

**SECTION 400 PLACEMENT**

**401 GENERAL REQUIREMENTS FOR PLACEMENT**

- .1 The social worker, other representative of the KCFS Program or another agency providing services, or other adult with whom the child is familiar, will be present at the time of placement unless the child is placed out of state.
- .2 At the time of initial placement in foster care of a child who is subject to the Tribal Court's jurisdiction, the agency responsible for placement and care will provide information describing the case review process, including the permanency planning hearings, and six-month periodic court reviews, to the parent(s)/guardian(s); and to the child, if 10 years of age or older.
- .3 A foster parent providing out-of-home care to a child pursuant to court orders or providing such services to a voluntarily placed child will have legal consent authority.

**Foster Parent Authority Limits**

- .3.1 Such foster parents may give the same legal consent for such child as would a parent except the following.
- .3.2 A foster parent does not have the authority to give legal consent for any of the following:
  - a. Marriage.
  - b. Entry into the armed forces.
  - c. Medical or dental treatment that is not ordinary.
  - d. Ordinary medical or dental treatment includes but is not limited to the following routine services provided by or under the supervision of licensed practitioners of medicine and dentistry to protect or enhance a child's health:
    - e. Immunizations.
    - f. Physical examinations.
    - g. X-rays.
4. A parent of a voluntarily placed child has the authority to modify or prohibit consent by a foster parent if a written agreement regarding such modification or prohibition exists between the agency and the parent.
- .5 A court of competent jurisdiction has the authority to issue an order limiting a foster parent's authority to give such consent.

- .6 Whether a child is placed in-state or out-of-state, the placement will be in an appropriately licensed or approved facility that accords the child the same personal rights afforded children in California.

#### 405 SOCIAL WORKER RESPONSIBILITIES FOR PLACEMENT

- .1 When arranging for a child's placement the social worker will:
  - a. Follow the Karuk Tribal placement preferences
  - b. Consider the non-custodial parent for placement.
  - c. Give preferential consideration for placement of the child to an adult who is a grandparent, aunt, uncle or sibling of the child.
  - d. Consider relatives identified by the social worker as willing and appropriate to care for the child if no non-custodial parent or relative given preferential consideration is available.
  - e. Consider non-related extended family members identified by the social worker as willing and appropriate to care for the child if no non-custodial parent, relative given preferential consideration, or relatives identified by the social worker as willing and appropriate is available.
  - f. An assessment will be conducted of a prospective foster home and the household members and will include but not be limited to the factors required in the Karuk Tribal Code and KCFS Plan.
  - g. Ensure that the requirements described in Section 600 have been met prior to the placement of the child in a foster home.
- .2 Group Home Placements
  - .2.1 A child shall not be placed in a group home unless the setting meets the child's special needs regardless of the child's age, and because the child has severe social, emotional, or physical disabilities that require extensive treatment and rehabilitative services in non-family like setting. Additionally, culturally appropriate group homes (i.e. those specifically developed and operated for Tribal children and youth) shall take precedence over other group homes.
- .3 For children under the age of six, the following additional requirements must be met:

A child under the age of six will not be placed in a group home unless one or more of the following conditions are met, and the placement facility meets the licensing standards specified in Title 22, Division 6, Subchapter 2:

  - a. The placement will provide comprehensive diagnostic assessment to enable long-term decisions about the child's future.
  - b. The placement meets the child's special treatment needs that can only be met by the group home while program planning and testing occur to prepare the child for a less restrictive, permanent placement;

- c. The placement enhances and supports the case plan goal of family reunification with parents or kin or for adoption when no other suitable, less restrictive placement is available that meets the special needs of the child, and the child has severe social, emotional, or physical disabilities that require extensive treatment and rehabilitative services in non-family like setting;
  - d. The placement is for temporary shelter care and will not be for more than thirty days and no other, less restrictive placement is available; or
  - e. The placement will keep a sibling group together until a more suitable, less restrictive placement is found.
- .3.1 Any child under the age of six will be placed in a family like setting as defined in Title 22, Section 84201(f)(2). In the event such a setting is unavailable, the KCFS Program will request approval from CDSS for any alternative placement in excess of 30 days. The Department has the authority to approve these placements if the request is in the best interest of the child and will in no instance be detrimental to the health and safety of the child.
  - .3.2 The KCFS Program director will submit the request to the CDSS with substantiating evidence supporting the request and specifying that the child has special needs that render the child extremely difficult to place, and there is no family like setting that can meet the child's special needs. The CDSS will provide a written approval or denial of the request within 5 days of receipt of the request.
  - .3.3 Ensure that a child under the age of six placed for temporary shelter care in a county operated or county contracted emergency shelter care facility will not be placed in the facility for more than thirty days.

#### **410 TEMPORARY PLACEMENT**

- .1 Temporary placement services include emergency shelter care and out-of-home respite care.
- .2 Temporary placement services will be provided when the social worker has considered and/or used in home services and has determined that the provision or continued provision of these services will not safely maintain the child in his/her own home.
- .3 The temporary placement will be based on the following needs of the child including, but not limited to:
  - a. The least restrictive, most family-like environment
  - b. The child's age and sex
  - c. The child's health and any special needs of diet, medical or psychological care

- d. The possible need for access to or protection from the child's parent(s)/guardian(s)
  - e. The protective needs of the community
  - f. The most appropriate placement selection
- .4 Emergency shelter care services will be provided as specified in Section 415 of the KCFS Plan.
- .5 Temporary Placement Priority
- .5.1 When selecting a temporary placement for the child, the social worker will use the following priority order:
- a. The home of a relative, including the non-custodial parent, in which the child can be safely placed on a temporary basis. Such a determination will be based on an emergency assessment.
  - b. A licensed or tribally approved foster family home, licensed small family home, or a licensed foster family agency for placement in a family home that has been certified by the foster family agency, a county-operated emergency shelter care facility.
  - c. A child under the age of six who is placed in a county operated or county contracted emergency shelter care facility for thirty days or less will be cared for by a Primary Caregiver.
  - d. A licensed group home.
  - e. Group home placements will be subjected to the additional criteria specified in Section 420.
  - f. Group home placements of children under the age of six will be subject to the additional criteria specified in Section 405.
- .6 *Family Assessment*
- .6.1 The KCFS will begin an assessment for a relative or non-relative extended family member, who either has requested placement of a child pending the detention hearing or whom the social worker has identified as willing to provide care for a child pending the detention hearing.
- .6.2 The assessment will include an in-home inspection to assess the safety of the home as required in Karuk Children and Family Code.
- .6.3 If an able and willing relative, or an able and willing non-relative extended family member, is available and requests temporary placement of the child pending the detention hearing, the KCFS will initiate an assessment of the individual's suitability.

