal approval of those updates and changes.
- b. The Tribe utilizes these standards to assess and approve families to provide foster care. This is documented in a home study which includes an approval summary which includes the number of children the home is approved for. The approval is based upon space and the ability of the family to meet the needs of the children. Numbers of children may not exceed more than 5 foster children, and no more than 6 children total including the children of the foster family. Tribes may request approval for an overfill from the Tribal Coordinator in certain situations. Decisions regarding the approval of such overfills will be made on a case by case basis.
- c. Fingerprint records checks as well as the OSBI name search Department of Public Safety and Sexual Offenders Records check are required for all persons over the age of 18 residing in the home of any prospective foster family. The OKDHS will provide payment authorizations for fingerprints to the tribal foster parents requested when the fingerprints are processed through the OKDHS Fingerprint Unit. Both OSBI and Fingerprint records searches can be processed through the OKDHS Fingerprint Unit.
- d. If the Tribe obtains fingerprint record searches through the OKDHS Fingerprint Unit, the results of the criminal background checks are reviewed and summarized in an addendum and placed in individual folders or envelopes in a locked, secure file separate from the rest of the study. [Title 5, Section 522 of the United States Code Annotated] The addendum and results are mailed to the CWS Tribal Coordinator in a separate envelope marked as "confidential".
- e. The Tribe agrees to ensure that all staff receiving and reviewing the fingerprint records checks will have a completed fingerprint records check.
- f. The Tribe agrees that a prospective foster family will not be approved when the background check of any of the adults in the household reveals a conviction of any of the following: (1) physical assault, battery, or a drug related offense resulting in a felony conviction within the five year period preceding the application date; (2) child abuse or neglect; (3) spousal or domestic abuse; (4) a crime against a child; (5) a crime involving violence. All criminal background history is carefully assessed before approving prospective foster families.
- g. The Tribe ensures that the foster family has the opportunity to participate in Pre-service training either through the OKDHS training or training provided

through the Tribe. OKDHS agrees to provide access to the OKDHS Foster Care Training for Tribal foster parents. The training should address the competency categories of (1) protecting and nurturing children; (2) meeting children's developmental needs; (3) supporting relationships between children and their families; (4) connecting children to safe nurturing relationships intended to last a lifetime, and (5) working as a member of a professional team.

- h. The Tribe encourages the foster families to participate in in-service training on an on-going basis.
- i. The Tribe and OKDHS agree that a home may be jointly certified by both the Tribe and OKDHS. In such circumstances, there must be cooperation and communication regarding the placement of children in the home. The number of children must not exceed the total number of children approved for the home.

10. Foster Care Payment for Involuntary Placement

- a. The OKDHS agrees to provide foster care payments for both tribal custody and OKDHS custody tribal children placed in tribally approved foster homes.
- b. The OKDHS agrees to provide difficulty of foster care payments to tribally approved foster homes who are providing foster care for tribal custody children when it is determined that the tribal custody child meets difficulty of care criteria.
- c. The OKDHS agrees to provide therapeutic foster care for those tribal custody children who meet therapeutic foster care criteria.
- d. The Tribe on behalf of the child in tribal custody agrees to apply for any money benefits to which the tribal custody child may be entitled, e.g., Child Support, Veteran's Administration benefits, Supplemental Security Income, etc. The Tribe will notify the OKDHS Tribal liaison of such benefits. The amount of foster care payment will be reduced by the dollar amount of such benefits which are intended to provide for clothing, shelter and supervision.
- e. The Tribe agrees to notify the Tribal Liaison within 3 business days when a tribal custody child is moved to another foster home, adopted, reunified, or any other change in custody or change in placement.
- f. If there is an overpayment to a tribal foster home, both the OKDHS and the Tribe will work with the foster family to develop a mutually agreeable written plan for recoupment of the overpayment.
- g. The OKDHS agrees that in the event of an underpayment is identified by the OKDHS, the OKDHS shall pay the balance within a reasonable amount of time, not to exceed 60 days.
- h. Upon request by OKDHS, the Tribe agrees to verify the accuracy of foster care payment information for tribal custody children.

11. Foster Care Payment for Voluntary Placement

- a. The OKDHS agrees to provide foster care payments for tribal children who are placed with the Tribe on a voluntary basis in a tribal foster home for children under the age of 18 for up to 180 days.
- b. Voluntary foster care placements that extend beyond 180 days require a judicial determination to the effect that continued voluntary foster care is in the child's best interests.
- c. Foster care payments may be made for youth over the age of 18 who were in care prior to their eighteenth birthday for the purposes of completing their high school education. The youth must

be enrolled and attending a secondary school or its equivalent. The foster care payment will cease when the youth leaves school, graduates or turns nineteen, whichever occurs earlier.

12. Access to Residential Care for Tribal Custody Children

- a. The Tribal ICW worker may request placement in an OKDHS residential group home for a tribal custody child when it is determined that the child's needs cannot be met in a tribal foster home or therapeutic foster home.
- b. The Tribal ICW worker is responsible for completing the KIDS 20 Placement Worksheet. The form 04K1010E (KIDS 20) **Attachment IV, Item 3**, psychological, educational information and other relevant documentation is sent to the Tribal Liaison.
- c. The Tribal Liaison enters the information in the KIDS system to generate a request to the CWS Placement Unit.
- d. The CWS Placement Unit reviews the request and determines the most appropriate facility to meet the child's needs. The child may be placed on a waiting list until there is an available placement. The CWS Placement Unit notifies both the Tribal ICW worker and Tribal Liaison of the status of the placement request.
- e. The Tribal ICW worker is responsible for providing all documents as described in Attachment 1 to the placement provider. The Tribal worker also provides contact numbers including emergency contact numbers for the ICW worker to the Placement Provider.
- f. The ICW worker is responsible for monthly face to face visits to the child.

13. Kinship Start Up Stipend

- a. A Tribal custody child placed in a Tribal Kinship foster home prior to full foster home approval is eligible to receive a Kinship Start Up Stipend (KSUS) if the Tribe implements procedures which ensure the safety of the child. These procedures include:
 - (1) a completed and signed Initial Kinship Placement Agreement
 - (2) a completed and signed application for foster care,
 - (3) a completed OSBI, Department of Public Safety, and Sex Offenders registry Background check,
 - (4) Documentation that the house and environment are safe and pose no threats to the child, and that the child's needs can be met,
 - (5) Telephone or in-person interviews with at least three personal references, of whom two are non-family members.
- b. Tribal kinship foster homes are eligible for a one time kinship start-up stipend to assist with initial expenditures for each child placed in the home for fourteen days. The amounts of the initial kinship start-up payments are stated in Attachment 1.

14. Independent Living Services

- a. OKDHS agrees to provide independent living services to tribal custody youth in the same manner as OKDHS youth in accordance with the Chafee Act of 1999.
- b. The Tribe agrees to assist the youth in developing an independent living case plan based upon an individual independent living assessment.

- c. The Tribe agrees to assist the youth in making application and referrals for those services which will assist the youth achieving their plan for independent living.
- d. The Tribe agrees to provide documentation and data to the CWS Independent Living Coordinator as requested.

15. Title IV-E Subsidized Guardianship

- a. OKDHS agrees to provide guardianship assistance to tribal custody children who meet the requirements for the Title IV-E relative guardianship assistance payments under Section 473(d)(3)(A) of Title IV-E of the Social Security Act. Relative guardianship eligibility requirements include the following:
 - 1) Child has been removed from his or her home pursuant to a voluntary placement agreement or as a result of a judicial determination that continuation in the home would be contrary to the welfare of the child and is IV-E eligible for at least six consecutive months;
 - 2) Child is a sibling to a child eligible for receiving Title IV-E relative guardianship assistance and is residing or planning to reside in the same placement;
 - 3) Permanency plans of reunification and adoption have been ruled out;
 - 4) Relative has completed all requirements to be an approved Tribal foster home as determined by the Tribe;
 - 5) Child is currently residing with the relative and has been for six consecutive months;
 - 6) Relative is willing to assume legal responsibility for the child and has a strong commitment to permanently care for the child;
 - 7) Child who is 14 years of age or older has been consulted regarding the kinship arrangement;
 - 8) Child demonstrates a strong attachment to the prospective relative guardian;
- b. The Tribal Child Welfare Worker agrees to provide documentation **Attachment IV 04MP048E**, "Request for Title IV-E Guardianship Assistance" (Appendix 4, Item 11), including all of the required documents.. The completed 04MP048E is submitted to the CWS Tribal Coordinator.
- c. The CWS Tribal Coordinator agrees to review the request and submits the request to the CWS Permanency Planning section for approval or denial of the request and notifies the tribe
- d. The Tribal Child Welfare worker agrees to advise the applicant of the right to an administrative fair hearing if the application is denied, not acted on with reasonable promptness, approved in an amount less than requested, modified without the applicant's concurrence or terminated.

16. Adoption Subsidy

- a. The Tribe agrees to advise tribal adoptive or foster families of the availability of adoption assistance for tribal custody children.
- b. OKDHS agrees to process completed applications for adoption subsidy.
- c. The Tribe agrees to inform tribal foster or adoptive families who are adopting or considering adoption of a child in foster care under responsibility of the Tribe of the potential eligibility for a Federal tax credit under Section 23 of the Internal Revenue Code of 1986.

17. Training

- a. Tribal workers can participate in CORE training if desired and as space is available. OKDHS will provide three spaces for Tribal workers to participate in each CORE training. The spaces will be held until two weeks before the scheduled training. If there are no Tribal workers identified to participate, the training spaces will be released for OKDHS staff.
- b. Tribal Child Welfare staff can enroll and participate in Child Welfare Level Trainings if desired.

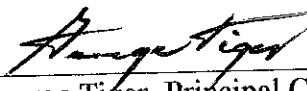
18. Tribal E-KIDS Access

- a. OKDHS agrees to grant access of the Tribal E-KIDS Information System to Tribal Child Welfare workers when they have completed and signed forms 05SC004E (MID-1-A) "Logon Authorization Request for Non-OKDHS Employees" (Appendix 4, Item 7) and 04AD001E (CWS-KIDS-102) "Kids Application Logon Request for Non-DHS Employees" (Appendix 4, Item 8).
- b. The Tribe agrees to notify the Tribal Coordinator when a Tribal Child Welfare worker leaves the Tribal Child Welfare Program or no longer requires access to the Tribal E-KIDS system.

19. Notification of Personnel Changes

- a. The Tribe agrees to provide the OKDHS with the name, address and phone numbers of person or persons designated as responsible for operating the Tribal Child Welfare program. Any changes in such persons shall be reported within 10 working days.
- b. The OKDHS agrees to provide the Tribe with the name, address and phone number of the person or persons designated for managing this Agreement. Any changes in such person or persons shall be reported within 10 working days.
- c. The OKDHS agrees to provide the Tribe with the name, address and phone number of the designated Tribal Liaison and to report any changes within 10 working days.

WE THE UNDERSIGNED, HEREBY AGREE TO THE TERMS AND CONDITIONS OF THE INTERGOVERNMENTAL AGREEMENT BETWEEN THE OKLAHOMA DEPARTMENT OF HUMAN SERVICES AND MUSCOGEE (CREEK) NATION


George Tiger, Principal Chief
Muscogee (Creek) Nation

Ed Lake, Director
Oklahoma Department of Human Services

ATTACHMENT I

PLAN OF OPERATION

I. CHILD IN STATE JURISDICTION AND OKDHS CUSTODY

The OKDHS worker makes every effort to identify the Indian heritage of children who come into custody. When children are identified as an Indian child, the child's Tribe is contacted to discuss the child's situation, including: custody status, reason for court action, and all pertinent information regarding the child's need for care. The OKDHS worker requests the assistance of the Tribal ICW worker in identifying and assessing relatives for the possibility of placement. If there are not available relatives, the OKDHS worker asks for assistance with a Tribal foster home placement. The OKDHS worker also looks at certified OKDHS foster homes in which one or both parents are members of the child's Tribe. If no placement resource is identified within the child's Tribe, the OKDHS worker requests assistance from other Tribes for a placement. The OKDHS worker and the Tribal ICW worker make a selection of the most appropriate placement for the child.

KINSHIP/RELATIVE AND KINSHIP/NON-RELATIVE PLACEMENTS

If proposed placement is with a kinship/relative or kinship/non-relative, the OKDHS worker and the Tribal worker work together in the placement process. OKDHS may conduct an initial kinship assessment following the protocol established by OKDHS to expedite placement. The family may receive the initial kinship start-up stipend if eligible. Either the Tribe or OKDHS will complete the certification process. The family is provided complete information and forms at the time of placement. Foster care reimbursement will not be provided to the family prior to the full certification of the home by either OKDHS or the Tribe.

TRIBAL FOSTER HOME PLACEMENT FOR OKDHS CUSTODY CHILDREN

When a Tribal foster family is identified as a potential placement, the OKDHS worker reviews a copy of the study. When the Tribal worker and the OKDHS worker reach mutual agreement on a Tribal foster home, the Tribal foster family is provided information by the Tribal worker or the OKDHS worker (with the permission of the Tribal worker). This information is as comprehensive as possible to allow the family to decide their ability and willingness to accept placement of the child. OKDHS does not place custody children in Tribal foster homes without the permission of the Tribe. When a Tribally approved foster home agrees to placement of an OKDHS custody child, the following information is discussed with the family:

- 1) The specific behaviors and needs of the child;
- 2) Review of agency policy and procedure relevant to meeting the child's physical, emotional, social, educational, medical and special needs. This will also include visitation, transportation requirements, etc.
- 3) Reimbursement

- 4) Arrangements for daycare if necessary and if the family meets the needs criteria. The OKDHS worker is responsible for authorizing daycare for OKDHS custody children. Both foster parents must be employed 20 or more hours per week to be eligible for daycare.
- 5) Specific placement arrangements
- 6) OKDHS provides both the family and the Tribal worker with the office and home phone numbers of the supervisor or other persons to be contacted in case of emergency. Tribal worker provides contact information of the Tribe to the foster parents and to the OKDHS worker;
- 7) Grievance process with the foster parents;
- 8) Role of Tribal worker and OKDHS worker in supporting the placement;

The Tribal foster family is provided by the OKDHS worker with all of the necessary placement forms. The child's medical card is provided to the foster parent. Ongoing supervision of the placement shall be a cooperative effort between the OKDHS worker and the Tribal worker, who shall exchange information regarding the placement or any concerns regarding care given. The OKDHS worker is responsible for visitation with the child and placement provider at least once per month. The Tribal representative may participate with the OKDHS worker in arrangements for and provision of transportation visits with parents and other relatives in a mutually agreed upon manner. Provision of other services to the child in foster home care shall be coordinated between the Tribal worker and the OKDHS worker in a manner that best serves the needs of the child and the foster parent. The combined efforts of both parties shall be reflected in the overall permanency planning for the child, including reports prepared for the court of jurisdiction and participation in the Post Adjudication Review Board process. For children in OKDHS custody, tribal foster parents are authorized by OKDHS to provide both legal and informed consent for routine medical services e.g. immunizations, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, treatment for minor illness and well child services. Appropriate procedures are followed and authority is obtained from OKDHS, the parent/guardian or the court of jurisdiction for emergency medical services, hospital admissions and treatment, and surgical procedures for OKDHS custody children in Tribal foster care.

CHANGE IN PLACEMENT

If at any time, the OKDHS is considering a change in placement, or the Court requires a change in placement, the OKDHS worker notifies both the Tribal worker and the foster parent immediately. If placement disrupts, every effort is made to secure another placement in compliance with the placement preferences of the Tribe as specified in Attachment 2.

II. FOSTER CARE FOR TRIBAL CUSTODY CHILDREN

Foster care payment is provided for Tribal custody children who are in Tribal custody and placed in an approved Tribal foster home placement. Foster care payments are initiated by the submission of the completed Indian Child Welfare Program Referral (DCFS 57) (Attachment 4, Item 1), court order and case plan to the assigned Tribal Liaison. This should be done as soon as possible. If there are repeated incidents of late

submission of the referral, the Tribal Liaison will notify the Tribal Coordinator so that this can be addressed with the Tribe. The Tribal Liaison makes immediate referral to the Custody Specialist for determination of eligibility for AFDC foster care on the CWS KIDS-4, attaching a copy of the Court Order and Case Plan. The top of the 04KI002E CWS-KIDS-4 (Attachment 4, Item 5) form is marked "Tribal Custody". The Custody Specialist makes a determination whether the Tribal custody child meets Title IV-E requirements. If the Tribal custody child does not meet Title IV-E requirements, the Tribe makes application for Title XIX medical services.

When the child is determined eligible for Title IV-E foster care, the Custody Specialist will conduct re-determinations of eligibility in the same manner as they are for OKDHS custody children. The Tribe submits subsequent copies of court reviews, permanency hearings and case plans to the Tribal Liaison, so that continued eligibility can be determined. The Tribal Liaison updates the AFCARS screen with the latest court hearing and case plan goal. Children who have not been removed from their home in accordance with federal guidelines are not eligible for foster care payment.

Foster Care Reimbursement Rates from July 1, 2012 to July 31, 2012:

Child's age	Daily rate	Monthly rate
Birth through five years	\$12.17	\$365.00
Six through 12 years	\$14.33	\$430.00
13 years and older	\$16.61	\$498.33

Foster Care Reimbursement Rates from August 1, 2012 to July 31, 2013:

Child's age	Daily rate	Monthly rate
Birth through five years	\$13.45	\$403.48
Six through 12 years	\$15.72	\$471.78
13 years and older	\$17.96	\$538.73

DIFFICULTY OF CARE

Difficulty of Care (DOC) may be made in addition to the foster care reimbursement payment. To request a DOC payment, the Tribal worker prepares a request with documentation describing the needs of the tribal custody child. The prepared request with supporting documentation is sent to the CWS Tribal Coordinator. The Levels and rates of DOC are listed below.

DOC rate for foster care	Daily rate	Monthly rate
Level I	\$ 1.67	\$ 50.00
Level II	\$ 3.33	\$100.00
Level III	\$ 5.00	\$150.00
Level IV	\$ 7.50	\$225.00
Level V	\$13.33	\$400.00

A child approved for DOC Level I has one or more of the needs, conditions, or behaviors. The child:

- requires ongoing scheduled medical or psychological appointments that routinely occur more than twice weekly;
- displays emotional difficulties that result in destruction of property;
- requires medical supplies, special equipment, or educational supplies on a routine basis that are not compensable through Medicaid; or
- requires daily physical therapy performed by the foster or adoptive family.

A child approved for DOC Level II has one or more of the needs, conditions, or behaviors described in DOC Level I and, in addition:

- requires 24-hour awake intensive supervision due to severe medical or emotional needs;
- requires special food preparation and feeding due to a condition that restricts normal eating;
- requires special equipment for transportation that results in restricted mobility for the child and foster or adoptive family;
- displays incontinence of the bladder or bowel that is not age appropriate;
- displays multiple disabilities, birth defects, or brain damage that prevents normal intellectual or physical functioning;
- requires strict monitoring of medication;
- requires assistance in movement that is very difficult due to the child's size;
- requires post-hospitalization care, such as frequent changing of bandages and tubes and special hygiene techniques; or
- displays emotional disturbances, developmental delay, or mental retardation that results in behavior, such as constant difficulties in school, aggressive and delinquent activities, destructiveness, resistance to authority, and sexual disturbances.

A child approved for Level III has one or more of the needs, conditions, or behaviors described in DOC Levels I and II and, in addition, requires:

- specialized substitute care.

