

DEPARTMENT OF SOCIAL SERVICES
P Street, Sacramento, CA 95814



October 1, 1982

ALL-COUNTY LETTER NO. 82-101

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: SB 14 Forms Revisions

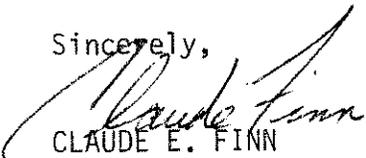
The Family and Children's Services Branch (FCSB) has conducted an extensive review process to determine the changes necessary to bring specific documentation and reporting forms into agreement with the stipulations of SB 14 regulations. Consequently, seven forms have had minor revisions made to them: SOC 154, SOC 155, SOC 155B, SOC 155C, SOC 156, SOC 159 and SOC 319. Additionally, the SOC 152, SOC 153 and SOC 297 will no longer be required, although counties will retain the option of using them until the current Warehouse supply is gone.

The FCSB, in the forms revision process, has ensured that (1) duplicative or unnecessary forms have been eliminated; (2) specific documentation/reporting requirements of SB 14 regulations were consolidated on one form whenever possible; and (3) SB 14 regulations requirements would be fully met by the revisions. It is imperative to the success of SB 14 that counties receive and begin utilizing the revised forms, on new cases only, by October 1, 1982. Failure to achieve uniform information documenting/reporting in all counties will result in non-compliance with SB 14 regulations requirements.

Attached are first copies of each of the revised forms for your information and use to photocopy as needed. Counties should use photocopies of these revised forms until they can order and receive their initial printed supplies. These initial printed supplies will be available from the Department of Social Services (DSS) Warehouse shortly after October 1, 1982, through the normal ordering process. Unfortunately, because of budgetary constraints, we must continue to charge for these and are unable to send out initial supplies without a written order from the counties. Counties wishing to print their own forms may request camera ready copies. For orders and correspondence, the DSS Warehouse address is: P.O. Box 22429, Sacramento, CA 95822-3799.

If you have any questions regarding this information notice, please contact Ismael Zarate, Chief of the Family and Children's Services Program Operations and Systems Bureau, at (916) 445-7653, or ATSS 485-7653.

Sincerely,


CLAUDE E. FINN
Deputy Director

Attachments

AGENCY — GROUP HOME AGREEMENT

Child Placed by Agency in Group Home

Name of Child		Parent's Name	
Birthdate of Child	Date Placed	Case Name	Case Number
Name of Group Home		Address	

Anticipated duration of placement is _____ months.

The agency will pay \$ _____ per _____ for room and board, clothing, personal needs, recreation, transportation, education, incidentals, supervision and social services. First payment to be made within 45 days after placement with subsequent payments to be made monthly.

If additional amounts are to be paid, the reason, amount and conditions shall be set forth here: _____

