

FOSTER YOUTH BILL OF RIGHTS

The California Youth Connection, a statewide organization of youth in the foster care system, has written the "Foster Youth Bill of Rights". It is an objective of foster care to ensure that the personal rights of individuals who are in out-of-home care are protected subject to limitations inherent in the foster caregiver's responsibility to ensure resident safety, safety of others and foster caregiver's role as parent as described in the case plan/case plan update, court order and treatment plan. Any restrictions on the rights of any individual child must be approved by COUNTY Program Director on a case by case basis. These rights include the following:

- 1) The right to be treated with respect.
 1. The facility shall ensure that the resident and his/her authorized representative(s) are offered the opportunity to participate in the development of the needs and service plan. 84068.2(d)
 2. Facilities shall ensure that privacy rights of residents are respected. Individual privacy shall be provided in all toilet, bath, shower and dressing areas. 84088(b)(4)
 3. Staff shall treat residents with respect and shall be prohibited from humiliating, intimidating, ridiculing, coercing or threatening residents. 80072 (a)(3)
 4. Access to bathrooms shall not be unreasonably limited during waking or sleeping hours.
 5. Residents shall have the right to be free to attend religious services and activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, in or out of the facility shall be on a completely voluntary basis. 80072(a)(5)(A)
 6. Residents shall have the right to have visitors visit privately during waking hours without prior notice, provided that such visitations are not prohibited by the resident's needs and services plan; do not infringe upon the rights of other residents; do not disrupt planned activities; and are not prohibited by court order or by the resident's authorized representative(s). 84072(b)(5)
- 2) The right to adequate living conditions.
 7. The home must meet licensing standards.

8. Residents shall have the right to privacy in their own rooms and shall not be prohibited from closing the doors to their rooms absent specific concerns for the safety of the resident.
 9. Residents shall be allowed to possess and use their own toilet articles. 84072(b)(7)
 10. Residents shall have access to individual storage space for their private use. 84072(b)(10)
 11. Residents shall possess and use his/her own personal items unless prohibited as part of a discipline program. 84072(b)(9)
 12. Residents shall be provided with adequate food pursuant to 80076, including between meal nourishment or snacks. 80076(a)(4)
 13. Residents who require special diets including vegetarian diets, religious diets or diets based on health needs shall be provided with appropriate food.
 14. Residents shall not be required to perform chores which are beyond the scope of expectations as outlined in the house rules or discipline information reviewed at placement by COUNTY worker and resident except on a voluntary basis and for compensation.
- 3) The right to adequate voluntary medical, dental and psychiatric care.
15. Non-medical staff shall not make medical decisions about the severity of an illness or injury or screen resident requests for medical attention without consultation with a physician, a nurse or a trained health practitioner.
 16. Psychotropic medications shall not be administered without parental consent, court order or compliance with court policy for administration of psychotropic medications.
 17. Facility staff shall respect the confidentiality of residents' medical or psychiatric treatment. Information about this treatment shall not be generally available to staff.
 18. Residents have the right to a second opinion if requested before being required to undergo intrusive medical, dental or psychiatric procedures provided there is a resource for payment such as private insurance coverage for the resident, Medi-Cal authorization, etc.

19. Residents have the right to contact their COUNTY social worker regarding receiving or rejecting medical care or health related services. 80072(a)(9)
- 4) The right to fair treatment in administering rewards and punishments.
 20. Facilities shall develop, maintain and implement written facility discipline policies and procedures meeting the requirements specified below:

Staff, residents and authorized representatives shall receive copies of such policies and procedures and copies of such policies and procedures shall be maintained in the resident's record.

Any form of discipline which violates a resident's personal rights as specified in Sections 80072 and 84072 shall be prohibited. 84072.1(a)(b)

New residents should not always/automatically start on the lowest level of the incentives system.

Level assignment and privileges shall be consistent with the case plan/case plan update/court order(s).

They should not be punished for being new and/or being moved.
 21. Residents shall have a right to appeal disciplinary actions that result in a loss of privileges. This appeal includes a right to notice of an alleged infraction and the intended punishment, as well as a decision by a third party, using the grievance procedure as described by the foster caregiver in the orientation to placement.
 22. Residents have a right to file a complaint with the facility, as specified in Section 84072(b)(2).
- 5) The right to contact with family members, COUNTY social workers, attorneys, Court Appointed Special Advocates and other designated adult supporters.
 23. Residents shall have access to telephones in order to make and receive confidential calls, provided that such calls are not prohibited by the resident's needs and service plan; are not prohibited as a form of discipline; do not infringe upon the rights of other residents; do not restrict availability of the telephone during emergencies and are not prohibited by court order or by the resident's authorized representative(s). 84072(b)(11)
 24. Calls to the resident's authorized representative or placement agency or family members included in the service plan shall not be prohibited as a form of discipline. 84072(b)(11)(C)
 25. Residents shall send and receive unopened correspondence, including court reports, unless prohibited by court order or by the resident's authorized representative(s). 84072(b)(12)
 26. The facility will promptly and completely answer communications to the facility from resident's relatives and/or authorized representative(s).

84072(b)(4)

27. Level systems shall not restrict personal rights as defined in Title 22, Section 84072. These include the right to approved visitors; telephone calls to parents or relatives included in the case plan, COUNTY social workers, Court Appointed Special Advocates or attorneys; access to correspondence; and access to medical care.
- 6) The right to education and community involvement.
28. Residents shall have the right to attend public school unless otherwise specified in their case plan.
 29. Residents shall have the right to participate in extracurricular activities in accordance with the case plan. The facility shall provide transportation necessary to participate in these activities to the extent possible and agreed upon. The facility shall make it possible for residents to attend church and community activities. 84079(a-c)
- 7) The right to work and develop job skills.
30. Residents shall be allowed to participate in education, employment and ILP services. Access to these services shall not be withheld. Transportation arrangements for residents who do not have independent arrangements shall be made. 80022(b)(10)
 31. The facility shall assist each youth age 14 or over to develop vocational skills and obtain documents necessary for employment. This may also include providing assistance in job training.
 32. The facility shall support each youth who so desires in obtaining and maintaining employment by providing transportation, assisting in purchasing uniforms and providing other forms of support to the extent possible and agreed upon.
- 8) The right to social contacts.
- Reprise 6. Residents shall have the right to have visitors visit privately during waking hours without prior notice, provided that such visitations are not prohibited by the resident's needs and services plan; do not infringe upon the rights of other residents; do not disrupt planned activities; and are not prohibited by court order or by the resident's authorized representative(s). 84072(b)(5)
- Reprise 23. Residents shall have access to telephones in order to make and receive confidential calls, provided that such calls are not prohibited by the resident's needs and service plan; are not permitted as a form of discipline; do not infringe upon the rights of other residents; do not restrict availability of the telephone during emergencies and are not prohibited by court order or by the resident's authorized representative(s). 84072(b)(11)

Reprise 25. Residents shall send and receive unopened correspondence unless prohibited by court order or by the resident's authorized representative(s). 84072(b)(12)

9) The right to adequate clothing.

33. Residents shall possess their own clothes. 84072(b)(6)

10) The right to a reasonable allowance.

34. Residents shall be provided an allowance no less frequently than once per month unless regulatory exception criteria are met. 84077(a)(2)

35. Residents shall possess and use their own cash resources except as specified in Section 84026. 84072(b)(8)

36. Residents' allowances may not be withheld unless regulatory criteria are met. Any amount of a resident's allowances that is withheld as a form of discipline must meet the requirements of 84026(a-c), including the requirements that the fines shall be used for the benefit of the individual resident or all residents in placement, separate accounting, etc. The circumstances under which fines are to be imposed shall be specified in writing. Allowances may not be withheld because a resident is working. 84026(a-c)

37. Residents' cash resources, including allowances, shall not be used for any basic services specified in the regulations such as toilet articles or basic clothing needs. 80026(f)

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LEGAL RIGHTS OF TEENS IN OUT-OF-HOME CARE

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INTRODUCTION

This booklet covers some of the areas of the law that might concern a person in out-of-home care. ***Legal Rights of Teens in Out-of-Home Care*** tries to answer some of the questions you might have about your out-of-home care, courtroom appearances, group home, foster home, and emancipation.

After reading ***Legal Rights of Teens in Out-of-Home Care***, if you think there are other topics that should have been covered, or other things that should have been emphasized, please let us know. We'd like your opinion.

The rights explained in this booklet are your *legal* rights. Just knowing your rights is not enough -- using your rights with common sense will help you get along even better. There is a lot of practical advice available from books, magazines, peers, and social workers that you can put to use. We know we can't cover it all, but we hope we've given you a good start.

If you have trouble understanding what certain words mean, find them in the ***Index*** at the end of this booklet. It lists some of the complex words and phrases used here and the page number that has a definition for each word. Endnotes are also available in this booklet to help you find the laws that guarantee your rights.¹

The first edition of this handbook in 1994 was developed by Skadden Fellow, Clark Peters and made possible by the generous support of the Morris Stulsaf Foundation, the Skadden Fellowship Foundation and the Bernard and Alba Witkin Charitable Trust. Special thanks are extended to the foster youth, foster youth advocates and Youth Law Center staff who helped in the initial development of this manual. We would also like to thank the law students over the years that have contributed to the revised editions and helped us continue to keep this publication as a resource for foster youth and their supporters.

KNOW YOUR RIGHTS

*With every right comes a responsibility to use the right fully without exploiting it. Respect the rights of others as you exercise yours. As you read the following pages, keep in mind that respect for others, cooperation, and courtesy go a long way in getting the things you need and want. **You have the right to:***

- Live in a safe, healthy, and comfortable home where you are treated with dignity and respect.
- Be free from physical, sexual, or other abuse, or corporal punishment.
- Be free from discrimination on the basis of race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.
- Be given healthy food, adequate clothing, individual storage space, and, for youth in group homes, an allowance.
- Be free of unreasonable searches of personal belongings.
- Not be locked in any room, building, or facility premises.*
- Receive medical, mental health, vision and dental services.
- Refuse medications or chemical substances not authorized by a doctor.
- Get sensitive health care services without an adult's permission.
- Contact your family members. Visit and contact your brothers and sisters.**
- Make and receive confidential phone calls and send or receive unopened mail.**
- Go to school. Participate in school activities, religious services of your choice, and age appropriate extracurricular and social activities.
- Have social contacts outside of the foster care system.
- Keep your own money and have your own bank account.**
- Attend Independent Living Skills Programs if you are 16 or older.
- Work if you are old enough by state law.
- Attend your court hearing and speak to the judge. Review your case plan. Keep your court records confidential.
- Contact your social worker or probation officer, attorney or CASA. See your social worker or probation officer once a month.
- Make complaints to the Department of Social Services and Foster Care Ombudsperson without punishment.²

* Unless you are in a community treatment facility.

**Unless prohibited by a court order or your case plan.

YOUR GROUP HOME OR FOSTER HOME'S RESPONSIBILITIES

- To accept you and treat you with dignity and respect.
- To provide for your daily care.
- To protect confidential information about you.
- To keep in regular contact with your social worker or probation officer.
- To participate in hearings about your case.
- To follow your case plan.
- To make sure you receive needed medical and dental care.
- To be reasonable when providing discipline, which may include confining you in an unlocked area, charging fines, and restricting television, radio, or phone access.

YOUR SOCIAL WORKER OR PROBATION OFFICER'S RESPONSIBILITIES

- To extend you courtesy and respect.
- To meet with you regularly, usually once a month.
- To call you once a month if there will be no visit. To return calls to you.
- To arrange for services to meet your needs while you are in placement.
- To choose the least restrictive and most appropriate placement for you.
- To formulate a permanent plan for you.
- To arrange visits with parents and siblings.*
- To ask you about significant adults in your life that you would like to stay in touch with and work to make those connections possible.**
- To inform the court of your situation and make recommendations to the court.
- To provide services for independent living after you turn 16, if not sooner.

* Unless prohibited by a court order or your case plan.

** If you are 10 or older and in a group home.

COMPLAINTS

What can I do if I think that something is wrong with my placement, care or services, or if I don't get along with the foster parent, the group home staff, or my social worker?

- First, talk to the person you don't get along with. Many times you can solve even big problems through honest discussion.
- If talking with the person does not work or you do not feel safe talking to that person, try talking with another adult who can help you with your problems. You can try talking with your social worker (or your social worker's supervisor), attorney, court appointed special advocate, or caregiver.
- If this doesn't work, you may want to consider contacting a local government agency or filing a complaint.³ **

State Foster Care Ombudsman (877) 846-1602

If you think there is something wrong with your placement, care or services, this office will help you with your complaint and may start an investigation depending on the circumstances.

In addition to the state office, most counties in California have their own Ombudsman offices, which may be contacted to informally attempt to fix the problem.

Community Care Licensing (CCL)

The CCL makes sure that foster care placements are following the foster care licensing requirements. The CCL may conduct an investigation if there is a complaint of mistreatment in a foster care placement. If you are staying in a foster family home or relative's home instead of a group home, the county you live in (rather than the CCL) may be in charge of your home. First try calling the CCL. They should be able to tell you which office is the right one to call.

For more information and a list of county agencies, see the **Useful Resources** section of this booklet.

**Every group home is required to have written complaint procedures. You cannot be punished for filing a complaint. The home's complaint process should be posted in a location accessible to you. If not, ask one of the staff what to do - they are required by law to inform you of how to file a complaint.⁴ If you live in a foster home, your foster parents must give you the address and phone number of where to file confidential complaints and how to do so.⁵

ENTERING THE SYSTEM

ROLE OF THE COURTS

What is a juvenile court?

A juvenile court is a court of law that is in charge of child abuse and neglect cases, as well as delinquency cases.

What is a juvenile court petition?

A petition is a request that the court become involved in a child's life. There are three kinds of petitions, named after numbered sections of California law, the Welfare and Institutions Code:

- **300 Petition**
- **601 Petition**
- **602 Petition**

A **300 Petition** is filed by the county child welfare department for abused or neglected children and youth and will state -- "allege" -- the reasons that county child welfare department workers think a child needs protection.⁶ If the court agrees with the petition -- "sustains" -- at the jurisdictional hearing, the child becomes a "dependent" of the court.

A **300 Petition** is filed because of your parents' behavior. The following two petitions will be filed because of your behavior.

A **601 Petition** is filed by the Probation Department and alleges that a child has either run away, been truant from school four or more times within one school year, violated curfew, or regularly disobeyed his or her parents.⁷ These are violations that are unlawful because of your age, or your "status" as a minor. If the court finds the petition is true, the youth becomes a "ward" of the court and is known as a "status offender." (Some counties treat runaways under Section 300.)

A **602 Petition**, filed by the District Attorney's Office, alleges that a child has committed an act that would be considered a crime if it had been committed by an adult.⁸ Like the **601 Petition**, if the court sustains this petition, the result is that the youth becomes a ward of the court as a delinquent.

This booklet does not discuss the court process for wards. However, the court may place wards in foster homes and group homes and in those placements, wards have many of the same rights as dependents.

What kinds of hearings are there?

There are several kinds of hearings for young people who are or may be "dependents."

- Detention hearing
- Jurisdictional hearing
- Disposition hearing
- Dependency status review
- Permanency planning hearing
- Termination of parental rights hearing

The *detention hearing*⁹ happens at the very beginning of a case when a youth has been removed from home by a social worker because of an emergency. The judge decides whether to let you go back home or to order you to stay in temporary foster care. The detention hearing must take place no later than three days after you've been removed from your home. Even if the judge lets you return home or to a relative's home, he or she may order the Department to supervise your care.

If you are placed in emergency or temporary foster care, then the judge must set a hearing date within 15 days of the time you enter temporary placement. If you're staying at home, the hearing must be within 30 days of the filing of the petition.¹⁰ These hearings can be postponed if all the lawyers agree.

At the *jurisdictional hearing*,¹¹ the judge decides whether the allegations of the 300 Petition are true (sustained). Both you and your parents have the right to an attorney at this hearing. The judge may hear witnesses and other evidence. If the judge sustains the petition, you become a dependent of the court. The next step is to decide what should happen to you.

At the *disposition hearing*,¹² the judge decides where you should live while your parents try to solve their problems. It can take place at the same time as the jurisdictional hearing, but can be scheduled for later.

For the hearing, the Department files a report on your situation,¹³ called a "social study." The report makes recommendations for your care. It must also explain what should be done to help you return home. The report must also spell out visitation by relatives. Your parents (or guardian), your CASA and all of the lawyers involved in the case have a right to a copy.¹⁴

The court reviews your case at a *dependency status review*, at least every six months.¹⁵ The court will look at reports and decide whether the reasons you got into foster care still exist, if your placement is right, whether your case plan is being followed, and whether your parents are following the reunification plan (if there is one).¹⁶ You or your lawyer can participate.¹⁷ You also are entitled to get notice of the review at least 15 days ahead of time and no more than 30 days ahead of time.¹⁸

The *permanency planning hearing*¹⁹ determines your future placement, though every hearing is supposed to look at this goal. It must be held no later than 12 months from the date that you entered care. The first thing the judge decides is whether you can return home. If the judge doesn't allow a return home, then there are four choices:

- *Schedule a second and final permanency planning hearing in about six months.*²⁰ The judge will do this only if it's possible that you may be able to return to your parents in the next six months. At that hearing, the judge will send you home or select one of the following options.
- *Adoption.*²¹
- *Legal guardianship.*²² The judge will look at this option only if adoption is not an available option.²³
- *Long-term out-of-home care.*²⁴ The judge will look at this option only if all the other options are not possible.

If the court finds you cannot go home but you can be adopted, the court will terminate your parents' rights.

After the permanency planning hearing, the court will continue to review your case every 6 months. This review could take place sooner than 6 months if the court thinks it is in your best interest.²⁵

What is adoption?

Adoption is the first permanent plan option the court must consider when a foster child cannot be safely returned to his or her parents.²⁶ A foster child over the age of 12, must agree to be adopted.²⁷ If the court finds that termination of parental rights would not be detrimental to the child, the court terminates parental rights and orders adoption as the permanent plan for the child.²⁸ Unlike guardianship, which is only temporary, adoption is legally permanent. Once adopted, the child is out of the foster care system and the law treats the adopted child just like any other "child" of the adoptive parents.²⁹ The Adoption Assistance Program provides benefits to families who adopt a child from foster care.³⁰ Adoptive parents may receive reimbursement for some expenses, such as court costs associated with the adoption,³¹ as well as regular payments, that may not exceed the amount that would have been paid if the child were in a foster family home, to meet the child's needs.³² If you are not adopted within 3 years and the court feels adoption is no longer in your permanent plan, you may petition the court to reinstate your parents' rights.³³

What is guardianship?

Guardianship is the second permanent plan option the juvenile court must consider when a foster child cannot be safely returned to his or her parents.³⁴ A guardianship suspends the rights and responsibilities of the parents and gives legal authority and responsibility to care for the child to a responsible adult who has some relationship to the child, like a foster parent, relative or a family friend. After the court appoints a guardian, the juvenile court may keep the child in foster care or close the case. If the court appoints a relative as a guardian and closes the juvenile court case, the relative may continue to receive the basic foster care payment through the Kin-Gap program.³⁵ Guardianship is not permanent and automatically ends if the guardian dies or when the child turns 18, is adopted, marries or enters into active duty in the armed forces of the United States.³⁶ The parent, guardian or child can also petition the court to end a juvenile court guardianship sooner.

How do I find out about court hearings?

If you are 10 or older, the court must notify you in writing of the date, time, and place of each hearing.³⁷

Can I go to hearings where the judge makes decisions about my future?

Yes. You also have the right to make a statement to the court about any decision that has to do with your placement or whether to return to your parents.³⁸ You can also ask the judge to talk with you privately, "in chambers," without your parents around.

You also have the right to petition the juvenile court yourself to change, modify, or set aside any order it makes. That means that you can ask for hearings about your case. This includes hearings to end the court's jurisdiction and involvement.³⁹

Of course, your attorney can help you do this. Even adults cannot do this on their own. You

can also just go to observe -- you don't have to say anything unless you choose to.

Can a judge decide where and with whom I live at these hearings?

Yes. If you can't live with your parents, a judge can place you with either a relative, or in a foster or a group home. You should tell the judge where you want to live.⁴⁰

A judge will also decide whether you can visit with your parents or other family members while you are in out-of-home care and what types of services you and your family may need to be reunified.