A child approved for DOC Level IV has one or more of the needs, conditions, or behaviors described in DOC Levels I, II and III and requires such specialized care that normally the child would be in institutional or inpatient psychiatric care. The child:

- requires special equipment such as: apnea monitor, suction machine, gastrostomy tube, oxygen, tracheotomy tube, or shunt;
- requires special feeding or nursing care around-the-clock;
- requires frequent nighttime supervision and care that is not age appropriate;
- displays frequent seizures or other abnormal physical reactions that require 24-hour monitoring;

- displays bizarre, socially unacceptable behavior, violent tendencies, potentially harmful behavior to self or others, or sexually predatory behavior to others or animals;
- required previous inpatient mental health treatment or was recently discharged from an inpatient facility;
- requires such intensive care that the foster or adoptive family is severely restricted in normal daily activities and is frequently homebound;
- requires frequent 24-hour awake supervision; or requires post-hospitalization care for severe burns.

A child approved for DOC Level V has one or more of the needs, conditions, or behaviors described in DOC Levels I, II, III, and IV and has a significant number of intense needs. The child's level of need is likely to become more severe over time and is likely at some time to require personal attendant care or specialized care outside of the home, when prescribed by a professional. A current medical or psychological report within the last six months is required from a qualified physician. This report must include a diagnosis, prognosis, and recommended treatment. Conditions considered in the determination of DOC Level V include a child who has:

- been diagnosed by a qualified physician as having severe mental illness, such as child schizophrenia, severe developmental disabilities, brain damage, or autism;
- severe physical disabilities or medical conditions that are not expected to improve over time and adversely impact life expectancy when compared with others who have similar physical disabilities or medical conditions;
- severely inhibiting diagnosed mental health conditions, defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM), diagnosed within the past year, that severely limit normal social and emotional development and require ongoing outpatient behavioral health services;
- severe mental retardation as determined by the Social Security Administration and defined by the DSM;
- been waiting for organ transplant or is up to one year post transplant; a physical condition uncontrolled by medication or treatment, such as Tourette's syndrome or epilepsy.

DOC must be re-assessed after 6 months to determine continued eligibility. The Tribal worker is responsible for providing updated information and for notifying the CWS Tribal Coordinator of changes that would affect the child's eligibility for DOC payments.

INITIAL KINSHIP PLACEMENTS

Tribal custody children may be placed in a kinship foster home prior to completion of the foster home study, pre-service training and results of the fingerprint checks provided that the Tribe has procedures that ensure safety and that the child's needs can be met. An initial kinship start-up stipend can be provided to the Tribal kinship foster family when children are placed in the home. The initial kinship start-up stipend is issued one time and is intended to assist with initial expenditures for each child placed in the home. To be eligible for this stipend, the children must have a blood or emotional kinship to the foster parent and must be in the home for fourteen days. The payment is issued on the fifteenth day of placement. Only homes that have not been fully approved within the past

5 years are eligible for this stipend. If homes had been approved within the past 5 years and were closed, the Tribal worker can complete an addendum to expedite the completion of the study to re-open the home. Homes that are eligible to receive foster care reimbursement are not eligible for the initial kinship start-up stipend.

To initiate the kinship initial start-up payment, the Tribal worker submits the following:

1. The completed and signed initial kinship placement agreement;
2. The completed and signed foster home application;
3. The completed OSBI, Department of Public Safety, and Sex Offenders Registry background checks;
4. Documentation that the house and environment are safe and pose no threats to the child, and that the child's needs can be met.
5. A summary of interviews with 3 references with 2 of the references being non-family.

The CWS Tribal Coordinator sets up the Tribal kinship resource on the KIDS system. The Tribal worker sends the DCFS-57 form to the Tribal Liaison to enter the placement in the resource.

The Tribal worker sends the completed home study, documentation of pre-service training, to the Tribal Coordinator when completed. The OSBI and fingerprint results are mailed to the Tribal Coordinator in a sealed envelope marked confidential. The CWS Tribal Coordinator approves the home in the KIDS system so that the kinship foster home can receive foster care reimbursement.

The kinship start-up stipend will be the equivalent to a month's reimbursement for the age of the child being placed. The kinship start-up stipend amounts are:

Child's age	Stipend
Birth through five years	\$403.48
Six through 12 years	\$471.78
13 years and older	\$538.73

PLACEMENT CHANGES

Any changes in placement will be documented on the DCFS-57-A. When a child moves from one Tribal foster home to another Tribal foster home, the DCFS-57-A is completed and submitted to the OKDHS Tribal Liaison within 3 business days. The Tribe will be responsible for assisting in the collection of overpayments to Tribal foster parents.

Changes in placement to a resource other than a Tribal foster home are immediately reported by the Tribal worker on the DCFS 57-A along with the information as to the date of placement, with whom the child is residing, their relationship to the child, if any. Upon receipt of this information, the Tribal Liaison will notify the Custody Specialist requesting the child's removal from the C case, close the service case and discontinue payment to the foster home effective the last day of placement in the Tribal foster home.

MEDICAL CARDS

Medical cards for Tribal custody children certified for Title IV-E foster care will be sent to the Tribal worker at the Tribal office or directly to the foster parents. The medical card will follow the child while in a tribally approved foster home. If the child is placed in another placement resource, the Tribal worker gives the current medical card to the child's new foster parent. If the child is removed from Tribal foster care, the card is returned by the Tribal worker to the Tribal Liaison.

DAYCARE CHILD CARE BENEFITS FOR TRIBAL CUSTODY CHILDREN IN TRIBAL FOSTER CARE HOMES

Tribal custody children are eligible for child welfare child care benefits when both foster parents are employed outside of the home for 20 or more hours per week. The OKDHS Tribal Liaison authorizes the child care in the KK case. The following procedures must be followed for the authorization of child care:

1. Form 04MP042E "Application for Child Welfare Child Care Benefits" (Attachment 4, Item 6) is discussed and completed by the Tribal worker with the family.
2. The Tribal worker calls each employer listed by the family and verifies the work hours or reviews documents or statements provided by the applicants.
3. After verifying the work hours and employer, the Tribal worker initials and dates the employment information to show the verification.
4. After the form is completed, the applicant signs the last page.
5. The Tribal worker signs as the worker and shows the date that the application was completed.
6. The Tribal worker faxes the completed form to the Tribal Liaison.
7. The Tribal Liaison reviews the form and enters the information in the KIDS system to authorize the Child Care.
8. The Tribal Liaison faxes the form back to the Tribal worker after the Child Care is authorized in the KIDS system. The form is also faxed to the CWS Tribal Coordinator to file in the CWS Tribal resource file.
9. The Tribal worker notifies the family that their child care has been approved.
10. The Tribal foster family obtains the Electronic Benefit Card from the local OKDHS office.
11. The Tribal worker notifies the Tribal Liaison of any changes in the employment of the family.

III. THERAPEUTIC FOSTER CARE

The boarding payment for Tribal custody children is paid by OKDHS for those children who meet and require Therapeutic Foster Care (TFC). The following procedure must be followed for those children:

- 1) The Tribal worker completes the placement worksheet;
- 2) The Tribal worker contacts APS to see if the child meets criteria for TFC;

- 3) If APS indicates that it appears that the child may meet criteria for TFC, the Tribal worker faxes the placement worksheet to the Tribal Liaison who enters it on KIDS
 - 4) The Area Resource Coordinator (ARC) assists the Tribal worker in obtaining an assessment for authorization for TFC;
 - 5) If the Tribal custody child is authorized, TFC agencies identify potential placements;
 - 6) The Tribal ICW worker accepts the appropriate placement;
 - 7) The Tribal Liaison enters the TFC placement in the KK case;
 - 8) The Tribal Liaison notifies the ARC of the TFC placement
- The Tribal worker is responsible for visiting the child in the TFC home at least once a month. The tribal worker provides the TFC agency with office and after-hour telephone numbers as well as their e-mail address.

IV. COMMUNITY BASED RESIDENTIAL CARE

Tribal custody children may access residential placements when their needs exceed tribal or therapeutic foster care. The Tribal worker sends the completed KIDS 20 Placement Worksheet and supporting documents to the Tribal Liaison. The Tribal Liaison enters the information in the KIDS case to request a contracted Community Based Residential Care placement. The request is reviewed by the CWS Placement Unit and a determination is made as to the most appropriate placement. The CWS Placement Unit notifies both the Tribal ICW worker and the Tribal Liaison as to the status of the Placement request. The Tribal custody child may be placed on a waiting list if there is not a placement available. The Tribal worker is responsible for providing placement of the Tribal custody child until there is an opening in the identified facility. Placements are not made on an emergency basis in residential placements. The Tribal Liaison enters the placements in the child's KK case.

The Tribe is responsible for providing the following documents to the placement provider:

1. Birth certificate,
2. Immunization records,
3. Court order showing Tribal custody,
4. Most recent psychological evaluation,
5. Current social history,
6. Social Security number,
7. Medical card,
8. School records, or name and address of the last school attended,
9. Independent living assessment if the child is 16 years or older;

When a Tribal custody child is admitted into a Community Based Residential Care facility, the Tribal worker is responsible for ensuring that:

1. The child has an adequate clothing supply,
2. The child has a 30-day supply of any medications in labeled prescription containers with instructions that are currently prescribed for the child to allow for

- uninterrupted treatment until alternate follow-up medical care is received. The Tribal worker documents the receipt and release of all medication for both Prescription and over-the Counter Medication(s) for the Tribal custody child.
3. Providing the placement provider with input into the development, review, or revision of the child's individualized treatment plan that is completed by the placement provider within 30 days of placement. Review of the contractor's individualized treatment plan for the child is required at least every 90 days or more frequently as determined by the child's treatment needs;
 4. Advising the placement provider of the dates and times of court hearings, and any case staffing that required the provider's input;
 5. Initiating an APS referral for the child who is likely to meet the medical necessity criteria for acute or residential treatment;
 6. When the child requires inpatient treatment with the assistance of APS, locating an inpatient facility for acute or RTC treatment when needed.
 7. The Tribal worker is responsible for face-to-face contacts with the child and the placement provider at least once a month. These contacts are documented in Tribal E-KIDS.

V. TITLE IV-E SUBSIDIZED GUARDIANSHIP

1. Guardianship assistance is available to tribal custody children who meet the eligibility requirements for Title IV-E relative guardianship assistance payments under Section 473(d)(3)(A) of Title IV-E of the Social Security Act. Relative guardianship eligibility requirements include the following:
 - a. Child has been removed from his or her home pursuant to a voluntary placement agreement or as a result of a judicial determination that continuation in the home would be contrary to the welfare of the child and is IV-E eligible for at least six consecutive months;
 - b. Child is a sibling to a child eligible for receiving Title IV-E relative guardianship assistance and is residing or planning to reside in the same placement;
 - c. Permanency plans of reunification and adoption have been ruled out;
 - d. Relative has completed all requirements to be an approved Tribal foster home as determined by the Tribe;
 - e. Child is currently residing with the relative and has been for six consecutive months;
 - f. Relative is willing to assume legal responsibility for the child and has a strong commitment to permanently care for the child;
 - g. Child who is 14 years of age or older has been consulted regarding the kinship arrangement;
 - h. Child demonstrates a strong attachment to the prospective relative guardian;
2. The Tribal Child Welfare Worker is responsible for preparing the 04MP048E, "Request for Title IV-E Guardianship Assistance" (Appendix 4, Item 11), including all of the required documents.. The completed 04MP048E is submitted to the CFSD Tribal Coordinator.

3. The CFSD Tribal Coordinator reviews the request and submits the request to the CFSD Permanency Planning section for approval or denial of the request.
4. The CFSD Tribal Coordinator advises the Tribal Child Welfare worker of either the approval or reasons for denial of the request.
5. The Tribal Child Welfare worker advises the applicant of the right to an administrative fair hearing if the application is denied, not acted on with reasonable promptness, approved in an amount less than requested, modified without the applicant's concurrence or terminated.
6. After the approval of the request, the Tribal Child Welfare worker completes the 04MP049E, "Title IV-E Subsidized Guardianship Agreement" (Attachment 4, Item 12) with the family and submits to the CFSD Tribal Coordinator. The CFSD Tribal Coordinator submits the Agreement to the CFSD Permanency Planning Unit for signature.
7. The Tribal or CFR court does not grant guardianship to the relative until the 04MP049E, Title IV-E Subsidized Guardianship Agreement is signed by both the OKDHS and the prospective relative guardian.
8. When a Title IV-E Guardianship is requested, the following items are addressed in the case plan:
 - a. A description of how the child meets the eligibility requirements;
 - b. The steps the Tribe has taken to determine that return to the home or adoption is not appropriate;
 - c. The efforts the Tribe has made to discuss adoption with the child's relative foster parent and the reasons why adoption by the relative foster parent is not an option;
 - d. The reason a permanent placement with a prospective relative guardian and receipt of a guardianship assistance payment is in the child's best interests;
 - e. The efforts made by the Tribe to discuss with the child's parent(s) the relative guardianship arrangements or why efforts were not made; and
 - f. When the child's placement with the prospective relative guardian does not include siblings, a description of the reasons the child is separated from siblings during placement.

VI. TRIBAL FOSTER HOME APPROVALS AND ANNUAL RE-ASSESSMENTS

The Tribe approves foster homes according to Tribal standards. Foster home standards, approved by the Tribe are submitted to the CWS Tribal Coordinator. All revisions or additions to standards are submitted to the Tribal Coordinator.

- 1) The Tribe sends completed home studies to the CWS Tribal Coordinator. Include name, DOB, SSN, address (including 8 digit zip code), phone numbers, and county of residence
- 2) Studies, in general, include identifying information about their training, family members, family functioning, discussion of their motivation and understanding of providing foster care, discussion of their understanding of children in the system,

loss, understanding of birth families, their understanding and willingness to maintain connections for children, and a recommendation that addresses the assessment of the family and their abilities to foster children.

- 3) Attach copy of Social Security Card, Driver's License, optional: attach copy of Certificate Degree of Indian Blood or Membership Card
- 4) Maximum beds available in the home and number of children they prefer with gender and ages
- 5) The study must include OSBI and Fingerprint-based Background checks as a separate attachment. The background checks results are not to be narrated in the home study. Criminal Background checks are required on all adults in the home. For alternative caregiver, the background checks are kept by the tribe. Suggested background check to include OSCN and ODCR search on the web.
- 6) The approval must be signed and dated, this date will be used for foster care reimbursement if initial kinship placement made in the home
- 7) Placement of either Tribal custody or OKDHS custody children should not occur prior to approval of the home, with the exception (if listed in tribal/state agreement) of initial kinship placements when the Tribe has completed the initial kinship protocol. Submit forms: Emergency Kinship Placement, Placement Agreement, Placement Provider Information, IVE Eligibility Determination, and Placement Worksheet.
- 8) Foster homes are not approved without a completed foster home study, pre-service training, OSBI and Fingerprint-based criminal record checks (per tribal/state agreement)

Re-assessments are completed on an annual basis. The re-evaluation addresses the current status, functioning and any changes that have occurred in the family. OSBI background checks are not completed every year, if fingerprints are processed by OKDHS. A Rapback service is provided by OSBI which alerts OKDHS and the Tribe of current arrests. The Rapback does not provide the disposition of the charge, it will be the responsibility of the Tribal Child Welfare worker to obtain the disposition. Upon receipt of any Rapback notification, the resource is made unavailable until the Tribal Child Welfare Worker has explored the charge and submits recommendation of future use of the home. National criminal records checks (fingerprint) are completed every five years. Re-assessments contain a recommendation regarding the family's continued ability to provide care. Any issues or written plans of compliance and the family's progress are also discussed. Re-assessments contain a recommendation and the date that the reassessment was completed and approved by the supervisor.

The Tribal Child Welfare Worker is notified of any reports of Abuse/Neglect referrals regarding open Tribal Foster Homes. The home is made unavailable for future placements until the Tribal Child Welfare Worker has provided a recommendation of status of the home to the CWS Tribal Coordinator.

VII. ROLE OF THE TRIBAL LIASION

Each Tribe with a Tribal State Agreement is assigned a Tribal Liaison located in an OKDHS county office. The role of the Tribal Liaison is to assist the Tribe in obtaining foster care payments for the Tribal custody children. The Tribal Liaison also coordinates with the Custody Specialist in providing information so that the appropriate Title IV-E determinations can be made.

VIII. ROLE OF THE TRIBAL COORDINATOR

The CWS Tribal Coordinator's office sets up Tribal foster home resources, and maintains the Tribal foster home lists. The Tribal Coordinator also acts as a consultant to both Tribal staff and OKDHS staff on issues regarding Indian children in either state or Tribal custody. The Tribal Coordinator also conducts case reviews with Tribes regarding the provisions of the Tribal State Agreement.

IX. TRAINING

Tribal Child Welfare staff may participate in CORE Training and Child Welfare Level Trainings. Three spaces will be set aside for each Core Training for Tribal workers. These spaces will be available until two weeks before the scheduled training. At that time, if there have been no requests by Tribes to utilize these spaces, the spaces will be released for OKDHS staff. It is preferable that Tribes notify the Child Welfare Training Unit three to six weeks before the beginning of a CORE session to allow time for pre-CORE activities. Extreme cases that prevent the required notice may be considered on a case by case basis. Information about both CORE trainings and the Child Welfare Level Trainings can be found on the website at <http://www.ou.edu/cwtraining/index.htm>.

ATTACHMENT II

Specific Tribal Placement preferences for Muscogee (Creek) Tribal children:

A preference for foster care placement, in the following order, shall be given to:

1. A member of the child's extended family;
2. A Muscogee (Creek) Nation foster home licensed, approved or specified by the Tribe;
3. An Indian or non-Indian foster home licensed or approved by the Tribe;
4. With approval of the child's Tribe, a foster home licensed or approved by another Tribe;;
5. An Indian foster home approved by OKDHS;
6. A non-public (private) institution for children approved by the Tribe or operated by an Indian organization which has programs suitable to meet the needs of the Tribe's Indian child; (A child attending a BIA school will not be eligible for reimbursement; however, weekend care in a foster home is reimbursable.)
7. A non-Indian foster home approved by OKDHS.

ATTACHMENT III

TRIBAL FOSTER HOME STANDARDS

MUSCOGEE (CREEK) NATION
Children and Family Services Administration



FOSTER CARE PROGRAM
POLICIES AND PROCEDURES

August 2004

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I. INTRODUCTION

The following policies and procedures are established to serve as protocol for the administration and implementation of the foster care program of the Muscogee (Creek) Nation. All policies and procedures shall be strictly adhered to by staff of the Children and Family Services Administration (CFSA) to ensure the safety and well-being of Muscogee children. CFSA shall amend policies and procedures only when amendments are necessary to improve delivery of service and to comport with any changes in applicable tribal, state, and federal laws. All amendments to policies and procedures shall become effective only when expressed in writing and upon approval by those entities of the Muscogee (Creek) Nation, the Oklahoma State Department of Human Services, and/or other federal, tribal, and state agencies officially authorized for such responsibility. Policies and procedures are public record and shall be made available to tribal, state, and federal officials, citizens of the Muscogee (Creek) Nation, and other interested parties upon request.