- .6.4 The assessment will include an in-home inspection to assess the safety of the home and the ability of the individual to care for the child's needs, and a consideration of the results of a criminal records check and a check of allegations of prior child abuse or neglect concerning the individual and other adults in the home. After completion of the assessment, the child may be placed in the approved home.
- .6.5 The standards used to evaluate and grant or deny approval of the home of the relative and of the home of a non-relative extended family member, will be the same standards required for the approval of foster family homes in section 600 of this plan that include standards of safety and sanitation for the home and standards for basic personal care, supervision, and services provided by the caregiver.

.7 *Criminal Background and Child Abuse Clearances*

- .7.1 KCFS staff that engages in the process of criminal record and child abuse background clearance reviews must use standards that are consistent with standards applicable to all licensed or approved foster homes in California. These standards are reflected in the CDSS Evaluator Manual (EM) and are in accord with California Health and Safety Code section 1522.1.
- .7.2 Prior to the placement of a child in a home approved for temporary placement, the KCFS will obtain the results of both a Child Abuse Central Index (CACI) check and the results of a criminal records check conducted through the California Law Enforcement Telecommunications System (CLETS) on all persons 18 years of age or older residing in the home, pending the receipt of a full fingerprint clearance.
- .7.3 Because the KCFS does not at this time have access to CLETs information, staff will seek the assistance of CDSS, a local county child welfare agency, or local law enforcement entity in the obtainment of the information that confirms the individual and other individuals in the home do not have a conviction of a crime in the United States, other than a minor traffic infraction as defined in paragraph (1) of subdivision (a) of Section 42001 of the Vehicle Code. If the CLETS information indicates there is a conviction or convictions that must be reviewed, then the child may not be placed in the home.
- .7.4 This will not preclude the individual from subsequently submitting fingerprints for a full criminal record clearance review and or exemption request. Nothing in this section will prevent a relative or other person living in a relative's home from refuting any of the

information obtained by law enforcement if the individual believes the criminal records check revealed erroneous information.

.7.5 If a prospective foster parent meets all other conditions for approval, except for the receipt of the Federal Bureau of Investigation's criminal history information for prospective foster parents, and other adults in the home, the KCFS Program may approve the home and document that approval if the prospective foster parent and each adult in the home, has signed and submitted a statement that he or she has never been convicted of a crime in the United States, other than a traffic infraction as defined in paragraph (1) of subdivision (a) of Section 42001 of the Vehicle Code. If, after the approval has been granted, the KCFS Program determines that the prospective foster parent or other adult in the home has a disqualifying criminal record, the approval will be terminated.

.7.6 Consistent with Penal Code section 11170, a Child Abuse Central Index (CACI) check shall be conducted on all persons 18 years of age and older residing in the home. Where an individual has lived out of the state within the immediate prior five years, an out of state check of the other state's child abuse registry shall also be conducted of the individual.

.7.7 If the KCFS social worker can identify an individual that has a valid license and thus cleared for foster care by the CDSS Community Care Licensing Division or a home certified by a foster Family Agency, the background check requirements will be met and a child may be placed with such individual if it otherwise meets Karuk foster home approval standards.

.8 *Availability of Assessment to Appropriate Adoption Agency*

.8.1 A copy of the written assessment may be made available to the appropriate adoption agency in the event that the relative(s) considered is assessed as being able and willing to provide a legally permanent home for the child, so that an abbreviated adoption assessment may be made if adoption becomes the permanency alternative implemented for the child.

**415 EMERGENCY SHELTER CARE**

.1 CFS will utilize emergency shelter care in those circumstances where a child must be immediately removed due to situations where the child requires immediate removal and foster care. Such an emergency placement is not intended to bypass the existing emergency response responsibility of the county. Rather this provision allows for a KCFS social worker to make an

immediate removal and place in a tribally approved or State licensed emergency shelter facility. Such an emergency placement shall be approved by the Karuk Tribal Court and shall comply with the following provisions.

- .1.1 Emergency shelter care placement will not exceed 30 days in any one episode that requires removal of the child except as follows.
- .1.2 The KCFS Program will provide emergency shelter care beyond 30 calendar days only when the case record documents the existence of one of the following circumstances:
  - a. Emergency shelter care is necessary to meet the continuing protective needs of the child, and there is no other location where these protective needs can be met.
  - b. The child has special needs causing him/her to be extremely difficult to place, and there is no other location available where the child's special needs can be met.
  - c. The circumstances permitting extension of emergency shelter care beyond 30 calendar days will be reviewed and the extension approved in writing by an administrative official higher than a first-level supervisor.
- .1.3 In no event will federal and/or state funds appropriated for the purpose of providing any of the child welfare services in the KCFS Plan be provided for emergency shelter care beyond 30 calendar days in any one episode except as follows:
  - a. KCFS is permitted to utilize Karuk -only funds to draw down federal financial participation under the Emergency Assistance program, with no state share of cost, in order to provide emergency shelter care beyond 30 calendar days in any one episode
  - b. the child is from a needy family authorized to receive Emergency Assistance funding in accordance with provisions in the Title IV-A State Plan implementing 45 CFR 233.120
  - c. the circumstances specified in Section 415 of the KCFS CWS Plan are documented in the child's case record.

#### **420 FOSTER CARE PLACEMENT**

- .1 Foster home placements shall be made only in homes that have been approved by the KCFS Program pursuant to the criteria, including background checks and clearances, set forth in section 600 of this Plan.
- .1.2 The foster care placement will be based on the following needs of the child including, but not limited to:
  - a. Placement in accordance with Karuk Tribal placement preferences as detailed below.

- b. The least restrictive, most family-like environment.
- c. The child's age, sex and cultural background, including racial or ethnic and religious identification.
- d. Planned parent/guardian-child contacts during the separation, and the specific actions to be taken by the parent(s)/guardian(s) that will facilitate reunification.
- e. Capability, willingness and ability of the caregiver to meet specific needs of the child, to facilitate family reunification, and provide the child's permanency alternative, if necessary.
- f. Appropriateness of attempting to maintain the child in his/her current school.
- g. The child's health and emotional factors.
- h. Anticipated special needs of the child, including but not limited to transportation, diet, medical and/or psychological care, clothing, recreation, and special education.
- i. The most appropriate placement selection.