“BEST” PLACEMENT

In deciding if you should live with a relative, the judge will look at each relative's moral character and ability to:

- be effective in guiding your behavior;
 - provide for your needs;
 - protect you from your parent;
 - facilitate visitation and court ordered reunification efforts;
 - keep you and your siblings together; and
 - provide legal permanence for you if reunification fails.⁴¹
-

Can I have an attorney to represent me at court hearings?

Yes. You have the right to have an attorney represent you. Your attorney is responsible to do everything in his or her power to protect you and keep you safe.⁴²

How do I get an attorney?

The court must appoint an attorney for you, unless the judge believes that you would not benefit by having an attorney. If you don't have an attorney and think that you need one, tell the judge what you think. The judge must give the specific reasons why you would not benefit from having an attorney if the judge does not appoint an attorney for you.⁴³

What is the attorney supposed to do?

Your attorney is responsible for investigating facts, interviewing witnesses, making recommendations to the court concerning your welfare and participating in later court proceedings to represent your interests. This responsibility exists for issues directly involved in the court proceedings and those outside of that scope. Also, your attorney must interview you and take into account your wishes when making his or her recommendations to the court.⁴⁴

The same attorney who represents you at the first hearing is responsible for representing you at all later hearings unless the judge has a good reason to remove your attorney from your case or just change your attorney.⁴⁵

Who else can attend court hearings?

Your parents, their attorneys, your guardian or foster parents (if you are living with a foster family)⁴⁶ and their attorney, your social worker, and your court-appointed special advocate (CASA) can all attend the hearings. Any blood relative who cares about your case can also attend.⁴⁷ Non-relatives who are not legal guardians but who have been taking care of you on a day-to-day basis can also attend.⁴⁸ In addition to having the right to attend your hearing, your foster parent, Indian custodian, relative caregiver, community care facilitator, or foster family agency may give the court relevant information.⁴⁹ The judge may also give permission for other people to attend a court hearing.⁵⁰

What is a "social study"?

A social study is a written report that your social worker writes and gives to the judge before the hearings about your situation in out-of-home care. You or your attorney has a right to know what the report says at least 10 days before each status review hearing.⁵¹

WHAT HAPPENS WHEN YOU ARE REMOVED FROM YOUR HOME FOR ABUSE OR NEGLECT

COUNTY CHILD WELFARE DEPARTMENT (CCWD)

YOU

THE COURT

CCWD prepares a case plan
for you

You stay in emergency
placement or temporary
custody

The court conducts a
detention hearing and a
jurisdiction hearing to
decide whether it and the
CCWD should stay involved
in your case

Your social worker visits you
at least once a month

You stay in a
relative/nonrelated extended
family member home, foster
home, or group home

The court conducts a
disposition hearing to
decide your permanent and
temporary placements

CCWD prepares a social
report for each hearing to help
the court make a decision in
your best interests

The court (or CCWD)
reviews your dependency
status every six months

You return home, are
adopted, obtain a legal
guardian, or are placed in a
planned permanent living
arrangement

No later than 12 months
after the disposition
hearing, the court conducts
a permanency planning
hearing

OUT-OF-HOME CARE

What is out-of-home care?

Out-of-home care, also called foster care, is a 24-hour state-supervised living arrangement for children and youth who are in need of temporary or long-term substitute parenting. The goal of out-of-home care is to protect and care for you when your parents cannot. While you are in care, a social worker will attempt to reunify you with your family, if possible. If being with your family is not possible, then a social worker will try to find you another permanent place to live.

When you are in out-of-home care, you may live in a public shelter, a foster home, a relative's or nonrelated extended family member's home, or a group home. You have a right to live in the "least restrictive" and most family-like place that can meet your needs and to live as close to your family as possible.⁵²

How do children and youth get into out-of-home care?

In most cases, children and youth are placed in out-of-home care after they have been removed from their home and a court has found their parents cannot care for them. In some cases, parents voluntarily arrange for their children to be placed in out-of-home care.

Who decides whether and when I return to my parent(s)?

The judge. If you are removed from your home, your parent(s) will have to follow a "reunification plan" before you can return. A reunification plan describes how you will be reconnected with your parents and what has to happen for you to return home. This plan is to make sure that you will be safely cared for at home.

In deciding whether to return you to your home, the judge will get input from many people, including your social worker, probation officer, and attorney. The judge makes the decision through a series of hearings in which you have the right to participate. See the section called ***Role of the Courts***.

What is a "case plan"?

Your case plan⁵³ is a written document that sets out specific steps the social service agency and your family will take to try to resolve the problems that led to your being removed from your home. The county child welfare department must complete a case plan within 60 days of your removal from home.⁵⁴ It must take into account your best interests and special needs.⁵⁵ See the box on the next page for what must be in the case plan.⁵⁶

The case plan must include your health and education records.⁵⁷ It should be updated at least every six months.⁵⁸ You have a right to be involved in the development of your case plan.⁵⁹ Ask your social worker if you want to participate.

CONTENTS OF THE CASE PLAN

A case plan must have:

- The long-term goal for your welfare and steps to reach that goal;
- The type of foster care where you are placed;
- Why that placement is appropriate for you;
- A plan for your proper care;
- A plan for ensuring that you and your family receive services;
- Why those services are appropriate for you and your family;
- A visitation schedule for your social worker/probation officer;
- A visitation schedule for your parents and siblings; and
- A transitional independent living plan if you're 16 or older.⁶⁰

What is a transitional independent living plan?

It's a plan for how you will get the skills and help you need to be able to live on your own. Your social worker must give you information about and the opportunity to participate in the independent living plan.⁶¹ See the section called ***Independent Living and Transitional Housing*** for more details.

Can I see my case plan?

Yes, if you are over 12, you have a right to review the plan, sign it, and receive a copy.⁶² Every child has a right to be involved in the development of his or her case plan (as age appropriate).⁶³ The case plan is a part of the court record of each hearing, so you can get a report of its contents at each hearing.⁶⁴

TYPES OF PLACEMENTS

Where will I be sent to live if I am placed in out-of-home care?

There are several different types of placements where you may be sent, depending on the circumstances of your case. A *foster home* is a family setting, where you live with foster parents (people who act as your parents) and up to 5 other foster children. A *group home* is a residence where you live with more children. Most group homes have paid staff that usually does not live there. Services are provided to you in a group setting, though group homes should be as family-like as possible. *Kinship care* is a placement in the home of a relative or in the home of a non-related extended family member, someone you know well, but is not a blood relative. The court will try and place you in kinship care when possible.

What is "custody"?

"Legal" custody is the right and responsibility to make the decisions relating to your health, education, and welfare.

"Physical" custody means the place you live and who is directly supervising you.

How does the social service agency get legal custody?

There are two ways the state social service agency can get legal custody of you:

- voluntary placement⁶⁵
- court placement⁶⁶

A *voluntary placement* is when parents agree to let the social service agency take care of their child.

A *court placement* is when the social service agency asks the court for custody of a child because the child has been abused or neglected.

See the section of this booklet on ***Role of the Courts*** to get more information on the court process.

Who makes the decision where I will go to live?

The social worker usually decides.⁶⁷ For example, a social worker decides which foster home to send you to or whether you should live in a group home. A judge can overrule the social worker and decide that you should live with a relative. A judge may also decide that your placement is not appropriate and order the social worker to find a new placement for you. See the section on ***Out-of-Home Care***.

SURVIVING THE SYSTEM



TELEPHONE CALLS

Can I make phone calls or have other people call me when I am in foster care?

Yes. You have the right to make and receive telephone calls while you are in foster care, no matter which kind of placement you live in.⁶⁸ You can call or get calls from anyone you want - unless the court says that there should be limits on who you can talk to.⁶⁹ If the court says there are people you cannot talk to, the court or your social worker must tell your caregiver (group home, foster parent, relative) about it in writing.⁷⁰

Can I make and get calls right away when I get placed in a new shelter or group home?

Yes. Just because you are new to a placement does NOT mean that they are allowed to restrict your calls.⁷¹ Again, only the court can limit your right to make phone calls (and your placement can enforce the court's decision).

Can my caregiver listen when I'm on the phone?

No. You have the right to make and get *confidential* phone calls.⁷² That means no one can listen in to your calls. That also means that you should be able to make or take a call somewhere where there is privacy and no one else (other youth, staff or adults) is listening to your end of the conversation.

Can my caregiver punish me by taking away my right to use the phone?

You can always make calls if there is a real emergency. Also, there are certain people you must ALWAYS be allowed to call (you might have to wait your turn, but you must then be allowed to call). These people include: your lawyer, your social worker or probation officer, your Court Appointed Special Advocate, your family members, the Ombudsman's office and Community Care Licensing.⁷³ Your caregiver can temporarily take away your right to talk to other people (besides everyone in the last sentence) even on your cell phone as punishment or to make sure that everyone has an equal chance to make calls.⁷⁴

Can my social worker or caregiver decide that I'm only allowed to talk to certain people on the phone?

Again, only the court can make that decision. If your social worker is doing what the judge ordered, she or he can place limits on your phone use. But your social worker or caregiver cannot make a list of people you can and cannot talk unless there is a court order about it.

Can my caregiver make me pay for my phone calls?

You cannot be forced to pay for calls to anyone you have the right to call including your lawyer, your social worker or probation officer, your Court Appointed Special Advocate, your family members, the Ombudsman's office and Community Care Licensing.⁷⁵ You also cannot be forced to pay for local telephone calls.⁷⁶ This means that you should have access to a free phone. Your caregiver can ask you to pay for long distance calls though. If you don't pay them back, they can take away your right to talk on the phone long distance to anyone except your lawyer, your social worker or probation officer, your Court Appointed Special Advocate, your family members, the Ombudsman's office and Community Care Licensing (remember, you can ALWAYS call these people).⁷⁷ You also have a

right to own a cell/mobile phone unless there is a court order stating otherwise, but your caregiver does not have to pay for it.⁷⁸

VISITATION

How often should my social worker visit?

Usually once a month. In the first month of placement, your social worker should visit at least three times.⁷⁹ If you're in a long-term, stable placement, visits can be less frequent, but your social worker should always visit at least once every two months.⁸⁰ If you're in a group home, your social worker must visit you every month.⁸¹ If you ask to see your social worker, he or she must come to see you.

Can I visit my parents, grandparents and other relatives when I am in out-of-home placement?

Yes. You have a right to visit with your parents⁸² and grandparents⁸³ unless there is some reason why it is not in your best interests. Your case plan spells out a visitation plan for visits that may include parents,⁸⁴ grandparents, siblings,⁸⁵ and other important family members. The judge can order visitation for anyone who has an interest in your welfare.

I'm in a different placement than my brother/sister. Can we visit each other?

Yes. The placing agency (your social worker) must allow you to keep contact with siblings as much as possible, unless the court decides it is against the best interests of you or your brother or sister.⁸⁶ Your case plan should specifically set out visitation arrangements for you and your siblings.⁸⁷

What if I would like to change the arrangement for visiting with my family?

Talk with your attorney and social worker. At the next hearing, tell the judge how you feel. You can also petition the court yourself to modify your visitation plan. See the section of this booklet called ***Role of the Courts.***

HEALTH CARE

Do I have a right to health care?

Yes. You have a right to basic health care, which includes medical, dental, vision and mental health services.⁸⁸

Who can I talk to if I want to see a doctor or nurse?

Talk with your care provider (foster parent, guardian or a group home staff member). If there is a problem talking to your care provider, you can also talk with your social worker, probation officer or attorney.

Do I need an adult's permission for all health care services?

No. Although your parent, caregiver or the court must give permission for you to get most of your health care services, you can give permission for and confidentially receive certain "sensitive health care services." (See question below for definition of sensitive health care services.)

What are sensitive health care services?

Sensitive services are the specific health care services described below that the law allows you to make decisions about because it is more important for you to get treatment than not get treatment because you may be afraid or embarrassed to get permission from your parent or caregiver.

You do not need an adult's permission for any medical services that have to do with preventing or treating pregnancy, including getting birth control or an abortion or having a baby.⁸⁹ See the section on ***Pregnancy***.

You also do not need an adult's permission if you are 12 years old or older and the services are related to treatment of:

- sexually transmitted diseases (STD's), HIV/AIDS, hepatitis, tuberculosis and other serious infectious, contagious, or communicable diseases;⁹⁰
- drug or alcohol use;⁹¹
- rape⁹² or sexual assault;⁹³

or

- mental health conditions, but only for outpatient counseling services and only if a doctor finds that you are mature enough to make the decision and you present a danger to yourself or others without the treatment.⁹⁴

To find services for anything talked about above, you can talk to a nurse at the Teenage Health Resource Line at (888) 711-TEEN. You can also call the California Youth Crisis Line at (800) 843-5200. Both lines are confidential, so no one else will find out what you talked about.

Do I ever have to take medications?

You have the right to say no to all medications and chemical substances that are not authorized by a doctor.⁹⁵

What if I do not want to take medication that has been prescribed by the doctor?

If you do not like the way a medication makes you feel or if you think that it's not the right kind of medicine for you, try talking to your caregiver or doctor first. If this does not work, try talking to your social worker or lawyer. The Court has the power to decide who can make medical decisions in your life.⁹⁶

How is my health care paid for?

When you are first placed in a foster home, kinship care, or a group home placement, you should be automatically enrolled in Medi-Cal or your county's substitute health insurance program. Your health care needs will be paid for through one of these two programs and you will not need to pay for any services as long as you are in, or covered by, the foster care system in California.

Can I still get Medi-Cal when I leave foster care when I turn 18?

If you leave the foster care system on or after your 18th birthday, you can continue to get Medi-Cal until you turn 26.⁹⁷ See the section called ***Transitional Medi-Cal***.

PREGNANCY

What if I become pregnant while in out-of-home care?

If you become pregnant while in foster care, the decision of whether to keep the baby, put the baby up for adoption or have an abortion is entirely up to you. You have the same right as other teens to get advice on birth control, family planning and pregnancy tests without the consent of anyone else.⁹⁸

Do I need my parents' permission to put the baby up for adoption?

No. Voluntary adoption, however, requires the consent of both parents of the new baby.⁹⁹

If I have the baby while in out-of-home care, will the state take it away from me?

If you give birth while in out-of-home care, your baby will not automatically be taken away from you. You and the baby should be kept together in as family-like a setting as possible. If possible, you and the child should get access to services to help support you and the baby.¹⁰⁰ The child welfare agency may take your baby away or leave your baby with you and ask the court to take away your rights to custody if it believes that the baby has been abused or neglected, or is at risk of abuse or neglect.¹⁰¹ If the child welfare agency does take away your baby or asks the court to take away your rights to custody, it must give you notice of why how the court process works to decide whether the agency should have taken your baby and what your rights are to try to get your baby back.¹⁰² The court must give you a lawyer to help you fight to get your baby back or not lose your custody rights through the court.¹⁰³

Where can I live with my baby in foster care?

You can live in any type of foster care placement. You can live in a relative/kinship placement or foster home if your caregiver agrees or in a whole family foster home (designed for pregnant or parenting foster youth described below). Some group homes also serve parenting foster youth. If you are 18 or older, you can also live in a supervised independent living placement (SILP) with you baby if you qualify to live in a supervised independent foster care setting.

Will my foster care provider receive extra money to help care for my baby?

If your baby is living with you in a foster care placement, your foster care provider will receive additional foster care funding to cover the basic care and supervision of your baby.¹⁰⁴ If the court has taken away your custody rights and both you and your baby are in foster care, your caregiver will receive a foster care payment for each of you. If the court has not taken away your custody rights (your baby is not in foster care), your caregiver will receive an “infant supplement” payment in addition to the foster care payment the caregiver receives for your care.¹⁰⁵ If you live in a SILP with your baby and receive your foster care payment directly, you will also receive the “infant supplement”, currently \$411 per month.¹⁰⁶ If you live with your baby in a “whole family foster home”, you caregiver may qualify for an extra monthly payment.

What is a “whole family foster home”?

A “whole family foster home” is a family home specifically trained to help you develop positive parenting skills.¹⁰⁷ Whenever possible, you should be placed in a whole family foster home with your baby. Your caregiver will receive the “infant supplement” in addition to your foster care payment and may receive an extra monthly payment for care and supervision of your baby if a shared responsibility plan is created.

What is a “shared responsibility plan”?

A “shared responsibility plan” is an agreement made between you, your caregiver, and the child welfare agency or the probation department.¹⁰⁸ The plan should be created as soon as possible, but not later than 30 days after your placement.¹⁰⁹

The purpose of the plan is to help keep you and your baby as a family, to help you learn how to be a good parent, and to help prevent any arguments or misunderstandings between you and your caregiver.¹¹⁰

Things that should be included in the shared responsibility plan are: feeding, clothing, hygiene, health care, discipline, sleeping arrangements and one-time and ongoing purchases to meet the baby’s needs.¹¹¹ The plan may also include other things that you, the placing agency and caregiver agree to like an agreement to provide a monthly payment to you to use for your baby.¹¹²

When the plan is finished, a copy must be given to you, your attorney, your caregiver, and the child welfare agency/probation department.¹¹³ After this is done, your caregiver’s monthly payment will increase by \$200 per month for the extra care and supervision of your baby.¹¹⁴

If I become pregnant and I want an abortion, how do I get one?

If you become pregnant, Medi-Cal will cover your abortion if you want one. An abortion is considered a sensitive service that you can get without the permission of a parent, guardian, caregiver or the court, and it will be provided to you at no cost. See the section on **Healthcare**.

Can my parents or boyfriend make me have an abortion or keep me from having one?

No. It is your choice alone. You can talk to people you know and trust to help you decide. If you need someone else to talk to about this important decision, call 1-800-230-PLAN to get in touch with a Planned Parenthood counselor in your area.

EDUCATION

Do I have a right to go to school?

Yes.¹¹⁵ You have a right and a responsibility to go to school. You also have a right to the same school resources, services and extracurricular activities as other students in your school.¹¹⁶

Who can make educational decisions for me?

Your parents (or legal guardian) keep the right to make educational decisions for you unless the juvenile court specifically limits their right to make educational decisions or terminates all of their parental rights. Whenever the juvenile court limits the right of a parent to make educational decisions, the court must choose a responsible adult to make educational decisions for you. If you are a student receiving special education services and the court can't find a responsible adult to make educational decisions for you, it will ask your school district to appoint a surrogate parent.¹¹⁷ However, the court and the school may not choose your social worker, probation officer or someone who works for your current group home placement or school to make educational decisions for you.¹¹⁸ If the court cannot find a responsible adult to make educational decisions for you, the court may make those decisions for you.¹¹⁹

Can my foster parents make educational decisions for me?

When the court is deciding on a responsible adult, or the school district is deciding on a surrogate parent, they will probably choose your foster parent, relative caregiver, or court appointed special advocate (CASA). The court must first consider relatives, nonrelated extended family members, foster parents or other adults who know you before choosing a responsible adult that does not know you to make educational decisions.¹²⁰ If the school district can't find a surrogate parent for you out of the possibilities above, then it can pick someone of its own choice.¹²¹ The court will also consider other adults in your life like relatives, family friends, or mentors willing to make those decisions for you.

Do I have to go to certain schools because I am in out-of-home care?

You have a right to go to a public school in the district you are living, unless either your Individualized Education Program (IEP) or the person responsible for making educational decisions for you says differently.¹²²

Do I have to change schools if my placement changes?

If it is in your best interest, you have the right to stay in your school for the duration of the court's jurisdiction, or for the rest of the school year, whichever is longer, even when your living arrangement changes.¹²³ If your placement changes and you are moving between school levels (for example, from elementary to junior high school or middle school to high school) you have the right to go to the school that students moving on from your old school are designated to attend.¹²⁴ Where you go to school is a decision that should be made by you, the person in charge of your educational decisions, and the school district's foster care liaison. If there is a disagreement among you, you have a right to stay in the same school until the disagreement is resolved.¹²⁵

If I change schools, can my new school make me wait for any reason to enroll?

No. You have a right to be immediately enrolled in your new school, *even if*:

- the school has not yet received your proof of residency or immunization, health or academic records;
- you do not have your school uniform yet;

and/or

- you still owe fines at your old school.¹²⁶

Will I lose credits for the work I did at my old school if I change schools?

The school you transfer to must give you full or partial credit for work you completed. Your old school is responsible for providing to your new school a record of your grades, classes taken, attendance and any credits earned.¹²⁷

Once it has been decided that you are going to change schools, your case worker or probation officer will notify your old school of your last day of attendance and ask them to figure out your class credits and grades.¹²⁸ Within two business days of being notified, your old school must send your new school your information, including your grades, classes you've taken, immunization records, and your special education plan (if you have one).¹²⁹

Can schools punish me or lower my grades for absences?

