

ALTERNATIVE CARE: VERIFICATION OF RECEIPT OF DOCUMENTS & INFORMATION - Parent, Caregiver, Guardian(s)

Case #:		Case Name:		Case Open Date:	
P/C/G Name:					
P/C/G Name:					

Should any of the forms below not be provided to the P/C/G in the manner and timeframe specified below or if the P/C/G does not wish to complete or receive the documents, the reason and attempts to provide or obtain the information should be thoroughly documented in FACES. Should any documents which request the P/C/G completion not be returned timely to the Case Manager within the timeframes specified below, the Case Manager shall make contact with any knowledgeable individuals to complete the documents as thoroughly as possible. Should a P/C/G choose not to initial the spaces below in recognition of receipt of the documents, the Case Manager shall NOT enter any initials on behalf of the P/C/G but should check the box beside the form title and document information verbally provided or efforts made in FACES. **Attach additional sheets for additional Parent, Caregiver, Guardian(s) as needed.**

Forms:	Inst.	By when:	To do:	Initial:	Date:	Initial:	Date:
<input type="checkbox"/> Know Your Rights Brochure (CS-132) <input type="checkbox"/> Know Your Rights Brochure (CS-132) - Spanish	CS-132	Upon first contact with each P/C/G	Explain to each P/C/G and provide copy				
<input type="checkbox"/> Notice of Privacy Practices re. Your Protected Health Info. (MO 886-4061)	-	Upon first contact with each P/C/G	Explain to each P/C/G and provide copy				
<input type="checkbox"/> Service Delivery Grievance Process (CS-131) <input type="checkbox"/> Service Delivery Grievance Process (CS-131) - Spanish	-	Upon first contact with each P/C/G	Explain to each P/C/G and provide copy				
<input type="checkbox"/> Handbook for Parents of Children in AC (CS-304) <input type="checkbox"/> Handbook for Parents of Children in AC (CS-304) - Spanish	-	Upon first contact with each P/C/G	Explain to each P/C/G and provide copy				
<input type="checkbox"/> ICWA Brochure (CD-133)	-	Upon first contact with each P/C/G	Explain to each P/C/G and provide copy				
<input type="checkbox"/> ICWA – Indian Ancestry Questionnaire (CD-116)	CD-116	Upon first contact with each P/C/G	P/C/G complete and return to case manager <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> ICWA Checklist (CD-123)	CD-123	Upon first contact with each P/C/G	Worker completes based on answers from the CD-116 <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> Child/Family Health & Dev. Assmt. (CW-103) <input type="checkbox"/> Child/Family Health & Dev. Assmt. (CW-103) - Spanish	CW-103	Upon first contact with each P/C/G	P/C/G completes one per child and returns to case manager within 72 hours of child entering PC. Case Manager must complete the form within 30 days if P/C/G does not. <input type="checkbox"/> Uploaded to OnBase				