.1.3 When selecting a foster care placement for the child, the social worker will follow this priority order pursuant to Karuk Tribal Code:

A. *Tribal Placement Preferences*

In the event a child falling under the Tribal Court's jurisdiction is placed outside the child's home and such placement can secure the best care, guidance, and control for the child, the Tribe hereby establishes the following placement preferences, in order of preference:

- 1. A member of the child's immediate family, according to tribal laws, customs, and traditions.
- 2. A member of the child's extended family, according to tribal laws, customs, and traditions.
- 3. Another member of the child's Tribe.
- 4. Another Indian family, including an Indian foster home licensed or approved by any federally recognized Indian tribe and approved by the Tribe.
- 5. An institution for children licensed or approved by the Tribe or operated by an Indian organization that has a program suitable to meet the child's needs.
- 6. A non-Indian foster home located on or near Tribal lands and licensed or approved by the Tribe.
- 7. A non-Indian foster home located off Tribal lands and licensed or approved by any federally recognized Indian tribe and approved by the Tribe.
- 8. Any other foster family home licensed or approved by the Tribe.
- 9. A home certified by a California licensed foster family agency.



- .1.4 Within each placement preference category, preference shall be given to a placement on or nearest Tribal lands. The Tribal Court shall apply these placement preferences in all proceedings pursuant to the Tribe's Children and Family Code and no deviation from these preferences shall be made without a finding of good cause.

#### **425 Placement Criteria – Placement Conditions**

- .1 A finding that the relative cannot provide legal permanence for the child will not be used as the sole basis for denying placement with a relative.
- .2 The following conditions for placement in a group home or other treatment facility will exist and will be documented in the case plan:
  - a. Placement is necessary to meet the treatment needs of the child.
  - b. The group home has a treatment program that meets such treatment needs.
- .3 The social worker will also document in the case record the reason(s) for the following:
  1. For a child under the age of six, the social worker will document in the case plan that the placement meets the requirements specified in Section 405, whichever is applicable.
  2. A statement of the specific needs of the child that cannot be met if the child resides in a less restrictive environment.
  3. A description of the types and modalities of treatment program(s) offered and delivered to the child.
- .4 *A licensed community treatment facility*
  - .4.1 Placements in community treatment facilities will be subject to the following additional requirements.
  - .4.2 The following conditions will exist and will be documented in the case plan:
    - a. KCFS will coordinate with local county agencies responsible for community mental health.
    - b. Placement is necessary to meet the mental health needs of the child.
    - c. The community treatment facility has a program that meets such mental health needs.
    - d. The social worker will also document in the case record the reason(s) for the following:
      1. A statement of the specific needs of the child that cannot be met if the child resides in a less restrictive environment.

2. A description of the types and modalities of treatment program(s) offered and delivered to the child.

**430 ADDITIONAL REQUIREMENTS FOR VOLUNTARY PLACEMENTS**

- .1 A voluntary placement occurs where there is an out of home placement of a child after the parent(s) or legal guardian(s) have requested the assistance of the KCFS Program and have signed a voluntary placement agreement where the KCFS Program is given the placement and care responsibility of the child.
- .2 Voluntary placement of a non-dependent child will occur only when there is a written voluntary placement agreement between the KCFS Program and the parent(s) or legal guardian.
- .3 The social worker will:
  - a. Complete the Voluntary Placement Agreement that specifies at least the legal status of the child and the rights and obligations of the parents, legal guardians , the child, and the agency in which the child is placed.
  - b. Provide a written statement informing the parent(s)/guardian(s) that he/she may be responsible for a share of the family reunification services costs.
  - c. Assist the parent(s)/guardian(s) of voluntarily placed children to understand that he/she still retains legal custody of the child even though he/she voluntarily places the child with the agency; and that he/she may limit by written agreement the scope of the foster parent's authority to give parental consent.
  - d. Secure within the first 180 days of the voluntary placement a judicial determination that continued removal of the child from his or her home pursuant to a voluntary placement is in the best interests of the child.

**435 OUT-OF-COUNTY AND OUT-OF-STATE PLACEMENT REQUIREMENTS**

- .1 Out of state placement requirements shall be met in accordance with Section 065 of this Plan.
- .2 Out-of-county placements will be subject to the following criteria:
  - .2.1 Children will be placed in their parents' or guardians' county of residence unless they are placed with relatives or there is no suitable placement in such county, and the KCFS Program will provide for a notification process to parent(s) or guardian(s).
  - .2.2 Under such circumstances, the following requirements will be met:

- a. KCFS will be responsible for providing direct supervision and services or arranging for the provision of supervision and services by the receiving county.
  - b. KCFS will specify in the case plan how the service needs of the child, including social worker visitation/contact requirements, are to be met while the child is placed out-of-county.
  - c. KCFS shall be responsible for services to the child's parent(s)/guardian(s) and continued case plan updates.
- .2.3 If the receiving county accepts responsibility for providing supervision and services, the following requirements shall be met:
- a. A written agreement will be executed between the receiving and sending entities which specifies the respective responsibilities of each entity.
  - b. The KCFS will provide consultation and advice on the case, as needed
  - c. The receiving county shall provide periodic written reports to KCFS on the child's condition and progress in order to facilitate required case plan updates.
  - d. The receiving county shall concur that the proposed placement meets the child's needs.

#### **440 PERMANENT PLACEMENT**

- .1 The permanent placement is based on the following needs of the child including, but not limited to:
  - a. The degree of permanency of the available alternatives.
  - b. The child's age, sex and cultural background, including racial or ethnic and religious identification.
  - c. Capability of a relative, the out-of-home care provider(s), adoptive parent(s), or guardian(s) to meet specific needs of the child.
  - d. The home of a relative, including the non-custodial parent, considered for placement will be assessed according to the Karuk Tribal foster home approval standards in section 600.
  - e. Appropriateness of attempting to maintain the child in his/her current school.
  - f. The child's health and emotional factors.
  - g. Anticipated special needs of the child, including but not limited to, transportation, diet, medical and/or psychological care, clothing, recreation, and special education.
  - h. When selecting a permanent placement for the child, the social worker will follow the Tribal priority order for placements.

- .2 When the court orders placement of a child in long-term foster care with a relative, the court may authorize the relative to provide the same legal consent for the child's medical, surgical, and dental care, and education as the custodial parent of the child.

