

# APPENDICES



**LOUISIANA**  
**CHILD IN NEED OF CARE BENCHBOOK**  
FOR JUVENILE JUDGES

SECTION

**12**

# ACRONYMS



<b>ALSC</b>	Acadiana Legal Services	<b>ISPO</b>	Instant Safety Plan Order
<b>ACEs</b>	Adverse Child Experiences	<b>KCSP</b>	Kinship Care Subsidy Program
<b>ADA</b>	Americans with Disabilities Act	<b>KNP</b>	Kinship Navigator Program
<b>ADA</b>	Assistant District Attorney	<b>LASC</b>	Louisiana Supreme Court
<b>APLA</b>	Alternative Permanent Living Arrangement	<b>LDH</b>	Louisiana Department of Health
<b>ASFA</b>	Adoption and Safe Families Act	<b>LDOE</b>	Louisiana Department of Education
<b>BGC</b>	Bureau of General Counsel	<b>LEA</b>	Local Educational Agency
<b>CASA</b>	Court Appointed Special Advocate	<b>LEAF</b>	Louisiana Elite Advocacy Force
<b>CCH</b>	Continued Custody Hearing	<b>LPOR</b>	Louisiana Protective Order Registry
<b>CFSR</b>	Children and Family Services Review	<b>MHAS (CAP)</b>	Mental Health Advocacy Services, Child Advocacy Program
<b>CINC</b>	Child in Need of Care	<b>MTTS</b>	Multi-tiered Systems of Support
<b>CLARO</b>	Children's Law Advocacy Resource Online	<b>NCJFCJ</b>	National Council of Juvenile and Family Court Judges
<b>CSE</b>	Child Support Enforcement (CSE)	<b>OJJ</b>	Office of Juvenile Justice
<b>CSPH</b>	Continued Safety Plan Hearing	<b>PO</b>	Protective Order
<b>CSPO</b>	Continued Safety Plan Order	<b>PRTF</b>	Psychiatric Residential Treatment Facility
<b>CWADM</b>	Child Welfare Assessment and Decision Making Model	<b>QPI</b>	Quality Parenting Initiative
<b>DA</b>	District Attorney	<b>RE</b>	Reasonable Efforts
<b>DCFS</b>	Department of Children and Family Services (also referred to as "the Department")	<b>RTI</b>	Response to Intervention
<b>ESSA</b>	Every Student Succeeds Act	<b>SDM</b>	Structured Decision Making
<b>FFPSA</b>	Family First Prevention Services Act	<b>SLLS</b>	Southeast Louisiana Legal Services
<b>FINS</b>	Family in Need of Services	<b>SMCRA</b>	Service Members Civil Relief Act
<b>FITAP</b>	Family Independence Temporary Assistance Program	<b>SNAP</b>	Supplemental Nutrition Assistance Program
<b>FTM</b>	Family Team Meeting	<b>TBH</b>	Trauma and Behavioral Health Assessment
<b>IAA</b>	Informal Adjustment Agreement	<b>TBRI</b>	Trauma Based Relational Intervention
<b>ICPC</b>	Interstate Compact on the Placement of Children	<b>TPR</b>	Termination of Parental Rights
<b>ICWA</b>	Indian Child Welfare Act	<b>TRO</b>	Temporary Restraining Order
<b>IDEA</b>	Individuals with Disabilities Education Act	<b>UCCJEA</b>	Uniform Child Custody Jurisdiction and Enforcement Act
<b>IEP</b>	Individualized Education Program	<b>YTP</b>	Youth Transition Plan

# CONFIDENTIAL CASA REPORT

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This report is confidential in nature for the benefit of the court  
And may be distributed only to parties to the proceeding.

**CASA Volunteer Name:**

**Case Number:**

**Regarding:**

**DOB:**

**Type of Hearing:**

**Date & Time:**

**Number of months and years in care:**

**Person Interviewed/Visited**

**Relationship to Case**

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**Date and Reason Child/Children Entered Care:**

**A permanency plan of:** \_\_\_\_\_

**was approved and ordered by the court on:** \_\_\_\_\_

**Documents Reviewed:**

**Placement:**

**Visitation:**

**Educational:**

**Mental Health/Behavioral:**

**Medical/ Dental:**

**Progress Toward Achieving Permanent Plan:**

**Assessment/Summary:**

**Recommendations:**

1.