<input type="checkbox"/> Child/Family Health & Dev. Assmt. (CW-103, Att. A) <input type="checkbox"/> Child/Family Health & Dev. Assmt. (CW-103, Att. A) - Spanish	CW-103 Att. A	Upon first contact with each P/C/G	P/C/G completes and returns to case manager within 72 hours of child entering PC. Attach to CW-103. <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> Child/Family Health & Dev. Assmt. (CW-103, Att. B) <input type="checkbox"/> Child/Family Health & Dev. Assmt. (CW-103, Att. B) - Spanish	CW-103 Att. B	Upon first contact with each P/C/G	P/C/G completes and returns to case manager within 72 hours of child entering PC. Attach to CW-103 and Att. A. <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> Financial Statement for Parents (CS-99)	CS-99	Within 30 days of case opening	P/C/G completes and returns to case manager or case manager completes with the family within the first 30 days after case opening. One form to be completed per household. <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> Learn Your Rights for Parent (Child health care) (CD-287)	CD-287	During 72 hour FST	Provide to each parent and all FST members during the 72 hour FST and again if a child is prescribed a psychotropic medication. Document which individuals were provided the form on the FST-1.				
<input type="checkbox"/> Family Support Team (FST) Sign in/Confidentiality Statement (FST-1)	-	Utilize the FST-1 during every FST	Review the Confidentiality and Informed Consent statements with the Family Support Team, obtain signatures at the beginning of the meeting and agreement/disagreement of the plan at the conclusion of the meeting.	No initials required			
<input type="checkbox"/> Initial Family Assessment (CD-301) <input type="checkbox"/> Initial Family Assessment Attachment (CD-301a)	Instructions / Case Example	Within 30 days after case opening	Complete with the family and Family Support Team over the course of the first 30 days following case opening.	No initials required			
As Needed:							
<input type="checkbox"/> Home Visit Form (CD-300)		Form is optional to use during the first 30 days after case opening. Form is mandatory following completion of the IFA and SSP. Upload to OnBase.		No initials required			
<input type="checkbox"/> Authorization for Release of Med/Health Info (SS-6)	-	As needed and upon expiration of the consent	Complete with the family as needed, update upon expiration <input type="checkbox"/> Uploaded to OnBase				

<input type="checkbox"/> Auth. for Release of Non-Medical Records (CD-98) <input type="checkbox"/> Auth. for Release of Non-Medical Records (CD-98) - Spanish	CD-98	As needed and upon expiration of the consent	Complete with the family as needed, update upon expiration <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> Notice to Incarcerated Parent (CS-2) <input type="checkbox"/> Notice to Incarcerated Parent (CS-2) - Spanish	-	Provide within 72 hours of child entering care	Complete and send to Incarcerated P/C/G's <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> Incarcerated Parent Response Form (CS-2att)	-	Provide within 72 hours of child entering care	Send to Incarcerated P/C/G's <input type="checkbox"/> Uploaded to OnBase if returned by P/C/G				
<input type="checkbox"/> Health Care Information Summary (CD-264)	-	For initial placements, within 72 hours following placements, not to exceed 30 days. For subsequent placements, within 72 hours	Case Manager gathers info from P/C/G and provides to Placement Provider. Provide to P/C/G only if child is placed with them. <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> Informed Consent for Psychotropic Medication (CD-275)	Policy Instructions	Immediately upon notice of a recommendation for psychotropic medication and upon expiration annually thereafter	Completed by the Case Manager when Informed Consent is required. <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> Relative Notification Letter (CD-203)	-	Immediately as any relatives are identified	Completed by Case Manager, sent to all identified relatives <input type="checkbox"/> Uploaded to OnBase				

**For Parent, Caregiver and Guardian(s):
Please sign and date that the following information has been discussed with you.**

ASFA

The Adoption and Safe Families Act (ASFA) is federal legislation that was passed in regard to child welfare. This act provides time frames for child welfare agencies to move children through the foster care system so they will not be living in foster care indefinitely. ASFA requires the Children's Division and juvenile court to have hearings on the child at regular intervals. Hearings must be held every six months to review the permanency plan for the child. ASFA also states that termination of parental rights (TPR) must be filed when a child has been in care for 15 out of the last 22 months. What this means is that if your child is in care for 15 continuous months, a petition may likely be filed for termination of your parental rights. It also means that if your child is in care for six months then returns home but six months later returns to care, a petition may likely be filed for termination of your parental rights after nine months of your child(ren)'s reentry into foster care. The six months they were previously in care count toward the 15 months since it would be less than 22 months since your child first entered care.

The court can give permission not to file for TPR but there are only a few specific reasons for not filing for termination that are allowed under ASFA: These are:
(ASFA continued...)

1. Family is making progress toward reunification but the child cannot yet return home.
2. The child is over age 13 and does not want their parent's rights terminated.
3. The child's behavior is such that termination would not be in the child's best interest.
4. The child is placed with relatives.