It depends on the reason you were absent. A school cannot punish you or lower your grades for absences because of a:

- school transfer;
- foster care placement change;
- court appearance;

or

- court ordered activity.¹³⁰

If you were sick, attended a funeral of a family member, or had a dental or medical appointment, including an appointment for a sensitive health service that does not require an adult's permission (see the section on **Health Care**), the school must excuse your absence.¹³¹ The school must give you a reasonable amount of time to complete any work you missed for any excused absence and the school must give you full credit for work if you successfully complete it.¹³²

Just be sure to bring your school a note from your caregiver, social worker, probation officer, the court or your doctor excusing your absence.

RELIGION

Can my foster parents or group home make me go to a church, temple, or mosque?

No. You do not have to attend religious services that you do not wish to.¹³³

Can my foster parents or group home keep me from going to my church, temple, or mosque?

No. You have a right to attend religious services of your choice. Your foster parents or group home must help you to arrange transportation to and from your place of worship provided it is within a reasonable distance. The only other way you can be prevented from attending religious services is if there is a very strong reason for not allowing you to go. Foster parents, for example, can refuse to take you to services if you seriously misbehaved on a prior occasion. They cannot, however, refuse to take you to services simply because they don't want to. Your social worker is supposed to help match you to foster care providers who will understand your religious needs.¹³⁴

IMMIGRANT STATUS

Can I be denied services while I'm in a foster home or group home placement just because I'm an immigrant?

No. You must have fair and equal access to all available services and you may not be discriminated against or harassed just because you are an immigrant.¹³⁵

If I'm undocumented, can I get a green card because I've been placed in a kin, foster or group home placement?

Maybe. Children who have been abused, neglected or abandoned, and are eligible for placement in long-term-foster care because they cannot be reunified with their parents may be eligible for a green card by applying for Special Immigrant Juvenile Status (SIJS).

What is Special Immigrant Juvenile Status (SIJS)?

SIJS makes it possible for dependents and wards of the juvenile court to become a permanent resident of the United States (i.e., get a green card).¹³⁶ To get the full benefits of this status, you must also apply for Permanent Resident Status.

If your application for SIJS and Permanent Resident Status are approved, you can stay in the United States permanently, work here, qualify for in-state tuition at colleges, and apply for US citizenship in five years.

Can I apply for SIJS?

To apply for SIJS, these things **must** be true:

- you are under 21;¹³⁷
- you are not married;¹³⁸
- you have been declared a dependent of the juvenile court or have been placed in out-of-home care by the juvenile court and remain under juvenile court jurisdiction;¹³⁹
- your juvenile court judge has decided you are eligible for long term foster care because parental reunification is not possible;¹⁴⁰
- the judge's decision regarding your eligibility for long term foster care was because of a specific finding of abuse, neglect or abandonment;¹⁴¹
- the judge has decided it is in your best interest not to be returned to your home country;¹⁴²

and

- the juvenile court judge has signed an order confirming all of the above.

Are there risks when applying for SIJS?

Yes. A SIJS application alerts the immigration authorities that you or your family are not lawfully in this country and may cause the government to try to remove (deport) you from the United States if your application is denied.

What sorts of things could cause my Permanent Resident Status application to be denied?

Even if you meet the beginning application requirements, your application could be denied for other reasons, including if you have a record with drugs or crime, are HIV positive, or have been deported before. If you fall into any of these categories, your application could be much more risky and you should talk to an experienced immigration lawyer before you apply.

Are there any other ways to get my green card?

Yes, there are several. For example, you might be able to have your parent, adoptive parent or stepparent apply for you if they are a US citizen even if you don't live with them. You might also qualify for something called temporary protected status if you are from a country that is in a civil war or where a natural disaster happened. There may be other options, depending on your situation. To figure out your options, you should talk to a lawyer with experience in immigration issues.

How can I get help with Immigration issues?

Start by asking your social worker, CASA, probation officer or care provider to help you find someone with experience in immigration issues to assist you. You should also talk to the lawyer assigned to your juvenile court case and ask for help with the process. If your juvenile court lawyer does not know about these issues, he or she should help you find someone who does. If your lawyer is unfamiliar with SIJS or other immigration issues and resources, he or she can contact:

Immigrant Legal Resource Center—(415) 255-9499 or ilrc.org

Pacific Juvenile Defender Center— pjdc.org

LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER AND QUESTIONING (LGBTQ) YOUTH

The Foster Care Nondiscrimination Act, A.B. 458 (2003-2004), makes it illegal to harass or discriminate against youth and adults in the California foster care system because they are LGBTQ, or because someone thinks that they are.¹⁴³ This means that no one should harass or hurt you because of your sexual orientation, gender identity, sex or HIV status. If you have been harassed or discriminated against in the foster care system, you can file a complaint with CCL (Community Care Licensing), contact the state or your local Foster Care Ombudsman and/or talk to your lawyer or social worker. (See, the “Complaints” section on page 4.) If you need help or have questions about discrimination, you can also call the National Center for Lesbian Rights (they’ll help even if you are not a lesbian) at 1-800-528-6257.

#

What if my foster parents or caregivers won’t accept me or if they treat me differently because I’m an LGBTQ youth?

If your foster parents will not accept your gender identity or sexual orientation and you feel unsafe, you should be allowed to move to another placement. You also have the right to get the same services, care, placement, treatment, and benefits as all foster youth. You can’t be treated differently because of your sexual orientation, gender identity, sex, or HIV+ status. For example, if other youth in your group home can date – you cannot be prevented from dating simply because your sexual orientation is different from theirs.#

CONFIDENTIALITY AND YOUR RECORDS

Who can look at my records or get information about my case?

Only those people directly involved in your case.¹⁴⁴ Also, the social worker can share information with those people who need it in order to take care of you.¹⁴⁵ For example, your social worker could tell your foster parents or group home staff about your medical history so they can make sure that you get the care you need. But your social worker shouldn't tell anyone who doesn't need to know that information.

If you want others to look at your records, you can give your consent, or permission. In some cases, you might also have to get the consent of your parents, guardian, social worker, probation officer, or the juvenile court to release the information.

Can I look at my school records?

Yes. If you're under 16, you need the permission of your parents, case worker, or a judge. After you turn 16 or finish the 10th grade, you can look at them yourself.¹⁴⁶ Ask a guidance counselor or principal about what you need to do.

Can I look at court records?

Yes. You have the right to look at your court records.¹⁴⁷ You do not have a clear right to look at the records kept by your foster parents or group home. However, your attorney or "authorized representative" (anyone who has legal authority to act on your behalf) has access to those records.¹⁴⁸ Ask your social worker or probation officer.

(Also see section on "**Access to and Sealing of Records**" below.)

DRIVING

When can I get a driver's license?

You may get a learner's permit, which allows you to drive with a driver who is at least 25 years old, when you turn 15-1/2 years old.¹⁴⁹ You may be eligible for a provisional license after you have held a learner's permit for at least 6 months, completed 50 hours of supervised driving, including 10 at night, and completed driver's education and training.¹⁵⁰ Your provisional license becomes a full license when you turn 18 years old if you have no outstanding Department of Motor Vehicles suspensions or court ordered restrictions.¹⁵¹

What are the requirements of a provisional license?

For the first 12 months (or until you turn 18) you may not have a passenger in your car who is under the age of 20 years old unless you also have a licensed driver who is at least 25 years old in the car as well. For the first 12 months (or until you turn 18), you may not drive between 11:00 p.m. and 5:00 a.m. unless a licensed driver who is at least 25 years of age is in the car. There are exceptions to this restriction when reasonable transportation facilities are inadequate and the operation of the vehicle becomes necessary due to immediate family, employment, medical, and school needs. Licensees must carry a statement from the appropriate school official, employer, doctor, or parent/guardian while driving.¹⁵²

How do I get a driver's license?

The rules differ depending on your age. Once you turn 18, you can simply apply at the Department of Motor Vehicles (DMV), which is listed in the phone book's government section. If you want a license before you turn 18, you'll have to apply for a learner's permit and get your guardian or biological parent to sign a form. You can also get the signature of a grandparent, adult sibling, aunt, uncle, or a foster parent who is living with you. It is their choice if they want to sign for you. The person who signs will be responsible for damages if you have an accident. In some cases, out-of-home care providers are not permitted by the county or their own rules to sign for you. There is no right to have a license. (See the section on ***Getting a Learner's Permit for Driving if You're Under 18***).

What if I can't get a parent, guardian, relative, or foster parent to sign for my driver's license?

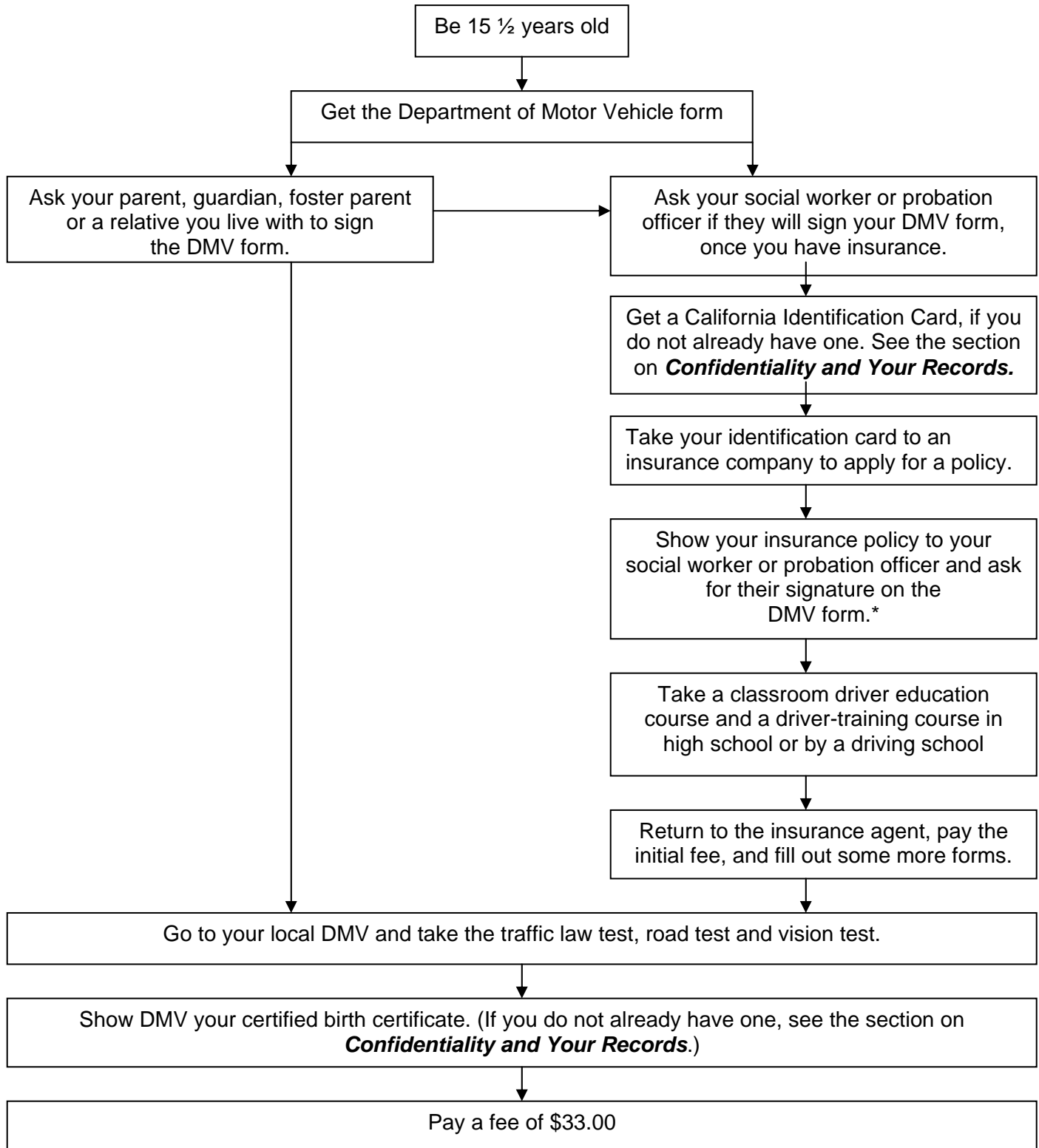
If no one will sign, you can get your probation officer or social worker to sign. They'll tell your foster parents that they're signing for you.¹⁵³ But to have your probation officer or social worker sign, you must have auto insurance -- *before you can get a license*. The probation officer, social worker, or county agency will not be responsible for damages from any accident.

How do I get auto insurance?

If you have a parent, guardian, relative, or foster parent sign for your license, his or her insurance should cover you. The person who signs should talk to his or her insurance agent to make sure that you are covered under his or her insurance policy.

If you have your social worker or probation officer sign, the easiest way to get insurance is by calling the California Automobile Assigned Risk Plan toll free at 1-800-622-0954. Beware! Getting insurance is very expensive, often with a large up-front charge.

GETTING A LEARNER'S PERMIT FOR DRIVING IF YOU'RE UNDER 18



* Remember, if your probation officer or social worker signed your DMV form, you need to be extra sure to keep your insurance payments up to date. The insurance company will terminate your policy if you're late in paying. If it does, it will tell the DMV, which will take away your license.

PREPARING TO LEAVE THE SYSTEM



PREPARATION BY YOUR SOCIAL WORKER

What should to happen before I leave foster care?

The court should have a final hearing to talk about closing your foster care case. You should be told about the hearing and allowed to attend.¹⁵⁴ Before the hearing, your social worker must make sure you have:

- Written information about your case, including your family history and placement history, and the location(s) of your siblings if they are in foster care and the court doesn't prevent you from knowing for a good reason;
- Your birth certificate, social security card, identification card, death certificate of your parent(s) if they died and proof of citizenship or residence;
- Help applying for continued Medi-Cal or other health insurance;
- A referral to transitional housing if it's available or help getting another place to live;
- Help getting a job or finding another way to earn money;
- Help applying to college or vocational training and getting financial aid; and
- Assistance to make sure you can keep relationships with people who are important to you if it is in your best interests or good for you.¹⁵⁵

If any of these things have not happened and the judge thinks that is harmful to you, the court can keep your case open until all of these things are offered to you.¹⁵⁶ But if your social worker cannot find you or you refuse these services, the court can still close your case.

INDEPENDENT LIVING AND TRANSITIONAL HOUSING

What is an Independent Living Skills Program or ILSP?

This is a program to help you develop the skills you need to be on your own. ILSP is offered to youth 16 years old and older (up to 21 years old).¹⁵⁷ Many counties offer special group programs and activities to help encourage independent living skills. These should be available to every youth in foster care, age 16 and older, who wants to participate.

These Independent Living Programs are a great way to meet with other youth in out-of-home care who are in situations similar to your own. They also will help you prepare and apply for college, including letting you know about special financial aid programs available for students who were in out-of-home care. These programs will also help you find, interview for, and stay in a job.

The ILSP and services that you will need to help you prepare to move from foster care to independent living must be described in a *written transitional independent living plan (TILP)*,¹⁵⁸ which is part of your case plan. The TILP, designed by your social worker (and agreed to by you), should be appropriate for your age and abilities and should include education, career development, living skills, financial resources, and housing related services.¹⁵⁹

Who is eligible for these Independent Living Skills Programs?

Youth who are under 21 and were in a foster care or KinGap placement anytime between their 16th and 19th birthdays are eligible for ILSP.¹⁶⁰ However, any youth may be allowed to attend ILSP events. Some counties, for example, allow younger foster youth to participate.¹⁶¹ Ask your social worker about it.

What is transitional housing?

It is a type of placement that's available to foster youth 16 to 21 years old.¹⁶² There are three transitional housing programs:

Transitional Housing Placement Program ("THPP") for foster youth age 16-18;

Transitional Housing Placement Program Plus-Foster Care ("THP Plus-FC") for young adults in foster care age 18 to 21; and

Transitional Housing Placement Program Plus for young adults up to age 24 who are no longer in foster care.

The first two programs allow you to live in a supervised independent setting (in an apartment, condominium, house, college dorm, host family home, etc.) with or without a supervising adult living on site.¹⁶³

For more information on what counties provide transitional housing talk to your social worker or you can visit: <http://www.childsworld.ca.gov/res/pdf/TransitionalHousingContact.pdf>.

See the "Transitional Housing Program Plus" section below for information on transitional housing for youth age 18 to 24 who are no longer in foster care.

MONEY AND JOBS

Do I have a right to an allowance or money for clothing?

If you are in a group home, you have a clear right to an allowance unless your case plan says that you shouldn't receive it.¹⁶⁴ There is not, however, a clear right to an allowance for youth in foster homes. Your group home or foster home can keep your money in a safe place for you so long as you have access to it.¹⁶⁵

When can I get a job?

You can legally start a job when you turn 16, and even sooner in special cases.¹⁶⁶ There are restrictions on the number of hours you can work per day and per week and the type of work you can do.¹⁶⁷ Ask your Independent Living Skills Program (ILSP) worker or school about how to find a job and get a work permit.

Can my foster parents or group home keep me from working?

Yes, but they must have a good reason. The reason must be in your case plan if you are 16 or older. If you are able to work responsibly, your group home or foster home should cooperate in your employment.¹⁶⁸

Will I need an ID or a social security card to get a job?

Yes. You will probably need both. Employers will need to see official identification proving who you are and that you have a social security number. Such identification may include a U.S. passport, driver's license, California identification card, Naturalization papers, etc. Even if a job does not require these, it is always a good idea to have a copy of your social security card and a picture ID. You should keep these in separate locations whenever possible, so that if you lose one, you still have the other.

How do I get a social security card?

You probably already have a social security number assigned to you and you just need a copy of your card. First check to see if your social worker already has a social security card for you in your case file. You can also just go to a local social security office to get a card. To find the nearest office, look in the phone book or on the internet at: <https://secure.ssa.gov/apps6z/FOLLO/fo001.jsp>. You will need to fill out a form, prove who you are and that you are a U.S. citizen or are here legally. Replacing your social security card does not cost anything.

What if somebody else already has my birth certificate or social security card and I can't get it from that person?

You can get another copy of either. There's no law against having several copies. To obtain a certified copy of your birth certificate, you should first check with your social worker. He or she should have a copy. If he or she does not have a copy, call the vital statistics office in your birth state for instructions on how to request one. Each state is a little different, so make sure you understand what they need. It may take a few weeks, unless you go in person. It usually costs \$10 - \$25. If you were born in California, the number is (916) 445-2684, and the fee is \$25.00.

What is a California identification (ID) card?

A California ID card is a card issued by the State of California. ID cards look like driver's licenses, but are used for identification purposes only. An ID card is valid for six years.

How do I get a California identification (ID) card?

To get a California ID card, you will have to visit a local Department of Motor Vehicles (DMV) office. At the DMV, you will have to do the following:

- Complete an application form DL 44. (An original DL 44 form must be submitted. Copies will not be accepted.)
- Give a thumb print.
- Have your picture taken.
- Provide your social security number. It will be verified with the Social Security Administration while you are in the office.
- Verify your birth date and legal presence. You may use any number of documents to prove this, such as your California driver license, passport, birth certificate or Permanent Resident Card.
- Pay the application fee. (\$28)

(More information about obtaining an ID card can be found at http://www.dmv.ca.gov/dl/dl_info.htm#idcard.)

What if I don't have a social security number?

If you are legally in the United States, but cannot get a social security number, you do not need to provide a social security number at the DMV. However, you will need to provide a legal document which proves your birth date and legal presence.

If I have a juvenile record, will my employer be able to get this information?

Most employers (law enforcement agencies, certain government agencies and certain private employers are exceptions¹⁶⁹) should not be able to get information that is in your juvenile record unless you give it to them or give them permission to see it. However, if you get your juvenile record sealed, no one can get access to your record.¹⁷⁰ See the section called **Access to and Sealing of Records** for more information.

Is there a limit on how much I can save?

Yes. Any savings that you plan to use to prepare to leave or when you leave foster care may not exceed \$10,000 including interest.¹⁷¹ This type of savings account is called an emancipation account. The government may not make you use any of your savings in this account to help pay for your foster care placement.¹⁷²

You may also save money in a different account than your emancipation account. However, the government may ask you to use any money you save over \$1,000 that is placed in this account to

help pay for your foster care placement.