Special problems: Yes No If yes, explain. _____

Agency Agrees To	Group Home Agree To
<ol style="list-style-type: none"> 1. Provide the group home with knowledge of the background and needs of the child necessary for effective care. This shall include a social work assessment, medical reports, educational assessment, psychological/psychiatric evaluations, and identification of special needs when necessary. This shall be made available to group home within 14 days from date of placement. 2. Work with the group home toward development of a treatment plan. 3. Work toward termination of child's placement with group home staff. 4. Continue paying for this child's care as long as eligible and the group home maintains child on an active status or until the agency requests that placement be terminated. 5. Assist in the maintenance of this child's constructive relationships with parents and other family members, and to involve parents in future planning for this child. Contact this child in the group home at least once a month. If case plan would indicate less frequent contact, the group home will be informed. 7. Inform group home if child has any tendencies toward dangerous behavior. 8. Provide a Medi-Cal card or other medical coverage at the time of placement. 9. Provide authorization for medical treatment, signed by this child's parents or legal guardian. 10. Provide a clothing allowance as permitted to meet initial clothing needs. 11. Provide assistance with emergencies. Telephone number for after-hours or weekends is: _____ 	<ol style="list-style-type: none"> 1. Provide this child with the nurture, care, clothing, treatment and training suited to his needs. 2. Follow admission requirements related to medical screening, physical examination, medical testing and immunization. 3. Develop an understanding of the responsibilities, objectives and requirements of the agency in regard to the care of this child and work with the agency in planning for this child. 4. Encourage the maintenance of the natural parent-child relationship and include the child's parents in the treatment plan when possible. 5. Not use corporal punishment, punishment before the group, deprivation of meals, monetary allowances, visits from parents, home visits, threat of removal or any type of degrading or humiliating punishment and to use constructive alternative methods of discipline. 6. Respect and keep confidential information given about the child and his family. 7. Work toward termination of placement on a planned basis with maximum involvement of the child, parents and the agency. 8. Conduct a staffing or review on this child at least quarterly. 9. Submit an initial diagnostic summary to the agency within three (3) months from the date of placement. This summary shall include information listed on the reverse side of this agreement form. 10. Submit ongoing written evaluations to the agency quarterly. These evaluations shall include information listed on the reverse side of this agreement form. 11. Immediately notify agency of significant changes in this child's health, behavior or location. 12. Submit copies of any pertinent information such as school reports, medical reports and psychological/psychiatric reports as completed. 13. Give agency prior notice of at least 7 days of intent to discharge this child unless it is agreed upon with the agency that less notice is necessary. 14. Conform to the licensing/certification requirements. 15. Provide state and federal agencies access to documentation when documentation is maintained on children in their care. 16. Notify the agency immediately if an application is made on behalf of this child for any kind of income. Examples of income include, but are not limited to, child support payments, Veterans Benefits, Railroad Retirement, Social Security, RSHDI, and Supplemental Security Income/State Supplemental Program (SSI/SSP). 17. Remit to Department of Public Social Services any income received on behalf of this child while in foster care up to the full cost of board and care plus medical cost. In addition, I will cooperate to have the Social Security Administration, or the appropriate agency, make the Department of Public Social Services the payee for any funds received on behalf of this child.

I have read the foregoing and agree to conform to these requirements. The terms of this agreement shall remain in force until changed by mutual agreement of both parties or this child is removed from the group home.

Signature of Child Placement Worker		Signature of Authorized Group Home Representative	
_____	Name of Agency	_____	Name of Group Home
Address		Address	
_____	Date	_____	Date

Initial diagnostic summary shall include:

A. Medical and dental needs

B. Psychological/psychiatric evaluations obtained

C. Staffing review summaries

D. Educational assessment

E. Peer adjustment

F. Relationship to staff

G. Involvement in recreation program

H. Behavioral 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 staff 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

Quarterly evaluations shall include:

A. Current status of child's physical and psychological health

B. Reassessment of child's adjustment to the group home, program, peers, school and staff

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

**VOLUNTARY PLACEMENT AGREEMENT —
PARENT/AGENCY**

COMPLETE IN DUPLICATE:

*One copy to: Parents or Guardian
Child(ren's) social service record*

CASE NAME	CASE NUMBER
-----------	-------------

I request that the _____ County Welfare Department place my child(ren) _____

in a licensed/certified foster home or children's institution. My reason for the request is _____

Length of time a child remains in foster care is limited. I expect to be able to care for my child(ren) by _____ (DATE)

The Agency service is to include:

1. Arrangement for care of my child(ren) in a licensed/certified foster care facility.
2. Selection of the home with the participation of me and my child(ren).
3. Supervision of my child(ren) while in foster care.
4. Provision of Special Services for me and my child(ren).
5. Arrangement for medical care. Notification to me of emergency care or hospitalization of my child(ren).
6. Assistance in planning for my child(ren)'s return home.
7. Provision of a grievance procedure.
8. That legal consent provisions on behalf of my child(ren) in this agreement are carried out.

Recognizing my responsibility for the care and welfare of my child(ren), I agree to:

1. Assist the Welfare Department in determining my financial responsibility for the care of my child(ren) while in foster care.
2. Keep the Agency advised at all times of my address and telephone number.
3. Visit my child(ren) as arranged with the Agency.
4. The agency moving my child(ren), should the need arise, to another Foster Care facility.
5. My child(ren)'s participation in the activities planned by the placing agency and/or foster care facility, including trips within the state.
6. Work toward the return of my child(ren) to my care.
7. Discuss with the Agency placement problems of my child(ren).
8. Give reasonable notice to the placement worker if I plan to move my child, but I retain the right to withdraw my consent to placement at any time, and the Agency must return my child immediately.
9. Authorize the foster parent to give consent on behalf of my child(ren) except as prohibited by me in this agreement.