- A. **Mission Statement:** The mission of the foster care program of the Muscogee (Creek) Nation shall be to provide a temporary home for any Muscogee (Creek) child whose safety can not be assured in his or her own home due to the risk of child abuse or neglect.
- B. **Purpose:** The purpose of the foster care program is to protect the best interests of Muscogee (Creek) children and to promote the stability and security of the Muscogee (Creek) Nation through the licensing of tribal foster homes. The foster care program shall certify Muscogee (Creek) families to provide care to abused or neglected children in the custody of the Muscogee (Creek) Nation, the State of Oklahoma, or other tribal or state agencies.
- C. **Responsibility:** Children and Family Services Administration (CFSA) shall be responsible for licensing tribal foster homes. CFSA shall seek to recruit Muscogee (Creek) families for certification as tribal foster homes. Families of other federally recognized Indian tribes also may be recruited to serve as tribal foster homes. A recruitment process will include the following:
 - 1. Advertisement in local and tribal newspapers;
 - 2. Public Service Announcements in local and area media;
 - 3. Presentations at meetings of chartered Creek Indian Communities;
 - 4. Brochures available at chartered Creek Indian Communities, Indian Churches, and other central places.
- D. **Legal Basis:** Procedures and standards for the licensing of tribal foster homes are established under Title 6, Chapter 1, Subchapter 11 of the Muscogee (Creek) Nation Code Annotated. Pursuant to Section 1-1101 of this Title, CFSA shall have authority to place a child in a tribal foster home only when granted to CFSA by one of the following:
 - 1. An order of a state court having jurisdiction of the child's custody proceeding;
 - 2. An order of a tribal court or Code of Federal Regulations (CFR) Court having jurisdiction of the child's custody proceeding;
 - 3. The voluntary written consent of the child's parent having custody;
 - 4. The written consent of a legal guardian or Indian custodian, other than the parent.
- E. **Compliance with Law:** At all times, foster care program policies and procedures shall be in compliance with the following:
 - 1. Title 6 (Children and Family Relations), Chapter 1 (Children) of the Muscogee (Creek) Nation Code Annotated;
 - 2. Foster Care Agreement between the Muscogee (Creek) Nation and the State of Oklahoma Department of Human Services;
 - 3. Any other applicable tribal, state, and federal laws.

F.

Definitions: Unless the context clearly indicates otherwise, the following words and terms as used in this manual shall be defined as follows:

1. **Emergency Shelter Home:** A foster home licensed by Muscogee (Creek) Nation to provide full time care and designated primarily for time limited emergency placements, usually lasting no longer than thirty (30) days for any child.
2. **Foster Child:** Any person under the age of eighteen (18) who has been temporarily placed in the custody of Muscogee (Creek) Nation, Oklahoma Department of Human Services, or any other agency due to abuse and/or neglect.
3. **Foster Home:** A home licensed by Muscogee (Creek) Nation to provide full time temporary care to a total of not more than six (6) children at any given time, including children who are not in foster care, in a family type setting.
4. **Foster Home License:** A certificate issued by Muscogee (Creek) Nation to a home meeting minimum foster care standards, specifying date of certification, date of expiration, and maximum number of foster children that may be placed in the home.
5. **Foster Parent:** Any adult certified by the Muscogee (Creek) Nation to provide temporary family care. A foster parent may be either a relative or non-relative. A relative or kinship provider may be non-Indian. A non-relative must be enrolled or eligible for enrollment with the Muscogee (Creek) Nation or another federally recognized Indian Nation.
6. **Kinship Foster Home:** A home licensed by the Muscogee (Creek) Nation to provide temporary full time care to a total of not more than six (6) children at any given time, including children who are not in foster care, in a family type setting. A kinship home differs significantly from a foster home in that a relationship already exists between the caretaker, the parents, and the child in care. A kinship relation may include the following: relatives, members of the child's clan, stepparents, or other responsible adults having an existing bond with the family or child and have been ascribed a family relationship role with the parents and child. Kinship families may fall outside the degrees of blood relationship.
7. **Provisional Foster Home License:** A temporary certificate issued by Muscogee (Creek) Nation to a home meeting initial foster care standards, specifying date of temporary certification, date of expiration, and maximum number of foster children that may be placed in the home at any given time.
8. **Respite Care:** Reserved
9. **Shelter:** A facility for the temporary care of a child, usually lasting no longer than thirty (30) days for any child, in a physically non-restricting setting pending court disposition or execution of a court order for emergency or temporary placement.
10. **Therapeutic Foster Home:** A foster home licensed by a therapeutic foster care agency and Muscogee (Creek) Nation to provide specialized full time care for a child with special psychological, social, and emotional needs. Therapeutic foster care is provided to a child whose special needs require more intensive or therapeutic services than are found in regular foster care. A therapeutic foster home shall provide care to no more than three (3) foster children at any given time. The total number of children, including children not in foster care, in the home may not exceed four (4).

II. LICENSING OF TRIBAL FOSTER HOMES

Introduction: The procedures and standards for licensing tribal foster homes are established to ensure that any home providing full time temporary care for a Muscogee (Creek) foster child meets minimum requirements. The procedures for licensing include an application and certification process. Following completion of the application and certification processes, a foster care license shall be issued to a home meeting minimum foster care standards. Standards for licensing are described in the application and certification processes and include initial application, home study, and foster parent training requirements.

A. **Application Process:** Any Muscogee (Creek) family and any Indian family living within the boundaries of the State of Oklahoma may apply for certification as a foster home for tribal custody children and/or Muscogee children in the custody of the Department of Human Services. Families living outside the boundaries of the State of Oklahoma can not be certified by CFSA. The application process shall include the following:

1. When any individual contacts CFSA about becoming a foster care provider, the Child Placement Specialist or other staff persons shall discuss briefly the foster care program and answer any initial questions. All applicants are advised of the minimum requirements required for certification, which include the following:
 - a. Applicant(s) must be at least 21 years of age;
 - b. Applicant(s) must be able to manage personal and household financial needs without relying on foster care reimbursement;
 - c. Applicant(s) must be able to provide appropriate sleeping arrangements, which offer privacy and meet the individual needs of the foster child;
 - d. Applicant(s) must provide verification that the physical and mental health of all members of the household would not hinder the family providing for the individual needs of the foster child;
 - e. Applicant(s) must ensure that any household member 18 years of age or older will submit to a criminal background investigation, including fingerprinting and national criminal history records search;
 - f. Applicant(s) must ensure that no member of the household 18 years of age or older has a prior conviction for any sexual offense;
 - g. Applicant(s) must provide references;
 - h. Applicant(s) must complete home study and house assessment;
 - i. Applicant(s) must complete foster parent training.
2. If the individual wishes to continue the application process, the following information shall be obtained and maintained in the foster care program data base during this initial contact:
 - a. Name(s) of applicant(s);
 - b. Address;
 - c. Telephone numbers, including work and home;
 - d. Referral source.
3. A foster care program application packet shall be mailed or handed to the applicant(s). The date that application packet is mailed or handed to the applicant(s) shall be noted in the data base. The application packet shall include:
 - a. Foster care application;
 - b. Autobiography (one for each parent);
 - c. Release for criminal background check (ADM-130);
 - d. Medical examination report form (one for each parent);
 - e. Reference form;
 - f. A memo requesting the following documentation:
 1. Copy of CDIB/citizenship card;

2. Copy of driver's license;
3. Copy of Social Security card;
4. Copy of marriage certificate/divorce decree;
5. W-2 or other financial information;
6. Verification of automobile insurance.

B. Certification Process: When the above application packet is completed and all required information is returned to CFSA, the Child Placement Specialist shall begin the certification process by contacting the applicant(s) to schedule interview(s) and home visit(s). The certification process shall include the following:

1. Home Study: A written home study shall be prepared before approving a foster home and prior to placement of a foster child in that home and at a minimum include the following:
 - a. Dates of interviews and home visits: Interviews and home visits shall include documentation of at least one separate interview with each parent, school-age child, and any other person residing in the home and one joint interview.
 - b. Motivation and family interest: Statements from the applicants regarding attitudes toward foster care, expectations, and preferences of foster children.
 - c. Foster father's background: Information regarding father's family history. Information shall include the following:
 1. Identifying information including full legal name, aliases, date and location of birth, social security number, tribal enrollment number (CDIB if not enrolled), and blood quantum;
 2. Names of parents (or stepparents) and siblings and description of those relationships;
 3. Description of lifestyle in family-of-origin, including social and cultural orientation and childhood activities;
 4. Description of parenting skills and philosophy, including child rearing and discipline practices in family-of-origin; philosophy of discipline and parenting style with own child(ren) or information on parenting classes/training and experiences of caring for other children if family has no biological child(ren);
 5. Description of exposure to abuse or neglect issues.
 - d. Foster Mother's Background: Same as father's background.
 - e. Foster Parents' Marital History: Information regarding current marriage or relationship, including date of present marriage; description and strengths of marriage or relationship; previous marriages or significant relationships.
 - f. Children and Other Household Members: Information on any biological or adopted children; information on any non-custody children and child support issues; information from interviews of any school age children; information on any other household members and relationship to family.
 - g. Medical and Mental Health History: Information shall include the present physical health of each household member; the emotional stability of each household member; each household member's medical history; and any history of drug or alcohol use.
 - h. Employment and Financial History: Information shall include parents' career history and current employment; documentation of annual income; sources of other income; family financial situation and stability; and health insurance or other available medical care.
 - i. Education: Information regarding the education of family members.
 - j. Religion: Information regarding religious history in the family of origin and current religious affiliation and practices.

- k. Home and Neighborhood: Information shall include location of home; physical description of home and neighborhood; evaluation of cleanliness and health issues in the home environment; description of the adequacy of the family's housing; identification of any safety issues in the home environment, including location of weapons and firearms; and an explanation of safety precautions.
 - l. Transportation: Information shall include a statement regarding the family's means of transportation and verification of a valid driver's license for each family member who would transport a foster child, license tag and insurance and passenger restraint system.
 - m. Criminal History Investigation: Information shall include source and results of criminal history check, date of criminal history check, and description of any rehabilitation following past criminal history or resolution of charges. A criminal history investigation shall be conducted by the Oklahoma State Bureau of Investigation (OSBI) on any household member who is 18 years of age or older prior to initial approval of the home and when a new household member, age 18 and older, moves into the home. An OSBI name search can be completed pending the completion of a national criminal records check (fingerprinting) by the Federal Bureau of Investigation (FBI) if the household member has resided in Oklahoma for 5 or more years. Any household member residing in Oklahoma less than 5 years cannot be approved until the OSBI records search and FBI national criminal history search results are obtained.
 - n. Child Abuse Registry Check: A Child Abuse and Neglect Information Systems Check with the Department of Human Services and CFSA Intake Specialist shall be conducted to determine if there is a history of child abuse or neglect.
 - o. Written References: The foster home study shall include three written references from individuals who have information relative to the family's ability to provide foster care. Reference information shall include: name, address and telephone number; when and how the individual became acquainted with the applicants; how often the person has contact with the family; information regarding family functioning; and opinions regarding personal qualities and ability to provide care for foster children.
 - p. Discussion of Responsibilities and Rights: The foster home study shall include a statement indicating that the responsibilities and rights of foster parents, foster child, foster child's parent(s), and CFSA, included in the Foster Care Program Policies and Procedures Agreement, were discussed with the prospective foster parents. The statement shall indicate that a copy of the Foster Care Program Policies and Procedures Agreement was provided and that the prospective foster parents signed and dated the Agreement, denoting that the parents have read, understand and agree to abide by the policies and procedures.
 - q. Foster Parent Training (See Subsection 2 of this section): The foster home study shall include a statement indicating type and number of hours of foster parent training completed by the foster parent(s).
 - r. Recommendation: The foster home study shall include a recommendation regarding approval of the home, type of foster child, number of foster children for which the home is approved, and effective date of foster home license.
2. Foster Parent Training: All applicants shall complete foster parent training prior to certification as a tribal foster home. A parent applying to become a regular foster care or emergency shelter care provider shall be required to complete a minimum of six (6) hours of training prior to certification and placement of a tribal foster child. A parent providing kinship care shall be required to complete a minimum of six (6) hours of training within ninety (90) days of a foster child's placement. Training for a foster parent previously

certified by DHS or another federally recognized tribe may be waived, if training has been completed, verification is provided by certifying agency, and training is comparable to CFSA foster parent training. Foster parent training includes the following:

- a. Based on information obtained during the home study, interviews, and parenting assessment, the Child Placement Specialist shall prepare a written plan for foster parent training, including type(s) and number of hours of training recommended.
- b. All applicants shall complete one or more of the following:
 1. Foster parent orientation;
 2. Review of parenting information (video, publication) provided by CFSA;
 3. Participation in CFSA approved parenting program or OK PATH (Parents as Tender Healers) training provided by DHS;
 4. Participation in behavior management training or other specialized training.
- c. For a previously certified tribal foster parent, a parenting assessment shall be completed at the time of re-certification to determine any needs of the foster parent. Foster parent training shall be provided and the foster parent shall be required to complete foster parent training within time frame recommended by Child Placement Specialist.
- d. A parent providing kinship care shall be provided a training stipend if participation in parenting program, OK PATH, behavior management, or specialized training is recommended or when the parent voluntarily participates in such training. A stipend shall be provided when the parent enrolls in and when the parent completes such training. Amount of training stipend shall be determined by CFSA. Training stipends shall be only provided to parents providing kinship care for foster children placed in the home.

C. **Issuance of License:** When the application and certification processes have been completed and a family is determined to meet minimum foster home standards, the home is approved as a tribal foster home and shall be issued a foster home license. When circumstances require placement of a foster child in a home meeting initial foster care standards but not all certification requirements, a temporary license shall be issued.

1. **Foster Home License:** Pursuant to Section 1-1102 of the Muscogee (Creek) Nation Children and Family Relations Code, any home providing foster care of a child must be licensed. A foster home license is a certificate that shall include the following:
 - a. Name of foster parent(s);
 - b. Address of foster parent(s);
 - c. Dates of certification and expiration (one year period);
 - d. Type of License;
 - e. Maximum number of foster children that may be placed in the home at any one given time;
 - f. Signatures of Child Placement Specialist, ICW Coordinator, and CFSA Manager.
2. **Provisional Foster Home License:** When a foster child is placed in a home that meets initial foster care standards but is not certified by CFSA because it does not meet all certification requirements, a temporary license shall be issued to that home.
 - a. A provisional foster home license is a certificate that shall list all information required for a regular foster home license, except that the expiration date of the provisional license shall be no more than ninety (90) days from the date of provisional certification (foster child's initial placement date).
 - b. A provisionally licensed home must meet initial foster care standards prior to placement of a foster child in that home and meet the same certification requirements as a regular foster home within a specified time frame. Only the

following homes may be provisionally licensed by CFSA until all certification requirements are met:

1. Kinship Foster Home: A kinship foster home must meet all certification requirements as a regular foster home within ninety (90) days of the foster child's initial placement;
 2. Therapeutic Foster Care (TFC) Home: A TFC home must be dually certified as a tribal foster home within thirty (30) days (or as contractually specified by the TFC agency) of the foster child's initial placement;
 3. DHS Foster Home: A DHS foster home must be dually certified as a tribal foster home within thirty (30) days of the foster child's initial placement;
 4. Other Tribal Foster Home: Another tribe's foster home must be dually certified as a Muscogee (Creek) tribal foster home within thirty (30) days of the foster child's initial placement.
- c. A provisionally licensed home shall be only used by CFSA as a placement resource for the foster child placed in that home at the time of provisional certification unless agreed upon by CFSA, the foster parent(s), and the agency of the foster home (if applicable).
3. Types of Licenses:
- a. Kinship Foster Home
 - b. Regular Foster Home
 - c. Emergency Shelter Home
 - d. Therapeutic Foster Home
 - e. Provisional

D. Re-certification Process: A tribally certified foster home must be re-certified before expiration date of foster home license. A foster home must be re-certified annually to remain eligible to provide care for tribal foster children and receive foster care payments. At least one month before a foster home's license expires, the Child Placement Specialist will begin the re-certification process by contacting the foster parent(s) to schedule interview(s) and home visit(s). The re-certification process shall include the following:

1. Home Study (Updated): An updated written home study shall be prepared before issuing a new license and shall include all information required in initial home study. The Child Placement Specialist shall review all information with the foster parent(s) and document any changes. The following information must be included in the updated home study:
 - a. Foster Parent's Current Medical and Mental Health Condition;
 - b. Foster Parent's Current Employment and Financial Situation;
 - c. Updated Criminal History Check for all adults in foster home;
 - d. Updated Child Abuse Registry Check for all adults in foster home.
2. Foster Parent Training Review: Based on information obtained during the home study, interviews with the foster parent(s) and any current or former foster children placed in the home, and parenting assessment, the Child Placement Specialist shall determine the need for additional foster parent training. If additional training is recommended, the Child Placement Specialist shall prepare a written updated plan for foster parent training, including type(s) and number of hours of training.

III. DENIAL OF FOSTER HOME LICENSE

Introduction: Procedures for the denial of a foster home license are established to ensure that a license shall not be issued to a home that does not meet minimum foster care standards. CFSA may deny a license to a person applying to become a foster parent for any of the reasons described in this section. An applicant may be denied a foster home license during the application or certification processes.

- A. **Denial or Withdrawal of Foster Care Application:** When it becomes apparent that an applicant does not meet minimum foster care standards during the application process, the certification process shall not be initiated. The Child Placement Specialist shall discuss with the applicant(s) the reason(s) for discontinuing the licensing process. The applicant(s) may voluntarily withdraw the application. Should the applicant decline, the application is denied. A foster care program application may be denied or withdrawn due to the following:
1. Applicant fails to provide all information required for completion of application;
 2. Criminal History Investigation reveals that an applicant, or any other person residing in the home of the applicant, has a criminal conviction record for any of the following offenses:
 - a. Physical assault, battery, or a drug or alcohol related offense within the five (5) year period preceding the application date (*);
(*) Exception: A prospective adoptive parent or long term placement provider for a specific foster child who has not been approved due to a conviction of a felony offense specified above may be approved by the Court after an evaluation has been made and accepted by the Court. The evaluation considers the following:
 1. The nature and seriousness of the crime in relation to the placement;
 2. The time elapsed since the commission of the crime;
 3. The circumstances under which the crime was committed;
 4. The degree of the rehabilitation;
 5. The number of crimes committed by the person involved;
 6. A showing by clear and convincing evidence that the foster child will not be at risk by such placement.
 - b. Child abuse or neglect;
 - c. Domestic abuse;
 - d. Crimes against a child including, but not limited to, child pornography;
 - e. Crimes involving violence including, but not limited to, rape, sexual assault or homicide;
 3. An applicant, or any other person residing in the home of the applicant, who has a history of arrests, charges, or convictions for any felony offense other than those listed in 2a of this section or a relevant misdemeanor may be approved as determined on a case by case basis. The term "relevant misdemeanor" includes, but is not limited to, such offenses as assault and battery, alcohol or drug related offenses, crimes involving domestic abuse and other such offenses;
 4. Criminal History Investigation reveals that the applicant, or any other person residing in the home of the applicant, has a criminal conviction or has entered a guilty plea or a plea of nolo contendere to a sexually related crime and/or is subject to the Oklahoma Sex Offenders Registration Act;
 5. Child Abuse Registry Check reveals that applicant, or any other person residing in the home of the applicant, has a history of child abuse and neglect. Number of referrals and conclusions or findings shall be considered;
 6. Medical evaluation report states that applicant(s) has a condition that impairs ability to care for children.

B. Denial During Certification Process: When it is determined that a prospective foster care home fails to meet minimum foster home standards during the certification process, the certification process shall be discontinued. The Child Placement Specialist shall discuss with the applicant(s) the reason(s) for discontinuing the certification process. The applicant(s) may voluntarily discontinue the process. Should the applicant(s) decline, the certification is denied. A prospective foster home may be denied certification due to the following:

1. Failure by applicant(s) to participate in interview(s) and home visit(s);
2. Information provided by the applicant(s) is determined to be inaccurate following assessment and/or investigation of such information;
3. Information gathered during home study assessment is negative. Such information may include the following:
 - a. Lack of stable, adequate income to meet the applicant's own or total family's needs;
 - b. Inadequate physical facilities to accommodate the addition of foster children to the home;
 - c. Negative response is received from reference(s). A negative response from an individual submitted as a reference may be defined as one of the following:
 1. A negative recommendation regarding the parent's ability to provide care to a foster child;
 2. Failure to complete reference letter;
 3. Failure to respond to inquiry in a timely manner;
 4. Negative information gained from an agency or individual for which the applicant signed a release of information.