What is an emancipation account?

The emancipation account is an ordinary bank account that you open, or any adult opens on your behalf, for the specific purpose of saving money that you earn through a job, participation in an ILSP program, or any other source detailed in your written transitional independent living plan to help you make it on your own when you leave the system.

How do I set up an emancipation account?

Your ILSP worker will help you with this. You can set up an emancipation account by opening, or having an adult open an account in your name with a bank or savings and loan institution that is insured. This account should be separate from any account you keep for basic spending money. The money that you deposit in this account must be from work or other sources that are part of your written independent living transitional plan. The money in this account must be used for purposes related to the goal of emancipation or when you leave foster care. If you need to withdraw money from this account while you are still in foster care, your social worker must agree in writing that the reason you need to withdraw the money is related to the goal of emancipation and place the written approval of the withdrawal in your case file.

EMANCIPATION

What does "emancipation" mean?

It means being free from the custody and control of your parents, guardians, the social service agency and the juvenile court.¹⁷³ Legally, when you turn 18, or reach the age of "majority," you become an adult under the law.¹⁷⁴ This means that you can vote, enter into contracts, get married and have certain other rights and responsibilities. Although you have the right to leave foster care after your 18th birthday (see "Beyond 18" below), turning 18 does not automatically end your juvenile court case. The court has to have a hearing and officially end your case (terminate court jurisdiction) before you are officially free from the control of the juvenile court.

Can I get emancipated before I turn 18?

You can be emancipated under 18 if you get married or join the armed services – with the consent of your parent(s) or guardian(s) and the court.¹⁷⁵ You can also be emancipated by a judge,¹⁷⁶ but you probably won't qualify for emancipation by a judge if you are living in a group home, foster home, temporary shelter or living in any other situation where someone else supports you.

To be emancipated by a judge before you turn 18, you must be at least 14, living independently and managing your own finances, including having a legal source of income and handling the money you earn to pay for things like food, clothing and housing.¹⁷⁷ Even if you meet the basic requirements, a judge may refuse to declare you emancipated if it is "contrary to your best interest," or in other words, not good for you.¹⁷⁸

Is emancipation my best option before I turn 18?

Emancipation is not for everyone. Very few youth meet the requirements before reaching the age of 18. Plus, emancipation may not be necessary to get the things you need. If, for example, you need a different living situation, it may be a better option to try to get your placement changed or a different living arrangement approved by the court. (See *Types of Placements*, *Independent Living* and *Role of the Courts* sections in this booklet.) You already have the right to get counseling and treatment for things like contraception, sexually transmitted diseases, pregnancy-related treatment, and drug and alcohol abuse treatment without notice to or the consent of adult. Emancipation is a serious step and should be considered carefully. Even after you're emancipated, you'll still be treated as a minor in some ways. Emancipation won't let you drive before the age of 16.¹⁷⁹ It also doesn't change the rules about statutory rape. Until you turn 18, you'll still need parental or court permission to get married.¹⁸⁰ You still won't be able to drink¹⁸¹ or smoke.¹⁸² You also won't be able to vote.¹⁸³

BEYOND 18

Do I have to leave foster care when I turn 18?

No. The **California Fostering Connections to Success Act** (Assembly Bill 12, 2010) also known as “AB 12” changed the law to allow youth to stay in foster care until age 21 and receive support while they transition to adulthood and independence. After you turn 18 you can choose to leave foster care and reenter care at any time and as many times as you want to before your 21st birthday.

You must meet certain education, training or work related participation requirements or have a medical condition that prevents you from participating to remain in foster care.¹⁸⁴

In order to remain in foster care, you have to agree to live in a supervised licensed or approved placement and meet one of the following conditions:

- a) Completing high school or equivalent program;
- b) Enrolled in post-secondary education or vocational school;
- c) Participating in a program or activity that promotes or removes barriers to employment;
- d) Employed at least 80 hours a month; or
- e) A medical condition prevents you from meeting any one of the participation criteria.¹⁸⁵

If I choose to stay in foster care after I turn 18, where can I live?

You may stay in the same placement or live in another placement. However, if you are living in a group home, when you complete high school or an equivalent program, you will no longer be eligible to remain in your group home unless you have a medical condition.¹⁸⁶ See Types of Placement and Independent Living and Transitional Housing sections.

The California Fostering Connections to Success Act also created two additional placements for youth who participate in extended foster care.

Transitional Housing Program-Plus-Foster Care (THP-Plus-FC) is a licensed, supervised placement program for youth who participate in extended foster care and who are under the juvenile court’s jurisdiction. This program provides safe housing and help in developing skills needed for independent living.¹⁸⁷ THP-Plus-FC programs vary and provide independent living in a variety of settings including apartments, single family homes, condominiums, college dormitories, and host family models.

Supervised Independent Living Placement (SILP) is a new type of placement that allows approved youth to live independently in placements such as apartments, shared housing or college dorms. There are two steps in getting approved for living in a SILP. First, you must complete a readiness assessment – an evaluation on your ability to live independently. Second, the county must approve the placement to make sure that it meets basic health and safety standards. If you are approved for a SILP, you may receive your foster care payment directly. Your social worker or probation officer still manages your case and should help you with problems that might arise.¹⁸⁸

For more information please visit the California Fostering Connections website at www.cafosteringconnections.org.

Will I still get health insurance when I leave foster care?

If you are in foster care when you turn 18, you can continue to use Medi-Cal until you turn 26. (See the ***Transitional Medi-Cal*** section of this booklet).

LEAVING THE SYSTEM

TRANSITIONAL MEDI-CAL

Can I still get Medi-Cal when I leave foster care after I turn 18?

If you are in the foster care system when you turn 18, you can continue to use Medi-Cal until you turn 26.¹⁸⁹ To receive these benefits you must keep living in California and make sure your social worker and Medi-Cal office know:

- your current address;
- if you want to continue under Medi-Cal; and
- if you will be getting any other health insurance.¹⁹⁰

This type of Medi-Cal does not depend on how much money you have or what type of living arrangement you live in once you leave foster care.¹⁹¹ You will have to go through the review process once a year and show that you are still under 26, living in California, and want to continue receiving Medi-Cal.

If you are going to turn 18 soon and leave the foster care system, but no one has talked to you to find these things out, call your social worker or call your county's Medi-Cal eligibility worker to set up an appointment.¹⁹²

This extension of Medi-Cal does not apply to you if you are in the Kin-GAP program, an undocumented immigrant, or living in a residential treatment facility. You are not disqualified if you are on probation, though.¹⁹³

TRANSITIONAL HOUSING PROGRAM PLUS (THP+)

What is the Transitional Housing Program Plus (THP+)?

THP+ is a program designed to help you live on your own once you have left foster care by helping you with housing and other services.¹⁹⁴ The THP+ program is run by local county governments.¹⁹⁵

Who is eligible for THP+?

You are eligible for THP+ if:

- you are between the ages of 18 and 24;¹⁹⁶ and
- you have emancipated out of foster care in a county that has chosen to participate in the THP+ program.¹⁹⁷ Sometimes counties will offer THP+ to youth that emancipated from foster care in a different county, but are now living in their county.¹⁹⁸

How long can I get THP+ Services for?

You cannot receive THP+ services for more than 24 months.¹⁹⁹ You also cannot receive THP+ if you are over the age of 23.

Does it cost anything to stay in THP+ housing?

This depends on the program. You will need to check with the individual program to find out how much it costs. You may be charged monthly rent, but the cost is regulated by California law.²⁰⁰

Does every county have a THP+ program?

Unfortunately, no. Counties choose whether or not to participate in the THP+ program. To find out if your county participates in the THP+ program, you can contact a transitional housing coordinator in your county. See the section of this booklet called **Useful Resources** for more information.

ACCESS TO AND SEALING OF RECORDS

Can I get my juvenile court record sealed?

Yes. You can seal your records if you are a dependent (300) status offender (601), or delinquent (602).²⁰¹ You can get them sealed:

- five years after your last juvenile court contact. That means five years after the juvenile court jurisdiction ended or the first time you were ordered to appear before your probation officer, whichever is later.

or

- after you turn 18,

but,

- if you've committed certain serious crimes, you will not be able to seal your records.²⁰²

For more information about sealing your records, see the **Useful Resources** section of this booklet.

How do I get my juvenile court records sealed?

Right now, records are not sealed automatically. *You* must do something to get them sealed. A petition must be filed with the juvenile court asking the judge to seal your records.²⁰³ However, the law will change in January 2015 to require the automatic sealing of certain juvenile delinquency records.²⁰⁴ Contact your dependency or delinquency attorney for information about sealing your records. You can also get information on record sealing from the probation department, the social service agency or the juvenile court in the county where your case was handled. (WIC 826.6) The Public Defender's office or your local Legal Aid office may be able to provide you with free legal help to seal your record. The probation department, social service agency or the juvenile court may be able to give you referrals to other agencies for free legal help to assist you in sealing your record.

What can I say to people who ask me if I have a juvenile court record?

After your juvenile court records are sealed, you can *totally deny* having a record. In other words, the law says that you can say that the juvenile court case never happened. You can also deny having a sealed record. You can even deny being arrested, detained, or having any contact with the juvenile court.²⁰⁵ This rule is to help you avoid the stigma of having been involved with the juvenile court.

After my records are sealed, can anyone look at them?

Only with your permission. If you want someone to look at your record, you'll have to ask the court to let it happen.²⁰⁶ Keep in mind it could take months to seal your whole record. This is the time it takes for the court to contact all the agencies with information about you.

Will the records ever be destroyed?

Yes, if your records can be sealed. But when they're destroyed depends on whether you had them sealed and your juvenile court status. Records that the law does not allow to be sealed cannot be destroyed. The Juvenile Court must order that your juvenile court records (all records and papers, any minute book entries, dockets and judgment dockets) be destroyed as described in the chart below. You can also ask the court to order any agency that keeps any of your records after the juvenile court

records are destroyed to destroy the agency records they have kept.²⁰⁷ You may also request that the records be released to you before they are destroyed.²⁰⁸

WHEN JUVENILE COURT RECORDS ARE DESTROYED

Juvenile Court Status	When Juvenile Court Records Are Destroyed
Section 300 <i>Dependent</i>	At age 28, ²⁰⁹ or 5 years after they're sealed. ²¹⁰
Section 601 <i>Status Offender</i>	Sealed records destroyed after 5 years. Unsealed records destroyed at age 21. ²¹¹
Section 602 <i>Delinquent</i>	For certain serious crimes, records cannot be destroyed. At age 38, for records of all other crimes. ²¹²

USEFUL RESOURCES

- **Office of the State Foster Care Ombudsman²¹³ (877) 846-1602**
<http://www.dss.cahwnet.gov/ombudsman/fosteryouthhelp@dss.ca.gov>

Contact information for county offices may be found at:

www.fosteryouthhelp.ca.gov/pdfs/CountyContacts.pdf

County Ombudsman Offices

Alameda	(510) 268-2365
Fresno	(559) 253-9450
Kern	(661) 631-6071
Los Angeles (Foster Care/Relative Homes)	(888) 889-9800/ (626) 938-1718
Los Angeles (Group Homes)	(888) 445-1234/ (213) 893-7988
Los Angeles (Emancipation Issues)	(626) 229-3849
Los Angeles (Probation)	(877) 822-3222/ (526) 940-2515
Orange	(714) 245-6015
Riverside	(909) 358-3236/ (909) 358-3134
Sacramento	(916) 875-2000
San Diego	(858) 694-5319
San Francisco	(415) 401-4449
San Mateo	(650) 802-6465/ (650) 595-7663
Santa Clara	(408) 436-7600
Solano	(707) 438-0110

Other Offices

Medi-Cal Ombudsman	(888) 452-8609
Medi-Cal Ombudsman (Dept. of Mental Health)	(800) 896-4042
California Youth Authority Ombudsperson Office)	(916) 262-1467

- **Community Care Licensing (CCL)**

More information on CCL is located at: www.ccl.dss.cahwnet.gov/res/pdf/childres_rolist.pdf and www.ccl.d.ca.gov

Statewide Children's Residential Program Offices

(916) 445-4351 / (310) 665-1940

All Counties

Northern California Children's Residential Program Regional Office

(916) 263-4700

Counties: Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Solano, Stanislaus, Tuolumne, Yolo

Chico Children's Residential Program Local Unit

(530) 895-5033

Counties: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama,

Trinity and Yuba

Central California Children's Residential Program Regional Office

(408) 277-1289

Counties: Monterey, San Benito, Santa Clara, Santa Cruz

Fresno Children's Residential Program Local Unit

(559) 243-8080

Counties: Alpine, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Tulare

Rohnert Park Children's Residential Program Local Unit

(707) 588-5026

Counties: Marin, Mendocino, Napa, Sonoma

San Bruno Children's Residential Program Local Unit

(650) 266-8800

Counties: Alameda, Contra Costa, San Francisco, San Mateo

Pacific Inland Children's Residential Program Regional Office

(951) 782-4207

Counties: Riverside, Imperial, and San Bernardino

Orange County Children's Residential Program Local Unit

(714) 703-2840

County: Orange

San Diego Children's Residential Program Local Unit

(619) 767-2300

Counties: San Diego

Los Angeles and Tri-Coastal Counties Children's Residential Program Regional Office

(323) 981-3300

Counties: Los Angeles, Ventura, Kern

Santa Barbara Children's Residential Program Local Unit

(805) 682-7647

Counties: San Luis Obispo, Santa Barbara

Los Angeles Metro and Valley Children's Residential Program Regional Office

(310) 568-1807

County: Los Angeles

Woodland Hills Children's Residential Program Local Unit

(818) 596-4334

County: Los Angeles

- **California Youth Crisis Line** (24 hours a day). **(800) 843-5200**

The Youth Crisis Line can answer questions about:

- food
- health care
- drug treatment
- child care
- where to stay
- where to get legal help

It's confidential. You can also call just to talk.

- **California Youth Connection (CYC)** **(800) 397-8236**

CYC is an organization to help you speak out about the needs of foster youth. CYC was started by foster youth in 1988 to give you a voice about issues that affect you. CYC members work on legislation, speak to the legislature and other policy makers, and work on statewide committees and in their own communities, to improve the foster care system. CYC is youth run and each year youth put on two statewide conference where CYC members from all over California come together to discuss issues. CYC builds leadership skills and gives you a network of current and former foster youth for peer support. You can join CYC at age 14 and remain a member until age 24. Many Independent Living Skills Programs have CYC chapters. To find out if there is one in your county, contact your county Independent Living Program or call the CYC statewide office.

- To find out about your county's **Independent Living Programs** call the office in your county. More information can be found at:

<http://www.childsworld.ca.gov/res/pdf/ILPCC03.pdf>

- To find out about your county's **Transitional Housing Programs** call the office in your county. More information can be found at:

<http://www.childsworld.ca.gov/res/pdf/TransitionalHousingContact.pdf>

- For more information about **Sealing Your Records**, you can visit:

http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/seal_access_records/Sealing_of_JuvenileRecords_Handout_Alameda.pdf

or

http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/seal_access_records/Sealing_JuvenileRecords_JD.pdf

- Other helpful numbers for your **county** include:

(County agencies: please fill in names and numbers for the court, Medi-Cal, after care programs, CASA, and any other services you have found useful.)

(Name)

(Telephone Number)

(Name)

(Telephone Number)

(Name)

(Telephone Number)

(Name)

(Telephone Number)

(Name)

(Telephone Number)

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ENDNOTES

1. The following abbreviations refer to United States (federal) law:

CFR	Code of Federal Regulations
INA	Immigration and Nationality Act
USC	United States Code

The following abbreviations refer to California law:

BPC	Business & Professions Code
CC	Civil Code
EC	Education Code
FC	Family Code
GC	Government Code
HSC	Health & Safety Code
PeC	Penal Code
PrC	Probate Code
VC	Vehicle Code
WIC	Welfare & Institutions Code
CCR	California Code of Regulations
RC	California Rules of Court

The following abbreviations refer to California administrative documents:

ACWDL	All County Welfare Directors Letter (http://www.dhcs.ca.gov/services/Medi-Cal/eligibility/Documents/00-61.pdf)
ACIN	All County Information Notice (http://www.dss.cahwnet.gov/lettersnotices/PG1011.htm)
DSSM	California Department of Social Services Manual of Policies and Procedures, Division 31, Child Welfare Services Manual

2. WIC 16001.9(a)(8)
3. DSSM 31-002(g)(1); 31-020
4. 22 CCR 84072.2; WIC 16001.9(a)(8)
5. 22 CCR 89372(a)(4)
6. WIC 300
7. WIC 601(a), (b)
8. WIC 602
9. WIC 315-16; 319
10. WIC 334
11. WIC 355; 356
12. WIC 358; RC 5.686

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13. WIC 358(b); 358.1
 14. WIC 366.21(c)
 15. WIC 364(a); 366(a)
 16. WIC 366.21
 17. WIC 399
 18. WIC 293(a)--(c); 366.21(b)
 19. WIC 366.21(f)
 20. WIC 366.21(g)(1)
 21. WIC 366.21(g); 366.26(b)(1),(3)
 22. WIC 366.26(b)(3), (5)
 23. WIC 366.26(c)(1)(B): The court can consider guardianship only if the court finds that one of the following situations exist: (1) the child lives in a residential treatment facility; adoption is unlikely, and continuation of parental rights will not prevent finding the child a permanent family placement once the child leaves the facility; (2) the parents have maintained regular visitation and contact with the child and the child would benefit from a continuing relationship with the parents; (3) the child is at least 12 years old and the child objects to termination of parental rights; (4) exceptional circumstances prevent the child's current caretakers from adopting and the removal of the child would be seriously detrimental to the emotional well being of the child; or (5) at each and every hearing at which the court was required to consider reasonable efforts or services, the court found reasonable efforts at family reunification were not made or reasonable services were not offered or provided to parents.
 24. WIC 366.21(g)(3); 366.26(b)(5)
 25. WIC 366.3(d), (j)
 26. WIC 366.26(b)(1)
 27. FC 8602
 28. FC 8604; 8605; 8606
 29. FC 8616
 30. WIC 16115, *et seq*; WIC 16120(a)(1)
 31. WIC 16120.1
 32. WIC 16121
 33. WIC 366.26(i)(3)
 34. WIC 366.21(g); 366.26(b)(3): For children who are not dependents in the juvenile court, guardianship proceedings are governed by PrC1500, *et seq.* and are handled in the family or probate division of the Superior Court.
 35. WIC 11363(a)
 36. PrC 1600; FC 7002(a), (b)
 37. WIC 293(a)(4); 294(a)(3); 295(a)(4); 349; 366.21(a), (b)
 38. WIC 399; 16001.9(a)(17)

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39. WIC 353.1; 388
 40. WIC 399; 16001.9(a)(17)
 41. WIC 361.3(a)
 42. WIC 349; 317(c), (e)
 43. WIC 317(c); RC 5.660(b)
 44. WIC 317(c)-(e)
 45. WIC 317(d), (e)
 46. *In Re Kristen B.*, 187 Cal.App.3d 596, 608; 232 Cal.Rptr. 36, 43 (1986).
 47. RC 5.530; *Charles S. v. Superior Court*, 168 Cal.App.3d 151, 156; 214 Cal.Rptr. 47, 50 (1985)
 48. RC 5.530; *In re B.G.*, 11 Cal.3d 679, 693; 114 Cal.Rptr. 444, 454 (1974); *In re Joshua S.*, 205 Cal.App.3d 119, 122; 252 Cal.Rptr. 106, 107 (1988)
 49. WIC 295(a)(6)
 50. WIC 346
 51. WIC 366.21(c); 355(b)(1)
 52. WIC 16000(a)
 53. WIC 16501.1
 54. WIC 16501.1(d)
 55. WIC 16501.1(c)(1); DSSM 31-205
 56. WIC 16501.1(a), (f); DSSM 31-206
 57. WIC 16010(a); DSSM 31-206.35
 58. WIC 16501.1(d); 11405(b)(2)
 59. WIC 16001.9(a)(19); 16501.1(f)(12)
 60. WIC 16501.1(f)(16)(B); DSSM 31-206
 61. DSSM 31-525.61; 31-525.64; 31-525.7
 62. WIC 16501.1(f)(12)
 63. WIC 16001.9(a)(19)
 64. WIC 16501.1(f)(13)
 65. WIC 16507.4(b) (2)
 66. WIC 300; 319(e); 361.2(e)
 67. WIC 361.2(e); DSSM 31-405
 68. WIC 16001.9(a)(9)
 69. WIC 16001.9(a)(9)
 70. ACIN I-80-05
 71. WIC 16001.9(a)(9); ACIN I-80-05
 72. WIC 16001.9(a)(9)