Unless one of these compelling reasons is given to and accepted by the court, termination of parental rights will be filed with the court. Filing of termination of parental rights does not mean that TPR will be granted. There must be a hearing to determine if TPR is justified in the case. It is also important to note that TPR may still be filed even if one of the compelling reasons exist.

**Parent/Caregiver/Guardian
Signature(s):**

Date:

Permanency and Concurrent Planning

Because out of home placement is intended to be temporary, permanency in a placement for your child is one of the primary goals as we work with your family. Permanency most often includes returning your child home. It might also include long-term placement with a relative, guardianship, an independent living arrangement, or, in some cases, the termination of your rights as a parent and the placement of your child in an adoptive home. As part of the permanency commitment, the Primary Permanency and Concurrent Permanency Plans are determined by the Family Support team within 72 hours of your child(ren) entering alternative care. A meeting to review of these permanency plans is held every 6 months which will include, you, your case manager, your child(ren) (if age appropriate) and the Family Support Team members. During these meetings, determinations will occur regarding your child(ren)'s Permanency and Concurrent plans to ensure the most fitting option is recommended to the court.

A Permanency Plan is the primary plan you and your family, along with the support of the Children's Division and Family Support Team will work toward establishing where and with whom your child will reside when the court releases jurisdiction. In most cases, reunification (returning your child(ren) to a parents care), unless under exceptional circumstances, is the primary permanency plan. In addition, in order to ensure timely permanency, a Concurrent (or secondary) plan is also established. This goal is worked on simultaneously while the child(ren) is in care. The concurrent plan must be discussed and planned for should the Primary Permanency Plan be determined to no longer be in the child(ren)'s best interest. At such a time that this might occur and is supported by the Family Support team and further ordered by the court, the Concurrent Permanency Plan will become the Primary Permanency Plan and another Concurrent Plan may be established.

More detailed information on each of the follow may be found in the Handbook for Parents of Children in Alternative Care provided to you by your case manager.

Primary Permanency Plan options:

1. Reunification
2. Guardianship
3. Adoption
4. Placement with a Fit and Willing Relative (in tandem with a legal final permanency plan such as reunification, TPR and adoption, guardianship or at the time the child reaches 21.
5. Another Planned Permanent Living Arrangement (APPLA)

Concurrent Permanency Plan options are:

1. Guardianship
2. Adoption
3. Placement with a Fit and Willing Relative (in tandem with a legal final permanency plan such as reunification, TPR and adoption, guardianship or at the time the child reaches 21.
4. Another Planned Permanent Living Arrangement (APPLA)

**Parent/Caregiver/Guardian
Signature(s):**

Date:

Parents Rights and Responsibilities

Even though the decision was made to place your child(ren) in out of home care, you as a Parent, Caregiver or Guardian still have rights and responsibilities to your child until such time that termination of parental rights is ordered by the court. These include:

(Parents' Rights and Responsibilities continued...)

1. You may have an obligation to financially support your child(ren) which may include payment of child support.
2. You have the right to be consulted on all decisions involving your child(ren), including major medical services, entrance into the military, etc. The juvenile court has the final approval for all decisions made on behalf of your child(ren). Emergency medical conditions may require action prior to contact with you but you will be notified of any medical concerns regarding your child(ren).
3. You have the right to be represented by an attorney. If you cannot afford one, you may request that the court appoint one for you. Although most court hearings are initiated by the juvenile officer, you, too may request a hearing to be held in juvenile court.
4. You have a responsibility to maintain contact with your child, as approved by the Court and Family Support Team.
5. You have a right to information and records about your child
6. You continue to have the right to determine the religious practice of your child
7. You have the right to receive proper legal notice in court actions involving your child and to attend all court proceedings, unless other legal matters prohibit you from doing so
8. You have the right to a review of the records and information that we have on your family. Within ten (10) days of the protective custody hearing or within fourteen (14) days of the filing of the petition or motion to modify, the children's Division and Juvenile Officers must allow for certain records to be made available to all parties.
9. You have the right to be informed of services available to you under the Indian Child Welfare Act (ICWA) of 1978. If you believe you are of American Indian or Alaska Native heritage and are entitled to those provisions, notify your Case Manager. Your Case Manager will apply any ICWA requirements when providing services.
10. You have a right to referral for services based upon need.
11. More information on your rights is available in the Know Your Rights brochure provided to you by your case manager.

