

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



February 19, 2002

ALL COUNTY LETTER NO. 02-19

TO: ALL COUNTY WELFARE DIRECTORS
 ALL ELIGIBILITY SUPERVISORS
 ALL CHILD WELFARE SERVICES
 PROGRAM MANAGERS
 ALL COUNTY LICENSING PROGRAM
 MANAGERS
 ALL CHIEF PROBATION OFFICERS

REASON FOR THIS TRANSMITTAL

- State Law Change
 Federal Law or Regulation
 Change
 Court Order
 Clarification Requested by
 One or More Counties
 Initiated by CDSS

SUBJECT: **EFFECT OF ASSEMBLY BILL (AB) 1695 (CHAPTER 653, STATUTES OF 2001) ON FOSTER CARE AND SUGGESTED GUIDELINES FOR THE VERIFICATION OF APPROVED FOSTER FAMILY HOMES**

Reference: All County Letters (ACL) 00-85 and 01-85, and Community Care Licensing (CCL) Letter Dated January 14, 2002

The purpose of this letter is to inform County Welfare Departments (CWD) of the changes resulting from AB1695 and its effect on foster care policies and procedures. AB1695 clarifies existing state law in order to ensure conformity with the federal Adoptions and Safe Families Act (ASFA) of 1997.

Nonrelative Extended Family Member

Welfare Institutions Code (WIC) 361.2 expands the list of foster family homes eligible for state and federal foster care as specified in EAS Manual, Sections 45-202.5 and 45-203.4 to include an approved home of a nonrelative extended family member. A nonrelative extended family member is defined as an adult caregiver that has an established familial or mentoring relationship with the child that has been verified by the CWD. Pursuant to Health and Safety Code Section 1505, a nonrelative extended family member home is subject to the same approval process as a relative home (See ACL 01-85, dated December 14, 2001 and CCL Letter of January 14, 2002). When determining state or federal eligibility and funding for the child, the nonrelative extended family member is considered nonrelated to the child. Therefore, a child placed in the approved home of a nonrelative extended family member is eligible for federal or state foster care provided all other eligibility criteria are met.

Documentation Requirement for Approved Homes

Pursuant to ASFA, CWDs must indicate that a relative's home has met the standards of an approved foster family home. This documentation requirement also applies to nonrelative extended family members since they are subject to the same approval process as relatives. In order to bring previously approved homes into conformity with the new documentation requirement, counties are instructed to reassess these homes and complete the approval document accordingly. The date placed on the approval document should be the date of the initial placement of the child, not the date the reassessment was completed. A sample approval document has been attached that is recommended for use as the county approval document. This document is to be completed by the approving authority (i.e. social workers, licensing workers, etc.). The reassessment on approved homes should be completed no later than six months from the date of this letter.

Once a home has been reassessed, the eligibility worker must receive a copy of the approval document for placement in the income maintenance file. There should be no break in payment during the time the home is awaiting the reassessment.

For new approvals, eligibility workers must also receive a completed and fully signed copy of the approval document once the home has been approved and a placement has been made. Provided all other eligibility criteria are met, eligibility will begin according to the date the approval standards were met as indicated on the approval document.

Certified License-Pending

AB1695 eliminated the certified license-pending status from state law. As previously indicated in ACL 00-85 and 01-85, certified license-pending homes are no longer eligible for federal and state foster care. As a reminder, there should have been no break in payment during the time the certified license-pending home was awaiting an approval or license.

Emergency regulations reflecting these changes are forthcoming. If you have any questions regarding this ACL, please contact your Foster Care Eligibility representative at (916) 324-5809.

Sincerely,

***Original Document
Signed By***

SYLVIA PIZZINI
Deputy Director
Children and Family Services Division

Attachment

VERIFICATION OF APPROVED FOSTER FAMILY HOME

Relative
 Nonrelative Extended Family Member

Name(s) of Child(ren) Placed	Date Placed	Birth Date	SSN
1.			
2.			
3.			
4.			

Caregiver's Name(s)

Relationship to Child(ren)

Address

has/have been assessed to be a suitable caregiver(s) of the above named child(ren).
 The home meets the required health and safety standards, including the completion of
 criminal background checks on all adults living in the home.

Authority Cites: Welfare and Institutions Code 361.3, 361.4 and the appropriate
 Division 31 regulation cite once the new regulations have been finalized.

These standards were met as of _____
 Date

Social Worker _____
 Signature

Supervisor _____
 Signature

Copy to income maintenance file
 Copy to Services case file