C. Denial of License: When it is determined that an applicant fails to meet minimum foster care standards, the applicant shall not be issued a foster care license. The Child Placement Specialist shall clearly document the reason(s) for the denial of a license and shall discuss the reason(s) for denial with the applicant. The decision to deny a license is confirmed in writing and the Child Placement Specialist shall mail a copy of the denial letter to the applicant. The denial letter shall include the following:

1. Reason(s) for denial;
2. Notice of applicant's right to appeal decision;
3. Signature of Child Placement Specialist, ICW Coordinator, CFSA Manager.

IV. ASSESSMENT/INVESTIGATION OF TRIBAL FOSTER HOME

Introduction: Procedures for the assessment and/or investigation of a tribal foster home are established to ensure the safety and well-being of a foster child in a licensed foster home. When an issue of concern exists in a tribal foster home, an assessment or investigation shall be conducted to determine the need for intervention by CFSA, which may include initiation of steps to resolve concern and/or removal of any foster children in the home.

- A. Referral Regarding Tribal Foster Home:** When CFSA is made aware of any concern that may cause a foster home to fall below minimum foster care standards, an initial evaluation (review of the concern) must be conducted to rule out the involvement of abuse or neglect. All referrals involving tribal foster homes shall be documented on the CFSA Client Intake Form and shall be forwarded to the ICW Coordinator for review. Following receipt of referral, the ICW Coordinator shall determine the disposition of the referral and forward to Child Protection Specialist for assignment of child abuse/neglect investigation or assign to Child Placement Specialist for assessment of CFSA foster care program policy violation or issue of concern.
- B. Investigation of Referral Involving Abuse/Neglect:** CFSA investigates a child abuse or neglect referral alleging maltreatment of a foster child in a tribally licensed foster home in the same manner as all other abuse or neglect referrals. The protocol for investigating a referral involving abuse or neglect of a foster child in a tribally licensed foster home is the same as the protocol for conducting an investigation in the child's own home. The investigation process shall include the following:
1. The ICW Coordinator or Child Protection Specialist shall assign a priority number and assign to Child Protection Worker.
 2. The Child Protection Worker assigned shall conduct an investigation within specified time frame.
 3. The Child Protection Worker shall notify the foster child's caseworker before initiating investigation. The foster child's caseworker may accompany the Child Protection Worker.
 4. The investigation shall be conducted according to Section II.A (Investigation) of the CFSA Indian Child Welfare Program Policies and Procedures.
 5. During the investigation, the Child Protection Worker may determine the need for immediate removal of the foster child and, with the approval of the ICW Coordinator and/or Child Protection Specialist, remove the foster child from the foster home, if the child's safety is at risk.
 6. Following completion of investigation, the Child Protection Worker shall report findings to ICW Coordinator. The Child Protection Worker shall also notify the foster parent(s) of findings.
 7. If abuse or neglect is confirmed, the Child Protection Worker shall notify appropriate agencies (e.g., law enforcement, DHS) as necessary and all tribal foster children in the home shall be removed following procedures outlined in Section VI Removal of Tribal Foster Child.
 8. If abuse or neglect is not confirmed, but a policy violation may have occurred, the ICW Coordinator shall assign to Child Placement Specialist for assessment of the foster home.
- C. Assessment of Policy Violation/Issue of Concern:** If a violation of CFSA foster care program policy rather than an abuse or neglect incident may have occurred or an issue of concern exists in the home, an assessment of the foster home shall be conducted by the Child Placement Specialist. The assessment process shall include the following:

1. Interview(s) with the foster parent(s), the foster child's caseworker, sources of potential information such as references, and any children currently or previously in the foster home who might have relevant input.
2. Following completion of assessment, the Child Placement Specialist shall determine if a policy violation has occurred or if issues of concern need to be resolved. The Child Placement Specialist shall document findings of the assessment on the Tribal Foster Home Report of Policy Violation/Issues of Concern Form.
3. If there is a finding that a policy violation has occurred or that practices or issues in the foster home require resolution for continued use, the finding shall be discussed with the foster parent(s) and a Written Plan of Compliance shall be completed.

D. Written Plan of Compliance: The Written Plan of Compliance is a time limited agreement entered into between the foster parent(s) and CFSA that does not extend beyond six (6) months.

1. The Written Plan of Compliance shall include the following:
 - a. Description of issues of concerns or policy violations;
 - b. Description of steps to be taken by foster parent(s) and CFSA to address issues of concerns or policy violations;
 - c. Date by which resolution of concerns or policy violations shall be completed;
 - d. Recommendations for use of foster home, including removal of a foster child from the home and/ or ceasing of other foster child placements in the home.
 - e. Signature of foster parent(s), Child Placement Specialist, ICW Coordinator, CFSA Manager.
2. A foster home entering into a Written Plan of Compliance shall be placed on probationary status following procedures in Section VB Probation of Tribal Foster Home until completion of Written Plan of Compliance.
3. If a foster parent is unwilling or unable to acknowledge that an issue exists which requires resolution or refuses to enter into a Written Plan of Compliance, the foster home shall be closed following procedures in Section VC Closure of Tribal Foster Home. All tribal foster children in the home shall be removed following procedures in Section VI Removal of Tribal Foster Child.
4. Periodic reviews of the Written Plan of Compliance shall be conducted to evaluate the progress of the foster parent(s) in completing resolution steps. The foster parent(s) and Child Placement Specialist shall participate in the reviews.
5. If other concerns or circumstances change while a Written Plan of Compliance is in place, the Child Placement Specialist shall evaluate the existing plan to modify steps, time frames, and recommendations. If a new plan is necessary, the Child Placement Specialist revises the Written Plan of Compliance after staffing with the foster parent(s) and ICW Coordinator.
6. Following completion of the Written Plan of Compliance, if the foster parent reaches a satisfactory resolution of concerns or policy violations, the foster home shall be removed from probationary status.
7. If the foster parent does not reach a satisfactory resolution of concerns or policy violations, the foster home shall be closed following procedures in Section VC Closure of Tribal Foster Home. All foster children placed in the home shall be removed following procedures in Section VI Removal of Tribal Foster Child.

V. PROBATION AND CLOSURE OF TRIBAL FOSTER HOME

Introduction: Procedures for placing a tribal foster home on probation are established to ensure the provision of necessary services to a foster home and foster children placed in the home by allowing for the resolution of issues of concern. Procedures for the closure of a tribal foster home are established to ensure that a foster home unable to maintain minimum foster care standards shall no longer be utilized as a placement for foster care children.

A. Foster Home Status Review: When a tribally certified foster home is subject to probation or closure, a review of the foster home shall be completed by the Child Placement Specialist. The Child Placement Specialist shall complete the Foster Home Status Review Form, which requires the following information:

1. Current status of foster home (e.g., active kinship, open regular);
2. Certification and expiration dates of license;
3. Number of tribal foster children placed in the home;
4. Status change (e.g., probation, closure);
5. Reason(s) for changing status, which may include the following:
 - a. Policy violation;
 - b. Issue of concern in the foster home;
 - c. Failure to enter into or complete Written Plan of Compliance;
 - d. Foster parent request;
 - e. CFSA decision.
6. Date assessment or investigation conducted;
7. Date Written Plan of Compliance initiated;
8. Effective date(s) of probation or closure;
9. Signatures of Child Placement Specialist, ICW Coordinator, and CFSA Manager.

B. Probation of Tribal Foster Home: A tribally certified foster home shall be placed on probationary status when a policy violation has occurred or issues of concern exist in the foster home. The probation process shall include the following:

1. Completion of Foster Home Status Review: When the status of a tribal foster home changes from an approved active (with foster children) or approved open (no foster children placed) to probationary, the Child Placement Specialist shall complete a Foster Home Status Review.
2. Notification of Probation: Following completion of the Foster Home Status Review, the Child Placement Specialist shall make face to face contact with the foster parent(s) and discuss the reason(s) for placing the foster home on probation. The decision to place the home on probation is confirmed in writing and the Child Placement Specialist shall notify the foster parent(s) by providing the Notice of Probation/Closure Form to the foster parent(s). The Child Placement Specialist shall mail or hand-deliver the Form to the foster parent(s).
3. Removal of Tribal Foster Child: The decision to remove a foster child from a foster home placed on probation shall be determined by the Child Placement Specialist, ICW Coordinator, and foster child's caseworker. The child shall be removed following procedures outlined in Section VI Removal of Tribal Foster Child.
4. Extension of Probation Period: At the end of the probation period, the Child Placement Specialist shall review the foster parent's progress toward resolving issues of concern or policy violations. If issues of concern or policy violations have not been satisfactorily resolved but significant progress has been made, the probation period may be extended for a period of not more than sixty (60) days.

5. **Completion of Probation Period:** At the end of the probation period, a foster home shall be removed from probationary status when all issues of concern or policy violations have been satisfactorily resolved, as documented on the Written Plan of Compliance. If issues of concern or policy violations have not been satisfactorily resolved, the foster home shall be subject to closure following procedures in C Closure of Tribal Foster Home of this Section.

C. Closure of Tribal Foster Home: A tribally certified foster home shall be closed when the home shall no longer be used as a placement for foster children due to foster parent request or CFSA decision. The closure process shall include the following:

1. **Completion of Foster Home Status Review:** When the status of a tribal foster home changes from approved active (with foster children), approved open (no foster children placed), or probationary to closed, the Child Placement Specialist shall complete a Foster Home Status Review.
2. **Notification of Closure:** Following completion of the Foster Home Status Review, the Child Placement Specialist shall make face to face contact with the foster parent(s), if possible, and discuss the reason(s) for closing the home. If face to face contact is not possible, the Child Placement Specialist shall contact the foster parent(s) by phone. The decision to close the home is confirmed in writing and the Child Placement Specialist shall notify the foster parent(s) by providing the Notice of Probation/Closure Form to the foster parent(s). The Child Placement Specialist shall mail or hand-deliver the Form to the foster parent(s).
3. **Removal of Tribal Foster Child:** All tribal foster children placed in the home at the time of closure shall be removed from the home following procedures outlined in VI Removal of Tribal Foster Child.

VI. REMOVAL OF TRIBAL FOSTER CHILD

Introduction: Procedures for removing a foster child from a tribally certified foster home are established to ensure that removal is in the child's best interest. A foster child may be removed when an emergency exists and the child's health, safety, or welfare is endangered, which may include the following: a child abuse or neglect report is received; an issue of concern exists in the home; or an investigation of a child abuse/neglect referral or assessment of policy violation/issue of concern is completed.

- A. Alternatives to Removal:** Whenever possible and appropriate, an alternative safety plan shall be implemented when the foster child's safety in the foster home can be ensured. The safety plan shall be discussed and agreed to by the foster parent(s), the foster child's caseworker, Child Placement Specialist, ICW Coordinator, and other relevant staff. The safety plan shall be documented in writing and a copy provided to the foster parent(s).
- B. Reasons for Removal:** A foster child may be removed from a foster home when an emergency exists and the child's health, safety, or welfare is endangered. An emergency may include one of the following:
1. Substantial non-compliance by the foster parent(s) with placement standards and/or agreements endangers the health, safety, or welfare of the child;
 2. An investigation of an allegation of abuse or neglect of a child by the foster parent(s) or any other person residing in the foster home is pending;
 3. Emergency medical or mental health treatment.
- C. Removal Process:** When a foster child's safety can not be ensured in a foster home, the child shall be immediately removed from the home. The removal process shall include the following:
1. **Staffing Prior to Removal:** Whenever possible and appropriate, any decision to remove a foster child from a tribal foster home shall be determined by the foster child's caseworker, Child Placement Specialist, ICW Coordinator, and other relevant staff. The Assistant Attorney General and foster child's attorney may also participate in the staffing.
 2. **Staffing After Removal:** When a staffing prior to removal is not feasible, removal of the foster child shall be initiated by the intervening caseworker with supervisory approval. A staffing shall be conducted as soon as possible after the removal to review the decision to remove the foster child.
 3. **Staffing Following Completion of Investigation/Assessment:** When removal occurs during an investigation or assessment, a staffing with the foster child's caseworker, Child Placement Specialist, Child Protection Specialist, ICW Coordinator, and other relevant staff shall be conducted upon completion of the investigation/assessment to determine the plan regarding re-placement of the child into the foster home.
 4. If the determination of a staffing is to return the child to the foster home, the foster child's caseworker shall immediately return the child.
 5. If the determination of a staffing is to make a different placement for the child, the foster child's caseworker and/or Child Placement Specialist shall notify the foster parent(s) of the decision immediately by phone and within three (3) working days of the decision in writing.
- D. Notification of Removal:** The following shall be notified by telephone prior to removal of a foster child or as soon as possible after the removal when an emergency exists:
1. Assistant Attorney General;
 2. Foster child's attorney;
 3. Foster child's parent;
 4. Court appointed special advocate (CASA), if applicable.

- E. **Documentation of Removal:** The Notification of Removal/Change in Placement Form shall be completed and provided to Muscogee (Creek) Nation District Court. The original shall be file stamped by the court clerk and a copy shall be provided to those listed in D of this section, except for the foster child's parent, prior to removal of the foster child or as soon as possible after the removal when an emergency exists.

VII. APPEAL OF DENIAL OF LICENSE, PROBATION OR CLOSURE OF FOSTER HOME

Introduction: Procedures for appealing decisions by CFSA regarding a foster care application or the status of a tribal foster home are established to ensure that any individual applying to become a foster parent or serving as a foster parent has access to a process in which his or her grievance can be heard in a fair and timely manner. All time limits set forth in the appeals process shall be strictly adhered to unless extended by mutual consent of appellant and CFSA. If an individual fails to file an appeal regarding a decision by CFSA within the established time frame, the grievance shall not be considered and the decision by CFSA shall be final.

- A. **Appeal Rights:** An individual applying to become a foster parent for the Muscogee (Creek) Nation shall have the right to appeal any decisions regarding his or her application. A tribal foster parent shall have the right to appeal any decisions regarding the status of his or her foster home.
- B. **Appeals Process:** Pursuant to Chapter 1, Subchapter 11, Section 1-1105 of the Children and Family Relations Codes, a licensing appeals process is provided to an applicant or foster parent ("licensee") to hear any disputes concerning the "denial, suspension, or revocation of a tribal foster home license". An applicant may appeal when his or her application to become a foster parent is denied ("denial of license"). A foster parent may appeal when his or her home is placed on probation ("suspension of license") or closed ("revocation of license"). The appeals process shall include the following:
1. An applicant or foster parent may appeal in writing to the Manager of CFSA;
 2. An appeal must be filed in writing within ten (10) working days from the date written notification of decision is received;
 3. Upon receipt, the appeal shall be forwarded to the CFSA Administrative Board for review;
 4. The Administrative Board shall consider and examine any information relevant to the appeal, including appellant's Foster Care Application/File;
 5. The Administrative Board may interview any CFSA staff and the appellant;
 6. The Administrative Board shall issue a written response to the appellant within ten (10) working days from the date appeal is received;
 7. The decision(s) of the Administrative Board shall be final.
- C. **CFSA Administrative Board:** The Administrative Board shall include at least three (3) of the following:
1. Child Protection Specialist;
 2. Child Treatment Specialist;
 3. Child Treatment Worker or Child Protection Worker not involved in any matters related to the appellant or appellant's home (i.e., foster child placed in the home);
 4. Family Violence Prevention Program Supervisor;
 5. Promoting Safe and Stable Families Program Coordinator.

VIII. PLACEMENT OF TRIBAL FOSTER CHILD

Introduction: Procedures for the placement of a tribal foster child are established to ensure placement of the child in the most appropriate setting.

- A. **Placement in Kinship Care:** When a child requires placement outside of the home, placement in kinship care is the first option in providing foster care for the child. A thorough assessment of the availability and appropriateness of potential kinship providers is completed during the investigation process and any time potential kinship providers are identified while the child is in custody. Initial kinship placement allows a child to be placed with an identified kinship provider after a preliminary assessment is completed and documented. The preliminary assessment includes completion and approval of the Initial Kinship Placement Agreement and House Assessment Form. The placement occurs prior to certification of the home as a kinship resource and payment, if requested, begins effective the date requirements for certification are completed. All kinship care providers, whether paid or non-paid, must meet the same certification requirements as regular foster homes.
1. **Factors Considered Before Placement:** These factors must be considered before making a decision to place a child in kinship care:
 - a. The willingness and ability of the kin to provide a safe and nurturing environment for the child;
 - b. The willingness and ability of the kin to meet the needs of the child;
 - c. The willingness of the kin to work with CFSA toward the case plan goal for the child and his or her family;
 - d. The parent's feelings about the placement and willingness to work cooperatively with the kin;
 - e. The kin's understanding of the situation that brought the child into CFSA custody;
 - f. The kin's understanding of the effects of abuse and neglect on the child as well as the parent;
 - g. If age appropriate, the child's feelings about the kin.
 2. **Placement Procedures:** After identifying an available placement, the foster child's caseworker shall conduct a home visit to complete a placement packet following prior to placement of a child in a kinship foster home. The placement packet includes the following:
 - a. **Initial Kinship Placement Agreement.** The caseworker must meet with the kinship family in their home to complete the Initial Kinship Placement Agreement. Completion of this form will assist the caseworker and the family in assessing the following:
 1. The family's relationship to the child and the child's parents;
 2. The family's immediate capability to provide care for the child;
 3. The family's financial situation;
 4. The family's understanding and agreement to adhere to CFSA's policy on confidentiality, religious freedom, discipline, abuse or neglect reporting and limited contact with parents if deemed necessary by CFSA or the court for the protection of the child being placed;
 5. The family's understanding of their roles and responsibilities, including adhering to CFSA's visitation plan between the child and the child's family and facilitating the treatment plan and case plan goals;
 6. The family's understanding of CFSA's roles and responsibilities in regard to planning for and providing services to the child; and

7. Decision as to whether to continue certification of the home as a kinship home.
 - b. House Assessment. The caseworker must conduct an inspection of the kinship family's home to complete the House Assessment. Completion of this form will assist the caseworker and the family in assessing the following:
 1. The capacity of the home to accommodate the child being considered for placement;
 2. The appearance and condition of the home;
 3. The safety of the home and its surroundings.
 - c. Written Plan of Compliance. If applicable, the caseworker will complete the Written Plan of Compliance after completing the Initial Kinship Placement and House Assessment Form. The Written Plan of Compliance will list any issues present in the home that would not prevent immediate placement but which must be corrected in order for the kinship provider to become an approved resource. The Written Plan of Compliance is entered into between the kinship provider and CFSA and will include the following:
 1. Description of deficiencies to be corrected;
 2. Date by which deficiencies must be corrected;
 3. Signature of each kinship provider;
 4. Signature of caseworker.
 - d. Foster Care Home Agreement. The caseworker will review and discuss Foster Care Home Agreement with the kinship provider(s). A separate agreement must be completed for each foster child to be placed in the home. Each kinship provider is required to sign and date Agreement, indicating that the provider has read, understands, and agrees to abide by the policies set forth in the agreement. Agreement must also be signed and dated by the caseworker.
 - e. Foster Care Program Policies and Procedures Agreement. The caseworker will review and discuss Foster Care Program Policies and Procedures with the kinship provider(s). Each foster parent is required to sign and date Agreement, indicating that the provider has read, understands, and agrees to abide by the policies and procedures. Agreement must also be signed and dated by the caseworker.
 - f. Foster Care Reimbursement Discussion. The caseworker will review requirements for foster care reimbursement, as indicated in Section III of the Initial Kinship Placement Agreement. If foster care reimbursement is requested, the caseworker will provide a Foster Care Application packet to the kinship providers.
3. Procedures Following Placement. Following completion of placement procedures, the caseworker shall complete the Request for Home Study Form and attach placement packet information. The Child Placement Specialist shall conduct a home study only when a Request for Home Study Form and all placement information is received.