You are encouraged to continue to provide for your child(ren)s needs which may include clothing, educational costs, diapers, etc. You may make arrangements with your case manager to provide any items for your child(ren).

You have the responsibility to:

1. Maintain contact with your case manager.
2. Provide updated contact information (phone, address, etc.) timely to your case manager.
3. Attend all scheduled Family Support Team Meetings.
4. Attend all scheduled juvenile court hearings.
5. Work with your case manager to schedule home visits weekly for the first four weeks after your child(ren) enters care and at a minimum monthly thereafter.

**Parent/Caregiver/Guardian
Signature(s):**

Date:

Immunizations:

The case manager will ensure that children in the agency's custody are scheduled to be immunized against disease, in accordance with the recommendations of the Advisory Committee on Immunization Practices (ACIP) under the Centers for Disease Control and Prevention. If a parent has an objection to immunizing a child based upon religious or health reasons, the parent should inform the case manager and the parent may choose to address the issue with the Court. However, unless there is a court order exempting the child from immunizations, the case manager will ensure that immunizations are scheduled pursuant to the appropriate schedule as set for by the [Advisory Committee on Immunization Practices \(ACIP\)](#).

**Parent/Caregiver/Guardian
Signature(s):**

Date:

Psychotropic Medication/Care:

Children's Division expects you as a parent or guardian to take an active role in health care decisions about the child(ren), unless the Family Support Team determines that would be contrary to the best interests of the child. An active role would include, but is not limited to:

1. Attending the child's appointments;
2. Demonstrating an understanding of the child's health status and recommendations of any providers; and
3. Providing necessary care and medication during visitation and trial home placement.

The case manager shall keep the parent(s) informed of the child's medical and behavioral health decisions. The case manager is responsible for the child's medical and behavioral health care while the child is in CD custody. The case manager shall partner with the parent(s), the child (to the extent reasonable for the child's age and understanding), resource providers, and primary health care providers. The case manager will attempt to contact these partners prior to the provision of any treatment. The parent(s) will be asked to return the completed Child/Family Health and Development Assessment (CW-103) and attachments within a week of the Initial FST if not returned at the time of the meeting.

All information about the child's medical or behavioral health care while in alternative care shall be shared with the parent/caregiver/guardian on an ongoing basis unless Termination of Parental Rights (TPR) has occurred or the court has issued an order preventing the parent/guardian access to the information.

**Parent/Caregiver/Guardian
Signature(s):**

Date:

ALTERNATIVE CARE: VERIFICATION OF RECEIPT OF DOCUMENTS & INFORMATION - Relative Placement Providers

Case #:		Case Name:	
Relative Placement Name:		Case Open Date:	
Relative Placement Name:		Date of Placement:	
Placement for (child(ren))'s name(s):			

The following documents are to be provided upon initial placement of the child(ren) to each placement home. Also, all subsequent placement providers shall receive the following documents in addition to the updated **CW-103**, updated **CD-264**, the child's current medical file and all prior copies of the completed **CD-265**. This information will be made available at the time of subsequent placement, but no later than seventy-two (72) hours following placement. **Attach additional sheets for additional Relative Placement Providers as needed.**

Forms:	Instructions	By when:	To do:	Initial:	Date:	Initial:	Date:
<input type="checkbox"/> Universal Placement Letter (CD-296)	-	At time of placement	Case Manager fill out document and provide copy to the Placement Provider and file <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> Relative Foster Home Introduction Letter (CD-71)	-	At time of placement	Case Manager fill out document and provide copy to the Placement Provider and file <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> Fingerprinting Form (CD-26a) Fingerprints need to be completed by _____ (not to exceed 15 days from the date of placement).	CD-26a	At time of placement	Case Manager fill out the registration number on the form and provide copy to PP (remind PP fingerprints for all individuals in the home who are age 17 and older must be completed within 15 days of placement being made)				