This report and the accompanying recommendations are respectfully submitted by:

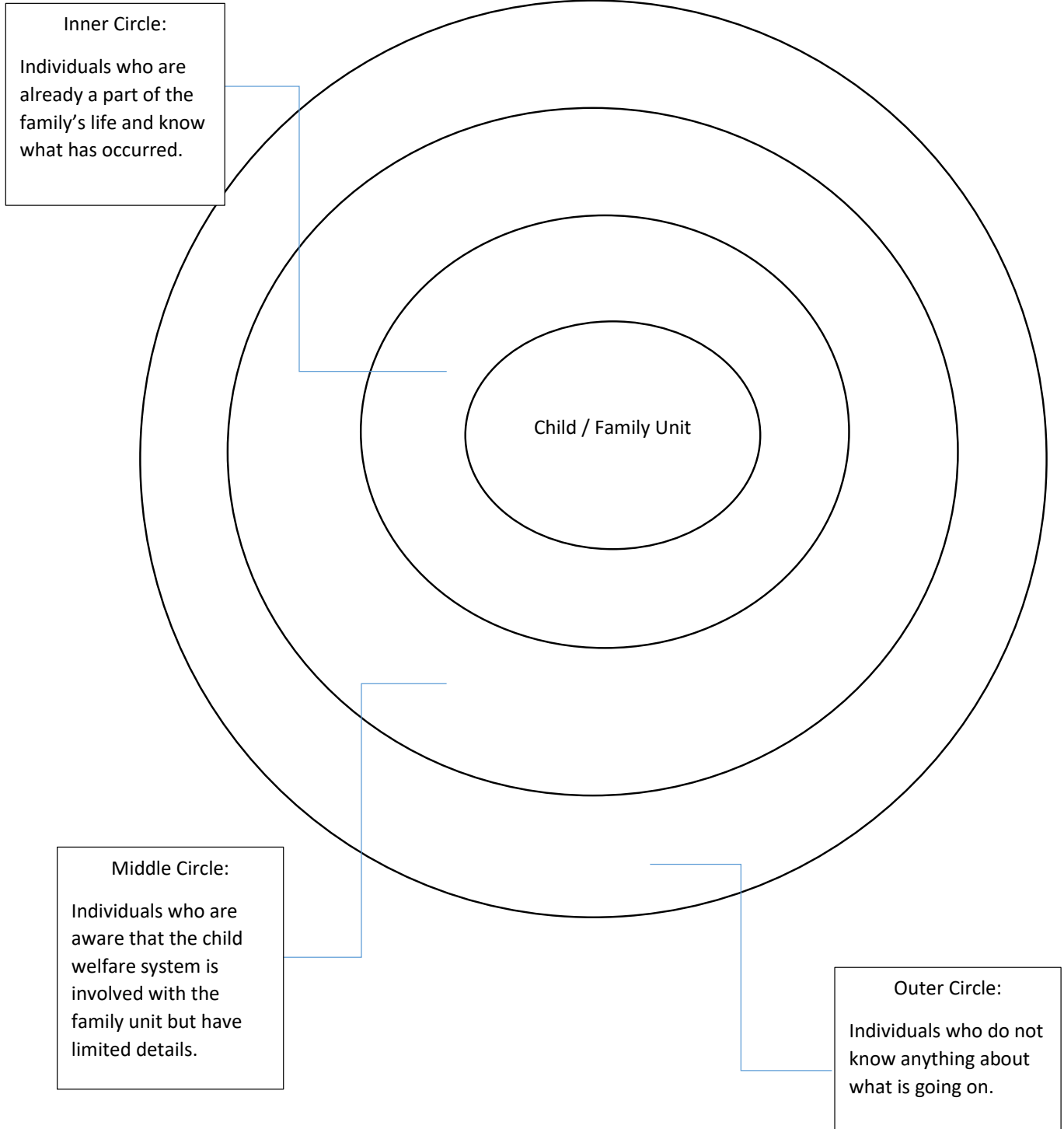
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CASA Volunteer

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Advocate Supervisor

## Circle of Influence



**State of Louisiana Case Plan Cover Sheet/FC****Case Name/TIPS:** Blank FC Blank / 886688669 (FAMILY)**Date Case Plan Finalized:** 8/18/2020**Type of Planning Meeting:** Initial**Parish:** Acadia**Case Plan Review as needed but no later than:** 2/17/2021

Name	Relationship to child/family	Signature	Date Signed	Participated in Meeting
Blank FC Blank	Natural Parent			

**State Child's Permanent Plan:****SDM RISK LEVEL/Likelihood of repeat maltreatment without Agency involvement:****SDM RISK LEVEL (second household, if applicable):****DCFS and Family Visits:** Describe the expected frequency and location of DCFS worker visits with the family.**Threats of Danger/Safety Concerns:**

hello

**Risk Factors to address in case plan (SDM):**

here

**Conditions for Return:**

is

**Conditions for Closure:**

an example.