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73. 22 CCR 84072(c)(20), (21)
 74. 22 CCR 83072(c)(6), 84072(c)(11), 89372(c)(16); ACIN I-80-05
 75. WIC 16001.9(a)(6), (8), (9); ACIN I-80-05
 76. ACIN I-80-05
 77. ACIN I-80-05; 22 CCR 83072(c)(6); 84072(c)(11); 89372(c)(16)
 78. 22 CCR 83072(c)(3),(4),(6)
 79. DSSM 31-320.2
 80. DSSM 31-320.31; 31-320.4
 81. DSSM 31-320.414
 82. WIC 362.1(a); DSSM 31-340.2; WIC 16001.9(a)(6)
 83. WIC 16507(a); DSSM 31-345; WIC 16001.9(a)(6)
 84. WIC 16501.1(f)(5)
 85. WIC 16501.1(f)(8)
 86. WIC 16002(b); 16001.9(a)(7)
 87. WIC 16002(b); 16501.1(f)(8); 16501.1(g)
 88. WIC 16001.9(a)(4)
 89. FC 6925. Minors may not give consent to sterilization procedures (permanent prevention of reproduction including vasectomies, tubal ligation, hysterectomies etc.)
 90. FC 6926
 91. FC 6929
 92. FC 6927
 93. FC 6928
 94. FC 6924(f): Minors may not consent to receive psychotropic medications, psychosurgery or shock treatment.
 95. WIC 16001.9(a)(5)
 96. WIC 369
 97. WIC 14005.28
 98. FC 6925
 99. FC 8604, 8605
 100. WIC 16002.5, 16004.5
 101. WIC 300, 305, 309
 102. WIC 307.4
 103. WIC 317(b)
 104. WIC 11465; 16501.25; ACL 06-04
 105. WIC 11465(a); ACL 14-44

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106. WIC 11465(a); ACL 14-44
 107. WIC 11400(t)
 108. WIC 16501.25(b)(1)
 109. WIC 16501.25(b)(1)
 110. WIC 16501.25(b)(2)-(3)
 111. WIC 16501.25(b)(3)
 112. WIC 16501.25(b)(3)
 113. WIC 16501.25(c)
 114. WIC 11465(d)(3)
 115. WIC 16001.9(a)(13)
 116. EC 48853(g)
 117. WIC 361(a)
 118. WIC 361(a)
 119. WIC 361(a)
 120. WIC 361(a)(3)
 121. GC 7579.5
 122. EC 48853
 123. EC 48853.5(e)(1)-(4)
 124. EC 48853.5(e)(4)
 125. EC 48853.5(e)(9)
 126. EC 48853.5(e)(8)(B)
 127. EC 49069.5(d), (e)
 128. EC 49069.5(c)
 129. EC 49069.5(d), (e)
 130. EC 49069.5(h)
 131. EC 48205
 132. EC 48205 (b)
 133. 22 CCR 80072(a)(5); WIC 16001.9(a)(10)
 134. 22 CCR 89173(c); DSSM 31-420.12
 135. WIC 16001.9(a)(23)
 136. INA § 101(a)(27)(J); 8 USC § 1101(a)(27)(J)
 137. 8 CFR § 204.11(c)(1)

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138. 8 CFR § 204.11(c)(2)
 139. 8 CFR § 204.11(c)(3)
 140. 8 CFR § 204.11(a), (c)(4)
 141. INA § 101(a)(27)(J)(i); 8 USC § 1101(a)(27)(J)(i).
 142. 8 CFR § 204.11(a), (c)(6); INA § 101(a)(27)(J)(ii); 8 USC § 1101(a)(27)(J)(ii)
 143. WIC 16001.9(a)(23)
 144. WIC 10850(a); RC 5.552; WIC 16001.9(a)(22)
 145. 22 CCR 84070; 80070(c), (e)
 146. EC 49076(a)(1)(F)
 147. WIC 827(a)(1)(C); RC 5.552
 148. 22 CCR 80070(e)
 149. VC 12509; 12814.6(a)(1)
 150. VC 12814.6(a)
 151. VC 12814.6
 152. VC 12814.6(b)
 153. VC 17701
 154. WIC 391(a)
 155. WIC 391(b)
 156. WIC 391(c)
 157. DSSM 31-002(i)(1), 31-525.3; WIC 16001.9(a)(16)
 158. DSSM 31-002(t)(4)-(5)
 159. DSSM 31-525.86
 160. DSSM 31-525.3. Youth in voluntary foster care placements are not eligible.
 161. DSSM 31-525.33
 162. WIC 16522(a)
 163. WIC 16522(d)(1)-(3)
 164. 22 CCR 84077(a)(2); WIC 16001.9(a)(3)
 165. 22 CCR 89372(a)(2)
 166. EC 49111
 167. EC 49116
 168. WIC 16001.9(a)(14); DSSM 31-525.82
 169. Labor Code 432.7
 170. WIC 781
 171. WIC 11155.5

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172. WIC 11155.5(a); 16001.9(a)(11)
 173. FC 7050(c)
 174. FC 6500, 6501
 175. FC 7002
 176. FC 7002(c); 7120; 7122
 177. FC 7120(b)
 178. FC 7122(a)
 179. VC 12509; 12814.6
 180. FC 302
 181. BPC 25658(b)
 182. PeC 308(b)
 183. United States Constitution, Amendment XXVI
 184. WIC 11403
 185. ACL No. 11-69
 186. ACL 11-77
 187. ACL11-77; ACL12-44
 188. ACL 11-77
 189. WIC 14005.28; ACIN I-117-00; ACWDL 00-61, 00-20
 190. ACIN I-117-00
 191. ACWDL 00-61
 192. ACIN I-117-00
 193. ACWDL 00-61
 194. WIC 16522; DSSM 30-912
 195. 22 CCR 86001(t)(2)
 196. WIC 11403.2(a)(2)
 197. WIC 11400(r)(1), WIC 11403.2, DSSM 30-913.1
 198. DSSM 30-913.1
 199. DSSM 30-913.2
 200. DSSM 30-914
 201. WIC 389; WIC 781
 202. WIC 389(a); WIC 781(a)
 203. *Id.*

204. SB 1038 (*Stats of 2014, Chapter 249* adds WIC 786)

205. *Id.*

206. *Id.*

207. WIC 826(b)

208. *Id.*

209. WIC 826(a)

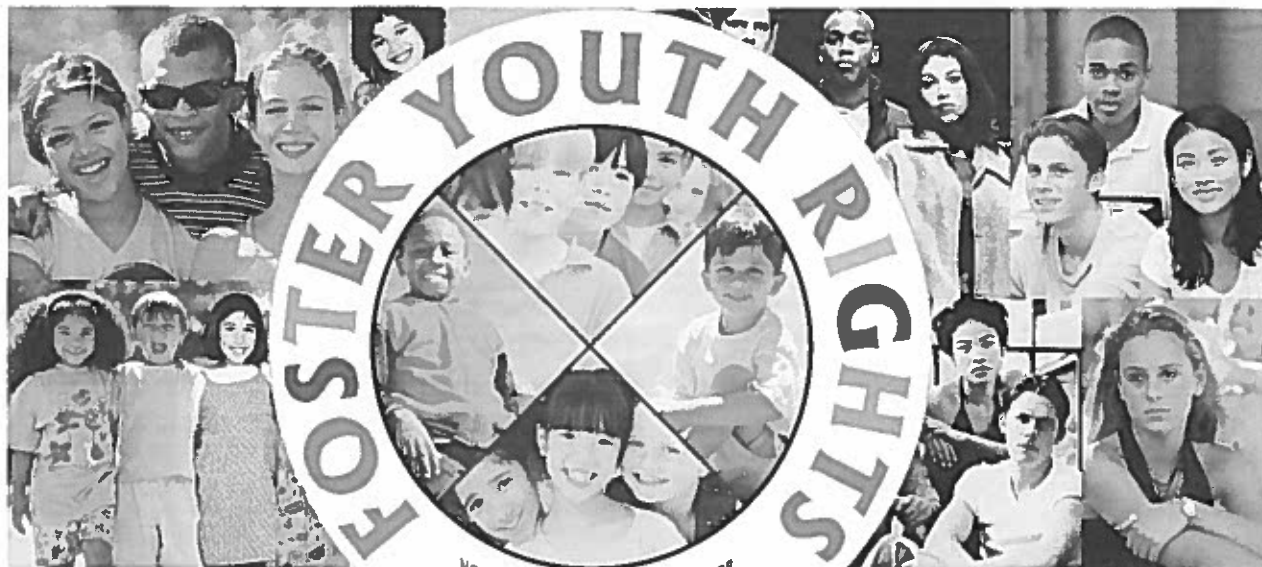
210. WIC 389(c)

211. WIC 826(a)

212. *Id.*

213. WIC 16164, 16165, 16001.9(a)(8)

LINE ITEM BUDGET



YOU have RIGHTS too!

YOU HAVE THE RIGHT TO LIVE IN A SAFE, COMFORTABLE HOME WITH:

- ◆ enough clothes and healthy food
- ◆ your own place to store your things
- ◆ an allowance (if you are in a group home)
- ◆ a phone that you can use to make confidential calls (unless a judge says you cannot)

YOU HAVE THE RIGHT TO:

- ◆ be treated with respect
- ◆ go to religious services and activities of your choice
- ◆ send and get unopened mail (unless a judge says someone else can open your mail)
- ◆ contact people who are not in the foster care system (like friends, church members, teachers, and others)
- ◆ make contact with social workers, attorneys, probation officers, CASAs, foster youth advocates and supporters, or anyone else involved with your case
- ◆ be told about your placement by your social worker or probation officer

NO ONE CAN:

- ◆ lock you in a room or building (unless you are in a community treatment facility)
- ◆ abuse you physically, sexually or emotionally for any reason
- ◆ punish you by physically hurting you for any reason
- ◆ look through your things unless they have a good and legal reason

YOU HAVE RIGHTS AT COURT TOO. YOU CAN:

- ◆ go to court and talk to the judge
- ◆ see and get a copy of your court report and your case plan
- ◆ keep your court records private, unless the law says otherwise
- ◆ be told by your social worker or probation officer and your attorney about any changes in your case plan or placement

YOU HAVE HEALTH RIGHTS. YOU CAN:

- ◆ see a doctor, dentist, eye doctor, or talk to a counselor. If you need to
- ◆ refuse to take medicines, vitamins or herbs (unless a doctor or judge says you must)
- ◆ If you are 12 years old or older, you have the right to information about your sexual health in a way that you understand it. This includes learning about the way sexually transmitted infections and diseases (STDs) are spread and how you can prevent them; how you can prevent pregnancy and what to do if you are pregnant

BEING TREATED DIFFERENTLY

If you feel you are being harassed or discriminated against because of your sex, race, color, religion, sexual orientation, ethnic group, ancestry, national origin, gender identity, mental or physical disability or HIV status, or for any other reason, you should call the Foster Care Ombudsman Help-line for assistance.

YOU HAVE SCHOOL RIGHTS. YOU CAN:

- ◆ go to school every day
- ◆ go to after-school activities right for your age and developmental level

Remember your rights.

Also remember that the foster parent's or group home's job is to supervise you and keep you safe and healthy.

YOU HAVE THE RIGHT TO DO SOME THINGS ON YOUR OWN. YOU CAN:

- ◆ have your own emancipation bank account (unless your case plan says you cannot)
- ◆ learn job skills right for your age
- ◆ work, unless the law says you are too young
- ◆ manage the money you earn (if right for your age, developmental level and it's in your case plan)
- ◆ go to Independent Living Program classes and activities if you are old enough

YOU HAVE FAMILY RIGHTS TOO. YOU CAN:

- ◆ visit and contact your brothers and sisters (unless a judge says you cannot)
- ◆ contact parents and other family members, too (unless a judge says you cannot)

YOU HAVE OTHER RIGHTS TOO. YOU CAN:

- ◆ tell the judge how you feel about your family, lawyer, and social worker
- ◆ tell the judge what you want to happen in your case
- ◆ have your own lawyer
- ◆ live with a family member if that would be a safe place
- ◆ call the Foster Care Ombudsman Office and Community Care Licensing at any time
- ◆ get help with school if you need it

Call the FOSTER CARE OMBUDSMAN at:

1-877-846-1602 (It's a free call!)

Remember: What you tell us is private
(except in certain circumstances).

Or, write to us at:
Foster Care Ombudsman
744 P Street, MS B-13-25
Sacramento, CA 95814

Or, fill out the "Complaint Page"
on our website:
www.fosteryouthhelp.ca.gov
Or, send us e-mail:
fosteryouthhelp@dss.ca.gov

The Office of the State Ombudsman wishes to thank the Center for Families, Children & the Courts, Administrative Office of the Courts, for their assistance with printing and distribution.



STATE OF CALIFORNIA ◆ HEALTH AND HUMAN SERVICES AGENCY ◆ DEPARTMENT OF SOCIAL SERVICES

FYB 396 (7/15)

PERSONAL RIGHTS Children's Residential Facilities

EXPLANATION: The California Code of Regulations, Title 22, Division 6 requires that each child and nonminor dependent placed in a licensed children's residential facility or home must be advised of his/her personal rights and given a copy of these rights. Group Homes are also required to post these rights in the facility. Consequently, this form is designed to meet both the needs of children and nonminor dependents placed in homes/facilities and the licensees who are required to provide copies and post these rights.

This form describes the personal rights to be afforded each child and nonminor dependent placed in a home/facility and states the name of the appropriate licensing agency to contact regarding complaints. A complaint regarding a licensed children's residential facility may also be filed by contacting the Centralized Complaint and Information Bureau at (844) 538-8766.

This form is to be reviewed, completed and signed by each child, nonminor dependent, and authorized representative upon the child's or nonminor dependent's admission to the home/facility. The child, nonminor dependent, and authorized representative also have the right to receive a completed copy of the original signed form. The original signed form shall be retained in the child's or nonminor dependent's file which is maintained by the home/facility.

TO: CHILD, NONMINOR DEPENDENT AND AUTHORIZED REPRESENTATIVE:

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in Welfare and Institutions Code section 16001.9(a) and California Code of Regulations, Title 22, Division 6 at the time of admission to:

(PRINT THE NAME OF THE HOME/FACILITY)

(PRINT THE ADDRESS OF THE HOME/FACILITY)

(PRINT THE NAME OF THE CHILD/NONMINOR DEPENDENT)

(SIGNATURE OF THE CHILD/NONMINOR DEPENDENT)

(DATE)

(SIGNATURE OF THE AUTHORIZED REPRESENTATIVE)

(TITLE OF THE AUTHORIZED REPRESENTATIVE)

(DATE)

THE CHILD, NONMINOR DEPENDENT AND AUTHORIZED REPRESENTATIVE HAVE THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

()

PERSONAL RIGHTS

Children's Residential Facilities

As specified in Welfare and Institutions Code section 16001.9(a), you are afforded the following personal rights:

- ◆ To live in a safe, healthy, and comfortable home where you are treated with respect.
- ◆ To be free from physical, sexual, emotional or other abuse, or corporal punishment.
- ◆ To receive adequate and healthy food, adequate clothing, and, for youth in group homes, an allowance.
- ◆ To receive medical, dental, vision, and mental health services.
- ◆ To be free of the administration of medication or chemical substances, unless authorized by a physician.
- ◆ To contact family members, unless prohibited by court order, and social workers, attorneys, foster youth advocates and supporters, Court Appointed Special Advocates (CASAs), and probation officers.
- ◆ To visit and contact brothers and sisters, unless prohibited by court order.
- ◆ To contact the Community Care Licensing Division of the State Department of Social Services or the State Foster Care Ombudsperson regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.
- ◆ To make and receive confidential telephone calls and send and receive unopened mail, unless prohibited by court order.
- ◆ To attend religious services and activities of your choice.
- ◆ To maintain an emancipation bank account and manage personal income, consistent with your age and developmental level, unless prohibited by your case plan.
- ◆ To not be locked in a room, building, or facility premises, unless placed in a community treatment facility.
- ◆ To attend school and participate in extracurricular, cultural, and personal enrichment activities, consistent with your age and developmental level, with minimal disruptions to school attendance and educational stability.
- ◆ To work and develop job skills at an age-appropriate level, consistent with state law.
- ◆ To have social contacts with people outside of the foster care system, including teachers, church members, mentors and friends.
- ◆ To attend Independent Living Program classes and activities if you are 16 or older.
- ◆ To attend court hearings and speak to the judge.
- ◆ To have storage space for private use.
- ◆ To be involved in the development of your case plan and plan for permanent placement.
- ◆ To review your case plan and plan for permanent placement, if you are 12 years of age or older and in a permanent placement, and to receive information about your out-of-home placement and case plan, including being told of changes to the plan.
- ◆ To be free from unreasonable searches of personal belongings.
- ◆ To the confidentiality of all juvenile court records consistent with existing law.
- ◆ To have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.
- ◆ To be placed in out-of-home care according to your gender identity, regardless of the gender or sex listed in your court or child welfare records.
- ◆ To have caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care.
- ◆ At 16 years of age or older, to have access to existing information regarding the educational options available, including, but not limited to, the coursework necessary for vocational and postsecondary educational programs and information regarding financial aid for postsecondary education.
- ◆ To have access to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections at 12 years of age or older.

Personal rights for children and children with special health care needs are specified in Division 6 of Title 22 of the California Code of Regulations:

- Group Home: 22 CCR §§ 84072, 84072.3, 84272
- Small Family Home: 22 CCR §§ 83072, 83072.2
- Community Treatment Facility: 22 CCR § 84172(b)
- Transitional Housing Placement Provider: 22 CCR § 86072
- Foster Family Home/Certified Family Home: 22 CCR § 89372(a)

Personal rights for nonminor dependents are specified in the AB 12 Interim Licensing Standards for Nonminor Dependents in Foster Care:

- Group Home: § 84472(b)
- Small Family Home: § 83172(b)
- Transitional Housing Placement Program: § 86172(b)
- Foster Family Home/Certified Family Home: § 893172(b)

LOS ANGELES COUNTY PROBATION DEPARTMENT FOSTER CARE CASE PLAN

DATE COMPLETED		
CHILD'S NAME:		PDJ#
DATE OF BIRTH:	PLACE OF BIRTH:	SCHOOL GRADE:
SS#:		MEDICAL #: _____

<u>FATHER/ MOTHER/LEGAL GUARDIAN/CAREGIVER:</u>		
NAME:	ADDRESS/TELEPHONE NUMBER	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

<u>SIBLINGS:</u>			
NAME:	D.O.B.	ADDRESS	RELATIONSHIP
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

DATE OF SUITABLE PLACEMENT ORDER: _____	
DATE OF PLACEMENT: _____	
CHILD'S CURRENT PLACEMENT: _____	
PLACEMENT ADDRESS: _____	
CASE PLAN DATES:	FROM: _____ TO: _____
<input type="checkbox"/> REASSESSMENT	<input type="checkbox"/> 6 MONTH PRE-PERMANENCY <input type="checkbox"/> UPDATED CASE PLAN
	<input type="checkbox"/> 12 MONTH PERMANENCY
	<input type="checkbox"/> 18 MONTH PERMANENCY/POST PERMANENCY
	<input type="checkbox"/> OTHER: _____

CASE PLAN GOAL:	
<i>(Please check Family Reunification or Permanent Plan)</i>	
<input type="checkbox"/> FAMILY REUNIFICATION	<input type="checkbox"/> PERMANENT PLAN <input type="checkbox"/> ADOPTION <input type="checkbox"/> LEGAL GUARDIANSHIP <input type="checkbox"/> PLANNED PERMANENT LIVING ARRANGEMENT

INDIAN CHILD WELFARE ACT (ICWA)	
DOES THE CHILD HAVE INDIAN HERITAGE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, DATE ICWA 30 WAS MAILED OUT _____, AND ICWA FINDINGS MUST BE DOCUMENTED IN THE CURRENT ASSESSMENT SECTION OF THE JDRV REPORT.	