**450 FOSTER PARENT(S) NOTIFICATION REQUIREMENTS**

- .1 The foster parent(s) will be given at least seven days' advance written notice of intent to remove a child, and of the right to request a grievance review.
- .2 The KCFS Program will have the authority to include a waiver of the notice requirement in the written placement agreement with the foster parent(s).
- .3 Waivers will not exceed six months from the date of placement. Waivers of notice will be considered exceptions used solely to meet unusual individual needs.
- .4 The KCFS Program will not be required to provide the 7 day notice if one or more of the following conditions exist:
  - a. The child is in immediate danger.
  - b. A signed waiver of notice has been obtained from the foster parent(s).
  - c. A court has ordered the child's removal.
  - d. Adverse licensing or approval actions have occurred that prohibit the foster parent(s) from continuing to provide services.
  - e. Removal of a voluntarily placed child is made or requested by the child's parent(s)/guardians.
  - f. The child is removed from an emergency placement.
  - g. For foster parents providing permanent placement services the social worker will provide the foster parent(s) with written notice explaining the court order that permanent placement services are to be terminated.
- .5 The KCFS Program may use a copy of the court report or modified service plan for purposes of notifying the foster parent(s), if appropriate.
- .6 A potential caregiver whose home has been determined not to meet the approval standards will be given notice that their home does not meet approval standards and that they have access to the grievance procedures set forth in the KCFS Plan (Section 020), provided they appeal the agency's decision in writing within 5 working days of their receipt of the notice.

**SECTION 500      SPECIAL REQUIREMENTS**

**501      DIVISION 45-MANUAL OF POLICIES AND PROCEDURES**

- .1 The KCFS Program staff will follow relevant provisions of the California Department of Social Services regulations in Division 45 of the Manual of Policies and Procedures for purposes of complying with Eligibility and Assistance standards for AFDC-FC and AAP programs.
- .2 When working with Division 45, where references are made to a county social worker, it shall be deemed to include a KCFS Program social worker.
- .3 For purposes of compliance with Title IV-E, the definitions contained at 45 sections 101 et. seq. are applicable to the KCFS Program and incorporated herein.
- .4 Any regulations in Division 45 which appear to not be clearly applicable to the KCFS Program will be reviewed with CDSS to determine applicability.

**503      CHILD SUPPORT REFERRAL REQUIREMENTS**

- .1 Consistent with the Karuk Children and Family Code section 4 .D, for a child receiving AFDC-FC the social worker will determine whether it is in the child's best interest to make a referral to the local child support agency.
- .2 In making this determination, the social worker will evaluate each case on an individual basis considering the best interests of the child and the circumstances of the family, that may include but are not necessarily limited to, the parent(s)' employment status, housing status, the impact on other children who may be at risk of removal, availability of community-based services, efforts to reunify, whether parental rights have been terminated, connection with CalWORKs or other public assistance programs.
- .3 If the child's case plan goal is family reunification, the social worker will consider whether the payment of support by the parent will pose a barrier to the proposed reunification in that the payment of support will compromise:
  - a. The parent's ability to meet the requirements of the reunification plan if the child's case is referred to the local child support agency.
  - b. The parent's ability to meet the current or future financial needs of the child if the child's case is referred to the local child support agency.
  - c. The parent's ability to meet the needs of other children in the household who may be at risk of removal.

- .4 If the child's case plan goal is other than reunification, the social worker will consider whether the payment of support by the parent will pose a barrier to a successful outcome of the case plan in that the payment of support will compromise:
  - a. The parent's ability to meet the requirements of the case plan if the child's case is referred to the local child support agency.
  - b. The parent's ability to meet the current or future financial needs of the child if the child's case is referred to the local child support agency.
  - c. The parent's ability to meet the needs of other children in the household who may be at risk or removal.
- .5 If the social worker determines it is in the best interest of the child not to refer the parent(s) to the local child support agency, the social worker will document the reason for the determination and then follow the requirements set forth in Division 45 Section 201.3 of the MPP related to communication of the determination to the local child support agency.
- .6 The social worker will review this decision following each court hearing.
- .7 If reunification services are terminated by the court and the social worker determines that it is no longer contrary to the child's best interest, the social worker will inform the local child support agency.
- .8 The social worker will document in the child's case file the determination of whether it is in the best interest of the child to refer the child's case to the local child support agency and the basis for this determination.
- .9 When a determination has been made that it is not contrary to the best interest of the child to refer the child's case to the local child support agency, the social worker will notice the parent in writing that the parent has access to the grievance procedures set forth in Section 020, provided the parent appeals the KCFS's decision in writing within 5 working days of receipt of the notice.
- .10 KCFS may request that the State child support agency conduct a search of the Federal Parent Locator Service for the purpose of locating an absent parent for possible placement.

**506 ADOPTION ASSISTANCE PAYMENTS UNDER TITLE IV-E (AAP)**

- .1 Prospective adoptive parents shall be informed of the potential availability of adoption assistance payments and of the adoption tax credit.
- .2 In order to be eligible for AAP, a child must satisfy one of four paths to eligibility and meet the definition of a special needs child.
- .3 A child shall not be considered a child with special needs unless the Tribe determines and documents:
  - a. a valid reason why the child cannot or should not be returned to the home of his or her parents; and
  - b. there exists with respect to the child a specific factor or condition because of which it is reasonable to conclude such child cannot be placed with adoptive parents without providing adoption assistance or medical assistance under subchapter XIX of Title 42 U.S.C. Chapter 7; such as adverse parental background, ethnic background, race, color, language, membership in a sibling group that should remain intact, mental, physical medical or emotional handicap, or age, and
  - c. a reasonable but unsuccessful effort has been made to place the child with appropriate adoptive parents without providing adoption assistance, unless it is against the best interest of the child.
- .4 If a child meets the definition of special needs, he or she must also meet one of the following in order to be eligible for adoption assistance payments:
  - a. the child would have been AFDC-eligible in the home of removal according to Title 42 U.S.C. section 606(a) or section 607, as such sections were in effect on July 16, 1996, in the month of the voluntary placement agreement or as a result of a judicial determination to the effect that continuation in the home would be contrary to the child's welfare;<sup>1</sup> or
  - b. the child meets all the requirements of subchapter XVI of Title 42 U.S.C. Chapter 7 with respect to eligibility for supplemental security income benefits; or
  - c. the child's minor parent receives Title IV-E foster care maintenance payments that cover the cost of the child's care while the child is in the foster family home or child care institution with the minor parent; or
  - d. the child was determined eligible for adoption assistance payments with respect to a prior adoption, and is available for adoption because the prior adoption dissolved.
- .5 *Payments*

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<sup>1</sup> This AFDC tie will begin to be phased out in FY 2010.

- .5.1 The amount of adoption assistance payments shall be determined through agreement between the adoptive parents and the Tribe, and shall take into consideration the circumstances of the adoptive parent, the needs of the child and may be readjusted periodically, with the concurrence of the adopting parents depending upon the change in circumstances. In no case may the amount of adoption assistance exceed the foster care maintenance payment which would have been paid during the period if the child with respect to whom the adoption assistance payment is made had been in a foster family home.
- .5.2 Notwithstanding the preceding paragraph, no payment may be made to parents with respect to any child the Tribe determines:
  - a. has attained the age of eighteen (or where the Tribe determines that the child has a mental or physical disability which warrants the continuation of assistance, the age of twenty-one); or
  - b. the adoptive parents are no longer legally responsible for the support of the child; or
  - c. is no longer receiving any support from adoptive parents.