**Problem Resolution:**

You are encouraged to talk at this meeting about services that you think are the best for this child and family. Please write any comments in above space or on another page if you disagree with any part of this plan. DCFS follows a problem solving approach that family members are encouraged to try. Please talk with your worker about how DCFS staff can best help. If you and your worker disagree on what should be done, please talk to your worker's supervisor, if you are still not satisfied with services offered, please ask the supervisor to help you contact the District Manager or Regional Administrator. If after talking to the regional DCFS staff you still believe that changes are needed, then you may ask the regional staff to help you contact DCFS State Office staff to discuss changes that you want. Foster parents may refer to the Foster Parent Handbook for problem and/or grievance procedures.

**Comments From Family:**

Quality Assurance Specialist \_\_\_\_\_

Date \_\_\_\_\_

FEDERAL COMPLIANCE

Reason Child(ren) entered Foster Care:

(Describe why the child(ren) entered foster care and include any identified safety and risk factors)

ksdjfhakjh

Preventive Services:

Identify what preventive services were offered prior to the child(ren)'s entry into foster care or identify the circumstances which indicated that there was substantial, immediate danger to the child(ren) which precluded the provision of preventive services as an alternative to removal. *Explain how the preventive services were appropriate to the situation to reduce the risk and prevent removal of the child(ren).*

kjshdlkfkjhh

Child's Care Setting

(A) Describe how this placement is the least restrictive, most family-like, safe, and most appropriate setting available consistent with the best interests and special needs of the child. Describe the type of placement as well as proximity to child's family and community of origin (if not in close proximity, explain why).

kjhsdflkajsh

(B) Has the child's current caretaker committed to adopt the child, if the child becomes available for adoption?

jkdsahlkjshd

(C) If the child has no identified permanent placement, describe the resources that have been explored, including relatives and significant others, in order to facilitate an orderly and timely placement to achieve a permanent living arrangement that has been assessed for safety and risk for the child, if the child is not able to return home.

kjsdhfkah

(D) Does the child have any permanent connections that have been established? If yes, list name and type of commitment. If no, describe efforts to develop permanent connections.

kjhasdlkjfah

(E) Date written notification was provided to all foster caretakers informing them of the date, time, and place of court hearings and their right to attend and be heard.

jhdskalfklkhh

(F) Has the Department provided the foster caretakers with information on the Reasonable and Prudent Parent Standard?

jhsdlkfjha

(G) Document what the Department has done to ensure each foster caretaker is following the Reasonable and Prudent Parent Standard.

kljhsdlkfkjh

### Permanency Goals

(A) For each child, please mark the current case goal (Reunification, Adoption, Guardianship, APLA, or Other) next to their name. If concurrent planning is occurring for any child, please mark both case goals.

hklshaf

(B) If child(ren) length of stay in foster care meets the timeline for termination of parental rights according to P.L. 105-89 or meets the legal standards for immediate termination of parental rights and the child(ren)'s plan is not adoption, document the reason termination of parental rights is not being pursued. Are there any other factors impacting the progress of termination?

kljhdsa

(C) Please note history of previous case goals explored and reason each was ruled out.

jkhdsflfhh

(D) If the goal for any child is APLA, document the following:

- The child is age 16 or older;
- Intensive, ongoing, unsuccessful efforts to achieve a more permanent case goal, to specifically include efforts utilizing search technology (social media, Federal Parent Locator System, etc.) used to find biological family for the child;
- Outcomes of discussions with the child regarding their permanency goal;
- Why APLA is the best permanency goal for the child; and
- Why it is not in the child's best interest to return home, be placed for adoption, or be placed with a legal guardian or relative.

jhdslkhfhh

### Case Plan Services Review

(A) Are the services being provided in the case plan adequately addressing the needs and assisting in progression of the goals?

kjhadkfh

(B) Are the service providers suitable for the family and have they assisted the family in progression of their goals?

kjahdsfh

(C) Was each child consulted about activities in which he or she wants to participate?

kjhkldshhfahhh

(D) Has each child had regular ongoing opportunities to engage in age or developmentally appropriate activities? Describe.