I agree the person providing care for my child(ren) may give legal consent on behalf of my child(ren) except as limited in the following statement. *(If more space is needed use the reverse side of this form.)*

THE UNDERSIGNED HAS CUSTODY AND CONTROL OF THE CHILD(REN).

SIGNATURE OF PARENT OR GUARDIAN	CHILD PLACEMENT WORKER
ADDRESS	ADDRESS
HOME PHONE	ALTERNATE PHONE
DATE	OFFICE PHONE

PLEASE READ IMPORTANT INFORMATION ON THE REVERSE SIDE

**Required Form
No Substitute Permitted**

Under provisions specified by the Manual of Policies and Procedures, Division 30, Social Services, Chapter 30-307, if a child has been voluntarily placed for six consecutive months one of the following actions will be taken (except for children otherwise provided for by State Department of Social Services regulations):

- (1) Return the child to the physical custody of his or her parents or guardians.
- (2) Refer the child to a licensed adoption agency for consideration of adoptive planning and receipt of permanent relinquishment of care and custody rights from the parents pursuant to subdivision (m) of Section 224 of the Civil Code.
- (3) Apply for a petition pursuant to Section 332 and file the petition with the juvenile court to have the child declared a dependent child of the court under Section 300.

MUTUAL AGREEMENT FOR 18 YEAR OLDS

CASE NAME
BIRTH DATE
CASE NUMBER

I request that the _____ County Welfare Department place me _____
(NAME)
in a licensed/certified foster home or childrens' institution. My reason for the request is _____

I expect to remain in Foster Care until completion of my education/training by age 19.

Agency Service is to include:

1. Arrangement for my care in a licensed certified Foster Care Facility.
2. Selection of a home with my participation.
3. Supervision of me while in Foster Care.
4. Provision of social services for me.
5. Arrangements for my medical care.
6. Assistance in planning for my leaving foster care.
7. Provision of a grievance procedure.

Recognizing my responsibility for participating in the Foster Care plan, I agree to:

1. Assist the welfare department in determining my financial need and eligibility while in foster care.
2. Keep the agency informed of my progress with my education/training program.
3. Discuss with the agency placement problems.
4. Give reasonable notice to the placement worker if I plan to move, but I retain the right to withdraw my consent to placement at any time.

The undersigned agrees to foster care placement and supervision by the _____ County Welfare Department.

SIGNATURE OF FOSTER CARE CHILD 	CHILD PLACEMENT WORKER
ADDRESS	ADDRESS
HOME PHONE	OFFICE PHONE
DATE	

**Required Form
No Substitute Permitted**

VOLUNTARY PLACEMENT AGREEMENT — PARENT/AGENCY (Indian)

COMPLETE IN DUPLICATE:

One copy to: *Parents or Guardian*
Child(ren)'s social service record

CASE NAME	CASE NUMBER
-----------	-------------

I request that the _____ County Welfare Department place my child(ren) _____

in a licensed/certified foster home or children's institution. My reason for the request is _____

The length of time a child remains in foster care is limited. I expect to be able to care for my child(ren) by _____ (DATE)

I can withdraw my consent at any time.

The Agency service is to include:

1. Placement in accord with the provisions of the Indian Child Welfare Act (25 United States Code 9001 et. seq.)
2. Arrangement for care of my child(ren) in a licensed/certified foster care facility.
3. Selection of the home with the participation of me and my child(ren).
4. Supervision of my child(ren) while in foster care.
5. Provision of Special Services for me and my child(ren).
6. Arrangement for medical care. Notification to me of emergency care or hospitalization of my child(ren).
7. Assistance in planning for my child(ren)'s return home.
8. Provision of a grievance procedure.
9. That legal consent provisions on behalf of my child(ren) in this agreement are carried out.