CONCURRENT PLANNING:	
<i>(Under selected choice explain services and steps to be taken to develop and implement the concurrent plan should reunification fail)</i>	
<input type="checkbox"/> ADOPTION ASSESSMENT & PLANNING <input type="checkbox"/> YES (IF YES, EXPLAIN) <input type="checkbox"/> NO (IF NO, CHECK ONE OR MORE BOXES BELOW)	
IF CASE PLAN DOES NOT INVOLVE ADOPTIVE PLANNING, DOCUMENT THE QUALIFYING COMPELLING REASON(S):	
<input type="checkbox"/> A. THE PARENT OR LEGAL GUARDIAN HAS MAINTAINED REGULAR VISITATION AND CONTACT WITH THE CHILD AND THE CHILD WOULD BENEFIT FROM CONTINUING THE RELATIONSHIP.	

- ☐ B. THE PLAN IS FOR THE CHILD TO RETURN TO HIS OR HER OWN HOME.
- ☐ C. THE CHILD 12 YEARS OF AGE OR OLDER AND OBJECTS TO TERMINATION OF PARENTAL RIGHTS
- ☐ D. CHILD IS PLACED IN RESIDENTIAL THERAPEUTIC FACILITY, ADOPTION IS UNLIKELY OR UNDESIRABLE, AND CONTINUATION OF PARENTAL RIGHTS WILL NOT PREVENT FINDING THE CHILD A PERMANENT FAMILY PLACEMENT IF THE PARENTS CANNOT RESUME CUSTODY WHEN RESIDENTIAL CARE IS NO LONGER NEEDED.

☐ LEGAL GUARDIAN/RESOURCE FAMILY **ASSESSMENT & PLANNING** ☐ **NO (IF NO, EXPLAIN)**

☐ **YES (IF YES, PLEASE PROVIDE NAME, ADDRESS, TELEPHONE NUMBER, RELATIONSHIP TO CHILD AND EXPLANATION REGARDING THEIR COMMITMENT/INTEREST IN LEGAL GUARDIANSHIP)**

☐ PLANNED PERMANENT LIVING ARRANGEMENT: ☐ WITH (Name of rel/non-rel), A FIT AND WILLING RELATIVE/NON-RELATIVE ☐ WITH (Name of Group Home), AND A SPECIFIC GOAL OF IDENTIFYING CARING ADULTS TO SERVE AS LIFE-LONG CONNECTIONS AND : (Drop down: Completion of Sex Offender Program, Transitional Housing, Completion of Vocational Training, AB 12 Preparation or Candidate, Other: _____)

(DESCRIBE DUE DILIGENCE TO LOCATE BIOLOGICAL PARENTS AND FAMILY FINDING EFFORTS)

1. DESCRIBE CIRCUMSTANCES RESULTING IN PROBATION SUPERVISION UNDER A SUITABLE PLACEMENT ORDER:

2. NEEDS ASSESSMENT: PROVIDE AN ASSESSMENT OF CHILD'S NEEDS:

- | | | |
|---|---|---|
| <input type="checkbox"/> FAMILY THERAPY | <input type="checkbox"/> SPECIAL EDUCATION ASSESSMENT - IEP | <input type="checkbox"/> INDEPENDENT LIVING |
| <input type="checkbox"/> SKILLS | <input type="checkbox"/> PSYCHOTROPIC MEDICATION | |
| <input type="checkbox"/> INDIVIDUAL THERAPY | <input type="checkbox"/> ANGER MANAGEMENT | <input type="checkbox"/> MENTAL HEALTH ISSUES |
| <input type="checkbox"/> GROUP THERAPY | <input type="checkbox"/> SEX-OFFENDER TREATMENT | <input type="checkbox"/> EMANCIPATION |
| <input type="checkbox"/> SUBSTANCE ABUSE | <input type="checkbox"/> RUNAWAY RISK | <input type="checkbox"/> ON-GROUNDS SCHOOL |

3. ASSESSMENT OF FAMILY – INDICATE STRENGTH AND NEEDS:

MOTHER'S STRENGTHS AND NEEDS :

MOTHER'S RESPONSIBILITY TO ADDRESS HER NEEDS BY PARTICIPATING IN REUNIFICATION SERVICES, FOR EXAMPLE, COUNSELING, PARENTING OR SUBSTANCE ABUSE CLASSES, FULFILLING CONDITIONS OF PROBATION, ETC.:

FATHER'S STRENGTHS AND NEEDS:

FATHER'S RESPONSIBILITY TO ADDRESS HIS NEEDS BY PARTICIPATING IN REUNIFICATION SERVICES, FOR EXAMPLE, COUNSELING, PARENTING OR SUBSTANCE ABUSE CLASSES, FULFILLING CONDITIONS OF PROBATION, ETC.:

OTHERS RESPONSIBILITY TO ADDRESS NEEDS:

4. DESCRIPTION OF TYPE OF PLACEMENT THAT WILL BEST MEET CHILD'S NEEDS:

WAS PROXIMITY TO THE CHILD'S SCHOOL AT THE TIME OF THE PLACEMENT TAKEN INTO ACCOUNT?

☐ YES ☐ NOCHILD IS PLACED WITH ☐ RELATIVE/NON-RELATIVE ☐ FOSTER HOME ☐ FFA ☐ STRTP/GROUP HOME
☐ CTF ☐ OTHER _____☐ IF CHILD HAS SIBLINGS IN FOSTER CARE LIST EFFORTS TO PLACE TOGETHER AND REASON WHY PLACED APART IF APPLICABLE. ☐ NOT APPLICABLE

5. LIST PRIOR PLACEMENTS IF ANY (INCLUDE ANY DCFS – 300 WIC DEPENDENT STATUS CASES):

☐ RESOURCE FAMILY TO BE ASSESSED FOR POSSIBLE SUBSEQUENT PLACEMENT:

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____

6. DESCRIBE PLAN FOR THE SCHEDULE OF CONTACTS AND FACE-TO-FACE VISITS:BETWEEN CHILD AND **MOTHER**: (PROVIDE EXPLANATION IF NO VISITS ARE MADE) **AND**

BETWEEN CHILD AND **FATHER**: (PROVIDE EXPLANATION IF NO VISITS ARE MADE) **OR**

BETWEEN CHILD AND **LEGAL GUARDIAN**: (PROVIDE EXPLANATION IF NO VISITS ARE MADE)

BETWEEN **SIBLINGS** IN FOSTER CARE AND CHILD:

BETWEEN CHILD AND **GRANDPARENTS**: (PROVIDE EXPLANATION IF NO VISITS ARE MADE)

BETWEEN **DPO** AND CHILD.

BETWEEN DPO AND **PARENTS (MOTHER/FATHER)/LEGAL GUARDIAN**:

BETWEEN DPO AND **CAREGIVER**.

☐ SUBSTANTIAL DISTANCE FROM THE PARENT OR OUT OF COUNTY PLACEMENT-REASON☐ MEETS THE NEEDS OF CHILD SPECIAL PROGRAM NEEDS☐ LOCAL PLACEMENT NOT AVAILABLE☐ PROGRAM PROVIDES _____ COUNSELING.☐ LIST RESPONSIBILITIES OF THE SENDING AND RECEIVING COUNTIES: _____

- ☐ OUT-OF-STATE PLACEMENT-REASON (COMPLETE ONLY WHEN COURT ORDERS OUT-OF-STATE PLACEMENT)
CHILD MUST BE REFERRED TO THE MDT FOR ASSESSMENT AND SCREENING PRIOR TO OUT-OF-STATE PLACEMENT. IT MUST ALSO BE AUTHORIZED AND APPROVED BY ICPC BEFORE OUT-OF-STATE PLACEMENT CAN BE MADE.
- ☐ MEETS THE NEEDS OF CHILD /SPECIAL PROGRAM NEEDS ☐ MDT RECOMMENDS _____
☐ LOCAL PLACEMENT NOT AVAILABLE ☐ COURT ORDERED _____
☐ PROGRAM PROVIDES _____ COUNSELING.
☐ ICPC 100A APPROVED BY RECEIVING STATE

FOR OUT-OF-STATE PLACEMENT: EXPLAIN WHAT IN-STATE FACILITIES OR SERVICES WERE USED OR CONSIDERED AND WHY THEY WERE NOT RECOMMENDED.

- ☐ COMMUNITY TREATMENT FACILITY PLACEMENT: _____
☐ MEETS THE NEEDS OF CHILD /SPECIAL PROGRAM NEEDS ☐ MDT RECOMMENDS _____
☐ COURT ORDERED _____
☐ PROGRAM PROVIDES _____ COUNSELING.

7. OBJECTIVES: (PERSONAL, LEGAL, ACADEMIC, VOCATIONAL, EMANCIPATION PREPARATION, PSYCHOLOGICAL COUNSELING, ETC.) FOR EACH IDENTIFIED ISSUE, SPECIFY THE ACTIVITIES AND SERVICES TO BE PROVIDED AND IDENTIFY THE INDIVIDUAL OR AGENCY WHO IS RESPONSIBLE TO COMPLETE THE ACTIVITY OR PROVIDE THE SERVICE.

ISSUE #1: _____

OBJECTIVES/ACTIVITIES: _____

SERVICES TO BE PROVIDED: _____

CHILD'S RESPONSIBILITIES: _____

MOTHER'S RESPONSIBILITIES: _____

FATHER'S RESPONSIBILITIES: _____

CARE PROVIDER RESPONSIBILITIES: _____

PROBATION OFFICER'S RESPONSIBILITIES: _____

PROJECTED DATE OF COMPLETION: _____

ISSUE #2: _____

OBJECTIVES/ACTIVITIES: _____

SERVICES TO BE PROVIDED: _____

CHILD'S RESPONSIBILITIES: _____

MOTHER'S RESPONSIBILITIES: _____

FATHER'S RESPONSIBILITIES: _____

CARE PROVIDER RESPONSIBILITIES: _____

PROBATION OFFICER'S RESPONSIBILITIES: _____

PROJECTED DATE OF COMPLETION: _____

ISSUE #3: _____**OBJECTIVES/ACTIVITIES:** _____**SERVICES TO BE PROVIDED:** _____**CHILD'S RESPONSIBILITIES:** _____**MOTHER'S RESPONSIBILITIES:** _____**FATHER'S RESPONSIBILITIES:** _____**CARE PROVIDER RESPONSIBILITIES:** _____**PROBATION OFFICER'S RESPONSIBILITIES:** _____**PROJECTED DATE OF COMPLETION:** _____**ISSUE #4:** _____**OBJECTIVES/ACTIVITIES:** _____**SERVICES TO BE PROVIDED:** _____**CHILD'S RESPONSIBILITIES:** _____**MOTHER'S RESPONSIBILITIES:** _____**FATHER'S RESPONSIBILITIES:** _____**CARE PROVIDER RESPONSIBILITIES:** _____**PROBATION OFFICER'S RESPONSIBILITIES:** _____**PROJECTED DATE OF COMPLETION:** _____**8. HEALTH INFORMATION AND PHYSICAL ASSESSMENT:**

DESCRIBE PHYSICAL CONDITION OF CHILD. NOTE ANY MEDICAL, DENTAL AND VISION PROBLEMS, MEDICATIONS THE CHILD IS TAKING, AND ANY PAST PROBLEMS OF PHYSICAL RESTRICTIONS.

LIST ALL CURRENT MEDICATIONS:

9. MENTAL HEALTH ASSESSMENT AND INFORMATION:PSYCHOLOGICAL EVALUATION COMPLETED? ☐ NO ☐ YES

DATE: _____

CHILD'S MEDICAL/DENTAL PLAN:**DOCTOR/CLINIC AND ADDRESS:**_____

_____**DENTIST AND ADDRESS:**_____

LAST PHYSICAL EXAM: _____

PROBLEMS: _____

LAST DENTAL EXAM: _____

PROBLEMS: _____

NEXT APPOINTMENT: _____

NEXT APPOINTMENT: _____

 THE CHILD WILL HAVE A MEDICAL EXAMINATION
 30 DAYS WITHIN PLACEMENT.

 THE CHILD WILL HAVE A DENTAL EXAMINATION
 30 DAYS WITHIN PLACEMENT.

 IMMUNIZATION RECORD ATTACHED ☐
 IMMUNIZATION RECORD LOCATED IN
 THE PLACEMENT FILE. ☐

REQUIRED HEALTH INFORMATION NOT IN THE CASE PLAN CAN BE LOCATED IN THE PLACEMENT FILE.

10. EDUCATION STATUS AND BACKGROUND: - DESCRIBE PAST AND PRESENT SCHOOL PERFORMANCE, ANY LEARNING DISABILITIES, BEHAVIOR AND ACADEMIC STANDING, ATTACH IEP IF SPECIAL EDUCATION CASE.)

CURRENT SCHOOL AND ADDRESS: _____

GRADE: _____

GRADE LEVEL PERFORMANCE: _____

IEP ATTACHED: ☐ YES ☐ NO ☐ N/ASPECIAL EDUCATION: ☐ YES ☐ NOEDUCATIONAL ASSESSMENT NEEDED? ☐ YES ☐ NOSCHOOL RECORDS ARE ATTACHED: ☐ YES ☐ NO

REQUIRED SCHOOL RECORDS NOT IN THE CASE PLAN CAN BE LOCATED IN THE PLACEMENT FILE.

COURT HAS ORDERED THAT THE RIGHT OF THE PARENT TO MAKE EDUCATIONAL DECISIONS BE LIMITED:

☐ YES ☐ NO

11. TYPE OF SCHOOL PROGRAM THAT THE CHILD WILL REQUIRE DURING PLACEMENT:

12. FAMILY TREATMENT GOALS: (DESCRIBE CASE GOAL FOR REUNIFICATION OR LEGAL PERMANENCY PLANNING)

HOW WILL MOTHER PARTICIPATE IN CHILD'S TREATMENT? HOW WILL FATHER PARTICIPATE IN CHILD'S TREATMENT? HOW WILL CAREGIVER PARTICIPATE IN CHILD'S TREATMENT? WHAT SERVICES WILL BE USED TO ACHIEVE REUNIFICATION OR LEGAL PERMANENCY?

13. INDEPENDENT LIVING SERVICES AND PLANNING: (IS CHILD AGE 16 YEARS OR OVER?) ☐ YES ☐ NO

IF YES, IS A COPY OF THE TRANSITIONAL INDEPENDENT LIVING PLAN ATTACHED: ☐ YES ☐ NO

IF NO, EXPLAIN: _____

EXTENDED FOSTER CARE ☐ YES ☐ NO IF YES, EXPLAIN STATUS: _____

14. UPDATED CASE PLANS ONLY EVALUATE PROGRESS: – EXPLAIN THE SERVICES THAT HAVE BEEN PROVIDED SINCE LAST CASE PLAN WITH AN EVALUATION OF APPROPRIATENESS AND EFFECTIVENESS OF SERVICES DURING THAT TIME FRAME.

JUVENILE PROBATION DEPARTMENT CASE PLAN ACKNOWLEDGEMENTS:

15. (A) PROJECTED DATE THE CHILD WILL BE RETURNED TO THE PARENT/LEGAL GUARDIAN: _____.

(B) PROJECTED DATE OF COMPLETION OF PROBATION SERVICES: _____.

(C) PROJECTED DATE OF COMPLETION OF CASE PLAN OBJECTIVES: _____.

(D) DATE PARENTS ADVISED OF ADOPTION COUNSELING OR SERVICES: _____.

SIGNATURES:**CHILD:**

THIS CASE PLAN HAS BEEN REVIEWED WITH ME. I AGREE TO ACTIVELY PARTICIPATE IN THE ACTIVITIES AND WORK TOWARD THE GOALS DESCRIBED.

CHILD'S SIGNATURE_____
DATE**MOTHER/FATHER/LEGAL GUARDIAN:**

THIS CASE PLAN HAS BEEN REVIEWED WITH ME. I AGREE TO ACTIVELY PARTICIPATE IN THE ACTIVITIES AND WORK TOWARD THE GOAL DESCRIBED. I ALSO UNDERSTAND THAT ADOPTIVE/COUNSELING SERVICES ARE AVAILABLE TO ME SHOULD I REQUEST THEM. I HAVE RECEIVED A COPY OF THIS PLAN.

MOTHER SIGNATURE_____
DATE_____
FATHER SIGNATURE_____
DATE_____
LEGAL GUARDIAN SIGNATURE_____
DATE

☐ **MOTHER/FATHER/LEGAL GUARDIAN UNAVAILABLE.**
REASON: _____

DATE: _____

☐ **MOTHER/FATHER/LEGAL GUARDIAN REVIEWED/DECLINED TO SIGN.**
REASON: _____

DATE: _____

☐ **PARENT/LEGAL GUARDIAN REFUSED TO PARTICIPATE IN CASE PLAN/DECLINED TO SIGN.**
REASON: _____

DATE: _____

CASE PLAN MAILED TO **MOTHER/FATHER /LEGAL GUARDIAN** ON _____
DATE

, DPO
TELEPHONE:_____
DATE_____
, SDPO
TELEPHONE:_____
DATE**PROVIDER:**

PLAN REVIEWED WITH PROVIDER AND COPY OF PLAN GIVEN TO CARE PROVIDER ON _____.

DATE_____
PROVIDER SIGNATURE_____
DATE**CAREGIVER:**

PLAN REVIEWED WITH **CAREGIVER** AND COPY OF PLAN GIVEN TO CARE PROVIDER ON _____.

DATE_____
CAREGIVER SIGNATURE_____
DATE

FOSTER CHILD'S NEEDS AND CASE PLAN SUMMARY

Check One: This is a(n): ☐ Initial Placement ☐ Update to the initial DCFS 709 (Within 30 Days)
☐ Replacement ☐ Modification of Needs or Plan
☐ Annual Reevaluation

CHILD/CASE IDENTIFICATION

CHILD'S NAME	SEX	AGE	DATE OF BIRTH	CHILD'S PRIMARY LANGUAGE
CASE NAME	STATE NUMBER	CSIS NUMBER	RELIGIOUS PREFERENCE	
CURRENT FOSTER CAREGIVER NAME	PHONE NO.	DATE PLACED IN CURRENT CAREGIVER'S HOME		
CAREGIVER ADDRESS (Street, City, State, Zip)				

INFORMATION SPECIFIC FOR THIS PLACEMENT

☐ Attach Child's CWS/CMS Case Plan Individual Client Responsibilities (For Update, Replacement or Annual Reevaluation)

See FYI 03-19 for guidance in completing this section.

Regional Center Involvement ☐ No ☐ None Known

☐ Yes Regional Center: _____
 Service Coordinator: _____ Phone _____

EMOTIONAL/PSYCHOLOGICAL

Comments: _____

BEHAVIOR/SOCIAL

Comments: _____

SEXUAL ORIENTATION/GENDER IDENTITY Does youth self-identify with respect to sexual orientation/
 sexual identity? ☐ Yes ☐ No If Yes, how does youth self-identify?

☐ Gay ☐ Lesbian ☐ Bisexual ☐ Transgender ☐ Questioning ☐ Heterosexual ☐ Other

Comments: _____

EDUCATION (Include name, address, dates of schools attended, grade level, etc.)

☐ IEP Provided ☐ Special Education ☐ DCFS 1399 Provided

Education Rights held by: ☐ Parent ☐ Other If other, whom? _____

Comments: _____

PLACEMENT/DETENTION HISTORY (Reason for Placement and/or detention history)

☐ No Prior Placements ☐ Foster Family Home(s) ☐ FFA ☐ Group Home(s) ☐ Relative ☐ Other _____

Comments: _____

ABILITY OF CHILD TO HANDLE HIS/HER OWN ALLOWANCE AND OTHER CASH RESOURCES

Comments: _____

VISITATION PLAN (Include visitation frequency, schedule, with whom, monitored, include sibling(s) name(s). If the sibling's caregiver gives permission, include the caregiver's name and phone number).

Plan: _____

OTHER COMMENTS (Include child's likes, dislikes, other special needs, formula, etc.)

HEALTH AND EDUCATION PASSPORT (HEP)

☐ **FOR INITIAL PLACEMENT:** HEP information given to Caregiver on: _____.

☐ **FOR UPDATES TO THE INITIAL DCFS 709 (Within 30 Days):** HEP given to Caregiver on: _____.

☐ **FOR REPLACEMENT:** HEP information including additional medical and education information from prior placement, given to Caregiver on: _____.

FOSTER CHILD'S NEEDS AND CASE PLAN SUMMARY

The attached Health and Education Passport contains the following information. Annotate the HEP as needed. Explain any missing information.