khlkjdhf

### Educational Stability

**Pursuant to 475(1)(G) of the Fostering Connections Act, the plan for ensuring the educational stability of each child in foster care of compulsory school age (5 years of age by September 30 in the year in which the child turns 5 through age 17):**

(A) Assurance each placement of each child in foster care was determined with consideration given to the appropriateness of the current educational setting and the proximity of the placement to the school in which the child was enrolled at the time of placement;



hjlkdjfh

(B) Assurance efforts were coordinated by Child Welfare with the Local Education Authority when necessary to ensure each child could remain in the same school in which each child was enrolled at the time of each placement; and,

jkhlkahf

(C) Assurance, if remaining in the same school was not in each child's best interests, Child Welfare and the Local Education Authority coordinated enrollment of each child requiring a school change immediately in a new school, with all of each applicable child's educational records provided to the new school.

kjhklfh

## BASIC OBLIGATIONS OF PARENTS

Parents are the responsible party for the following basic obligations:

- To maintain safe housing adequate to meet their child's basic needs.
- To pay all or part of the cost of the child's care while in foster care as indicated below:  

sdfasd
- To maintain regular contact with the child while in foster care in accordance with the visitation plan.
- To provide the name, address, and other requested information about the non-custodial parent of the child, any Native American tribal membership or eligibility for membership, and other relatives and persons who may be interested in caring for the child or having some type of contact with the child.
- To participate in determining the permanent plan for the child and to work towards achieving permanency before or within 12 months of the child's placement in foster care.
- To receive notice of and attend all hearings regarding custody and placement of the child.
- To engage in case planning with the Department to know what conditions must be met in order to have the child returned.
- To keep the Department advised of their whereabouts and significant changes occurring in their lives.

Responsibilities of parents/guardians are ongoing throughout the life of the case and fulfillment of such will be reviewed on a regular basis.

<b>Formal Case Plan Review</b>	<b>Date Review Conducted</b>
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## ADDITIONAL CONSIDERATIONS FOR PARENTS/GUARDIANS

- Parents/Guardians should provide medical/social history and family income and resource information on the child and the family.
- Parents/Guardians should explain to the child the reasons for placement and assist the child in understanding what placement means and the future living arrangement plan.
- The following are permanent plan options for a child:
  - The return of the child to the home of the parent from whom he was removed;
  - Transfer of custody of the child to the non-custodial parent;
  - Adoption by a relative, foster or adoptive parent;
  - Guardianship to a relative or other person; and,
  - Alternative Permanent Living Arrangement (Transition of Youth to Adulthood from Foster Care).
- Parents/Guardians may maintain their role as parents by participating in some activities concerning the child; to determine the religious affiliation of the child; to consent for major non-emergency surgery and anesthesia for the child, if needed; and to be informed of a serious injury, emergency surgery, or hospitalization of the child, changes in the child's living arrangement and any runaway incidents.
- Parents/Guardians may indicate in writing any disagreement with any part of the family's or child's case plan.

Louisiana law provides that rights as a parent can be permanently terminated against the parents' wishes under certain circumstances. Some of these circumstances are:

- Severe or repeated abuse or neglect of a child in the parent's household;
- Abandonment of the child;
- The parent's killing of the child's other parent;
- Extended incarceration of a parent who does not provide another plan for the child; and
- Parental lack of compliance with the case plan and no reasonable expectation of significant improvement in the parent's condition or conduct.

When parental rights are terminated by a court or a parent surrenders a child for adoption, parents lose all rights to visits, have custody of, or make any decision for their child(ren). The child is then available for adoption. If the parent chooses to surrender parental rights to the child for the purpose of adoption and the child is not adopted, the surrender may be dissolved by the court.

Louisiana law provides that custody or guardianship of children may be placed with a relative or other person. Louisiana law also allows for consideration of restoration of parental rights after a child achieves age 15 in foster care, in certain circumstances, as per LA Ch. C. Chapter 11, Title X, Articles 1050-1053.