Recognizing my responsibility for the care and welfare of my child(ren). I agree to:

1. Assist the Welfare Department in determining my financial responsibility for the care of my child(ren) while in foster care.
2. Keep the Agency advised at all times of my address and telephone number.
3. Visit my child(ren) as arranged with the Agency.
4. The agency moving my child(ren), should the need arise, to another Foster Care Facility.
5. My child(ren)'s participation in the activities planned by the placing agency and/or foster care facility, including trips within the state.
6. Work toward the return of my child(ren) to my care.
7. Discuss with the Agency placement problems of my child(ren).
8. Give reasonable notice to the placement worker if I plan to move my child, but I retain the right to withdraw my consent to placement at any time, and the Agency must return my child immediately.
9. Authorize the foster parent to give consent on behalf of my child(ren) except as prohibited by me in this agreement.

I agree the person providing care for my child(ren) may give legal consent on behalf of my child(ren) except as limited in the following statement. *(If more space is needed use the reverse side of this form).*

THE UNDERSIGNED HAS CUSTODY AND CONTROL OF THE CHILD(REN)			CERTIFICATION	
SIGNATURE OF PARENT ▶		SIGNATURE OF WITNESS TO PARENT ▶		<i>The terms and consequences of the voluntary signing of consent were fully explained to the Indian parent by the Agency representative in my presence, in a language understood by the parent. The right to withdraw consent at any time was also explained.</i>
SIGNATURE OF PARENT ▶		SIGNED IN PRESENCE OF: ▶		
ADDRESS		REPRESENTATIVE, COUNTY WELFARE DEPARTMENT		
		ADDRESS		SIGNATURE OF JUDGE ▶
				SUPERIOR COURT
HOME PHONE	ALTERNATE PHONE	DATE SIGNED	PHONE	DATE SIGNED

Under provisions specified by state Child Welfare Services, if a child has been voluntarily placed for six consecutive months one of the following actions will be taken (except for children otherwise provided for by State Department of Social Services regulations):

- (1) Return the child to the physical custody of his or her parents or guardians.
- (2) Refer the child to a licensed adoption agency for consideration of adoptive planning and receipt of permanent relinquishment of care and custody rights from the parents pursuant to subdivision (m) of Section 224 of the Civil Code.
- (3) Apply for a petition pursuant to Section 332 and file the petition with the Juvenile court to have the child declared a dependent child of the court under Section 300.

AGENCY — FOSTER PARENTS AGREEMENT

Child Placed by Agency in Foster Home

Complete in Duplicate:
 One copy to: -Foster parents
 -Child(ren)'s Social Service Record

The agreement will be initiated when the child is placed in the facility and whenever the rate changes.

Name of Child		Parent's Name	
Birthdate of Child	Date Placed	Case Name	Case Number
Foster Parent's Name		Address	

Anticipated duration of placement is _____ months.

The agency will pay \$ _____ per _____ for room and board, clothing, personal needs, recreation, transportation, education, incidentals and supervision. First payment to be within 45 days after placement with subsequent payments no later than the 15th of the month following provision of care.

If additional amounts are to be paid, the reason, amount and conditions shall be set forth here: _____

Special problems/needs: No Yes If yes, explain. _____

Special Permissions: Special permission for substitute supervision is subject to Community Care Licensing granting an exception to the licensing regulation, which requires that substitute supervision in the foster home be limited to an adult.

- Child 15 years or older has permission to remain without adult supervision during temporary absences of the foster parent(s), not to exceed six (6) consecutive hours in any one 72-hour period.
- Substitute supervision may be provided to the foster child by someone 16 years of age or older (not a foster child) during temporary absences of the foster parent(s), not to exceed six (6) consecutive hours in any one 72-hour period.
- Other (Explain) _____
- No special permissions granted.