*.6 Adoption Assistance Agreement*

- .6.1 Adoption assistance benefits can be provided only if an adoption agreement is negotiated prior to the finalization of an adoption. The KCFS will seek technical assistance from CDSS for the processes and standards applicable to negotiation of AAP Agreements.
- .6.2 Once an AAP agreement is in effect, it can be terminated only if one of the above three circumstances under which payments are not to be made, is found to exist by KCFS Program. Parents receiving adoption assistance shall keep the Tribe informed of circumstances which would make them ineligible for such assistance payments or eligible for assistance payments in a different amount.
- .6.3 Where the benefits provided under the AAP agreement may be modified or terminated, notice shall be mailed at least 10 days before the date of action, that is, the date upon which the action would become effective and of their right to appeal the action. ;
- .6.4 As part of the Adoption Assistance Agreement, adoptive parents shall be informed of their rights to appeal determinations related to AAP.

*.7 Nonrecurring Expenses of Adoption*

- .7.1 A parent who adopts a child that meets the definition of special needs is eligible for reimbursement of nonrecurring adoption expenses. A child need not meet one of the four eligibility paths to be reimbursed



for nonrecurring expenses. Nonrecurring expenses are defined as reasonable and necessary adoption fees, court costs, attorney fees, and other expenses which are directly related to the legal adoption of a child with special needs, which are not incurred in violation of Federal or State law and which have not been reimbursed from other sources or funds. The mechanism for this reimbursement is an AAP agreement, executed prior to the finalization of the adoption.

.8 *Appeal rights*

- .8.1 Grievance procedures concerning Adoption Assistance benefits granted by the KCSF Program, shall be held pursuant to section 020 in this plan.
- .8.2 Grievances may be requested for the following:
  - a. Dispute regarding initial grant amount
  - b. Denial of a request for adoption assistance benefits.
  - c. Payment termination.
  - d. Notification of a finding of an overpayment seeking collection.
  - e. Any change in grant amount.

**530 MINOR PARENT SERVICES (MPS) – (RESERVED)**

**600 KARUK FOSTER AND ADOPTIVE HOME APPROVAL STANDARDS AND REQUIREMENTS**

.1 Before the issuance of an approval document by the KCFS Program, KCFS must ensure the prospective foster or adoptive parent(s) and the home meet the following standards.

.1.2 *Basic Standards for Foster and Adoptive Families*<sup>2</sup>

It is the responsibility of KCFS Program to recruit, screen and approve foster homes. In considering foster parents, the primary consideration will be the foster parent's capacity to provide safety, love and understanding to a child or children in distress.

.1.3 Foster Families will meet the following personal criteria:

A. Background Check Requirements

1. There will be verification that the proposed caregiver, all adults living in the home and all other non-exempt adults having routine contact with the child have a finger-print based criminal record clearance or exemption and Child Abuse Central Index (CACI) Clearance and check of out of state child abuse registries where an individual has lived in another state within the prior five years. The criminal record and child abuse clearance standards are those applied to all California licensed or approved foster homes.
2. Criminal record and child abuse clearances may be processed through any of the following means:
  - a. A request for the criminal record and CACI clearance may be submitted to the Caregiver Background Check Bureau of the CDSS which will conduct both the fingerprint-based criminal record and child abuse index check and relay the results back to KCFS.
  - b. A request for the criminal record and CACI clearance may be submitted to a local county child welfare agency that has agreed to process the clearance request.
  - c. A request is submitted to the California Department of Justice in accord with sections 11105 and 11170 of the California Penal Code, and the tribe conducts the criminal record and CACI clearance review subject to DOJ requirements of entities receiving such information for foster care approvals.

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<sup>2</sup> These standards apply to foster and adoptive parents and homes.

3. Out of state child abuse registries will also be checked by the KCFS Program for prospective foster or adoptive parents and adults living in the home, who have lived in another state within the prior five years of the clearance check.
  4. A home that has a valid clearance through a state licensed Foster Family Agency and has been certified for provision of foster care, or by the CDSS Community Care License Division will be acceptable as meeting criminal record and background check requirements.
- .2. Appeals from denials of criminal record or other clearances shall be conducted pursuant to existing processes used by the respective entity conducting the review.
- .2.1 If the criminal background clearances and or CACI review has been directly conducted by the KCFS Program pursuant to California Penal Code sections 11105 and 11170(b)(4), appeals shall be conducted pursuant to grievance procedures set forth in section 020 of this Plan.
- .3 A home cannot be licensed/approved if
- A. the prospective foster or adoptive parent has been convicted of a felony involving:
    1. Child abuse or neglect;
    2. Spousal abuse;
    3. A crime against a child or children (including child pornography); or,
    4. A crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery.
- Or,
- B. within the last five years, been convicted of a felony involving:
    1. Physical assault;
    2. Battery; or
    3. A drug-related offense
- .4 The age of prospective foster parent(s) shall be a consideration only as it affects their physical capability, flexibility, and ability to care for a specific child except that the prospective foster parent must be at least eighteen (18) years of age.
- .5 A written statement from a physician, regarding the foster parents(s) and their children's general health, specific illness, or disabilities shall be a routine part of the study-evaluation process. Foster parent(s) and all other adults and the children present in the home shall submit a written report

verifying that they have taken tuberculin tests and have been found free of disease; other tests may be required as indicated.

- .6 Physical handicaps of foster parent(s) shall be a consideration only as it affects their ability to provide adequate care to foster children or may affect an individual child's adjustment to the foster family. Cases shall be evaluated on an individual basis with the assistance of a medical consultant when indicated.

B. Income of Foster Families

1. When the KCFS agency does not have a plan for providing foster families a foster care maintenance payment, it shall determine that the foster family's income is stable and sufficient for the maintenance of the family and reimbursement for the family and reimbursement for the foster family's own expenses.

C. Employment of foster parent(s) outside the home

1. In two parent homes it is preferable, in most instances, that both foster parents shall not be employed outside the home so that one parent is available for the parenting the child requires. The agency shall make decisions regarding such situations on the basis of what is the best interest of the child.
2. When a single parent or both parents in a two parent home are employed, it is preferable that the home be used for school age children, and only when there are suitable plans (approved by the Agency) for care and supervision of the child after school and during the summer while parent(s) are at work.