<input type="checkbox"/> Guide for Relative Providers (CD-70)	-	At time of placement	Case Manager fill out the 'Important People' section of the document and provide copy to the Placement Provider				
<input type="checkbox"/> Resource Parent Handbook	-	At time of placement	Case Manager provide handbook to placement provider to keep				
<input type="checkbox"/> Informed Consent Information Sheet for Providers	-	At time of placement	Provide copy to Placement Provider				
<input type="checkbox"/> Health Care Information Summary (CD-264)	-	For initial placements, within 72 hours following placement, not to exceed 30 days. For subsequent placements, within 72 hours.	Case Manager fill out document and provide copy to the Placement Provider and file <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> Child/Family Health & Dev. Assmt. (CW-103) <input type="checkbox"/> Child/Family Health & Dev. Assmt. (CW-103) - Spanish	CW-103	Within 72 hours following placement, not to exceed 30 days	P/C/G completes one per child and returns to case manager within 72 hours of child entering PC. Case Manager must complete the form within 30 days if P/C/G does not. Case Manager provides to Placement Provider. <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> Monthly Medical Log (CD-265)	-	At time of placement	Provide blank log to Placement Provider each month, gather each prior month's log from the PP. Upload to OnBase each month.				
<input type="checkbox"/> Resource Provider HIPAA Information (CD-194)	-	At time of placement	Provide copy to all Placement Providers				
<input type="checkbox"/> FAQ Brochure for Relative/Kinship providers	-	At time of placement	Provide copy to all Placement Providers				
<input type="checkbox"/> Frequently Asked Child Care Questions	-	At time of placement	Provide copy to all Placement Providers				

<input type="checkbox"/> Medical Services Authorization Information Letter (CD-27)	-	At time of placement	Case Manager fill out document and provide copy to the Placement Provider and file <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> HCY exam form (MO 886-____) – by age AAP Recommendations for Prev. Pediatric Health Care Immunization Schedule for ages 0-18 Immunization Schedule for age 19+	-	Initial exam is due within 24 hours, not to exceed 72 hours of child entering care. If full HCY screening is not completed during the initial exam, the full HCY is due within 30 days of the child entering care.	Separate form for each child based on child's age to be given to the placement provider. Provide again each time a new exam is due per the AAP recommended schedule. <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> Travel Expense Log – Traditional (CD-106)	-	At time of placement	Only provide to PP if traditional level placement				
<input type="checkbox"/> Travel Expense Log – Level B (CD-107)	-	At time of placement	Only provide to PP if level B placement				
<input type="checkbox"/> Respite Unit Tracking Log (CD-113)	-	At time of placement	Provide to PP and additional copies upon request				
<input type="checkbox"/> Child Information form for Respite Providers (CD-110)	-	At time of placement	Provide to PP and additional copies upon request				
As Needed:							
<input type="checkbox"/> Clothing Voucher (local document, not in eForms)	-	Upon need and request	Complete the required information on the clothing voucher and provide to the Placement Provider. PP should return any purchase documents including receipt(s) to Case Manager.				
<input type="checkbox"/> Caregiver Court Information Form	-	At time of placement	Provide prior to any court hearings in which the placement provider may wish to submit to the court				

ALTERNATIVE CARE: VERIFICATION OF RECEIPT OF DOCUMENTS & INFORMATION - Foster Placement Providers

Case #:		Case Name:	
Foster Placement Name:		Case Open Date:	
Foster Placement Name:		Date of Placement:	
Placement for (child(ren))'s name(s):			