		Check if Information available on HEP				
A. HEALTH CARE PROVIDERS	Name	Address	Phone	Date last seen	If not available, explain	
Child's Physician:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Child's Dentist:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

B. ALLERGIES (List all known food, drug and other allergies and reaction)

☐ None Known ☐ Yes, explain ☐ No

Comments:

C. IMMUNIZATIONS

☐ Yes ☐ No, explain

Comments:

D. MEDICAL/PSYCHOLOGICAL PROBLEMS (Significant past/present or chronic conditions)

☐ None Known ☐ Yes, explain ☐ No

Comments:

Indicate if the following information is currently available in the Health and Education Passport. Provide an explanation for any missing information.

Date Diagnosed	Primary Diagnosis(es)	Contagious/ Infectious	Medication(s) Prescribed/Medical Equipment/Tx Plan	Date Medications Discontinued
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(If no, explain)

Reviewed and Approved by SCSW:

Print SCSW's Name _____ Office Address _____ Phone _____

SCSW'S Signature _____ Date _____

Caregiver reviewed, understands and agrees to support the child's case plan as described above; has determined the child is compatible with others in the home. Caregiver agrees to keep all of the child's case information confidential and understands that unauthorized disclosure could result in a fine up to \$1,000. Caregiver acknowledges receipt of the Health and Education Passport with the above information included or an explanation of why the information is not included.

Caregiver's Signature _____ Date _____

Print CSW's Name _____ Office Address _____ Phone _____

CSW'S Signature _____ Date _____

Child's Name:

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Sections for Quarterly Updates

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- [QUARTERLY—Special Incident Reports](#)

Child's Name:

Los Angeles County Provider Needs and Services Plan / Quarterly Report

(Check all that are applicable)						Date of Report	
<input type="checkbox"/> Group Home <input type="checkbox"/> FFA <input type="checkbox"/> CTF <input type="checkbox"/> DCFS <input type="checkbox"/> Probation							
Child's Name: _____ D.O.B.: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female PDJ/Court Case #: _____ Has Medi-cal/Medical # been received? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Medical #: _____ If No, please explain: _____							
Attorney Name: _____ Phone #: _____ Email Address: _____ Fax #: _____							
DPO/CSW Name: _____ Phone #: _____ Email Address: _____ Fax #: _____							
FFA/GH Name: _____ Date of Admission: _____ Address: _____							
GH/FFA/CTF Social Worker: _____ Phone #: _____ Email Address: _____							
Certified Foster Parent's Name: _____ Address: (If confidential, state) _____							
<input type="checkbox"/> Initial Plan <input type="checkbox"/> Quarterly Report		Period From: _____ To: _____		Date of Next NSP			
Date Agency Received Probation 1385 or DCFS 709: _____							
Reason for Placement: _____ _____ Planned Length of Placement: _____ _____							
<div style="background-color: #0000FF; color: white; padding: 2px 5px; display: inline-block;">Qtrly Only</div> Adjustment to Placement: _____ _____							
Case Plan Goal (Permanency):						<input type="checkbox"/> See Addendum	
<input type="checkbox"/> Family Reunification <input type="checkbox"/> Adoption <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> PPLA/Transition Comments: Reason for Modification to Permanency Plan (if applicable): _____							
Concurrent Case-Plan Goal (Permanency):						<input type="checkbox"/> See Addendum	
<input type="checkbox"/> Adoption <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> PPLA/Transition <input type="checkbox"/> Family Finding Effort-Probation/DCFS Comments: Reason for Modification to Concurrent Case Plan (if applicable): _____							
For Updated NSP Only GH/FFA recommendation regarding the feasibility of the child's return to his/her home, placement in another facility or move into Independent Living.							

Child's Name:

(For Probation Cases only. Info provided by Probation)			
Criminogenic Factors based on the Probation LARRC Assessment			Notes
Factors and Sub-Factors	High	Moderate	Low
1. Problem Behaviors & Substance Use			
1.1 Problem Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Exposure to Risky Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Delinquent Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4 Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Family Factor			
2.1 Community Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Family Cohesion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Family Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Social Relationships Factor			
3.1 Social Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Social isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Academic Engagement Factor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Self-Regulation Factor			
5.1 Stress Coping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Self-management/concept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's Name:

Medical / Physical / Dental Health <input type="checkbox"/> See Addendum
Please list all (non-psychotropic) current medication prescribed to the youth (Dosage / frequency / duration):
Does the youth require special medical devices? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
Does the youth have special dietary needs or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
Are immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain and indicate plan to bring current:
Does youth have a current Health & Education Passport? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:
Was the initial medical exam completed within the required time frame? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ If No, please explain:
Was the initial dental exam completed within the required time frame? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ If No, please explain:

Qtrly Only		Medical / Physical / Dental Health Clinical Visits		<input type="checkbox"/> See Addendum	
Clinic Name: _____					
Physician Name: _____					
Address: _____					
Phone(s): _____			Fax: _____		
Date(s) seen during reporting period			Outcomes and Follow-up		
1.			1.		
2.			2.		
3.			3.		
4.			4.		
Clinic Name: _____					
Physician Name: _____					
Address: _____					
Phone(s): _____			Fax: _____		
Date(s) seen during reporting period			Outcomes and Follow-up		
1.			1.		
2.			2.		
3.			3.		
4.			4.		
Clinic Name: _____					
Physician Name: _____					
Address: _____					
Phone(s): _____			Fax: _____		
Date(s) seen during reporting period			Outcomes and Follow-up		
1.			1.		
2.			2.		
3.			3.		
4.			4.		
Clinic Name: _____					
Physician Name: _____					
Address: _____					
Phone(s): _____			Fax: _____		
Date(s) seen during reporting period			Outcomes and Follow-up		
1.			1.		
2.			2.		
3.			3.		
4.			4.		

Child's Name:

Mental Health		<input type="checkbox"/> See Addendum
Psychotropic Medication <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date of PMA _____ Copy attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, please explain: _____		
Please list all current psychotropic medication prescribed to the youth (Dosage / frequency / duration) _____		
Qtrly Only	Mental Health Clinical Visits	
Clinic Name: _____		
Physician Name: _____		
Address: _____		
Phone(s): _____		Fax: _____
Date(s) seen during reporting period	Outcomes and Follow-up	
1.	1.	
2.	2.	
3.	3.	
4.	4.	
Clinic Name: _____		
Physician Name: _____		
Address: _____		
Phone(s): _____		Fax: _____
Date(s) seen during reporting period	Outcomes and Follow-up	
1.	1.	
2.	2.	
3.	3.	
4.	4.	
Clinic Name: _____		
Physician Name: _____		
Address: _____		
Phone(s): _____		Fax: _____
Date(s) seen during reporting period	Outcomes and Follow-up	
1.	1.	
2.	2.	
3.	3.	
4.	4.	
Clinic Name: _____		
Physician Name: _____		
Address: _____		
Phone(s): _____		Fax: _____
Date(s) seen during reporting period	Outcomes and Follow-up	
1.	1.	
2.	2.	
3.	3.	
4.	4.	

Child's Name:

NSP Treatment
Please list treatment services to be provided to youth and those who will participate. (Include transportation accommodations and whether your agency or an affiliated party will provide the services)
If no parental involvement, please explain:
If applicable, please list any special costs associated with the services to the youth and how your agency will accommodate this cost:

Child's Name:

Education		<input type="checkbox"/> See Addendum
<input type="checkbox"/> Not Applicable	Grade Level:	GPA: Credits Earned:
Name of Current School: _____		
Type of school: _____		
School address: _____		Phone: _____
Holder of Educational Rights: _____		Date enrolled in school: _____
If child was not enrolled within 3 school days of placement, please explain : _____		
Transportation arrangements to/from School: _____		
Are school records complete? <input type="checkbox"/> Yes <input type="checkbox"/> No if no, explain plans to obtain records: _____		
IEP attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Contents of or a copy of the report card(s) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
School attendance information/records on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Identified educational needs, explain : _____		
Academic achievements and extra-curricular activities: (This may include outside extra-curricular activities such as dance classes, little league, music lessons). _____		
Strengths of the child: _____		
Participation in school-related activities by child and GH staff or Certified Foster Family: _____		
School behavior problems, school discipline and school suspensions: _____		
School officials' concerns about the child's health, academic abilities and social skills: _____		
Other issues of concern related to school matters: _____		
If a high school student, status of CAHSEE: _____		
Qtrly Only	Report progress of child's educational goals over the past three months. (If applicable, reference the goal number(s) from the Identified Outcome Goals Page)	
<div></div>		

Child's Name:

NSP Visitation

Please indicate the visitation plan for parent(s), siblings, extended family members, and other significant adults, including frequency, transportation arrangements, any restrictions, etc.:

If applicable, please list any special costs associated with the services to the youth and how your agency will accommodate this cost:

This is for Quarterly Only

Visitation / Involvement / Contact with Family of Origin / Guardian

Describe child's visitation with his/her parent(s)/family of origin/guardian over the past three months.

Type: ☐ Phone

Dates/Frequency

Type: ☐ Face to Face at GH/FFA

Dates/Frequency

Type: ☐ Face to Face other location

Dates/Frequency

Have efforts been made to unite siblings who are placed under your care? ☐ Yes ☐ No

If No, please elaborate

Address participation of family and others in child's treatment program over the past three months. (Include dates)

Describe involvement of child with other individuals who are important to the child over the past three months. (Include dates)

Address the GH/FFA Contact with the CSW/DPO over the past three months. (Include dates)

Address FFA Social Worker Contact with Child over the past three months (For FFA only)

Type: ☐ Phone

Dates/Frequency

Relationship/Details

Type: ☐ Face to Face at CFH

Dates/Frequency

Relationship/Details

Type: ☐ Face to Face other location

Dates/Frequency

Relationship/Details

Life Skills Training / Youth Development Preparation	
<p>1) Is the youth able to manage his/her own money? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does youth have/maintain bank account <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain:</p> <p>Comments: <input type="text"/></p>	
<p>2) Is the youth able to leave the facility / home without adult supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please outline specific conditions:</p> <p>Comments: <input type="text"/></p>	
<p>3) Is the youth able to have unsupervised time in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide explanation:</p> <p>Comments: <input type="text"/></p>	
<p>4) Does the youth need assistance (other than age appropriate) with personal care/grooming? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p> <p>Comments: <input type="text"/></p>	
<p>5) Does youth's current clothing meet standards? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:</p> <p>Comments: <input type="text"/></p>	
<p>6) Is youth 14 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please answer a through e:</p> <p>a) Please list any ILP Services, Youth Development Services, or Life Skills Training received by the youth:</p> <p>Comments: <input type="text"/></p> <p>b) Is the most recent copy of the TILP attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of TILP <input type="text"/></p> <p>Comments: <input type="text"/></p> <p>c) What is the youth's post High School plan?</p> <p>Comments: <input type="text"/></p> <p>d) Is the youth currently employed or seeking employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments: <input type="text"/></p> <p>e) Describe transportation arrangements for youth to participate in ILP and/or employment</p> <p>Comments: <input type="text"/></p>	
Qtrly Only	Report progress of child's Life Skills Training/Youth Development Preparation goals over the past three months. If applicable, reference the goal number(s) from the Identified Outcome Goals Page

Child's Name:

Qtrly Only	Number of Special Incidents Reports (SIRs) over the past three months:	
Type of Special Incidents Reports (SIRs) over the past three months:		# of Special Incidents
Behavioral/Mental Health Incident		
Injury, Illness, or Accident		
Death		
Unauthorized Absence		
Alleged Child Abuse		
Agency Emergency/Disaster		
Significant Change in Agency		
Other		
Comments:		

Child's Name:

Outcome Goals

Outcome Goal — #1 Select One	Start Date	Modified Date	Projected Completion Date
Please report on the Specific Goal/Modified Goal.			
Reason for Goal: (note the problem, need, or deficit to be addressed)			
Specific Goal/Modified Goal:			
Plan and Services:			
Method:			
Person(s) Responsible:			
Reason(s) for Modification:			
Outcome Goal — #2 Select One	Start Date	Modified Date	Projected Completion Date
Please report on the Specific Goal/ Modified Goal.			
Reason for Goal (note the problem, need, or deficit to be addressed):			
Specific Goal/Modified Goal:			
Plan and Services:			
Method:			
Person(s) Responsible:			
Reason(s) for Modification:			
Outcome Goal — #3 Select One	Start Date	Modified Date	Projected Completion Date
Please report on the Specific Goal/Modified Goal.			
Reason for Goal (note the problem, need, or deficit to be addressed):			
Specific Goal/Modified Goal:			
Plan and Services:			
Method:			
Person(s) Responsible:			
Reason(s) for Modification:			
Outcome Goal — #4 Select One	Start Date	Modified Date	Projected Completion Date
Please report on the Specific Goal/Modified Goal.			
Reason for Goal (note the problem, need, or deficit to be addressed):			
Specific Goal/Modified Goal:			
Plan and Services:			
Method:			
Person(s) Responsible:			
Reason(s) for Modification:			

Child's Name:			
Outcome Goals (Continuous)			
Outcome Goal — #5 Select One	Start Date	Modified Date	Projected Completion Date
Please report on the Specific Goal/Modified Goal. Reason for Goal: <i>(note the problem, need, or deficit to be addressed):</i> Specific Goal/Modified Goal: Plan and Services: Method: Person(s) Responsible: Reason(s) for Modification:			
Outcome Goal — #6 Select One	Start Date	Modified Date	Projected Completion Date
Please report on the Specific Goal/ Modified Goal. Reason for Goal <i>(note the problem, need, or deficit to be addressed):</i> Specific Goal/Modified Goal: Plan and Services: Method: Person(s) Responsible: Reason(s) for Modification:			
Outcome Goal — #7 Select One	Start Date	Modified Date	Projected Completion Date
Please report on the Specific Goal/Modified Goal. Reason for Goal <i>(note the problem, need, or deficit to be addressed):</i> Specific Goal/Modified Goal: Plan and Services: Method: Person(s) Responsible: Reason(s) for Modification:			
Outcome Goal — #8 Select One	Start Date	Modified Date	Projected Completion Date
Please report on the Specific Goal/Modified Goal. Reason for Goal <i>(note the problem, need, or deficit to be addressed):</i> Specific Goal/Modified Goal: Plan and Services: Method: Person(s) Responsible: Reason(s) for Modification:			

Child's Name:

Achieved Outcome Goals		
Outcome Goal — #1 Select One	Start Date	Date Goal Achieved
Please indicate the Goal. Goal: _____		
Outcome Goal — #2 Select One	Start Date	Date Goal Achieved
Please indicate the Goal. Goal: _____		
Outcome Goal — #3 Select One	Start Date	Date Goal Achieved
Please indicate the Goal. Goal: _____		
Outcome Goal — #4 Select One	Start Date	Date Goal Achieved
Please indicate the Goal. Goal: _____		
Outcome Goal — #5 Select One	Start Date	Date Goal Achieved
Please indicate the Goal. Goal: _____		
Outcome Goal — #6 Select One	Start Date	Date Goal Achieved
Please indicate the Goal. Goal: _____		
Outcome Goal — #7 Select One	Start Date	Date Goal Achieved
Please indicate the Goal. Goal: _____		
Outcome Goal — #8 Select One	Start Date	Date Goal Achieved
Please indicate the Goal. Goal: _____		

Signature Page

Report prepared by: _____ / _____
Name/Title

Signature

Signatures:

I have received a copy of the report:

Youth (if appropriate)

Date

☐

Parent (If applicable)

Date

☐

Parent (If applicable)

Date

☐

FFA/Group Home Social Worker

Date

☐FFA/Group Home approval signature (*if necessary*)

Date

☐Certified Foster Parent (*if applicable*)

Date

☐

DPO/CSW

Date

☐

Date

☐

Date

☐

Copy of Plan/Quarterly Report ☐ emailed ON _____ or ☐ handed to (DPO/CSW) ON _____
Date Date

If unable to obtain DPO/CSW Signature, attach documented efforts made to obtain the signature.

Child's Name:

Addendum

Click here to type addendum.

DCFS 2281 CLOTHING STANDARD (Revised 2/2005)

When determining the adequacy of clothing, consider the following:

- Special activities clothing for sports/gym, dance, proms, or graduation
- Periods of rapid growth
- Size changes during pregnancy and post delivery
- Frequency of laundering

School uniforms, if applicable, can meet up to 2 outfits of the clothing standard.

Children should begin to participate in the selection and purchases of their clothing as soon as possible. Teens should also participate in the maintenance of their wardrobe (washing, ironing, mending, etc.)

INFANT:	NAME:	NAME:	NAME:	NAME:
2-4 receiving blankets				
2 large blankets				
2 blanket sleepers				
8 one-piece stretch suits and/or 8 outfits for everyday play				
1 outfit for dressy/Sunday/ special occasions				
1 sweater and cap set				
1 pair booties/play shoes				
8 pair socks				
4-6 undershirts				
3 dozen cloth diapers. 1 dozen diaper liners, 2 pairs plastic pants OR 3 dozen disposable diapers				
8 bibs				
1 swimsuit, if applicable				
Meets standard:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 YEARS AND OLDER:	NAME:	NAME:	NAME:	NAME:
*outfits				
2-3 pairs of shoes				
Nightwear, bedroom slippers				
2 sweatshirts/sweaters				
1 jacket or coat appropriate to				
1 swimsuit, if applicable				
Meets standard:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*4 outfits at initial placement; 7 outfits within 30 days of initial placement, 10 outfits within 60 days of initial placement, 12 outfits within 120 days of initial placement (an outfit includes all necessary undergarments: socks/pantyhose; jeans/pants/slacks/skirts; shirts/t-shirts/blouses; dresses).

PLACEMENT AGENCY - FOSTER FAMILY AGENCY AGREEMENT **CHILD PLACED BY AGENCY IN FOSTER FAMILY AGENCY**

NAME OF CHILD	FFA NAME
BIRTH DATE OF CHILD	DATE PLACED WITH FFA
CASE NUMBER	DATE FIRST ENTERED FOSTER CARE

The Placement Agency will pay \$ _____ per month in return for the above named child's care and supervision as defined in Welfare and Institutions Code 11460 and other applicable law and regulations. First payment to be made within 45 days after placement with subsequent payments to be made monthly.

PLACEMENT AGENCY AGREES TO	FOSTER FAMILY AGENCY AGREES TO
1. Provide the Foster Family Agency (FFA) with knowledge of the background and needs of this child. This shall include but not be limited to the social work assessment, medical reports, educational assessments, psychiatric/psychological evaluations and identification of special needs. This shall be made available to the FFA within 14 days from date of placement.	1. Provide this child with foster parent(s) who have been certified to care for the child's needs in accordance with applicable laws and regulations and educational stability requirement.
2. Inform the FFA, before placement, of this child's behaviors and proclivities that might be harmful to others (including pets) in the home, school or neighborhood.	2. Conform to applicable Title 22, Division 6 regulations and all laws governing foster care.
3. Work with the FFA in the development and progress of a needs and services plan. The county placing agency will notify and invite the FFA to participate in any child and family team meetings to discuss the child's needs and services plan.	3. Notify the placing agency within 24 hours (unless there is a separate written agreement with the placing agency) by phone followed in writing of significant changes in the child's health, behavior or location as well as significant issues including suspected physical or psychological abuse, death, injury, unusual incidents, absence of a child, placement issues and school non-attendance and all items listed under Section 80061 of Title 22, Division 6.
4. Work with FFA staff toward successful completion of the child's needs and services plan, a positive placement outcome and timely permanency for the child. Provide the FFA a JV 220A, Prescribing Physician's Statement, if applicable, and subsequent renewals.	4. Work together with the placing agency to encourage the maintenance of the familial-child relationship and include the child's family members, as indicated in the needs and services plan, in treatment planning and/or child and family teams whenever possible and cooperate with the reunification process.
5. Work together with the FFA to develop and maintain positive relationships with the child's parents (or guardians) and other family members, and cooperate with the reunification process, e.g. provide written information regarding a child's medical and transportation needs.	5. Use constructive alternative methods of discipline; not use corporal punishment; deprivation of meals, monetary allowances, visits from parents, or home visits; threat of removal or any degrading or humiliating punishment.
6. Maintain contact with the child monthly or as specified in the child's approved case plan.	6. Respect and keep confidential information given about this child and his/her family.
7. Continue paying for the child's care as long as the child remains in placement or in the absence of the child the placing agency asks the FFA to retain an open placement.	7. Work with the placing agency to develop and submit to them a needs and services plan that develops an understanding of the responsibilities, objectives and requirements of the agency in regard to the care of this child, including the information listed on the reverse side of this form, within 30 days of placement of the child. The needs and services plan shall be updated at least every six months.
8. Provide a MediCal card or other medical coverage and a Medical Consent form signed by the child's parents, legal guardian or court at the time of placement.	8. Written progress reports shall be provided at least every six months or more frequently by mutual agreement.
9. Inform the FFA of its clothing allowance policy and provide the funding consistent with those policies or any revised policies.	9. Give placing agency 7 day notice of intent to discharge or move this child. Notify the placing agency of any intended move of this child between certified homes prior to the move. The FFA has the authority to move a child in the case of imminent risk to the child or family. The FFA shall notify the placing agency within 24 hours of such move.
10. Pay for medical costs incurred prior to the establishment of Medi-Cal eligibility.	10. FFA social worker shall visit this child in private in their foster home at least once per calendar month and provide documentation of these visits to the placing agency caseworker/probation officer on a flow basis every month as visits are completed.
11. Verify and remit/reconcile any underpayments within 45 days of FFA notification of such underpayments.	11. Provide state and federal agencies access to records as provided by state and federal law.
12. Notify the FFA within 12 months of suspected overpayments, in accordance with applicable laws and regulations.	12. Notify the placing agency if the child receives any source of income such as income from work, SSI, SSA, child support, etc. Notify the county of any property the child obtains, including bank accounts. (It will be the county's responsibility to verify the income/property.)
13. Provide for arrangements for school of origin travel as appropriate.	13. Follow any requirements associated with the county's clothing allowance policy and procedures.
14. Provide a contact telephone number for emergencies and after business hours: Emergency # _____	14. Remit any overpayment in full to the county welfare department upon receipt of a notice of action or following the completion of due process.
	15. Inform county upon discovery of any apparent overpayment.
	16. Immediately notify the placing agency of any changes to the child's educational travel arrangements (if applicable) including a change in certified homes.