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**CASE PLAN: Adult Functioning, Parenting Practices, and Building Protective Capacities**

**Behavioral Goals:**

mdsaf

**Action Steps**

Action	Responsible Party	Progress Review Date	Completed
dsfkajh	kjhdsllkfkjkh	2/2/2021	Ongoing

**Formal Case Plan Review**

Behavior Change Progress	Date Review Conducted
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CASE PLAN: Child Functioning

Behavioral Goals:

fdsaf

Action Steps

Action	Responsible Party	Progress Review Date	Completed
Next annual physical exam due by _____			Ongoing
Next dental exam due by _____			Ongoing
Lifebook will be maintained and updated at a minimum every 6 months			Ongoing

Formal Case Plan Review

Behavior Change Progress	Date Review Conducted
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CUMULATIVE MEDICAL RECORD

Child's Name: Blank FC Blank (FAMILY)      DOB:      TIPS: 886688669

Physical, Vision, and Dental Examinations and Treatment for Illnesses

Date	Doctor's Name & Address	Treatment/Service	Recommendations

PRESCRIPTION AND OTHER ROUTINE MEDICATION INCLUDUING PSYCHOTROPIC MEDICATION

Medication	Reason	Dosage	Prescribing Physician	Date Prescribed	Currently Taking?
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Immunization Record

Immunization	Date	Immunization	Date	Immunization/Test	Date
Birth HBV		12-15 mos. DTaP, Hib, MMR, Var, PCV7, HAV		AIDS/HIV Test	
2 mos. DPT aP, Hib, IPV, HBV, PCV7, Rota		18-23 mos. HAV			
4 mos. DPTaP, Hib, IPV, PCV7, Rota		4 years or Prior to School Entry DTaP, IPV, MMR, Var			
6 mos. DTaP, Hib, IPV, HBV, PCV7, Flu, Rota		11-12 years Tdap, MCv4, HPV or (Var, MMR, HBV if needed)			

Allergies:

COMMUNICABLE DISEASES

Indicate date if the child has had any of the following:

Chicken Pox	Genital Herpes	Intestinal Parasites	Malaria	Pneumonia	Tetanus
Chlamydia	Genital Warts	Hepatitis B	Measles	Poliomyelitis	Tuberculosis
Diphtheria	German Measles	HIV	Meningitis	Scarlet Fever	Typhoid Fever
Dysentery	Gonorrhea	Influenza	Mumps	Syphilis	Whooping Cough

DIAGNOSED CONDITIONS

Category	Assessed?	Starte Date of Diagnosis	End Date of Diagnosis	Physician	Comments
Intellectual Disability	Not Yet Assessed				
Visual/Hearing Impairment	Not Yet Assessed				
Physical/Motor Disability	Not Yet Assessed				

Category	Assessed?	Start Date of Diagnosis	End Date of Diagnosis	Physician	Comments
Emotional Disability	Not Yet Assessed				
Other Medical	Yes		8/18/2020	mn	mn

**Other:**

## DIAGNOSIS

Medical Diagnosis	Date of Diagnosis	Physician
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Mental Health Diagnosis	Date of Diagnosis	Physician/Clinician
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**Comments related to above diagnosis (indicate specific diagnosis):**

## HISTORY OF INPATIENT MENTAL HEALTH/PSYCHIATRIC TREATMENT

Date	Reason Hospitalized	Hospital
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## HISTORY OF SURGERY OR OTHER INPATIENT MEDICAL TREATMENT

Date	Reason	Hospital
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**Laboratory Tests, including dates, since placement:**

**Has child been tested for lead poisoning?**

(If no, testing should be arranged at the Public Health Unit or with a Kid-Med provider.)

\_\_\_\_\_

**Other significant information:**

CUMULATIVE SCHOOL/EDUCATIONAL RECORD - FOSTER CHILD

Child's Name: Blank FC Blank (FAMILY)      DOB:      TIPS: 886688669

Year	Grade	Reg Attendance	Pass	Child In Special Ed	Current IEP In Record	Name of School	Address
2020-2021	K	Y					

Did the child pass the 4th grade LEAP test? \_\_\_\_\_  
If no, what were the problems? \_\_\_\_\_

Did the child pass the 8th grade LEAP test? \_\_\_\_\_  
If no, what were the problems? \_\_\_\_\_

Did the child pass the 10th grade GEE 21 English & Math? \_\_\_\_\_  
If no, what were the problems? \_\_\_\_\_

Did the child pass the 11th grade GEE 21 Science & Social Studies? \_\_\_\_\_  
If no, what were the problems? \_\_\_\_\_

Did the child pass the 12th grade GEE 21 only if previous tests not passed? \_\_\_\_\_  
If no, what were the problems? \_\_\_\_\_

Was the child receiving special education services at the time the child entered foster care? \_\_\_\_\_  
If yes, was the IEP current? \_\_\_\_\_

Has the child received their high school diploma or any certificate of high school equivalency? \_\_\_\_\_  
Date Received \_\_\_\_\_