The following documents are to be provided upon initial placement of the child(ren) to each placement home. Also, all subsequent placement providers shall receive the following documents in addition to the updated **CW-103**, updated **CD-264**, the child's current medical file and all prior copies of the completed **CD-265**. This information will be made available at the time of subsequent placement, but no later than seventy-two (72) hours following placement. **Attach additional sheets for additional Foster Placement Providers as needed.**

Attach additional sheets for additional PP's as needed.	Instructions	By when?	To do:	Initial:	Date:	Initial:	Date:
<input type="checkbox"/> Universal Placement Letter (CD-296)	-	At time of placement	Case Manager fill out document and provide copy to the Placement Provider and file <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> Health Care Information Summary (CD-264)	-	For initial placements, within 72 hours following placement, not to exceed 30 days. For subsequent placements, within 72 hours.	Case Manager fill out document and provide copy to the Placement Provider and file <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> Child/Family Health & Dev. Assmt. (CW-103) <input type="checkbox"/> Child/Family Health & Dev. Assmt. (CW-103) - Spanish	CW-103	Within 72 hours following placement, not to exceed 30 days	P/C/G completes one per child and returns to case manager within 72 hours of child entering PC. Case Manager must complete the form within 30 days if P/C/G does not. Case Manager provides to Placement Provider. <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> Informed Consent Information Sheet for Providers	-	At time of placement	Provide copy to Placement Provider				

<input type="checkbox"/> Monthly Medical Log (CD-265)	-	At time of placement	Provide blank log to Placement Provider each month, gather each prior month's log from the PP. Upload to OnBase each month.				
<input type="checkbox"/> Resource Provider HIPAA Information (CD-194)	-	At time of placement	Provide copy to all Placement Providers				
<input type="checkbox"/> Resource Parent Handbook	-	At time of placement	Case Manager provide handbook to placement provider to keep				
<input type="checkbox"/> Medical Services Authorization Information Letter (CD-27)	-	At time of placement	Case Manager fill out document and provide copy to the Placement Provider and file <input type="checkbox"/> Uploaded to OnBase				
<input type="checkbox"/> HCY exam form (MO 886-____) – by age AAP Recommendations for Prev. Pediatric Health Care Immunization Schedule for ages 0-18 Immunization Schedule for age 19+	-	Initial exam is due within 24 hours, not to exceed 72 hours of child entering care. If full HCY screening is not completed during the initial exam, the full HCY is due within 30 days of the child entering care.	Separate form for each child based on child's age to be given to the placement provider. Provide again each time a new exam is due per the AAP recommended schedule.				
<input type="checkbox"/> Travel Expense Log – Traditional (CD-106)	-	At time of placement	Only provide to PP if traditional level placement				
<input type="checkbox"/> Travel Expense Log – Level B (CD-107)	-	At time of placement	Only provide to PP if level B placement				
<input type="checkbox"/> Respite Unit Tracking Log (CD-113)	-	At time of placement	Provide to PP and additional copies upon request				
<input type="checkbox"/> Child Information form for Respite Providers (CD-110)	-	At time of placement	Provide to PP and additional copies upon request				
As Needed:							
<input type="checkbox"/> Clothing Voucher (local document, not in eForms)	-	Upon need and request	Complete the required information on the clothing voucher and provide to the Placement Provider. PP should return any purchase documents including receipt(s) to Case Manager.				
<input type="checkbox"/> Caregiver Court Information Form	-	At time of placement	Provide prior to any court hearings in which the placement provider may wish to submit to the court				

ALTERNATIVE CARE: VERIFICATION OF RECEIPT OF DOCUMENTS & INFORMATION - Older Youth

Case #:		Case Name:		Case Open Date:	
Older Youth Name:		Date OY turned 14:		<input type="checkbox"/> OY entered care at age 14 or older	
Older Youth Name:		Date OY turned 14:		<input type="checkbox"/> OY entered care at age 14 or older	
Older Youth Name:		Date OY turned 14:		<input type="checkbox"/> OY entered care at age 14 or older	

I verify the receipt of the documents selected below and an explanation was provided to me for each document. I verify, I had the ability to ask questions and that I understand the documents and information provided to me. I understand that if I have any additional questions, I may contact this worker or the Children's Division office.