Agency Agrees To

Foster Parents Agree To

1. Provide the foster parent with knowledge of the background and needs of the child necessary for effective care. This may include a social work assessment, medical reports, educational assessment, and identification of special needs when necessary. This shall be made available to foster parents within 14 days from date of placement.
2. Develop a plan for the child and share pertinent aspects with the foster parents.
Inform foster parents they may give the same consents on behalf of the child as the parent, except for those prohibitions provided in Social Services Manual Regulations.
4. Not remove the child with less than 7 calendar days written notice unless: the child is physically or psychologically endangered; court orders removal; parents or guardians order removal (voluntary placement); signed waiver obtained from foster parents; removal is from an interim placement directly into an adoptive home.
5. Involve foster parents in future planning for the child. The placement shall be reviewed within 6 months.
6. Assist the child in his use of foster care.
7. Assist in the maintenance of the child's constructive relationships with parents and other family members and to involve parents in future planning for this child.
8. Provide procedure for grievances of foster parents.
9. Contact the child and foster parents at least once a month. If case plan would indicate less frequent contacts, the foster parent will be informed.
10. Inform foster parents if child has any tendencies toward dangerous behavior.
11. Provide Medi-Cal card or other medical coverage at time of placement. Arrange for medical examination within 30 days unless child has had such within past 6 months and information is available.
12. Provide a clothing allowance as permitted to meet initial clothing needs.
13. In cooperation with foster parents arrange for visiting by parents or relatives on: _____
14. Provide assistance with emergencies. Telephone number for after-hours or weekends is: _____

1. Provide this child the nurture, care, clothing and training suited to his needs.
2. Develop an understanding of the responsibilities, objectives, and requirements of the Agency in regard to the care of this child.
3. Recognize the Agency's responsibility for planning for this child, as given by the court or the parent(s).
4. Recognize any limitations of consent imposed by the court or the parent.
5. Increase their knowledge and ability to care for this child.
6. Encourage the child's relationships with his parents and relatives.
7. Cooperate in visiting arrangements between child and parents.
8. Not use corporal punishment, punishment in the presence of others, deprivation of meals, monetary allowances, visit from parent, home visits, threat of removal or any type of degrading or humiliating punishment, and to use constructive alternative methods of discipline.
9. Respect and keep confidential information given about the child and his family.
10. Immediately notify agency of significant changes in this child's health, behavior, or location.
11. Accept the child's special problems as given above in my provision of care.
12. Help with termination of placement including return to his own parents, relatives home, or adoptive placement.
13. Give the agency prior notice of at least 7 days if removal of child is requested unless it is agreed upon with the agency that less time is necessary.
14. Conform to the licensing/certification requirements.
15. Provide state and federal agencies access to documentation when documentation is maintained on children in their care.
16. Give advance written notice to the licensing agency and the person or agency responsible for the child of any (foster parent(s)) absence of 48 hours or longer. (Absence may be reported by telephone in case of emergencies.)
17. Notify the agency immediately if an application is made on behalf of this child for any kind of income. Examples of income include, but are not limited to, child support payments, Veterans Benefits, Railroad Retirement, Social Security, RSHDI, and Supplemental Security Income/State Supplemental Program (SSI/SSP).
18. Remit to Department of Public Social Services any income received on behalf of this child while in foster care up to the full cost of board and care plus medical cost. In addition, I will cooperate to have the Social Security Administration, or the appropriate agency, make the Department of Public Social Services the payee for any funds received on behalf of this child.

Section I

I have read the foregoing and agree to meet these requirements. The terms of this agreement shall remain in force until changed by mutual agreement of all parties or when this child is removed from home.

Signature of Child Placement Worker		Signature of Foster Mother	
Name of Agency	Address	Signature of Foster Father	
Address	Phone Number	Address	Date
Date	Phone Number	Date	Phone Number



I have read the foregoing and agree to meet these requirements. The terms of this agreement shall remain in force until changed by mutual agreement of all parties or when this child is removed from home. In signing this section the agency, foster parents and foster care child signify their desire that this child be placed in this home as a permanent member of this family.

Signature of Child Placement Worker		Signature of Foster Mother	
Title		Signature of Foster Father	
Name of Agency		Address	
Address		Phone Number	
Date		Signature of Foster Care Child	

FACE SHEET

Date of Referral _____

Case Name _____

Date Referral Assigned _____

State Number _____

Intake Worker _____

Eligibility Worker _____

File Number _____ Ext. _____

File Number _____ Phone _____

CHILDREN IN FAMILY (Circle # of Those for Whom Placement is Requested)

	Name	Date of Birth	Sex	School - Grade	No. of Prior F/C Placements	Termination Date of Last Placement	Placement Status (Vol., 300, 601, 602 Guard., Relinq.)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