B. Placement in Regular or Emergency Foster Home: When kinship care placement is not available and foster care placement is needed for a child, the child's caseworker shall notify the foster care program to request placement by completing the Request for Placement Form. The Child Placement Specialist shall identify available and suitable foster home placements and notify the foster child's caseworker by completing and returning the Request for Placement Form. Following notification, the child's caseworker shall facilitate the foster child's change in placement.

1. Placement Procedures. The child's caseworker shall conduct a home visit to complete the following:

- a. Foster Care Home Agreement. The caseworker shall review and discuss Foster Care Home Agreement with the foster parent(s). A separate agreement must be completed for each foster child to be placed in the home. Each foster parent is required to sign and date Agreement, indicating that the parent has read, understands, and agrees to abide by the policies set forth in the agreement. Agreement must also be signed and dated by the caseworker.
- b. Foster Care Program Policies and Procedures Agreement. The caseworker shall review and discuss Foster Care Program Policies and Procedures with the foster parent(s). Each foster parent is required to sign and date Agreement, indicating that the provider has read, understands, and agrees to abide by the policies and procedures. Agreement must also be signed and dated by the caseworker.

C. **Placement in Therapeutic Foster Home:** When a child's treatment needs can no longer be met in the child's own home or foster home, the child does not require a group home placement, and the child does not meet the medical necessity criteria for psychiatric treatment (hospitalization), the child's caseworker shall seek Therapeutic Foster Care (TFC) placement. A Gatekeeping evaluation is conducted by designated community mental health center staff to determine if a child meets criteria for TFC services. Gatekeeping shall be conducted by the community mental health center serving the area of the child's placement. Gatekeeper approval is required prior to placement of a child in a TFC home. Gatekeeper approval is documented as a Certificate of Need (CON). When a child is approved for TFC and a CON is received, the caseworker or Child Placement Specialist shall contact a therapeutic foster care agency and request placement. Only those TFC agencies that have entered into a contract with the Muscogee (Creek) Nation for the provision of TFC services shall be contacted. After an available placement is identified, the child caseworker shall facilitate the foster child's change in placement.

1. Placement Procedures: The child's caseworker shall complete the following prior to placement of a child in a TFC home:
 - a. Obtain the following information from the TFC agency:
 1. Foster home assessment (home study);
 2. Foster parents' Criminal Background Check;
 3. Any other available information regarding the TFC placement.
 - b. Comply with the TFC agency's placement procedures.
 - c. Conduct a home visit to complete the following:
 1. House Assessment Form;
 2. Foster Care Home Agreement;
 3. Foster Care Program Policies and Procedures Agreement;
 4. Provide the TFC parent a CFSA foster home application to complete.
2. Procedures Following Placement: Following completion of placement procedures, the caseworker shall complete the Request for Home Study Form and attach all relevant information. The Child Placement Specialist shall conduct a home study only when a Request for Home Study Form and all placement information is received.

D. **Placement in DHS or Other Indian Nation Foster Home:** When placement in kinship care, regular foster care, or emergency shelter care is not available and placement is needed for a child, the child's caseworker may seek placement in a DHS or other Indian Nation certified home. The child's caseworker shall notify the foster care program to request placement by completing the Request for Placement Form. The Child Placement Specialist shall identify available and suitable foster home placements and notify the child's caseworker by completing and returning the

Request for Placement Form. Following notification, the child's caseworker shall facilitate the foster child's change in placement.

1. **Placement Procedures:** After identifying an available placement, the child's caseworker with the assistance of the Child Placement Specialist shall complete the following prior to placement of a child in a DHS or other Indian Nation foster home:
 - a. Obtain the following information from DHS or other tribal agency:
 1. Foster home assessment (home study)
 2. Foster parents' Criminal Background Check
 3. Any other available information
 - b. Comply with DHS or other tribal agency's placement procedures;
 - c. Conduct a home visit to complete the following:
 1. House Assessment Form
 2. Foster Care Home Agreement
 3. Foster Care Program Policies and Procedures Agreement
 4. Provide the DHS or other tribe's foster parent(s) a CFSA foster home application to complete.
2. **Procedures Following Placement:** Following completion of placement procedures, the caseworker shall complete the Request for Home Study Form and attach placement packet information. The Child Placement Specialist shall conduct a home study only when a Request for Home Study Form and all placement information is received.

E. Respite Care: Reserved

- F. Placement in Group Home or Other Facility:** When a child requires placement in a placement other than those listed in A through D of this section, the child's caseworker may seek placement in a group home or other CFSA approved tribal or state facility. The child's caseworker shall identify available and suitable placements. The Child Placement Specialist may also identify available and suitable placements. Following identification, the child's caseworker shall facilitate the foster child's change in placement.

1. **Placement Facilities:** A foster child may be placed in one of the following facilities only when circumstances require placement in such facility:
 - a. Murrow Indian Children's Home;
 - b. Eufaula Boarding School;
 - c. Sac and Fox Juvenile Detention Center (court approval and order required)
 - d. Other tribal facility;
 - e. Other state facility.
2. **Placement Procedures:** After identifying an available placement, the child's caseworker shall complete the following prior to placement of a child in a group home or other facility:
 - a. Follow admission procedures of the facility;
 - b. Complete any admission, enrollment, or eligibility forms;
 - c. Provide copy of foster child's identifying information including social security card, birth certificate, and tribal enrollment or Certificate of Degree of Indian Blood (CDIB);
 - d. Provide foster child's medical card;
 - e. Provide foster child's medical information including immunization record;
 - f. Complete Foster Care Home Agreement and Foster Care Policies and Procedures Agreement, if applicable.

G

Placement Changes: When the placement of a tribal foster child is subject to change, a placement staffing shall be conducted prior to moving the child unless the child's health, safety, or welfare is endangered (See Section VI Removal of Foster Child). All placement decisions shall be determined by the foster child's caseworker, ICW Coordinator, Child Placement Specialist, and other relevant staff. The Assistant Attorney General and the foster child's attorney may also participate in a placement staffing when necessary.

1. **Factors Considered Before Changing Placement:** The following factors shall be considered when assessing any placement decision:
 - a. The health, safety, and welfare of the foster child;
 - b. Proximity of placement to foster child's parent(s);
 - c. Proximity of placement to foster child's sibling(s);
 - d. Proximity of placement to foster child's school;
 - e. Proximity of placement to foster child's community, tribal town, church, etc;
2. **Reasons for Changing Placement:** A foster child's placement may only be changed when one of the following occurs:
 - a. Movement of the child is requested by the foster parent(s);
 - b. The child requires placement in a detention facility;
 - c. A relative not identified or circumstantially unable to provide care during initial placement of the child has been fully certified to provide foster care;
 - d. The District Court orders change in placement (e.g., reunification);
 - e. Any of the reasons listed in B of Section VI (Removal of Tribal Foster Child).
3. **Notification of Change in Placement:** Unless an emergency exists, the foster child's caseworker shall complete the Notification of Removal/Change in Placement Form and provide a copy to the following prior to the change in placement:
 - a. District Court;
 - b. Assistant Attorney General;
 - c. Foster child's attorney;
 - d. Court appointed special advocate (CASA), if applicable.
4. **Notification to Parent(s):** The foster child's caseworker shall notify the parent(s), legal guardian(s), or custodian(s) involved with the child and court case of all changes in the child's placement. The address of the placement may or may not be disclosed depending on the case circumstances.
5. **Notification to Foster Parent(s):** Except in an emergency or upon foster parent request, when a foster child has been in a foster home for three (3) months or more, written notice is provided to the foster parent(s) prior to the child's change in placement.

IX. FOSTER CARE REIMBURSEMENT

- A. Basis:** Payments to homes providing foster care for tribal custody children are received from the State of Oklahoma under an annual Foster Care Agreement entered into between the Muscogee (Creek) Nation and the Oklahoma Department of Human Services. The State of Oklahoma receives federal funding from Titles IV-B and IV-E of the Federal Social Security Act, which mandate and provide funding for certain child welfare services, including foster care.
- B. Foster Care Payments:** The Department of Human Services will provide foster care payments to only those tribal homes meeting all certification requirements. Tribally certified foster homes receive foster care payments at the prevailing foster care payment rate of the State of Oklahoma. The effective date of a foster care payment is the date of placement in an approved tribal foster home or date of full certification by CFSA.
- C. Initiating Foster Care Payments:** Pursuant to the Section II of the Plan of Operation (Attachment I of the Foster Care Agreement), the Department of Human Services will provide foster care payments to tribally certified foster homes when the following is completed:
1. Home is certified by CFSA and copy of home study is provided to DHS Division of Children and Family Services Tribal Coordinator and Child Welfare Tribal Liaison;
 2. Referral is made to the DHS Child Welfare Tribal Liaison using the Indian Child Welfare Program Referral Form (DCFS-57) issued by DHS;
 3. Copy of current tribal court order, indicating child's legal and custody status, is provided to DHS Child Welfare Tribal Liaison;
 4. Case Plan Form issued by DHS is completed and provided to the DHS Child Welfare Tribal Liaison.
- D. Changes in Foster Care Payments:** When changes occur that affect the foster care payment, the foster child's caseworker will notify the DHS Child Welfare Tribal Liaison using the Indian Child Welfare Program Update Form (DCFS-57-A) issued by DHS. Changes that affect the foster care payment include the following:
1. Foster child is returned to own home;
 2. Foster child's foster care placement changes;
 3. Foster care payment rate increases due to child's age;
 4. Foster child begins receiving other source of income (e.g., Social Security benefits).
- E. Maintaining Foster Care Payments: Reserved**

X. FILE MAINTENANCE FOR FOSTER PARENT

Introduction: Procedures for the maintenance of foster parent files are established to ensure the proper documentation of casework activities and a uniform structure for case files. Case files for foster parents are utilized to document demographic information obtained during the application and certification processes, decisions made regarding an application or foster home, and actions made with or on behalf of the foster parents and foster children placed or to be placed in their home. Reliance upon case files as a valid source of information for all these purposes requires accuracy that is best ensured when recording of information is done promptly after the activity takes place.

- A. Purpose of Case File:** A foster parent case file shall serve as the following:
1. An accounting of the way in which CFSA responsibilities are fulfilled;
 2. A means for the Child Placement Specialist to develop a clear understanding of the applicant or foster parent's situation;
 3. Evidence that the applicant or foster parent's eligibility to provide foster care has been satisfactorily determined or re-determined;
 4. Evidence that the applicant or foster parent has been offered requested or needed services and is receiving services through staff delivery or referral;
 5. Documentation for the applicant or foster parent, CFSA, and the Nation against inaccuracies that may arise from memory errors;
 6. A means of eliminating repeated inquiries by the Child Placement Specialist about the same matter;
 7. An aid in the supervision of work, in assisting the Child Placement Specialist to develop his or her skills, and in evaluating performance;
 8. A means for future caseworkers to obtain knowledge of the applicant or foster parent's experience with CFSA.
- B. Establishing Case File:** A foster parent case file shall be established when a foster care application is received or when a Request for Home Study Form and placement packet information is received from child welfare staff. A foster parent case file shall be identified by the applicant or foster parent's last name and program case number.
- C. Structure of Case File:** The foster parent case file shall include the following sections:
1. Eligibility/Identification: Basic identifying information including enrollment card, Social Security card, driver's license, and marriage certificate/divorce decree.
 2. Case Record/Case Narrative: Case activity information including Request for Home Study Form, caseworker assignment information, and documentation of caseworker contacts (e.g., phone calls, home visits) and other activities (e.g., staffing, court hearings).
 3. Foster Home Information: Certification information including initial home study, updated home studies (re-certification), parenting assessment, documentation of completion of parenting and foster home status information including Foster Home Status Review Form, Notice of Probation/Closure Form, Written Plan of Compliance, and any correspondence regarding the foster parents and foster home.
 4. Foster Care Application: Application packet information including application, autobiography, criminal background check, medical history, references, income verification, vehicle insurance verification, and any correspondence regarding the application.
 5. Placement Information: Information regarding placement of a foster child in the home including Foster Home Placement Record, Placement Provider Information Report, Initial Kinship Placement Agreement, Foster Care Home Agreement, Foster Care Policies and Procedures Agreement, and medical authorization

**Attachment 4
Forms**

- Item 1: 04TB004E “Indian Child Welfare Program Referral**
- Item 2: 04TB003E “Indian Child Welfare Program Referral Update**
- Item 3: 04K1010E “Placement Worksheet**
- Item 4: 04K1002E “Eligibility Determination”**
- Item 5: 04MP042E “Application for Child Care Benefits”**
- Item 6: 04AD001E “KIDS Application Logon Request for Non-DHS Employees”**
- Item 7: 04FC011E “Placement Agreement for Out of Home Care**
- Item 8: 04K1004E “Placement Provider Information**
- Item 9: 15GR004E “Notice of Grievance Rights-Minors in OKDHS Custody**
- Item 10: 04MP048E “Request for Title IV-E Guardianship Assistance”**
- Item 11: 04MP049E “Title IV-E Subsidized Guardianship Agreement”**
- Item 12: 04AD001E “Initial Kinship Application Placement Agreement”**

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
INDIAN CHILD WELFARE PROGRAM REFERRAL

I. CHILD

Name	Birth date	Sex	Social Security number
Birth place	City		
Tribal affiliation		State	
		Roll number	

Race - Indicate primary and secondary

Primary - Mark only one.

- ☐ White
☐ Black or African American
☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ Unable to determine

Secondary - Mark as many as apply.

- ☐ White
☐ Black or African American
☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ Unable to determine

Hispanic Origin: ☐ Yes ☐ No ☐ Unable to determine

Has child been diagnosed as having a disability as defined by AFCARS? ☐ Yes ☐ No

Indicate the diagnosed disability.

- ☐ Developmental disability ☐ Visually or hearing impaired ☐ Emotionally disturbed
☐ Physical disability ☐ Other medically diagnosed condition requiring special care

Has child ever been adopted? ☐ Yes ☐ No If yes, what age? _____

County of placement: _____ Foster care placement date: _____

Child's case plan goal: ☐ Return home ☐ Independent living
☐ Place for adoption ☐ Place with relatives ☐ Long-term foster care

Estimated completion date: _____

II. REMOVAL INFORMATION

Date of **first** removal from home: _____

Date of **latest** removal from home: _____

Number of removals from home: _____

Manner of removal from home: ☐ Protective custody ☐ Court order ☐ Voluntary custody

Conditions of removal from home. Mark as many as apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Alcohol abuse (parent) | <input type="checkbox"/> Alcohol abuse (child) | <input type="checkbox"/> Drug abuse (parent) |
| <input type="checkbox"/> Drug abuse (child) | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Child's disability |
| <input type="checkbox"/> Death of parents | <input type="checkbox"/> Child's behavior problem | <input type="checkbox"/> Inadequate housing |
| <input type="checkbox"/> Relinquishment | <input type="checkbox"/> Incarceration of parent(s) | |
| <input type="checkbox"/> Caretaker's inability to cope due to illness or other reasons | | |

III. LEGALS. Attach a copy of court order.

Who has legal custody of this child?

Name			
Mailing address		City	State Zip
Type of adjudication		Date of order	Scheduled review date
Court case number	Judge's name		

With whom was the child living at the time of court action?

Name			Relationship to child
Mailing address		City	State Zip

Are the mother's parental rights to this child intact? ☐ Yes ☐ No
 If no, what was the date of termination? _____

Are the father's parental rights to this child intact? ☐ Yes ☐ No
 If no, what was the date of termination? _____

Date of next scheduled court hearing: _____
 Please submit court order when it is received.

IV. SUPPORT

Sources of support to child: ☐ None ☐ Partial ☐ Full

Social Security claim no.: _____ Wage earner: _____

Does child receive benefits? ☐ Yes ☐ No If yes, indicate types and amounts.

☐ SS \$ _____ ☐ SSI \$ _____ ☐ VA \$ _____ ☐ RR \$ _____
☐ Other, specify type and amount: _____

Is tribe applying for benefits? ☐ Yes ☐ No

Other income and resources. Indicate any child support, trust accounts, or other sources of income or resources to the child, the amounts, and names and addresses of contributors: _____

V. FAMILY.

Name of Parent	Ethnicity*	DOB	SS No.	Address (Specify if deceased)	Tribe

*Values = American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or other Pacific Islander; Unable to determine; White

Marital status of parent:

Father: ☐ Married
Mother: ☐ Married

☐ Divorced
☐ Divorced

☐ Separated
☐ Separated

☐ Never married
☐ Never married

Caretaker family structure:

☐ Divorced female
☐ Unmarried couple

☐ Divorced male
☐ Single female

☐ Married couple
☐ Single male

☐ Separated couple
☐ Unable to determine

Was mother married at the time of the child's birth? ☐ Yes ☐ No ☐ Unable to determine

Blood relatives, including all known to the tribe:

Name	DOB	Relationship to child	Address (Specify if different)	Tribe

VI. FOSTER FAMILY

Foster father name			Social Security number	
Foster mother name			Social Security number	
Address		City	State	Zip
Home phone	Business phone	Amount of foster care payment for this child		
		\$ monthly \$ daily		

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
INDIAN CHILD WELFARE PROGRAM UPDATE

CHILD'S INFORMATION.

Name	Date of birth	Social Security number
Placement type	Date of new placement	County

☐ NEW PLACEMENT.

Name of foster parent(s)		Social Security number	
Address		City	State
			Zip
Home phone	Business phone	Monthly rate	Daily rate

Reason _____

☐ **FOSTER CARE RATE INCREASE.** From _____ to _____

☐ **CHANGE IN CASE PLAN GOAL.** Submit a new care plan.

Child's case plan goal: ☐ Return home ☐ Independent living
☐ Place for adoption ☐ Place with relatives ☐ Long-term foster care

Estimated completion date: _____

☐ **SOURCES OF SUPPORT TO CHILD.**

☐ None ☐ Partial ☐ Full

Social Security claim no.: _____ Wage earner: _____

Does child receive benefits? ☐ Yes ☐ No If yes, indicate types and amounts.

☐ SS \$ _____ ☐ SSI \$ _____ ☐ VA \$ _____ ☐ RR \$ _____

☐ Other - Specify type and amount.: _____

Tribe applying for benefits? ☐ Yes ☐ No

Other income and resources. Indicate any child support, trust accounts, or other sources of income or resources to the child, the amount, and the name and address of contributor: _____

☐ **CHANGE IN BENEFIT AMOUNT.** From _____ to _____

Effective date: _____

☐ **CASE CLOSURE.**

Reason: _____

Effective date: _____



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Placement Worksheet

Worker's name	Worker's telephone
Supervisor's name	Supervisor's telephone

CLIENT INFORMATION - CHILD

Child	Current status of child	KIDS case number
KIDS client ID number	Medical related DHS case number	Medicaid client ID number

GENERAL INFORMATION

SSN	JOLTS file number	Birth date	Gender	County of service
US citizen	Eye color	Hair color	Weight	Height
Primary race	Hispanic or Latino origin			
Primary tribe	Secondary tribe	Tribe verified date		
How Indian tribe verified text				
Birthplace city name		Birthplace state		
Need Interpreter?				