D. Physical Facilities

1. Physical facilities of the foster home shall present no hazard to the safety of the foster child.
2. Foster homes shall meet applicable zoning and housing requirements and/or codes as set by the Karuk Tribe for individual family dwellings.
3. Physical standards for the foster home shall be set according to individual living standards for the community in which the foster home is located; these standards shall be sufficient to assure a degree of comfort, which will provide for the well-being of the family and its self-respect in the community in which it resides.

E. Comfort and privacy

1. It is preferable for no more than two children to share sleeping rooms.
2. The sharing of sleeping rooms by children of the opposite sex is undesirable, especially for foster children who may be experiencing difficulties in the development of their sexual identities, attitudes, and behavior or have been the subject of sexual abuse.
3. Children, other than infants and during emergencies (illness), shall not share sleeping quarters with adults in the household.
4. Individual space shall be provided for the child's personal possessions.
5. In all instances when exceptions are necessary, these shall be for children under two years of age or when special cultural, ethnic, or socioeconomic circumstances create a situation in which such exceptions will not be to the detriment of the child.
6. Foster family homes shall be accessible to schools, recreation, other community facilities and special resources (such as medical clinics) as needed.
7. If the home is otherwise suitable, the foster family shall be provided with all available assistance in meeting the above requirements, standards, and/or codes.

F. Family Composition

1. Two parents shall be selected in most cases; however, single parents shall be selected when they can more effectively fulfill the needs of a particular child.
2. The presence of other children (either own and/or foster), and other adults (i.e. grandparents, aunts, etc; or unrelated persons) shall be taken into consideration in terms of how they might be affected by or have an effect upon another child.
3. The number and ages of children in a home (both own and/or foster) shall be considered on an individual basis, taking into account the foster parent's ability to meet the needs of all children present in the home, physical accommodations of the home, and especially the effect which an additional child would have on the family as a unit. It is preferable that:

- a. Foster parent(s) shall care for not more than two infants (under two); including the foster parent(s) own children.
- b. Foster families should not have more than a total of six children, including foster children and foster parent's own children, in the foster home. Exceptions shall be made in order to keep siblings together.
- c. The age range of the children in a foster home shall be similar to that in a "normal" family in order to lessen competition and comparisons. All placement situations shall consider the effect of having some children in the foster home whose parents visit them and other children whose parents do not.
- d. A foster home shall not provide placements for more than one agency at a time without a written agreement delineating the responsibilities of all parties involved.

G. Personal Characteristics

1. Prospective foster parent(s) shall possess personal qualities of maturity, stability, flexibility, ability to cope with stress, capacity to give and receive love, and good moral character. Such characteristics are reflected in the following:
  - a. Psychosocial history, including significant childhood relationships and experiences (parent-child, sibling, or other relationships).
  - b. Role identification and acceptance.
  - c. Reactions to experiences of separation and loss (through death, desertion, etc.)
  - d. Education, employment, and patterns of interpersonal relationships.
  - e. General social, intellectual, and cultural level of the family.
  - f. Level of everyday functioning:
  - g. Home and money management ability;
  - h. Daily routine and habits;
  - i. Reactions to stress.
  - j. Affective responses (ability to give and receive love, deal with loss, separation and disappointment, etc.)
  - k. Moral, ethical, and spiritual qualities of the family.
  - l. Religious affiliation and habits.
  - m. Hobbies, special interests, skills, and talents.

H. Foster Parenting Abilities

- .1 An assessment of prospective foster parent(s)' parenting ability regarding a specific child shall take into account the following:
  - a. Motivation for application at this time.

- b. Characteristics and number of children best suited to foster family.
- c. Existing family relationships, attitudes, and expectations regarding own expectations regarding own children and parent-child relationships, especially where such existing attitudes and relationships might affect the foster child.
- d. Attitudes of significant members of the extended family.
- e. Ability to accept and love child as he/she is.
- f. Capacity to absorb the child into family life functioning without undue disruption.
- g. Capacity of parent(s) to provide for foster child's needs while giving proper consideration to own children.
- h. Own children's attitudes towards accepting foster child.
- i. Realistic assessment of positive and negative aspects of foster parenthood.
- j. Personal characteristics necessary to provide continuity of care throughout child's need for placement.
- k. Flexibility to meet changing needs over the course of placement.
- l. Ability to accept child's relationship with own parent(s).
- m. Ability to relate to neglecting and abusing natural parent(s).
- n. Special ability to care for children with special needs (physical handicaps, emotional disturbances, etc.).
- o. Areas in which ongoing social work assistance may be needed.
- p. Ability to help a child return home or be placed for adoption and gain satisfaction for the experience.

I. Foster Parent Orientation

- .1 Prospective foster parents shall be provided an orientation on the child welfare system, the caregiver's role and responsibilities as a foster parent, and a summary of the Karuk approval standards for foster family homes.
  - .1.1 As part of the orientation, the prospective foster parents will be provided with a summary of the rights of children in out-of home care and obtain agreement from the prospective foster parent to provide a copy to the child upon request of the child.
  - .1.2 Before placing a child with a prospective foster parent, the foster parents will be prepared adequately with the appropriate knowledge and skills to provide for the needs of the child and that such preparation will be continued, as necessary, after the child is placed.

J. Foster home records

- .1 Records pertaining to children receiving foster care or child welfare services will be retained for the entire time period for which a Title IV-E eligible child is in out of home care and a minimum of three (3) years after the child has left care and the last state expenditure report for that period has been submitted to the federal Department of Health and Human Services.



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## INITIAL FOSTER HOME\ADOPTION APPLICATION FORM

Dear Applicant,

In order to complete your request to approve your home we need the following information on you and your family:

- θ Need (4) complete addresses for non-relative references.
- θ Two pictures of yourself and of your home
- θ Medical reports - Not more than two years old: A statement from your family doctor that you both are in good health and able to continue to care for a child.
- θ Marriage License
- θ Divorce Decree
- θ Financial statement (Past two year's income tax returns)
- θ Consent form for the State Bureau of Investigation Department of Human Services (DHS) File checks.
- θ Other

Please arrange to send us this information as quick as possible.

Sincerely,

Indian Child Welfare

cc: File

**INITIAL FOSTER HOME\ADOPTION APPLICATION CONT'D**

Husband's Name:

Tribal Affiliation:

Date of Birth:

Social Security:

Wife's Name:

Tribal Affiliation:

Date of Birth:

Social Security:

Name and DOB of children in home:

Mailing Address: \_\_\_\_\_

Directions to residence: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Present marriage: \_\_\_\_\_

**OTHER ADULTS LIVING IN THE HOME:**

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>SEX</u>	<u>EMPLOYMENT</u>
-------------	---------------------	------------	------------	-------------------

**PREVIOUS MARRIAGES:**

		<b>HUSBAND</b>	<b>WIFE</b>
A.	Have you been previously married?	_____	_____
B.	Any children by previous marriage?	_____	_____

**EDUCATION:**

	Grade Level	High School	College
Husband	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4
Wife	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4

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**EMPLOYMENT:**

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

Have you or any member of you family ever been arrested for or convicted of a criminal action and/or currently on probation or parole? Yes \_\_\_\_\_ No. \_\_\_\_\_ If yes please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** Give four persons who are well acquainted with your family. If a relative is listed, give relationship.