Initial needs and services plan summary shall include:

- A. Medical and Dental needs
- B. Psychological/psychiatric evaluation obtained or scheduled
- C. Staffing review summaries
- D. Educational assessment
- E. Peer adjustment
- F. Relationship to adults
- G. Involvement in recreation programs
- H. Behavior Problems
- I. Short-term treatment objectives (goals established for next 3 months)
- J. Long-range goals including anticipated length of placement
- K. Tasks planned to reach objectives and goals and who will be performing these tasks, including agency service activity
- L. Identification of unmet needs
- M. Involvement of child and his parents in the treatment program

Periodic update of needs and services plan shall include:

- A. Current status of child's physical and psychological health as well as confirmation of medical and dental exams
- B. Reassessment of child's adjustment to the foster home, treatment program, peers and school
- C. Progress toward short-term objectives and long-range goals including tasks which have been performed to reach these objectives and goals
- D. Reassessment of unmet needs and efforts made to meet these needs
- E. Modification of treatment plan, tasks to be performed and anticipated length of placement
- F. Involvement of child and his parents in treatment program

By this signature I attest that I have read this agreement and agree to fulfill these requirements and I am authorized on behalf of my agency to sign this. The terms of this agreement shall remain in force until changed by mutual consent, in writing, of both parties.

CHILD'S PLACEMENT WORKER REPRESENTATIVE'S NAME		PHONE ()	
PRINT:	SIGNATURE:		
COUNTY AND NAME OF AGENCY	TITLE	DATE	
FOSTER FAMILY AGENCY REPRESENTATIVE'S NAME		PHONE ()	
PRINT:	SIGNATURE:		
NAME OF AGENCY	TITLE	DATE	
FFA ADDRESS			

SPECIAL INCIDENT REPORTING GUIDE FOR INTENSIVE SERVICES FOSTER CARE FOSTER FAMILY AGENCY

The Los Angeles County Departments of Children and Family Services (DCFS) and Probation Department have developed this reporting guide. It does not supersede the requirements outlined in California Code of Regulations Title 22, Sections 80061, 84061, and 84361(a); the Los Angeles County Foster Care Agreement; and the Los Angeles County Mental Health Placement Policies.

The provider shall maintain a copy of all reports as required in Sections 1 through 6 of this guide in the child's file. The provider shall also summarize the information in the child's quarterly reports to the county worker. Children's files shall be retained at the facility for at least five years following the term of this Agreement.

Many of these special incident reporting decisions require good judgment and sound discretion. If in doubt whether to report, the group home should call the appropriate agency for clarification. Whoever is reporting should be prepared for follow-up questions and have expertise in the reporting procedure.

The Foster Family Agency shall report special incidents to the DCFS Out-of-Home Care Management Division Monitor (OHCMDM); Children's Social Worker (CSW); Deputy Probation Officer (DPO); Placement Permanency & Quality Assurance Group Home Monitor (PPQA GHM); Placement Administrative Services Officer of the Day (PAS OD); and Community Care Licensing (CCL) via the **I-Track web-based system** at <https://itrack.dcfslacounty.gov> as specified in the tables below.

If the FFA cannot obtain complete information regarding the incident within the required reporting timeframes, the agency should submit an initial SIR that includes as much information as possible. If the group home determines that it is necessary to provide additional information about an incident for which an I-Track report has already been submitted, the agency may submit an addendum within seven business days of becoming aware of the incident per the Title 22 requirements noted above. If the I-Track web-based system is off-line, the group home shall use fax as a substitute per the tables below and resubmit the report via I-Track – noting the date of the previously faxed transmission – as soon as it comes back on-line.

If a child has been placed at the FFA by the Los Angeles County Department of Mental Health (DMH), the provider is to follow the DMH Special Clinical Incident Reporting instructions per DMH Policy #202.18 entitled Special Attachment to the I-Track SIR.

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1. **BEHAVIORAL/MENTAL HEALTH INCIDENT** – Incident that adversely affects the physical health, mental health, emotional health, educational well-being or safety of a child.

Incident **may include, but is not limited to**, the following examples:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Assaultive Behavior (Caregiver) • Assaultive Behavior (Peer) • Assaultive Behavior (Other) • Inappropriate Sexual Behavior • Medical Related • Physical Restraint • Police Involvement • Property Damage | <ul style="list-style-type: none"> • Seclusion • Self Injurious Behavior • Staff Related • Substance Abuse • Suicidal Ideation • Suicide Attempt • Theft |
|---|---|

HOW	TO WHOM	WHEN
Telephone	CSW or DPO	24 hours
	PPQA GHM OD	24 hours
I-Track (Fax only if I-Track is down)	CSW or DPO	24 hours
	OHCMMDM or PPQA GHM	24 hours
	CCL	24 hours

2. INJURY, ILLNESS OR ACCIDENT – Incident that results in medical treatment by a health care professional beyond routine medical care, with the exception of planned surgery. *If in doubt, report or call the required agency for clarification.*

Incident **may include, but is not limited to**, the following examples:

- Accident
- Injury
- Illness
- Hospitalization (Medical or Psychiatric)

HOW	TO WHOM	WHEN
Telephone	CSW or DPO	24 hours
	PPQA GHM OD	24 hours
	Parent/guardian	24 hours
I-Track (Fax only if I-Track is down)	CSW or DPO	24 hours
	OHCMMDM or PPQA GHM	24 hours
	CCL	24 hours

3. DEATH

HOW	TO WHOM	WHEN
Telephone	CSW or DPO (Agency to confirm that DCFS/Probation will contact parent/guardian)	Immediately
	PPQA GHM OD	Immediately
	CPHL at (800) 540-4000	Immediately
I-Track (Fax only if I-Track is down)	CSW or DPO	24 hours (if after hours, by the next business day)
	OHCMMDM or PPQA GHM	24 hours (if after hours, by the next business day)
	CCL	24 hours

4. UNAUTHORIZED ABSENCE – Absence of a child without the permission and supervision of the caregiver which threatens the physical health, emotional health, or safety of the child.

Incident **may include, but is not limited to**, the following examples:

- Abduction
- Runaway

HOW	TO WHOM	WHEN
Telephone	Law Enforcement	Immediately
	CSW (If after hours, call CPHL)	Immediately (if after hours, by the next day within 24 hours)
	DPO	Immediately (if after hours, by the next day within 24 hours)
	PAS OD	Immediately (if after hours, by the next day within 24 hours)
	Parent/guardian	Within 24 hours
I-Track (Fax only if I-Track is down)	CSW or DPO	By the same day (if after hours, by the next day within 24 hours)
	OHCMMD or PPQA GHM	By the same day (if after hours, by the next day within 24 hours)
	CCL	By the next day within 24 hours

5. ALLEGED CHILD ABUSE – *All personnel are required by law to report known, suspected, or alleged incidents of child abuse as defined in Penal Code Section 11165-11174.4.*

Incident **may include, but is not limited to**, the following examples:

- Neglect (general and severe, including medical neglect)
- Physical – an injury purposefully inflicted upon a minor (including corporal punishment and willful cruelty or infliction of unjustifiable pain or punishment)
- Sexual (including sexual assault, sexual exploitation through pornography or prostitution, sexual activity between minors, and sexual activity between an adult and a minor)
- Verbal/Emotional

HOW	TO WHOM	WHEN
Telephone	CSW or DPO	Immediately
	PPQA GHM OD	Immediately
	CPHL for DCFS and Probation	Immediately
	Law Enforcement	Immediately
	Parent/guardian	By the next day within 24 hours
I-Track (Fax only if I-Track is down)	CSW or DPO	By the same day (if after hours, by the next day within 24 hours)
	OHCMMD or PPQA GHM	By the next day within 24 hours
	CCL	By the next day within 24 hours

NOTE: Written submission of State Form SS8572, "Suspected Child Abuse Report," within 36 hours is mandatory. Please indicate in the SIR (I-Track) that the SS8572 is forwarded to required parties.

6. AGENCY EMERGENCY/DISASTER – Incident that involves the community or physical plant and may have a serious impact on residents or create a potentially dangerous environment.

Incident **may include, but is not limited to**, the following examples:

- Earthquake Damage
- Epidemic
- Explosion
- Fire
- Flood

HOW	TO WHOM	WHEN
Telephone	Local Fire Authority for all fires and explosions (Section 80061(b)(1) of CCR)	Immediately
	Local Health Officer for all epidemic outbreaks (Section 80061(b)(1) of CCR)	Immediately
	CSW or DPO	By the next day within 24 hours
	OHCMDM or PPQA GHM OD	By the next day within 24 hours
	CCL	By the next day within 24 hours
I-Track (Fax only if I-Track is down)	CSW or DPO	By the next day within 24 hours
	OHCMDM or PPQA GHM	By the next day within 24 hours
	CCL	By the next day within 24 hours

7. SIGNIFICANT CHANGE IN GROUP HOME – Change in agency's operations which impacts services to children. **NOTE: Agencies are not required to report significant changes in group homes via I-Track; however, these incidents must be reported per the requirements in the California Code of Regulations Title 22, Sections 80061 and 84061.**

Incident **may include, but is not limited to**, the following examples:

- Administration (e.g., Chief Executive Officer, FFA Administrator, Mental Health Service Head)
- Mailing Address
- Plan of Operation/Program Statement
- Staffing disruption (e.g., strike or staff shortage)

MEDICAL EXAMINATION FORM – INSTRUCTIONS

Please refer to the **CONSENT & MEDICAL RECORD PROCEDURES FOR FOSTER CAREGIVERS** on the reverse side of this form.
(To be completed by CSW/Caregiver. Please print legibly.)

- ☐ Infants (0-36 months) or "High Risk" children must be medically examined within ten (10) days of initial placement, or sooner if medically required or recommended. "High Risk" includes one or more of the following conditions exists: a past or present significant medical problem or chronic illness; possible contagious disease; on medication; and/or a social problem (e.g., language barrier) which might conceal an unmet medical need.
- ☐ Child must have medical exam within thirty (30) days of initial placement.
- ☐ Child needs annual/age-appropriate medical exam by _____.

CHILD's NAME: _____ DOB: _____ CASE #: _____ DATE PLACED: _____

CAREGIVER: _____ (Phone) _____ (FFA) _____ (Phone) _____

CSW: _____ (File #) _____ (Phone) _____ (Fax) _____

Medical data entered into CWS/CMS by: (Name) _____ (Date) _____

MEDICAL EXAMINATION FORM (To be completed by Doctor.)**PHYSICAL EXAMINATION******PLEASE SEE PAGE 2 FOR DEVELOPMENTAL SCREENING DOCUMENTATION***

Doctor is a CHDP provider? ☐ Yes ☐ No Was child tested for lead poisoning? ☐ Yes ☐ No

Date of Physical Examination: _____ Name of Doctor: _____

- | | |
|---|--|
| <input type="checkbox"/> Initial CHDP/CHDP-equivalent examination. | <input type="checkbox"/> Condition and treatment were explained to the caregiver and child/youth (as age appropriate). |
| <input type="checkbox"/> Annual/age-appropriate CHDP/CHDP-equivalent examination. | <input type="checkbox"/> Youth may self administer his/her own medication with adult supervision. |
| <input type="checkbox"/> Other/Follow-up visit. | <input type="checkbox"/> Youth is authorized to self administer his/her own medication. |
| <input type="checkbox"/> Doctor's own exam form or PM 160 attached.
If not attached, complete below. | |

Physical Exam results: Age: (Yrs.): (Mos.): (Wks.) Height: % Weight: %
Body Mass Index (BMI) Score: Body Mass Index %:

(May be continued on additional pages in necessary. If so, provider must date and sign second page.)

(Treatment given; Medications Prescribed. Please attach copies of supporting documentation; test results, etc.)

If follow-up care indicated, specify: _____

Immunizations given: _____
(If appropriate, complete immunization Record)

Signature of Health Care Provider: _____ (Date) _____
(Doctor, Nurse Practitioner, Physician's Assistant)

Address: _____ Phone: _____

(Signature Stamp Required)

CONSENT (Caregiver is a Foster Parent, Relative, Group Home, or FFA).

DCFS 561(a) (Rev. 1/2017) MEDICAL EXAMINATION FORM

Leave several forms with the caregiver when the child is initially placed.
Make photocopy of completed/signed original and provide photocopy to caregiver.
File the completed/signed original in the Psychological/Medical/Dental folder.

Consent of the parent or guardian (via the DCFS 179) or court authorization must be obtained prior to having the child undergo any medical, dental and mental health screenings and examinations. CSWs or Caregivers must inform the parents of the date, time and location of the exam, and inform the parent of the opportunity to be present. It is not necessary to reschedule the exam if the parent does not respond or if the parent cannot attend. Notice may be provided orally, text, email, mail, in-person, or by leaving a message on the parent's phone. It is necessary to reschedule the exam if:

- The parent objects to the exam, even if the parent previously gave consent
- The parent never signed the DCFS 179 providing consent
- There's no court order for the exam

MEDICAL RECORD PROCEDURES FOR FOSTER CAREGIVERS

The HEALTH & EDUCATION PASSPORT (HEP) BINDER accompanies each child at the time of placement. The Children's Social Worker (CSW) will review the HEP BINDER with you at each visit. The Health and Education Passport must be taken to all medical visits, including the initial examination visit. The health care provider must record all current medical services on the DCFS 561(a). Please add completed forms to the child's HEP BINDER. **If the child is removed from your care, the child's complete HEP BINDER, including the Immunization Record, shall be returned to the CSW at the time of removal, as the HEP BINDER must accompany the child upon replacement.**

Immediately notify the child's CSW (or Supervising CSW, if the CSW is unavailable) when there is any change in the child's mental, medical and/or dental health that required urgent medical care.

Please use the Child Health and Disability Prevention (CHDP) Program for medical and dental examinations. Please refer to the following CHDP periodicity schedule. For more information on the CHDP program please refer to the CHDP brochure in the HEP BINDER.

HEALTH CARE EXAMINATIONS PERIODICITY SCHEDULE

Infants (0-36 months) or "High Risk" children must be medically examined within ten (10) days of initial placement, or sooner if medically required or recommended. Foster children four (4) years of age and older who are not considered high risk, must have a medical examination within 30 days of the initial placement. Children are also to have immunizations according to the current Recommended Childhood Immunization Schedule.

Inform the CSW of all medical appointments as soon they have been made including the date, time and location.

Children must receive CHDP program or CHDP program equivalent medical examinations, at a minimum, as follows:

- Children under one (1) month need an examination
- Children two (2) to six (6) months need an examination every two (2) months, for a total of three (3) exams
- Children seven (7) to eighteen (18) months need quarterly (every 3 months) examinations, for a total of four (4) exams
- Children nineteen (19) to thirty (30) months need one examination every six (6) months, for a total of two (2) examinations
- Children three (3) to twenty-one (21) years need annual (yearly) examinations

***DEVELOPMENTAL SCREENING INFORMATION** (to be completed by Health Care Provider)

- Developmental Screening Completed?: ☐ Yes ☐ No

- If Yes, what type: ☐ Ages & Stages Questionnaire
☐ PEDS
☐ Denver Developmental Screen
☐ Other: _____

- Developmental Screen Concerns?: ☐ Yes ☐ No

- Developmental Screen Comments: _____

DENTAL EXAMINATION FORM – INSTRUCTIONS**CONSENT (Caregiver is a Foster Parent, Relative, Group Home, or FFA).**

Consent of the parent or guardian (via the DCFS 179) or court authorization must be obtained prior to having the child undergo any dental screenings and examinations. CSWs or Caregivers must inform the parents of the date, time and location of the exam, and inform the parent of the opportunity to be present. It is not necessary to reschedule the exam if the parent does not respond or if the parent cannot attend. Notice may be provided verbally, by text, email, mail, in-person, or voicemail. The exam must be rescheduled under either of the following circumstances:

- The parent objects to the exam, even if the parent previously gave consent
- The parent never signed the DCFS 179 providing consent or there is no court order for the exam.

MEDICAL RECORD PROCEDURES FOR FOSTER CAREGIVERS

The HEALTH & EDUCATION PASSPORT (HEP) BINDER accompanies each child at the time of placement. The Children's Social Worker (CSW) will review the HEP BINDER with you at each visit. The Health and Education Passport must be taken to all dental visits, including the initial examination. The health care provider must record all current dental services and tests on the DCFS 561(b). Please add completed forms to the child's HEP BINDER. If the child is removed from your care, the child's complete HEP BINDER, containing all health care documents, must be returned to the CSW *at the time of removal*, as the HEP BINDER must accompany the child upon replacement.

Immediately notify the child's CSW (or Supervising CSW, if the CSW is unavailable) when there is any change in the child's dental health that required urgent care.

All foster children must be referred directly to a dentist, as follows:

- Beginning at age one (1).
- At any age if a problem is suspected or detected.
- Every six (6) months for maintenance of oral health.
- Every three (3) months for children with documented special health care needs when their medical or oral condition can be affected and for other children at high risk for dental caries.

To be completed by CSW/Caregiver - Please print legibly.

- ☐ Child needs dental examination within thirty (30) days of initial placement.
- ☐ Child does not need dental examination because child had a dental examination within six (6) months of placement.
- ☐ Child needs dental examination by _____.

CHILDS NAME: _____	DOB: _____	CASE #: _____	DATE PLACED: _____
CAREGIVER: _____	Phone: _____	FFA: _____	Phone: _____
CSW: _____	File #: _____	Phone: _____	Fax: _____
Data entered into CWS/CMS by: (Name)			Date:

DENTAL EXAMINATION FORM (To be completed by Dentist.)

Date of Dental Examination: _____	Name of Dentist: _____
<input type="checkbox"/> Bi-Annual Required Examination	<input type="checkbox"/> Condition and treatment were explained to the caregiver and child/youth (as age appropriate).
<input type="checkbox"/> Other/Follow-Up Visit	<input type="checkbox"/> Youth may self administer his/her own medication with adult supervision.
<input type="checkbox"/> Dentist's own exam form is attached. If not attached, complete below.	<input type="checkbox"/> Youth is authorized to self administer his/her own medication.

Dental Exam results: (Treatment given; Medications Prescribed. Please attach copies of supporting documentation; test results, etc.)

(May be continued on additional pages if necessary. If so, provider to include child's name and DOB, and sign and date additional pages.)

If follow-up care indicated, specify: _____	
Signature of Health Care Provider: _____ (Date) _____ (Dentist)	(Signature Stamp Required)
Address: _____ Phone: _____	