Secondary race

AKA name	AKA type
----------	----------

Languages known

CHARACTERISTICS

Sensitive information on paper:

Distinguishing characteristics:

Other specified characteristics:

Physical/medical

Behavioral/psychological

Strengths

Current reason for placement above foster family care:

CHILD ADDRESS/TELEPHONE/LIVING ARRANGEMENT

Child name

Address

Address comments

Foreign address

Foreign country

Phone number type

Phone number

Current living arrangement

Caretaker name

Caretaker relationship to child

SIBLING INFORMATION

Sibling name

Birth date

Current living arrangement

Custody status

PARENT/PRFC ADDRESS/PHONE

Parent/PRFC name

Address type

Address _____

Address comments _____

Foreign address _____

Foreign country _____

Phone number type _____

Phone number _____

CHILD'S EDUCATION

School name	School address	School phone
Date last attended	Date last updated	Date IEP/IHP
Current grade level	Grade last completed	Functional grade level
School performance	Educational status	Educational placement
Educational strength		
Educational needs		

COURT NUMBERS

Court number	Jurisdiction county	Jurisdiction state	Court type
--------------	---------------------	--------------------	------------

INDIVIDUAL HEARING

Legal status	Legal date	Custody status	Custody date	Dispositional status	Dispositional date
Custodian name					
Court appointed special advocate name					
Guardian ad litem					Court number
Adjudicated	Adjudication date	Next hearing type		Next hearing date	

EMERGENCY FAMILY

Is the child an SSI recipient?
Date of SSI Application
Is the child eligible for DDSD?
An application for DDSD Certification has been made
Date of DDSD Certificate Application

ADOPTION INFORMATION

Child referred for adoption planning?

CLIENT MEDICAL AND PSYCHOLOGICAL INFORMATION**Medical coverage information**

Coverage/HMO name				Coverage/HMO phone	
Coverage type				Policy ID	
P.O. Box #		Rural route		Rural route #	
Street #		Pre direction		Street name	
Street suffix		Post direction		Unit type	Unit #
City	State	Zip	County	Additional address head	
Additional comments					
Policy holder name					
Public review date		Spend down involved		Other medical coverage	

MOST RECENT MEDICAL INFORMATION **Medical history date:** _____

Medical history

Medical conditions
Special conditions
Allergies
Special diets
Drug/alcohol problems

MEDICATIONS

Prescription start date	:	_____
Prescription end date	:	_____
Medication name	:	_____
Dosage	:	_____
Reason for prescription	:	_____
Prescribing physician name	:	_____
Prescribing physician number	:	_____
Pharmacy name	:	_____
Pharmacy phone number	:	_____

IMMUNIZATIONS

Type	immunization date	Due date	Doctor/clinic name

MOST RECENT PSYCHOLOGICAL FUNCTIONING History date: _____

Psychological History
Diagnosis
Recommendation

PSYCHOLOGICAL EVALUATIONS

Full scale IQ	Verbal	Performance	Functioning level
Evaluation date		Agency name	
Other tests			

Reasons for evaluation
Outcome
Recommendation

Psychological tests

GATEKEEPER INFORMATION

Gatekeeper name					
Gatekeeper agency		Screening date		Phone number	
P.O. Box #		Rural route		Rural route box #	
Street #		Pre direction		Street name	
Street suffix		Post direction		Unit type	Unit #
City	State	Zip	County	Additional address header	
Address comments					
Services approved		Approval start date		Approval end date	
Hospital has requested extension of funding					

CIVIL COMMITMENT HEARING INFORMATION

Hearing date	Review date	Commitment begin date	Commitment end date
Hearing result			
Hearing explanation			

TREATMENT/COURT INFORMATION

Assessment(S)

Family

Plan creation date
Client perception
Worker perception
Social history
Participants present/location
Comments

Strengths

Underlying causes	Details
-------------------	---------

Assessment(S)

Child

Plan creation date
Child name

Strengths

Needs	Risk exists	Need details
-------	-------------	--------------

Comments

INDEPENDENT LIVING (IL) INFORMATION

- Client name
- Checklist date
- Client not capable of receiving IL services
- IL section in case record
- CCC referral
- CCC seminar attendance
- Completed treatment plan addressing IL services received by youth
- Life skills assessment completed
- Life skills date
- Plan signed by caregiver
- Plan signed by worker
- Plan signed by youth
- Assessment copy to social worker
- Assessment copy to youth
- IL is stated goal on court report
- List of IL services provided that assist
- Transition from foster care to IL
- Judicial finding of IL services
- Authorized supervised practiced living
- Youth possesses copy of birth certificate
- Received Social Security card
- Youth possesses driver license
- Statewide Teen Conference

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

TERMINATION OF PARENTAL RIGHTS

TERMINATION OF PARENTAL RIGHTS				
Client name		Terminated parent(s) name		
Relationship	Effective date	Notice type	Notice date	Legal code
Termination appealed	Appeal date	Court check	Check date	Petition date
Hearing date	Hearing outcome			
Continuance requested				
Continuance reason				
Referred to adoption planning				

CHILD PLACEMENT HISTORY

Previous placement

Entry date	Exit date	Exit reason
Placement resource	Resource name	Agency name

Current placement

Entry date	Placement resource
Resource type	Agency name
Reasons for recommendation	
Worker's comments	
Anticipated length of placement	
Post placement planning	

Recommended placement

Placement resource	
Resource type	Agency name
Reasons for recommendation	
Worker's comments	
Anticipated length of placement	
Post placement planning	

ADMINISTRATIVE PLACEMENT OFFICER'S COMMENT

Title	Name	Recommendation
-------	------	----------------

Comments



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Eligibility Determination

To: _____
 From: _____
 County _____
 Date: _____
 Re: _____
 KK: _____

☐ New application
☐ Change of application

Demographic information

First name	Middle	Last	Gender
Race	Date of birth		Social Security number
Citizen/alien status	Current school		Current grade
Removal order date	Removal date		Placement date
County of placement	Current placement provider		Custody type
Court number	Court of jurisdiction		Is child in tribal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is child in voluntary foster care placement?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the parent of this child a minor in OKDHS custody?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, is this child placed with parent?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent information

First name	Middle	Last	Relationship to child
Race	Date of birth	Social Security number	Marital status
Employer			
Address			

Still retain parental rights? <input type="checkbox"/> Yes <input type="checkbox"/> No		Paying child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, monthly amount: \$ _____
Role in this case	Absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Payee? <input type="checkbox"/> Yes <input type="checkbox"/> No

Income, resource, and insurance information

Income:		Start date	End date
Income type	Monthly amount		

Benefits:

Program/funding source	Adoption assistance
Payments	Case number

Assets:

Asset type	Actual value	Cash value	Face value	Location

Insurance:

Type	Company		
Policy number	Policyholder's last name		
Holder Social Security number	Coverage start date	End date	

Additional documents

- ☐ Birth certificate
- ☐ Court order
- ☐ Form 04FC007E (DCFS-46), Authorization from Parent or Guardian for Voluntary Foster Home Placement and Medical Care of Child
- ☐ Form 04IL001E (DCFS-46-A), Voluntary Placement Request
- ☐ Form SS-5, Application for Social Security Number
- ☐ Form VS-151, Application for Search and Certified Copy of Birth Certificate

Child Welfare worker (CW) signature

Date

Eligibility determination

Title IV-E eligibility

☐ Certified ☐ Denied Effective date: _____

Comments: _____

Title XIX eligibility

☐ Certified ☐ Denied Effective date: _____

Comments: _____

Custody specialist signature

Date



Item 5



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Application for Child Welfare Child Care Benefits

OKDHS use only		
Case name	KK number	County of residence
OKDHS/Tribe use only		
Resource name	Resource number	County of residence

This form is completed by the parent requesting protective or preventive child care or by the Bridge resource parent requesting Child Welfare child care benefits.

Refer to OAC 340:75-4-12.1 and OAC 340:75-6-91 for protective or preventive eligibility guidelines, and to OAC 340:75-7-65 for Bridge resource parent eligibility guidelines.

Contact information

Parent or Bridge resource address	Parent or Bridge resource phone
-----------------------------------	---------------------------------

Household members

List all household members. Attach a sheet of paper for additional household members.

1. Last name	First name	Middle name
Date of birth	U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number
Social Security number	Cell phone	Work phone
Race – check all that apply <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native		
2. Last name	First name	Middle name
Date of birth	U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number

Social Security number	Cell phone	Work phone
------------------------	------------	------------

Race – check all that apply

- ☐ White ☐ Asian ☐ Black or African American
☐ Native Hawaiian or other Pacific Islander ☐ American Indian or Alaskan native

3. Last name	First name	Middle name
--------------	------------	-------------

Date of birth	U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number
---------------	--	---------------------------

Social Security number	Cell phone	Work phone
------------------------	------------	------------

Race – check all that apply

- ☐ White ☐ Asian ☐ Black or African American
☐ Native Hawaiian or other Pacific Islander ☐ American Indian or Alaskan native

4. Last name	First name	Middle name
--------------	------------	-------------

Date of birth	U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number
---------------	--	---------------------------

Social Security number	Cell phone	Work phone
------------------------	------------	------------

Race – check all that apply

- ☐ White ☐ Asian ☐ Black or African American
☐ Native Hawaiian or other Pacific Islander ☐ American Indian or Alaskan native

5. Last name	First name	Middle name
--------------	------------	-------------

Date of birth	U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number
---------------	--	---------------------------

Social Security number	Cell phone	Work phone
------------------------	------------	------------

Race – check all that apply

- ☐ White ☐ Asian ☐ Black or African American
☐ Native Hawaiian or other Pacific Islander ☐ American Indian or Alaskan native

6. Last name	First name	Middle name
--------------	------------	-------------

Date of birth	U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number
---------------	--	---------------------------

Social Security number	Cell phone	Work phone
------------------------	------------	------------

Race – check all that apply

- ☐ White ☐ Asian ☐ Black or African American
☐ Native Hawaiian or other Pacific Islander ☐ American Indian or Alaskan native

List the name of each child for whom child care benefits are requested.

Child's full name	Custody type	Date of birth	Does the child have special needs?
	OKDHS custody <input type="checkbox"/> Tribal custody <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	OKDHS custody <input type="checkbox"/> Tribal custody <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	OKDHS custody <input type="checkbox"/> Tribal custody <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	OKDHS custody <input type="checkbox"/> Tribal custody <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	OKDHS custody <input type="checkbox"/> Tribal custody <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	OKDHS custody <input type="checkbox"/> Tribal custody <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of child care provider I want to use.	For which child(ren)?	
Child care provider address	Area code	Phone number
If needed, name of 2nd child care provider I want to use.	For which child(ren)?	
Child care provider address	Area code	Phone number

State the need for child care:

I agree to use the child care services **only for the days and hours specified below and only for the reasons listed on this form.** Include needed travel time. List work hours for all adults living in the home.

Employer name		Phone number	
Employer street address	City	State	Zip

Work ☐

Days and hours:

Monday	<input type="checkbox"/> from _____ to _____	Friday	<input type="checkbox"/> from _____ to _____
Tuesday	<input type="checkbox"/> from _____ to _____	Saturday	<input type="checkbox"/> from _____ to _____
Wednesday	<input type="checkbox"/> from _____ to _____	Sunday	<input type="checkbox"/> from _____ to _____
Thursday	<input type="checkbox"/> from _____ to _____		

Employer name		Phone number	
Employer street address	City	State	Zip

Work ☐

Days and hours:

Monday	<input type="checkbox"/> from _____ to _____	Friday	<input type="checkbox"/> from _____ to _____
Tuesday	<input type="checkbox"/> from _____ to _____	Saturday	<input type="checkbox"/> from _____ to _____
Wednesday	<input type="checkbox"/> from _____ to _____	Sunday	<input type="checkbox"/> from _____ to _____
Thursday	<input type="checkbox"/> from _____ to _____		

How long does it take you to get to work after leaving the child(ren) at child care?

In case of an emergency, who will provide care when planned child care is unavailable?

Emergency child care provider(s)	Area code	Phone number

Authorized child care representative.

Complete the information below if you want to authorize someone else to apply for child care on your behalf or be issued his or her own electronic benefit transfer (EBT) card to record attendance for the child(ren). This person cannot work at the child care facility

you choose. **You are responsible for any action your authorized representative takes on your behalf.**

Name	Relationship to you	Area code	Phone number
Street address	City	State	Zip

Things you need to know about the Child Care program.

- The earliest date child care benefits will be paid is the day all required verification is provided to the local OKDHS office. Verification includes the name of the child care provider you wish to use.
- You can request a fair hearing if your child care application is not completed within two working days after the day you provide all required verification.
- Your child care provider must have a valid contract with OKDHS.
- Child care centers must have at least a one star plus status.
- You cannot choose a child care home for which you work.
- You must pay for any days and hours of child care you use that are not included in your child care service plan.

You have a right to:

- equal treatment regardless of race, color, age, sex, disability, religion, political belief, or national origin;
- have information given to OKDHS kept confidential;
- have your application processed timely; and
- receive assistance from OKDHS completing this application and obtaining the necessary verifications for approval.

I understand I must:

- be responsible for any established overpayment;
- notify OKDHS/Tribe within 24 hours of changes in:
 - household members (adults moving in or out of the home);
 - address or phone number;
 - work schedule; and/or
 - when I am no longer in need of child care services.
- report when I change child care providers;
- swipe my EBT card every day the child attends child care;
- never swipe my EBT card for attendance for any day the child does not attend child care;
- pay for child care OKDHS will not pay, because:
 - I did not swipe my EBT card for the correct days and times the child attended child care;
 - EBT card swipes were denied and I did not get them corrected within ten days;

- my provider loses the absent days payment for a weekly authorization because I did not swipe correct attendance for every day the child attended that month;
- contact my worker if I do not receive an "approved" message on the point of service (POS) machine; and
- never give my EBT card or personal identification number (PIN) to anyone, including my child care provider.

I understand:

- I am certifying under penalty of perjury that every person in my household for whom I am applying for benefits is a U.S. citizen or an alien in lawful immigration status. I understand I must advise OKDHS of the immigration status of any person applying for benefits even if that person is not in lawful immigration status and is applying only for emergency medical services.
- If OKDHS approves my household for benefits and it is later determined that I made a false claim of U.S. citizenship or lawful immigration status for anyone in my household, a complaint will be filed by OKDHS with the U.S. Attorney, and I may be subject to criminal prosecution.

Signature

I declare that all of the information I gave to OKDHS to complete this application is true and correct and I agree to all the rights and responsibilities listed on this form.

Unsworn declaration under penalty of perjury

I, _____, state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct to the best of my information and belief.
 Subscribed on this _____ day of _____, 20_____, at _____, Oklahoma.
 (City)

 Signature of applicant - Name as shown on Social Security card ☐ or _____ Date
 person applying for applicant ☐

Complete when an applicant cannot read or write, is blind, or signs by mark.

I have heard all information contained in this application read to the applicant and have witnessed the signature/mark above.

Witness:

Signature Date

Signature Date

I do hereby attest that I have, to the best of my ability, ascertained the accuracy and established the validity of the eligibility information covered in this application.

Application date: _____

If ineligible, reason: _____

CW/ICW worker's signature Date County/tribe

For Tribal custody children only.

OKDHS tribal liaison	Authorization date

Routing: original – filed in KK case or resource record
copy - to applicant, upon request



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



KIDS Application Logon Request for Non-DHS Employees

Last name	First		M.I.
Work street/P.O. Box address	City	State	Zip
E-mail address	Highest education level		Field of study

Type of user (Check one): Service provider ☐ (identify): _____
 Other ☐ (Specify) _____

Description of KIDS Use:

User acknowledgment:

I, the undersigned, acknowledge that I have read and understand and will fully comply with all state and federal law regarding the confidentiality of child abuse records and information. I understand that my failure to comply with these laws or the following terms could result in criminal prosecution and termination of my access to KIDS. Further, I agree to the following:

- OKDHS agency records, as defined by 10 O.S. §7005-1.1 and 7005-1.4, which includes, but is not limited to, any study, plan, recommendation, assessment, report, or other information concerning a child or a child's family are confidential.
- Only individuals authorized by law may be given access to such records or provided with information from those records.
- The contents of the agency's records cannot be further disclosed without an order of the court.
- Client and case record data stored in computer systems and available through various reports, screen prints and other printouts is confidential and is protected in the same manner as other information.
- Computers are not to be left unattended. Under no circumstances is the computer to be left even momentarily, with case information showing on the screen.
- Passwords are confidential and shall not be exchanged among staff or posted publicly.
- If there is any question about allowing access to or releasing OKDHS records or information, appropriate legal consultation is sought or CFSD State Office is contacted.
- It is a misdemeanor to furnish information from the records for any unauthorized purpose.

 User signature

 Date



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Logon Authorization Request for Non-OKDHS Employees



Section A. Action requested

- Assign User Identification ☐
- Re-activate User Identification ☐
- Cancel User Identification ☐
- Change User Information ☐

User ID: _____
 Effective date: _____
 Expiration date: _____
 Required

Section B. Requestor information

Last name		M.I.	First	Social Security number	
Job title	Phone		Organization name		
Office street address		City		State	Zip

Section C. Privileges requested

OKDHS network	Local area network (LAN)		
	System name	Server name	CO #
IMS <input type="checkbox"/> IMSTEST <input type="checkbox"/> E-MAIL <input type="checkbox"/>			
TSP system <input type="checkbox"/> List specifics.			

Section D. Requestor acknowledgment

I, the undersigned, understand that the information which this user identification enables me to access, is to be utilized only in the performance of my assigned duties as an employee of the above-named organization. I therefore agree to make no inquiry or updates which are not required for the performance of these duties. I am aware that there are numerous federal statutes and numerous statutes of the State of Oklahoma making information confidential and that these statutes carry penalty provisions. Therefore, I will keep confidential any information made available to me. In addition, I agree not to divulge or share any terminal access information with anyone. I understand that my failure to comply with security procedures may result in termination of my access to information.

Requestor signature

Date

Last name	M.I.	First	Social Security number
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Section E. Approval signatures.

_____ USER supervisor	_____ Phone	_____ Date
_____ Decentralized security representative signature		_____ Date
_____ Data security administrator signature		_____ Date



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Placement Agreement for Out-of-Home Care

Child Welfare (CW) staff completes this form at the time the child is placed and when placement changes.

Foster parent/agency	KK number
Child's full name	Date of birth

Check one.

☐ Initial kinship and other non-paid placements.

I agree to provide care for the above-named child in my home/agency. I understand that no maintenance payment is made for the child's care until my home is approved as a kinship foster home.

☐ Approved placement for maintenance payment.

I agree to provide care for the above-named child in my home/agency at the rate established in my contract with the Oklahoma Department of Human Services (OKDHS). I agree to use the maintenance payment to meet the child's needs per OKDHS policy.

- I understand that OKDHS placement of any child in my home/agency is for the purpose of providing out-of-home/residential care in compliance with OKDHS policies and procedures. I further understand that failure to comply with OKDHS policies and procedures is basis for cancellation of my OKDHS contract.
- I agree to provide the child's basic physical needs in a healthy, emotional atmosphere and provide information to OKDHS staff regarding the child's adjustment and development while in my home/agency. In keeping with my shared responsibility for the child, I agree to consult with OKDHS staff regarding any special needs or concerns I may have for the child. I will make recommendations about the child's care, education, and training and accept and implement recommendations from CW staff. I agree to abide by OKDHS discipline policy and consult with OKDHS staff on appropriate forms of discipline.
- I agree to maintain connections for any child placed in my home with the child's birth family, community, and other significant relationships.
- I agree to work with the birth family or prior caregiver for the child placed in my home. I agree to work with OKDHS in determining the appropriate level of interaction with the birth family or prior caregiver.