NAME	ADDRESS	TELEPHONE
------	---------	-----------

**WERE YOU RAISED:**

Husband     traditional     non-traditional     adopted     cultural

Wife         traditional     non-traditional     adopted     cultural

**DESCRIPTION OF FAMILY:** (describe appearance, personality, interests, hobbies, etc.)

**DESCRIPTION OF HOME AND COMMUNITY:** (size, rural, urban, on reservation or off)

**REQUEST FOR BACKGROUND CHECK**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

Place of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ and State issuing license: \_\_\_\_\_

Other Names used: \_\_\_\_\_

Spouse' name: \_\_\_\_\_

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Have you lived in any other state within the last five years and if yes where and during what time period?

Have you ever been convicted of a crime?  YES  No

If yes, please explain:

---

RELEASE STATEMENT:

I, \_\_\_\_\_, here by grantfull permission without recourse, for the use and release of information as necessary for the purposes of checking with the Department of Justice's Child Abuse Central Index, the Federal Bureau of Investigation's criminal records and out of state child abuse registries, for the purpose of suitability of adoption/placement of a child or children.

Signature

**ADOPTION/FOSTER CARE REFERRAL FORM**

Dear \_\_\_\_\_,

We have received an application for adoption\foster care from \_\_\_\_\_ and your name has been given as a reference. The following questions are designed to serve as a guide in completing your response. Please feel free to make additional comments as you feel appropriate. Your responses will be confidential.

1. How long have you known the applicant(s) and in what capacity?
2. How often do you see or talk to the applicant(s)?
3. How would you describe the quality of marriage/stability between the applicant(s)?
4. Have you observed the applicant(s) interactions with children? How would you describe those interactions?
5. Please give a personal strength and weakness for each applicant:

Him:

Her:

6. How do you think each applicant will handle being a parent?

Him:

Her:

7. What can you tell us about how the applicants get along with their family of origin (mother, father, brothers, and sisters)?

Him:

Her:

8. Do you know if either of the applicants grew up where any of the following was a problem at home?

Alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Him	<input type="checkbox"/> Her
Drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Him	<input type="checkbox"/> Her

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Divorce	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Him	<input type="radio"/> Her
Suicide	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Him	<input type="radio"/> Her
Child abuse	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Him	<input type="radio"/> Her
Wife abuse	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Him	<input type="radio"/> Her
Run Away	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Him	<input type="radio"/> Her

9. What is your feeling about this couple regarding the adoption of a child? (circle as many as you wish)

She really wants it / he does not

He really wants it / she does not

They both really want children

I recommend they adopt without hesitation

I recommend they adopt with some hesitation

Certain

Not certain

Additional Comments:

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**FOSTER HOME APPLICANT-PHYSICAL EXAMINATION REPORT**

NOTE: This form may be used by the physician in lieu of a narrative or other type report form.

Name \_\_\_\_\_ Age \_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

HEALTH HISTORY: (check block to indicate history of any of the following)

- Conclusive disorder       mental illness       heart disease
  - Tuberculosis               venereal disease     recent major injury or operation
- (Specify) \_\_\_\_\_

Result of treatment for any items(s) checked above:

- Complete recovery     partial recovery     continued incapacity

Check block if patient is subject to any of the following symptoms or conditions:

- headache     fainting     orthopedic handicap     asthma, severe
- other (specify) \_\_\_\_\_

PHYSICAL EXAMINATION: ( check block if normal, explain if any evidence of abnormality)

vision \_\_\_\_\_  hearing \_\_\_\_\_  lungs \_\_\_\_\_  heart \_\_\_\_\_  Blood Pressure \_\_\_\_\_

Attach laboratory reports, as indicated, for tuberculosis, urine, etc.

General physical condition: \_\_\_\_\_

Current medications: \_\_\_\_\_

Over what period of time have you known the patient professionally? \_\_\_\_\_

Does patient have any condition that would impair ability to care for children?

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date of Exam: \_\_\_\_\_  
Physician address: \_\_\_\_\_

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### FOSTER FAMILY FINANCIAL STATEMENT

(The information on this form is confidential)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Average Monthly Income: \_\_\_\_\_

Husband's gross income: \_\_\_\_\_ Wife's gross income: \_\_\_\_\_  
Other income (Specify): \_\_\_\_\_ (if applicable, Other income includes  
child support, investments, and retirement)

Family's total take-home per month. \_\_\_\_\_  
Please indicate which.

#### MONTHLY BUDGET

- |  |          |
|--|----------|
| 1. Housing (own ___ rent ___)                                  | \$ _____ |
| 2. Utilities   | \$ _____ |
| 3. Food  | \$ _____ |
| 4. Medical (Meds, doctor, dentist)                             | \$ _____ |
| 5. Insurance (life, home, car, etc.)                           | \$ _____ |
| 6. Vehicle payment (s)   | \$ _____ |
| 7. Tax Exempt Contributions                                    | \$ _____ |
| 8. Day care/school expenses                                    | \$ _____ |
| 9. Entertainment   | \$ _____ |
| 10. Clothing   | \$ _____ |
| 11. Gasoline   | \$ _____ |
| 12. Miscellaneous (allowances, spending<br>money, incidentals) | \$ _____ |
| 13. Credit card and installment payments<br>(list all)         | \$ _____ |
| TOTAL:   | \$ _____ |

We are behind on the following debts (list all):

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_  
Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

**THIS FOSTER HOME APPLICATION PROCESS IS NOT CONSIDERED COMPLETE  
UNTIL THIS FORM IS COMPLETED AND NOTARIZED**



**KARUK CHILD WELFARE HOME SELF STUDY APPLICATION**

*To be completed by applicants prior to social worker home visit.*

**A. Identifying Data:**

Husband's Last Name	First name	Middle name
Wife's Last Name	First name	Middle name

**B. Current and Previous Residence:**

1.	P.O. Box, Street, Route	City	County	State	Zip
2.	P.O. Box, Street, Route	City	County	State	Zip
3.	P.O. Box, Street, Route	City	County	State	Zip