OLDER YOUTH	Instructions	By when?	To do:	Initial:	Date:	Initial:	Date:	Initial:	Date:
<input type="checkbox"/> Service Delivery Grievance Process (CS-131) <input type="checkbox"/> Service Delivery Grievance Process (CS-131) - Spanish	-	Upon first contact with each youth age 12+	Explain and provide to all youth age 12+						
<input type="checkbox"/> Learn Your Rights (Health Care) for Youth (CD-281) For all youth ages 12 + (provide to GAL as well)	CD-281	Upon first contact with each youth age 12+	Given when there is a recommendation for a psychotropic medication and annually. Provide to each youth age 12+ and GAL(s).						
<input type="checkbox"/> Foster Care Bill of Rights	-	Upon first contact with all school aged children and their placement providers.	The FCBR must be provided and explained to all school aged children in foster care and his or her foster parent.						
<input type="checkbox"/> Medical Rights Guide	-	Within 30 days	Review and provide to the youth within 30 days of youth entering care at 14+ or when youth turns 14 while in care.						

<input type="checkbox"/> Handbook for Youth in Alternative Care	-	Within 60 days	The guidebook is to be given to all youth coming into care after age 14 and those youth turning 14 while in care. The book is intended to provide information to youth while in care and transitioning out of care on what they can expect while in care and resources that may help them. Document provided to youth on the CD-94, FST Guide. Place copy of acknowledgement form in file.						
<input type="checkbox"/> Kids in Care (KIC) Brochure	-	Within 60 days	Review and provide to the youth within 60 days of youth entering care at 14+ or when youth turns 14 while in care.						
<input type="checkbox"/> Making Healthy Choices: A Guide on Psychotropic Meds	-	Within 60 days	Review and provide to the youth within 60 days of youth entering care at 14+ or when youth turns 14 while in care.						
<input type="checkbox"/> Older Youth FST Guide (CD-94) (Print from FACES)	CD-94	Within 60 days	Comprehensive document used as the youth's transition plan to guide team members through the Family Support Team (FST) process and evaluate life skills progress. The plan will identify the youth-specific team members, the identified individuals for a youth support system, goals for the youth and life skills assessment and continued evaluation. Completed in FACES. Complete with youth entering care at age 14+ or when youth turns 14 while in care.						
<input type="checkbox"/> IAP (CD-94) (Print from FACES)	CD-94	Within 60 days	The individualized action goal represents the overall goal for instruction, and the expectations describe what the youth should be able to do after instruction takes place. Completed in FACES. Complete with youth entering care at age 14+ or when youth turns 14 while in care.						

<input type="checkbox"/> Older Youth Chafee Referral	-	Within 60 days	The intent of Chafee is to focus on services for youth who are in care, are aging out, or have aged out of the foster care system. Chafee funds are meant to be short term, flexible, and used as a safety net to meet the needs of the youth to assist them in their efforts toward independence. Completed in FACES. Complete with youth entering care at age 14+ or when youth turns 14 while in care.						
<input type="checkbox"/> Other:									

In addition to the above forms, for CYAC youth provide the following...

<input type="checkbox"/> Safe Sleep Flyer (CD-278) <input type="checkbox"/> Safe Sleep Flyer (CD-278) - Spanish	-	Within first 30 days	Provide and review with the youth who is parenting initially and ongoing until child is older than age 2.						
<input type="checkbox"/> CYAC Parent Discipline Agreement (CD-290)	Link in when memo is released	Within first 30 days	Provide and review with the youth who is parenting initially and ongoing. Obtain signature and copy for file.						
<input type="checkbox"/> CYAC Safe Sleep Practice (CD-291)	Link in when memo is released	Within first 30 days	Provide and review with the youth who is parenting initially and ongoing until child is older than age 2. Obtain signature and copy for file.						
<input type="checkbox"/> Other:									