- I understand that I may consent to any necessary **"routine and ordinary medical care and treatment"** that does not require a separate and specific consent, including Early Periodic Screening, Diagnosis, and Treatment (EPSDT) and any necessary medical and dental examinations and treatment, medical screenings, treatment for minor illness, well-child services, clinical laboratory tests, blood testing, preventative care, health assessments, physical examinations, immunizations, contagious or infectious disease screenings, or tests and care required for treatment of illness and injury, including x-rays, stitches, and casts.
- I understand that if any necessary routine and ordinary medical care and treatment requires a separate and specific consent, I am to immediately inform the child's worker of the request.
- I understand that I am not authorized to consent to **"extraordinary medical care and treatment"** including, but not limited to, surgery, general anesthesia, blood transfusions, and invasive or experimental procedures. I understand that permission for emergency medical services, planned hospital admissions and treatment, and surgical procedures for any child in my care must be obtained from either the child's parent, when parental rights are intact, or by a court order when the child is in OKDHS emergency or temporary custody. I further understand that if the child is in OKDHS permanent custody, a court order authorizing the medical care and treatment is required.
- I understand I am authorized by OKDHS to consent to the administration of either prescription or nonprescription medicines to the child by the child's school, if applicable, and in compliance with school district policies. I agree to keep OKDHS staff informed regarding all medical services and treatments and immunizations provided to the child pursuant to my consent.
- I understand I may request that OKDHS provide contagious or infectious screening examinations or tests on the child and provide me with the results of such tests.
- I understand that OKDHS verbal permission is required prior to taking the child out of the county overnight.
- I understand that OKDHS permission is required prior to taking the child out of the state overnight and that I must possess during travel, Form 04FC013E, Out-of-State Travel Authorization for Placement Provider.
- I understand that judicial approval is required prior to taking the child out of the country and that I must possess during travel, Form 04FC015E, Out-of-Country Travel Authorization for Placement Provider.
- I understand that OKDHS permission is required prior to involving the child in any publicity that may identify the child as one for whom OKDHS is responsible.
- I agree to keep all information and legal proceedings confidential regarding the child. I understand failure to maintain confidentiality is a basis for the child's removal from my care and cancellation of my OKDHS contract.

- I understand that the child placed by OKDHS in my care may be removed by OKDHS at any time deemed in the child's best interest. I understand OKDHS must provide me with a written notice at least five judicial days before the child's removal from my home, unless it is an emergency, when the child has been in my home:
 - at least three months; and
 - six months or longer. I further understand that if I object to the child's removal, I may file an objection with the court of jurisdiction.
 - I understand that if a child in my care becomes eligible for adoption, I have the right to request consideration as an adoptive resource.
 - I understand that should I adopt a child with special needs, a tax credit may be available to me. I agree that if I have questions about the adoption tax credit, I will consult my tax advisor or review Web site: <http://www.irs.gov/instructions/i8839/ch02.html#0e279> for additional information.
 - I understand I have access to the Foster Care Mediation program through the Oklahoma Commission on Children and Youth (OCCY).
-
- I understand that if a child in my care receives Supplemental Security Income (SSI) or Social Security Administration (SSA) benefits, I am encouraged to apply to become the payee to receive these benefits. I understand I will not receive maintenance payments if the amount of income received from SSI or SSA is greater than the maintenance payment. If the amount of income received from SSI or SSA is less than the maintenance payment, I understand the maintenance payment is reduced by the amount of the income.
 - I understand there will be proceedings held with respect to the child in my care and as a foster parent I have a right to attend and be heard at such proceedings.
 - I agree to comply with Public Law 88-352, Civil Rights Act of 1964, Section 601, Part 84 printed on this form.

Placement provider signature	Social Security number	Date	
Placement provider signature	Social Security number	Date	
Agency representative signature	Federal employment identification number	Date	
Placement provider/agency street address	City	State	Zip
Placement provider/agency mailing address	City	State	Zip

CW staff signature		Date
County	CW staff work phone number	CW staff home phone number

NOTICE: OKDHS ensures compliance with United States Department of Health and Human Services (DHHS) Regulation, Title 45, Code of Federal Regulations, Part 80, that implements Public Law 88-352, Civil Rights Act of 1964, Section 601, Part 84, that implements Public Law 93-112, Rehabilitation Act of 1973, Section 504, and Part 90, that implements Public Law 94-135, Age Discrimination Act of 1975, Section 301. These laws and regulations prohibit excluding participation in, denying the benefits of, or subjecting to discrimination under any program or activity receiving federal financial assistance any person on the grounds of race, color, or national origin or any qualified person on the basis of handicap or unless program-enabling legislation permits, on the basis of age. Under these requirements, payment is not made to vendors providing ~~care, services, or both under federally-assisted programs conducted by OKDHS unless~~ such care, service, or both is provided without discrimination on the grounds of race, color, national origin, or handicap, or without distinction on the basis of age except as ~~legislatively permitted or required. Written complaints of noncompliance with any of~~ these laws may be made to the OKDHS Director, P.O. Box 25352, Oklahoma City, Oklahoma 73125; Secretary of U.S. Department of Health and Human Services, Washington, D.C. 20201; or both.

Original — placement provider
 Copy — child's case record
 Copy — resource record

Item 9

Oklahoma Department of Human Services

Placement Provider Information

The information contained in this passport includes only what has been provided to Oklahoma Department of Human Services (OKDHS). The medical history is built from claims information that is obtained from the Oklahoma Health Care Authority. If the child was seen by a physician but did not use Medicaid for reimbursement of the medical costs, this history would not be included. For any other information, if OKDHS has not been informed, this history would not be included. In addition, if this child has a history of certain communicable diseases, including but not limited to HIV, AIDS, and Hepatitis C, or substance use, this information will not be included in the passport. If the following phrase is included in the passport: "Sensitive Information on File", this history can be obtained directly from the assigned Child Welfare worker if further disclosure is permissible.

CLIENT INFORMATION - CHILD

Child's Name	Case No. KK	Date of Birth
SSN	County of Jurisdiction	County of Placement

Primary Race	Primary Tribe	Secondary Tribe	Hispanic or Latino Origin
Insurance Type	Company/HMO	Med # / Member #	Custody Type

Secondary Race

Reason For Removal:

Type of Previous Placement:

Significant life experiences and relationships which may affect the child's feelings, behavior, attitude or adjustment:

FAMILY / KIN

Name	Relationship	Approved for Visitation (Yes/No)

CHILD ASSESSMENT

Child's Name		Assessment Date
Comments		
Needs	Risk	Service Details
Strengths		

MEDICAL PROVIDER ☐ Current ☐ Complete History

Start Date	End Date	Provider Type	Provider Phone Number
Provider Name		Agency Name	
Address			

MEDICATIONS ☐ Current ☐ Complete History

Prescription Start Date	Prescription End Date	Medication Name
Dosage		
Reason For Prescription		
Prescribing Physician Name		Physician Phone Number
Pharmacy Name		Pharmacy Phone Number

MEDICAL INFORMATION ☐ Most Recent ☐ Complete History

Medical History Date:
Medical History
Medical Conditions
Special Conditions
Allergies
Special Diets
Drug/Alcohol Problems

DISABILITIES/SERIOUS CONDITIONS ☐ Most Recent ☐ Complete History

Date:	
Does the child have a medically diagnosed disability or other medical psychological condition that significantly interferes with daily living?	Diagnosed Disabilities:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Yet Determined	
Undiagnosed/Worker Observations	

IMMUNIZATIONS

[illegible]

PSYCHOLOGICAL FUNCTIONING ☐ Most Recent ☐ Complete History

Date
Psychological History
Diagnosis
Recommendation

SCREENINGS/ASSESSMENTS/EVALUATIONS ☐ Most Recent ☐ Complete History

Evaluation Date	Agency Name	Evaluator's Name
Address		
Agency Phone		
Functioning Level		
Full Scale IQ	Verbal	Performance
Screenings/Assessments/Tests		
Other Tests		
Reason		
Outcome		
Diagnosis		

CHILD'S EDUCATION INFORMATION

School Name	Phone Number	Phone Extension
Address		
Address Comments		
Grade Last Completed	Functioning Grade Level	School Performance
Full Scale IQ		

COURT HEARING INFORMATION

The next court hearing is scheduled for:

Court Number	Type of Hearing	Hearing date	Hearing Time
--------------	-----------------	--------------	--------------

ATTORNEY INFORMATION

Attorney Name		
Address		
Address Comments		
Phone Number	Phone Extension	Fax Number

IMPORTANT NAMES and NUMBERS

Social Worker	Supervisor
Phone Number (Work)	Phone Number (Work)
Phone Number (Home)	Phone Number (Home)
Phone Number (Cell)	Phone Number (Cell)
Foster Home Worker	Foster Home Supervisor
Phone Number (Work)	Phone Number (Work)
Phone Number (Home)	Phone Number (Home)
Phone Number (Cell)	Phone Number (Cell)

Oklahoma Department of Human Services

Placement Provider Information

I have received a copy of the Placement Provider Information Report for

on

Date

Placement Provider's Signature

Placement Provider's Signature

Worker Responsible for Placement

INSTRUCTION TO STAFF

- (1) The original copy of the Placement Provider Information Report is given to the provider.
- (2) The original Signature Page is filled in the case record.



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Notice of Grievance Rights -
Minors in OKDHS Custody

The Office of Client Advocacy (OCA) administers a fair, simple, and timely grievance system. Grievances can be filed by, or on behalf of, minors in the custody of OKDHS. Policies describing this grievance system are in OAC 340:2-3-45 through 49.

You have a right to file grievances, to receive a written response to your grievance, and to appeal if you are not satisfied with the response. You have the right to report allegations of abuse, neglect, and mistreatment. If any person attempts to deny you these rights or causes you problems for filing a grievance, contact your local grievance coordinator or call the Office of Client Advocacy at 405-525-4850 or 1-800-522-8014.

Who may file a grievance: Any minor in OKDHS custody and any youth in the voluntary care of OKDHS may file a grievance. ~~Grievances also can be filed by anyone~~ interested in their welfare, for example parents, staff, foster parent, or court-appointed special advocate (CASA).

What complaints are considered: The complaint may be about any policy, rule, decision, behavior, action, or condition made or permitted by OKDHS, its employees, or other persons authorized to provide care. Grievances against a facility are handled by the facility. Grievances against OKDHS or its staff are handled by the local grievance coordinator in your local OKDHS county office.

How to file a grievance: To file a grievance, obtain Form 15GR001E, Grievance Form, from the local grievance coordinator, your Child Welfare worker, or any staff member. Write your complaint on Form 15GR001E and include what you want to solve the problem. Turn the form in to your local grievance coordinator or any staff member. You have 15 business days from the date of your problem to file your grievance. You may request assistance from an OKDHS employee or other person in obtaining the form, filling it out, and filing the grievance.

What happens next: You will receive a written response in approximately ten business days after turning in your grievance. Your local grievance coordinator will contact you to discuss the response to your grievance. If you are not satisfied with the response, you can ask for a second level review of your complaint.

For more information about grievance procedures, contact your local grievance coordinator:

Name: _____ Phone: _____

This notice was explained to _____ on _____
(Client) (Date)

Minor/youth signature Date

Parent/guardian signature Date

Signature and title of person completing form Date



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Request for Title IV-E Subsidized Guardianship Assistance

Guardianship date, if set _____	<input type="checkbox"/>
Post-guardianship _____	<input type="checkbox"/>

I. Identifying information.

Relative guardian family

Father	Social Security number	Date of birth
Race or ethnic factor	Area code	Work phone
Mother	Social Security number	Date of birth
Race or ethnic factor	Area code	Work phone
Address	Area code	Home phone

Child 1

Name	Social Security number		
Date of birth	Gender	Race or ethnic factor	Tribe

Case numbers:

Permanency planning KK	Medical identification	Other case
------------------------	------------------------	------------

Child 2

Name	Social Security number		
Date of birth	Gender	Race or ethnic factor	Tribe

Case numbers:

Permanency planning KK	Medical identification	Other case
------------------------	------------------------	------------

Child 3

Yes ☐
No ☐

Special factors
or conditions

Child meets at least one of the factors or conditions listed. Check each applicable condition and write a brief statement supporting assessment of need.

Physical disability¹ ☐

Requires regular treatment with specific diagnosis.

Mental disability¹ ☐

Educable multi-handicapped (EMH), trainable

Name		Social Security number	
Date of birth	Gender	Race or ethnic factor	Tribe

Case numbers:

Permanency planning KK	Medical identification	Other case
------------------------	------------------------	------------

Child 4

Name		Social Security number	
Date of birth	Gender	Race or ethnic factor	Tribe

Case numbers:

Permanency planning KK	Medical identification	Other case
------------------------	------------------------	------------

II. General information.

Child Welfare worker	County
Tribal Child Welfare (CW) worker	Tribe

¹ Attach a current statement signed by a licensed physician, psychiatrist, or clinical psychologist describing the condition, including diagnosis, treatment, and prognosis.

Emotional
disturbance ¹

multi-handicapped (TMH), or demonstrable need for
intensive adult supervision beyond ordinary age needs.

☐ Must also be corroborated by a CW worker's and
one or more caregiver's observations.

III. Post-legal guardianship request.

Child (new name)	Date of Legal Guardianship	Justification for post-legal guardianship request ²

IV. Benefits requested:

Agreement only - no benefits now but in the future if needed. ☐

Is child receiving:

- Social Security Administration (SSA) benefits Yes ☐ No ☐ Amount \$ _____
- Supplemental Security Income (SSI) benefits Yes ☐ No ☐ Amount \$ _____

NOTE: Family must be informed of SSA and SSI benefits the child receives. These benefits must be considered when negotiating adoption assistance with the family. If needed, contact Children and Family Services Division (CFSD) Adoption Assistance programs staff for more information.

What future needs may child have?

Child	Benefits requested	Monthly amount requested	How did you and family agree upon amount requested?
	Medicaid <input type="checkbox"/>		

² If request is due to a causative, pre-existing condition that was not identified or known prior to the legal guardianship, attach current documentation of the treatment being provided. NOTE: Attach a copy of final order of legal guardianship.

Child	Benefits requested	Monthly amount requested	How did you and family agree upon amount requested?
	Non-recurring legal guardianship expenses ³ <input type="checkbox"/> Monthly payment <input type="checkbox"/> Special services ⁴ <input type="checkbox"/>		
	Medicaid <input type="checkbox"/> Non-recurring legal guardianship expenses ³ <input type="checkbox"/> Monthly payment <input type="checkbox"/> Special services ⁴ <input type="checkbox"/>		
	Medicaid <input type="checkbox"/> Non-recurring legal guardianship expenses ³ <input type="checkbox"/> Monthly payment <input type="checkbox"/> Special services ⁴ <input type="checkbox"/>		
	Medicaid <input type="checkbox"/> Non-recurring legal guardianship expenses ³ <input type="checkbox"/> Monthly payment <input type="checkbox"/> Special services ⁴ <input type="checkbox"/>		

Submitted by:

Relative guardian parent	Signature	Date
Relative guardian father		
Relative guardian mother		

NOTE: An agreement for Title IV-E Subsidized Guardianship must be signed prior to the transfer of legal responsibility from OKDHS to the relative guardian per federal and OKDHS rules. You have a right to an administrative fair hearing if your application is denied, not acted on with reasonable promptness, approved in an amount less than requested, modified without your concurrence, or terminated.

Attachments:

- original and copy of Form 08MA002E, SoonerCare Health Benefits Application; ☐
- when requesting difficulty of care (DOC), medical or therapist report with copy of DOC guidelines per OKDHS Appendix C-20, Children and Family Services Division Rates Schedule, with criteria highlighted that best describe the child's needs; ☐

³ Not to exceed current amounts allowed per OKDHS rules.

⁴ Special services may be requested for an item not covered by any other program or source. Attach a description and cost estimate of the item requested.

- copy of relative guardian(s)' Social Security card;
- copy of petition for legal guardianship, if filed;
- criminal background check results;
- documentation as required in III, Determination of Special Needs; and
- Supplemental Security Income (SSI) award letter, if applicable.

☐
☐
☐
☐

For tribes, also include:

- cover letter requesting Title IV-E Subsidized Guardianship;
- copy of court order showing tribal custody;
- Adoption and Foster Care Analysis and Reporting System (AFCARS) form.

☐
☐
☐

V. Committee recommendations. CFSD use only

Benefit	Yes	No	Comments	How verified
Title IV-E/foster care:				
SSI:				
Other benefits:				
Other:				

Agreement only - No benefits now but in the future if needed. ☐

Child	Eligible/benefits recommended	Amount	Special services	Comments
	Medicaid <input type="checkbox"/> Non-recurring legal guardianship expenses ³ <input type="checkbox"/> Monthly payment <input type="checkbox"/> Special services <input type="checkbox"/>			
	Medicaid <input type="checkbox"/> Non-recurring legal guardianship expenses ³ <input type="checkbox"/> Monthly payment <input type="checkbox"/> Special services <input type="checkbox"/>			
	Medicaid <input type="checkbox"/> Non-recurring legal guardianship expenses ³ <input type="checkbox"/> Monthly payment <input type="checkbox"/> Special services <input type="checkbox"/>			

Child	Eligible/benefits recommended	Amount	Special services	Comments
	Medicaid <input type="checkbox"/> Non-recurring legal guardianship expenses ³ <input type="checkbox"/> Monthly payment <input type="checkbox"/> Special services <input type="checkbox"/>			

VI. Benefits approval.

Approved as recommended ☐
Approved as modified ☐
Disapproved ☐

CFSD representative

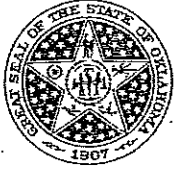
Date

Approved as recommended ☐
Approved as modified ☐
Disapproved ☐

CFSD representative

Date

Comments:



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Title IV-E Subsidized Guardianship Agreement

Relative guardian name	KK number
------------------------	-----------

It is important to read this document in its entirety before signing.

This Title IV-E Subsidized Guardianship Agreement (Agreement) sets forth the mutual obligations negotiated between the State and the relative guardian and is a legally binding contract.

This Agreement is between OKDHS, Children and Family Services Division (CFSD) Permanency Planning Section, and [name and address of relative guardian(s)], hereinafter referred to as relative guardian(s).