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell: \_\_\_\_\_

**C. Married?  Yes  No**

Date	State/City	Name of Official
------	------------	------------------

**D. Description Of Applicants:**

	HUSBAND	WIFE
1. Age of applicant:	_____	_____
2. Date of Birth:	_____	_____
3. Place of birth of applicants:	_____	_____
4. Nationality Background:	_____	_____
5. Citizenship:	_____	_____
6. Physical characteristics:		
Eyes:	_____	_____
Hair:	_____	_____
Height:	_____	_____
Weight:	_____	_____
7. Social Security Number:	_____	_____

**E. Children:**

Name of Child	Sex	DOB	Natural/Adopted	Cause of death
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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F. Other Members of Household (Include **all** living in the home):

Name	Sex	Age	Employment/Grade	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

G. Statement Of Church Or Traditional Culture Relationship And Participation:  
(Optional)

1. We have been members of the \_\_\_\_\_ church/culture in \_\_\_\_\_ for approximately \_\_\_\_\_ years.  
(City/Location)

2. At the present time we participate in the life of our church/traditional culture in the following ways: (Optional)

- Attend worship regularly \_\_\_\_\_
- Attend extra activities \_\_\_\_\_
- Attend a Church School class \_\_\_\_\_
- Teach a Sunday school class \_\_\_\_\_
- Sing in the Choir \_\_\_\_\_
- Active member of Women's or Men's organization \_\_\_\_\_
- Help with Volunteer Services \_\_\_\_\_
- Member of the Supervisory Body of the church \_\_\_\_\_
- Participate in cultural activities (list out): \_\_\_\_\_

Other ways (Specify): \_\_\_\_\_

3. Our present pledge to the church/cultural budget is \$ \_\_\_\_\_ a year.

H. Previous Marriages

	<u>HUSBAND</u>	<u>WIFE</u>
1. Have you been previously married?	__ Yes __ No	__ Yes __ No
2. If so, how many times?	_____	_____
A. To whom (Name)?	_____	_____
B. Date and Place?	_____	_____
C. How Terminated?	_____	_____
3. Any children by previous marriage?	__ Yes __ No	__ Yes __ No
A. List names and birth dates	_____	_____
B. In who's custody?	_____	_____

I. Education:

	<u>HUSBAND</u>	<u>WIFE</u>
Highest grade/Degrees completed?	_____	_____
Year/School	_____	_____
Any specialized training (Specify)?	_____	_____

What are your educational expectations for a child? \_\_\_\_\_

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J. Employment:

Husband - List employment the last ten years (since leaving school, accounting for time between periods of employment).

Occupation	Employer	Dates	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you consider present employment to be permanent? \_\_\_\_\_  
If not, what are your plans? \_\_\_\_\_

Wife - List employment the last ten years (since leaving school, accounting for time between periods of employment).

Occupation	Employer	Dates	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	<u>HUSBAND</u>	<u>WIFE</u>
3. Are you receiving disability?	__ Yes __ No	__ Yes __ No

K. Military History

	<u>HUSBAND</u>	<u>WIFE</u>
Branch of Service and Rank:	_____	_____
Date entered Service:	_____	_____
Date and Type of Discharge:	_____	_____

L. Arrest Records:

Have either you ever been convicted of a misdemeanor or felony?)

HUSBAND:       YES       NO                      WIFE:       YES       NO

If yes, please explain (including dates, places, and Court):

Husband: \_\_\_\_\_  
\_\_\_\_\_

Wife: \_\_\_\_\_  
\_\_\_\_\_

M. Description of Home:

1. Do you live in a:       City       Town       Rural area
2. Do you live in a:       House       Apartment       Mobile Home
3. Number of bedrooms: \_\_\_\_\_ Number of bathrooms: \_\_\_\_\_
4. Is home owned? \_\_\_\_\_ Amount of mortgage \$ \_\_\_\_\_
5. Is home rented? \_\_\_\_\_ Monthly rental: \$ \_\_\_\_\_
6. How long have you lived at this address? \_\_\_\_\_

PLEASE ATTACH A SKETCH THE FLOOR PLAN OF YOUR HOME.

N. Insurance (Specify kinds):

Health       Home       Car                       Other/Specify:

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O. Personal Health:

1. Describe any handicaps, serious illness or operations during the past ten years, giving approximate dates and degree of recovery: \_\_\_\_\_

2. What is your health condition now?

HUSBAND: \_\_\_\_\_

WIFE: \_\_\_\_\_

3. Have either husband or wife ever received treatment for a nervous or mental disorder?

HUSBAND:  YES  NO

WIFE:  YES  NO

If answer is yes for either husband or wife, please furnish the name/address of the doctor who provided this treatment. \_\_\_\_\_

4. Explain briefly the results of any sterility study: \_\_\_\_\_

P. Interests and activities:

1. To what social, fraternal or civic organizations do you belong? \_\_\_\_\_

2. What are your major leisure time activities or hobbies? \_\_\_\_\_

3. What activities do you engage in? \_\_\_\_\_

HUSBAND:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

WIFE:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Q. Additional Information: Please provide any additional information that you think we should know about your history and living situation. \_\_\_\_\_

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**RESOURCE FAMILY APPLICATION  
TYPE OF CHILD AND PROBLEMS ACCEPTED**

This application is for: \_\_\_\_\_ foster care \_\_\_\_\_ adoption

Applicant's name: \_\_\_\_\_

PLEASE CHECK ALL THAT APPLY:

We desire             MALE         FEMALE

Age of youngest child we would accept \_\_\_\_\_

Age of oldest child we would accept \_\_\_\_\_

- |                                   |                              |                             |
|-----------------------------------|------------------------------|-----------------------------|
| Bi-racial child (Black\Indian)    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Bi-racial child (White\Indian)    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Special needs                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Physical handicap correctable     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Physical handicap non-correctable | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Behavioral problems               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Emotional problems                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Fetal Alcohol Syndrome            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Fetal Alcohol Affect              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Developmental delay               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Different religions               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

The type of child or children we feel would best fit into our home is:

\_\_\_\_\_  
(Include number, sex, age, and any special problems you feel your family would work well with.)

**AUTHORIZATION TO RELEASE INFORMATION**

July 2010

I hereby authorize the Karuk Child and Family Services Program to release and receive information to and from the following persons and organizations. I have been informed of the type of information to be released and requested.

- Department of Human Services
- Court
- Lawyers
- Referral Source
- Spouse
- Other: \_\_\_\_\_

- I hereby release the \_\_\_\_\_ Tribe and its agents and employees from any and all liabilities, responsibilities, damages and claims, which might result from the release of information authorized above.
- I hereby waive any psychiatrist-patient and or psychologist-patient privilege with respect to the records released to the above named individual or organization.
- I understand that the above consents are subject to revocation by me at any time, except to the extent that action has been taken in reliance on this consent prior to revocation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_