SOURCE OF REFERRAL

Name _____

Address _____

Phone _____

PRESENT CARETAKER *(If more than one caretaker, list on reverse side)*

Relation to Child(ren) _____

Name _____

Address _____

Phone _____

MOTHER

DOB _____

Name _____

Address _____

Phone _____

FATHER

DOB _____

Name _____

Address _____

Phone _____

SITUATION

SPOSITION OF REFERRAL

Accepted _____ Rejected _____ *(Explain reason for rejection and disposition of rejected referral)*

Required Form
Substitution Permitted

NOTICE OF INVOLUNTARY CHILD CUSTODY PROCEEDINGS INVOLVING AN INDIAN CHILD

CERTIFIED MAIL — RETURN RECEIPT REQUESTED

NOTICE TO:

- The child's parent(s)
- The child's tribe(s)
- The child's custodian(s)
- The Bureau of Indian Affairs

The Indian Welfare Act requires that you be notified of the upcoming custody hearing concerning the child named below. Information on the hearing is also contained in this form. We have attached a copy of the dependency petition which was filed for the child with the county juvenile court.***

Your rights to participate in the proceedings are explained on the reverse side of this form.

THIS NOTICE CONCERNS:

INDIAN CHILD'S NAME		BIRTHDATE	CHILD'S BIRTHPLACE (CITY, STATE AND/OR RESERVATION)	
TRIBE AND OF WHICH CHILD IS A REPORTED MEMBER OR IS ELIGIBLE FOR MEMBERSHIP				
MOTHER'S NAME (INCLUDE MAIDEN NAME AND ALL NAMES KNOWN BY)		TRIBAL AFFILIATION (BAND, TRIBE &/OR RESERVATION NAME)	FATHER'S NAME (INCLUDE ALL NAMES KNOWN BY)	
MOTHER'S BIRTHPLACE (CITY, STATE &/OR RESERVATION)		BIRTHDATE	FATHER'S BIRTHPLACE (CITY, STATE &/OR RESERVATION)	
			BIRTHDATE	

THIS IS TO ADVISE YOU THAT THE CHILD NAMED ABOVE HAS BEEN TEMPORARILY PLACED IN THE CUSTODY OF THE COUNTY WELFARE DEPARTMENT OR INDIAN CUSTODIAN(S) NAMED BELOW:

NAME OF COUNTY WELFARE DEPARTMENT WITH CUSTODY	
NAME OF CHILD'S INDIAN CUSTODIAN(S)	NAME OF INDIAN CUSTODIAN'S TRIBE

DEPENDENCY HEARING INFORMATION:

DATE OF HEARING	TIME OF HEARING	DATE DEPENDENCY PETITION FILED
JUVENILE COURT HOLDING HEARING		HEARING JUDGE NAME
COURT ADDRESS (ROOM NO.)	(STREET)	SUPERIOR COURT DEPARTMENT NUMBER
(CITY)	(STATE)	(ZIP CODE)
		COURT TELEPHONE NUMBER

IF YOU HAVE ANY QUESTIONS REGARDING THIS HEARING OR YOUR RIGHTS, CONTACT:

CASEWORKER NAME	TELEPHONE NUMBER
CASEWORKER SIGNATURE	DATE

COUNTY WELFARE DEPARTMENT ADDRESS

25 United States Code 9001 et. seq., specifically subsections 9011 and 9012.

* This petition was filed under Section 300 of the California Welfare and Institutions Code.

Under the Indian Child Welfare Act your rights in this matter are as follows:

1. The natural (biological) parents, the Indian custodians and the child's tribe have the right to intervene in the proceedings.
2. If the parent(s) or Indian custodian(s) are unable to afford a lawyer, a lawyer will be appointed to represent them.
3. The parent(s), the Indian custodians, and the child's tribe have the right, upon request, to have up to 20 additional days to prepare for the hearing.
4. The location, mailing address and telephone number of the court shall be made known to all parties. *(See the front of this form.)*
5. The parent(s), the Indian custodian(s) or the child's tribe have the right to petition the court for a transfer of the proceedings to the child's tribal court. They also have the right to refuse to permit the case to be transferred.
6. A statement of the potential legal consequences of the hearing on the future rights of the parent(s) or Indian custodian(s) shall be provided to all those involved.