~~This Agreement is in accordance with applicable federal and state law, including Title IV-E of the Social Security Act, Section 471(a)(28) and Oklahoma Administrative Code 340:75-6-31.4. This Agreement remains in effect regardless of the relative guardian(s)' state of residence, as long as the child(ren) remains eligible to receive Title IV-E subsidized guardianship payments. Social services as provided under Title XX of the Social Security Act are available to the child(ren) in accordance with the programs and regulations of the state where the child(ren) resides. This Agreement is for the benefit of the child(ren), relative guardian(s), and State and is enforceable by any or all of them.~~

a. Relative guardian(s) agrees to:

1. complete OKDHS Form 04MP050E, Title IV-E Subsidized Guardianship Annual Review; informing OKDHS of any changes regarding the needs of the child(ren) or changes in family circumstances. Form 04MP050E is mailed to the family annually and must be returned to OKDHS within 30 days of the date of the annual review request;
2. immediately notify, in writing, OKDHS, CFSD Permanency Planning Section, P.O. Box 25352, Oklahoma City, OK 73125, if ANY of the following occur:
 - A. change in family's address;
 - B. change in health insurance benefits;
 - C. change in the child(ren)'s legal custodian or guardian, including divorce or legal separation of relative guardians with an award of legal custody to one guardian or jointly to both guardians;
 - D. child(ren) in legal guardianship enters military service;
 - E. marriage of child(ren);
 - F. name change of child(ren);
 - G. child(ren) is emancipated;
 - H. child(ren) is no longer in the home, including placement in a psychiatric

- residential, therapeutic, or foster family care setting;
- I. death of child(ren);
 - J. a change in the child(ren)'s needs, that affect the difficulty of care (DOC) eligibility, per Form Appendix C-20, CFSD Rates Schedule, that would make the child ineligible for DOC payments or eligible for payments of a different amount; and
 - K. relative guardian(s) is no longer financially supporting the child or is no longer legally responsible to support the child(ren);
3. reimburse OKDHS for any payments made after the child(ren) becomes ineligible for Title IV-E Subsidized Guardianship services, or for any other overpayment received from OKDHS on behalf of the child(ren), including, but not limited to, overpayment of foster care payments; and
 4. upon request, provide OKDHS updated documentation of the child(ren)'s ongoing eligibility for the payment amount received. OKDHS may require evaluation of a child(ren) by a suitably licensed or certified examiner selected by OKDHS when the child(ren)'s eligibility is in question. The relative guardian(s) cooperates by making the child(ren) available for the evaluation.

b. When items are checked, OKDHS agrees to:

- ☐ 1. provide Title IV-E Subsidized Guardianship payments as follows:

Child(ren)	Date of birth	Title IV-E subsidized guardianship payment
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

OKDHS further agrees to continue Title IV-E Subsidized Guardianship payments if the relative guardian(s) and child(ren) move to another state as long as the child(ren) remains eligible to receive Title IV-E Subsidized Guardianship payments;

- ☐ 2. upon receipt of itemized statement, reimburse the relative guardian(s), or the vendor when an expense has not been paid in full by relative guardian(s), for reasonable and necessary fees related to the transfer of legal responsibility from OKDHS to the relative guardian, court costs, attorney fees, and other expenses that are directly related to the transfer of legal responsibility of the child(ren) to the extent that the total cost does not exceed \$2,000 as required

per 473(d)(1)(B)(C). Fees and expenses generally do not exceed \$500. Special approval to pay fees and expenses above \$500 requires a written justification, provided to the CFSD Permanency Planning Section. Allowable expenses may not have been incurred in violation of state or federal law and may not have been reimbursed from other sources or funds. Payment is subject to a maximum amount per child as specified in OKDHS administrative rule;

☐ 3. provide medical benefits as follows:

The child(ren) is eligible for and will receive Oklahoma Medicaid program coverage when the child(ren) resides in Oklahoma and pursuant to the published rules and regulations governing Title XIX medical coverage.

A. In the event the relative guardian family resides in or relocates to another state, the child(ren) will be eligible for and receive Medicaid coverage under the scope of the Medicaid program in the child(ren)'s state of residence if when the child(ren) is Title IV-E eligible or when there is a policy of reciprocity between the child(ren)'s state of residence and Oklahoma. Policy of reciprocity means the new state of residence elects to provide Medicaid ~~for children living in that state receiving Title IV-E Subsidized Guardianship~~ payments from another state. When there is no policy of reciprocity, the relative guardian(s) inquires about receiving medical assistance at the local department of social services in the new state of residence.

B. The child(ren) will receive all necessary medical and dental care under the scope of the Medicaid program for which the child(ren) is eligible and services will be compensable for usual and customary charges as defined by the Medicaid program.

C. When needed, OKDHS will provide written verification of the child(ren)'s Title IV-E eligibility to the appropriate program coordinator in the state where the relative guardian family is living in order to facilitate services for Title XIX medical coverage;

☐ 4. provide special services such as corrective appliances that may include, but are not limited to, leg braces, prostheses, walkers, and similar appliances that are not covered under any other program for which the child(ren) may qualify. These services include:

Tutoring and private school tuition are not covered as special services. Special services may be approved for a limited time and the amount paid may not exceed the reasonable fee for the service rendered.

Request for special services must be made to and approved by OKDHS CFSD Permanency Planning Section.

c. OKDHS and relative guardian(s) mutually acknowledge and agree:

1. This Agreement may be modified and any Title IV-E Subsidized Guardianship payment amount may be readjusted periodically when warranted by a change in circumstances and with the concurrence of the relative guardian(s). A change in the child(ren)'s eligibility for the difficulty of care (DOC) rate currently paid constitutes a change in circumstance. Provided there is continued availability of full funding for this Agreement, the Title IV-E Subsidized Guardianship payment amount may not be automatically adjusted without agreement of the relative guardian(s) except for an across-the-board reduction or increase in OKDHS foster care maintenance rates. Modification of the Agreement may only be prospective and may not be retroactive. All modifications must be in writing and executed by all parties to this Agreement.
2. This Agreement shall terminate when one of the conditions in A through E is met.
 - A. The child(ren) is 18 years of age and OKDHS has not determined the child has a mental or physical handicap that warrants the continuation of assistance.
 - B. The child(ren) is 21 years of age, and OKDHS previously determined the child has a mental or physical handicap that warranted continuation of assistance to the child's 21st birthday.
 - C. OKDHS determines that the relative guardian(s) is no longer legally responsible for support of the child(ren).
 - D. OKDHS determines that the relative guardian(s) is no longer providing financial support to the child(ren). When the child(ren) is placed in out-of-home care, including psychiatric, residential, therapeutic, or foster family care, and the relative guardian(s) continues to provide financial support to the child(ren), the Title IV-E Subsidized Guardianship payment may continue.
 - E. All of the child(ren)'s relative guardian(s) are deceased.
2. In the event the relative guardians divorce or legally separate, OKDHS will change the payee of the Title IV-E Subsidized Guardianship payments upon receipt of a certified copy of a Decree of Legal Separation or Decree of Divorce that specifies the parent awarded custody of the child(ren) to whom the Title IV-E Subsidized Guardianship payments shall be paid. In the event there is a dispute between the relative guardians as to whom Title IV-E Subsidized Guardianship payments shall be made, OKDHS may withhold payment under this Agreement until the dispute is resolved, at which time OKDHS shall release all withheld funds to the payee designated in a certified copy of an Order of the Court having jurisdiction or a written agreement signed and notarized by both relative guardians.
3. Due to possible future reductions in state appropriations, federal appropriations, or both, OKDHS cannot guarantee the continued availability of full funding for this Agreement notwithstanding the provisions in Section b. In the event funds to finance this Agreement become unavailable, either in full or in part, due to such reductions in appropriations, OKDHS may terminate this Agreement or

reduce the payments or other benefits upon notice in writing to the relative guardian(s). OKDHS shall be the final authority as to the availability of funds. The effective date of such Agreement termination or reduction in payments or other benefits shall be specified in the notice as the date of service of said notice, or the actual effective date of the federal or state funding reduction, whichever is later. Title IV-E Subsidized Guardianship payments and other benefits are made on behalf of the eligible child(ren) as long as OKDHS has sufficient funds available and OKDHS is authorized to make payments under this Agreement within the OKDHS budget.

4. At the time this Agreement is signed, the funding source has been determined as Title IV-E.
5. Federal and state law prohibits disclosure by OKDHS of information about Title IV-E Subsidized Guardianship benefits except under very limited circumstances. OKDHS does not provide information about the relative guardian(s)' Title IV-E Subsidized Guardianship benefits for purposes of income verification.

6. The effective date of this Agreement is _____.

7. Form 04MP049E, Title IV-E Subsidized Guardianship Agreement, must be signed by the relative guardian(s) and OKDHS designee prior to transfer of legal responsibility from OKDHS to the relative guardian.

d. Appeal.

The relative guardian(s) may appeal the decision of OKDHS to terminate or modify Title IV-E Subsidized Guardianship in accordance with OKDHS administrative rules. Information regarding the appeal process may be requested from the CFSD Permanency Planning Section.

Unsworn declaration under penalty of perjury

I state under penalty of perjury under the laws of Oklahoma that the information contained in the foregoing Agreement is true and correct to the best of my information and belief.

Subscribed on this _____ of _____, _____
day month year
at _____
city state

Relative guardian father signature

Social Security number

Relative guardian mother signature

Social Security number

OKDHS use only:

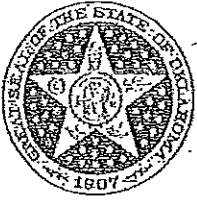
OKDHS representative signature

Date

Routing: Original to case file
Copy to guardian

12. Title IV-E Subsidized Guardianship

- a. Guardianship assistance is available to tribal custody children who meet the eligibility requirements for Title IV-E relative guardianship assistance payments under Section 473(d)(3)(A) of Title IV-E of the Social Security Act. Relative guardianship eligibility requirements include the following:
 - 1) Child has been removed from his or her home pursuant to a voluntary placement agreement or as a result of a judicial determination that continuation in the home would be contrary to the welfare of the child and is IV-E eligible for at least six consecutive months;
 - 2) Child is a sibling to a child eligible for receiving Title IV-E relative guardianship assistance and is residing or planning to reside in the same placement;
 - 3) Permanency plans of reunification and adoption have been ruled out;
 - 4) Relative has completed all requirements to be an approved Tribal foster home as determined by the Tribe;
 - 5) Child is currently residing with the relative and has been for six consecutive months;
 - 6) Relative is willing to assume legal responsibility for the child and has a strong commitment to permanently care for the child;
 - 7) Child who is 14 years of age or older has been consulted regarding the kinship arrangement;
 - 8) Child demonstrates a strong attachment to the prospective relative guardian;
- b. The Tribal Child Welfare Worker is responsible for preparing the 04MP048E, "Request for Title IV-E Guardianship Assistance" (Appendix 4, Item 11), including all of the required documents.. The completed 04MP048E is submitted to the CFSD Tribal Coordinator.
- c. The CFSD Tribal Coordinator reviews the request and submits the request to the CFSD Permanency Planning section for approval or denial of the request.
- d. The CFSD Tribal Coordinator advises the Tribal Child Welfare worker of either the approval or reasons for denial of the request.
- e. The Tribal Child Welfare worker advises the applicant of the right to an administrative fair hearing if the application is denied, not acted on with reasonable promptness, approved in an amount less than requested, modified without the applicant's concurrence or terminated.
- f. After the approval of the request, the Tribal Child Welfare worker completes the 04MP049E, "Title IV-E Subsidized Guardianship Agreement" (Attachment 4, Item 12) with the family and submits to the CFSD Tribal Coordinator. The CFSD Tribal Coordinator submits the Agreement to the CFSD Permanency Planning Unit for signature.
- g. The Tribal or CFR court does not grant guardianship to the relative until the 04MP049E, Title IV-E Subsidized Guardianship Agreement is signed by both the OKDHS and the prospective relative guardian.
- h. When a Title IV-E Guardianship is requested, the following items are addressed in the case plan:



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Initial Kinship Placement Agreement

Case Information

KK number

Case name

County of placement

County of jurisdiction

Child(ren) Requiring Placement

First name

M.I.

Last name

Gender

Date of birth

☐ Male

Race

Tribal affiliation

☐ Female

Kinship Applicant(s)

First name

M.I.

Last name

Gender

Date of birth

☐ Male

Race

Tribal affiliation

☐ Female

Relationship to child(ren)

Social Security number

Applicant is a U.S. citizen

☐ Yes ☐ No

Mailing address

City

State

ZIP code

Oklahoma resident since

Land line phone number

Cell phone number

Work phone number

Other phone number

Other Adult Household Member(s)

First name

M.I.

Last name

Gender

☐ Male☐ Female

Race

Tribal affiliation

Applicant is a U.S. citizen

☐ Yes ☐ No

Relationship to child(ren)

Social Security number

Mailing address

City

State

ZIP code

Oklahoma resident since

Land line phone number

Cell phone number

Work phone number

Other phone number

Child Household Member(s)

First name

M.I.

Last name

Date of birth

Social Security number

Relationship to child(ren) requiring placement

Prior to Placement of a Child the Applicant Agrees to:

1. submit to an OKDHS record search, including an Oklahoma Child Abuse and Neglect Information System check;
2. submit to Oklahoma State Bureau of Investigation (OSBI), Department of Public Safety (DPS), Sex Offender Registry, and Violent Offender Registry checks regarding the applicant;
3. submit any child 13 years of age and older residing in the home to a Juvenile Justice Information System (JOLTS) search;
4. submit to an out-of-state child abuse and neglect registry check from previous states of residence regarding the applicant who has lived in Oklahoma for less than five years;
5. provide the equivalent background records check from previous state(s) or countries of residence prior to placement when the applicant has lived in Oklahoma for less than five consecutive years. An equivalent records check includes, but is not limited to a state's or country's criminal history search, including DPS and sex offender registries;
6. provide three personal references, only one of whom is a family member;

7. allow a home visit for OKDHS to conduct a house assessment to evaluate suitability for placement for the child(ren);
8. complete Form 04AF001E, Bridge Resource Family Assessment Application; and
9. identify all adult household members.

Prior to Placement of a Child the Adult Household Member(s) Agrees to:

1. submit to an OKDHS record search, including an Oklahoma Child Abuse and Neglect Information System check;
2. submit to Oklahoma State Bureau of Investigation (OSBI), Department of Public Safety (DPS), Sex Offender Registry, and Violent Offender Registry checks;
3. submit to an out-of-state child abuse and neglect registry check from previous state(s) of residence when the adult household member has lived in Oklahoma for less than five years; and
4. provide the equivalent background records check from previous state(s) or countries of residence prior to placement when the adult household member has lived in Oklahoma for less than five consecutive years. An equivalent records check includes but is not limited to a state's or country's criminal history search, including DPS and sex offender registries.

Prior to Placement of a Child the Applicant Acknowledges Understanding the:

1. results of the required background checks for the applicant, adult household members, and any child 13 years of age or older residing in the home must be received and reviewed;
2. 27 hours of pre-service training must be completed within 120 days of a child's placement; and
3. information necessary to complete the kinship assessment is provided by the applicant during the first 90 days of a child's placement.

General Information

1. Applicant has known the child(ren) since _____
2. Applicant knows the child(ren)'s parents or alleged perpetrator(s): ☐ Yes ☐ No
If yes, explain how.

3. The child requires out-of-home care because:

4. Applicant has been an OKDHS resource home in the past. ☐ Yes ☐ No
5. Child care is needed. ☐ Yes ☐ No
6. Applicant's approximate monthly income is _____ and supports _____ people.
7. When each applicant is employed for 20 hours or more per week, child care is provided by OKDHS.

When child care is needed for any other reason, the child care plan is:

8. Applicant is referred to:

☐ Temporary Assistance for Needy Families (TANF) pending approval of the home. A relative kinship applicant may apply for TANF and other benefits at the local OKDHS office when a child in OKDHS custody is placed in the home and during the kinship foster home approval process.

☐ Food benefits. A non-relative kinship applicant may apply for Supplemental Nutrition Assistance Program (SNAP) at the local OKDHS office when a child in OKDHS custody is placed in the home and during the kinship foster home approval process.

☐ Supplemental Security Income (SSI) or Social Security Administration (SSA) benefits, when applicable

☐ Women, Infants, and Children (WIC). When applicable, a relative or non-relative kinship applicant may apply for WIC at the local health department.

9. Applicant has adequate sleeping space for an additional child(ren). ☐ Yes ☐ No

If no, what is needed?

10. Applicant is willing to purchase or obtain additional beds and ensure adequate sleeping arrangements by the mutually agreed upon date of ☐ Yes ☐ No

11. A child(ren) currently residing in the household will share a bed to accommodate an additional child(ren). ☐ Yes ☐ No ☐ Not applicable

12. Applicant is willing to transport the child(ren) to visits, court hearings, and medical appointments. ☐ Yes ☐ No

Protective Capacities of Kinship Caregiver

1. Child(ren)'s parent(s) lives in applicant's home. ☐ Yes ☐ No

If yes, the plans to move the parent(s) from applicant's home are:

2. Alleged perpetrator(s) or parent(s) visits the applicant's home. ☐ Yes ☐ No

If yes, how often?

3. Applicant will feel threatened if the parent(s) or alleged perpetrator(s) comes to the home and demands to see the child(ren). ☐ Yes ☐ No

4. Applicant will protect child(ren) from the alleged perpetrator(s) and ensure the child(ren)'s safety by:

5. Applicant understands who may or may not have access to the child(ren). ☐ Yes ☐ No
6. Applicant understands that OKDHS arranges, supervises, or approves all visits and the applicant agrees to abide by the visitation plans. ☐ Yes ☐ No
7. Applicant has the physical ability to meet the child's needs. ☐ Yes ☐ No
8. Applicant is willing to access community resources or services to meet the child's needs. ☐ Yes ☐ No
9. Applicant understands, regardless of applicant's relationship to the child, physical discipline or punishment cannot be utilized. ☐ Yes ☐ No

If Initial Placement is Approved, Applicant Agrees to:

1. abide by the OKDHS policy regarding discipline, confidentiality, religion, and reporting abuse and neglect per Form 04FC021E, Verification of Receipt of OKDHS Rules;
2. allow the child(ren) to have private access to the child's attorney and Child Welfare (CW) specialist;
3. work toward family reunification in accordance with the case plan;
4. not allow visits with the parent(s) or alleged perpetrator(s) or anyone else, unless pre-approved by OKDHS;
5. make the child(ren) available for doctor, counseling, and other appointments;
6. have ongoing contact with the CW specialist regarding incidents, issues, and questions;
7. not allow any person with a sex offense conviction or a confirmed sexual abuse finding to reside in applicant's home; and
8. provide temporary placement for the child(ren). Placement may be terminated by OKDHS when it is in the child(ren)'s best interest or OKDHS no longer has legal custody of the child(ren).

Training Stipend

Applicant understands:

1. OKDHS agrees to pay kinship applicant a total of \$750 as a training stipend when:
 - initial kinship placement requirements per OKDHS policy are satisfied;
 - applicant requests foster care maintenance payments;
 - applicant enrolls in pre-service training when the child(ren) is placed in the applicant's home. The initial training stipend can be paid if the applicant enrolls in training no more than seven calendar days prior to placement; and
 - applicant completes pre-service training and the child continues to remain in your home. The final stipend can be paid if the training is completed no more than seven calendar days after the child leaves the home.

2. Kinship applicant receives payment of:

- one half of the training stipend (\$375) after applicant enrolls in 27 hours of pre-service training; and
- the second half of the training stipend (\$375) after applicant successfully completes pre-service training. When applicant does not successfully complete training, the second half of the stipend (\$375) is not paid.

Kinship Start-Up Stipend

Applicant understands:

1. OKDHS agrees to pay kinship applicant a kinship start-up stipend when:
 - the child has been in the home for 15 consecutive days; and
 - the home has not been approved as a foster home in the last five years.
2. Payment of a Kinship Start-Up Stipend is:
 - a one-time payment generated on the 15th day of placement; and
 - based on the age of the child, per OKDHS policy.

Maintenance Payments

Applicant understands that:

1. placement of the child(ren) does not constitute OKDHS approval as a kinship home. Foster care maintenance payments are issued only after the home is approved by OKDHS as a kinship home.
2. foster care maintenance payments are not paid to a kinship provider, until all OKDHS requirements are met including, but not limited to:
 - a completed and approved Bridge family assessment;
 - national criminal history records check results based on fingerprints are received for all adults residing in the home;
 - pre-service training is satisfactorily completed; and
 - OKDHS approves the home as a kinship home.
3. the right to receive foster care maintenance payments begins on the date of approval of the home as a kinship home and is not retroactive to the date of the child(ren)'s placement.

Signatures

By signing this form:

- I acknowledge my understanding of this information.
- I affirm the information I have provided is true and correct.
- I acknowledge my understanding that this is a temporary placement for the child(ren), subject to termination at the discretion of OKDHS.
- I acknowledge my understanding that my home has not been approved as a Bridge kinship foster home; therefore, I am not entitled to receive foster care maintenance payments at this time.
- I acknowledge my understanding that foster care maintenance payments will begin when all OKDHS requirements are satisfied to be an approved Bridge kinship foster home.

Kinship applicant signature

Date

Kinship applicant signature

Date

CW specialist signature

Date

CW specialist signature

Date

Child(ren) placed on

Date of agreement