CLOSING SUMMARY - CONDITION FOR RETURN

Family Name/TIPS: Blank FC Blank / 886688669 (FAMILY)

1. Briefly provide the reason for the FC referral:

safsd

2. Safety

What were the initial threats of danger (if any)?any additional threats of danger identified during the case and how were they addressed?

sjda;kkhfhkhh;

3. Risk

What is the current SDM level and does it support closure of the FC case? If not, is there an approved override by the Supervisor/Manager?

kjhdsfkjh

4. Progress

Describe the overall progress or lack of progress made in the achievement of the case plan behavioral goals. (Include a description how the caretaker's protective capacities have been enhanced).

hkjldsifhlk

5. Family Supports/Maintenance

Describe any identified community resources/agencies or family supports that are involved at case closure that will help to sustain positive family functioning.

kjhdslkfkjakjhh

6. Date of Termination Visit With Family: 1/1/1900

Reminders:

SDM risk re-assessment required prior to case closure (up to 30 days prior to closure). Each domain is to be updated with the most current information. Safety Assessment/Form 5 required prior to case closure.

Other Comments:

Worker, Credentials, Signature/Date

Supervisor, Credentials, Signature/Date

# Family Connections

Child:

TIPS #:

Siblings:

Name:

Name:

Name:

Mother:

Contact Info:

Symbol: \_\_\_\_

Father:

Contact Info:

Symbol: \_\_\_\_

Maternal Grandmother

Contact Info:

Symbol: \_\_\_\_

Maternal Grandfather

Contact Info:

Symbol: \_\_\_\_

Paternal Grandmother

Contact Info:

Symbol: \_\_\_\_

Paternal Grandfather

Contact Info:

Symbol: \_\_\_\_

Maternal Aunts / Uncles:

Contact Info:

Symbol: \_\_\_\_

Maternal Aunts / Uncles:

Contact Info:

Symbol: \_\_\_\_

Maternal Aunts / Uncles:

Contact Info:

Symbol: \_\_\_\_

Paternal Aunts / Uncles:

Contact Info:

Symbol: \_\_\_\_

Paternal Aunts / Uncles:

Contact Info:

Symbol: \_\_\_\_

Paternal Aunts / Uncles:

Contact Info:

Symbol: \_\_\_\_

Godparents:

Contact Info:

Symbol: \_\_\_\_

Close Family / Friends:

Contact Info:

Symbol: \_\_\_\_

Contact Info:

Symbol: \_\_\_\_

Contact Info:

Symbol: \_\_\_\_

Legend: 1 Strong Bond 2 Some Bond 3 No Bond

# Foster Caregiver Progress Form

Your First & Last Name(s):

First & Last Name of the Child:

Instructions: This form gives you the opportunity to provide valuable information about how the child in your care is doing and exercise your legal right to be heard in court. You are encouraged to complete and submit this form to your DCFS case worker before the child's next court hearing. Please type or write clearly in ink and complete a separate form for each child. Provide any current information you consider relevant since the child was placed in your care. You may write on the back of this form if needed. DCFS will submit the form to the court and make sure all parties involved in this case get a copy of the form.

(1) How is the child doing in your home (strengths and weaknesses)? \_\_\_\_\_

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(2) What strengths, interests, hobbies, or talents does the child have, and activities or sports does he/she participate in or want to participate in? What help is needed to support these? \_\_\_\_\_

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(3) Please list any medical, dental, mental health, or developmental progress or challenges: \_\_\_\_\_

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(4) Please list any childcare or educational successes or challenges: \_\_\_\_\_

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(5) Do you have any feedback about the child's visits with parents (i.e., transportation, schedule, behaviors of the child that you observed)? \_\_\_\_\_

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(6) Is information about the child being shared between you and the child’s parent(s) (i.e., medical appointments, school functions, and/or other activities the child is involved in)? \_\_\_\_ No \_\_\_\_ Yes.

If no, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(7) Do you have any of the child’s siblings in your home? If not, briefly describe how sibling visitation is going.

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

(8) Is there any information or resources that you need to better care for the child? \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE(S) OF FOSTER CAREGIVER(S) WHO COMPLETED FORM

\_\_\_\_\_  
DATE SIGNED

**FOR OFFICIAL USE ONLY**

First and Last Name and Title of Recipient of Form:	Date Form Received:
Name of Court:	Docket Number:
Name of Judge:	Court Date:

# Louisiana ICWA Quick Reference Guide

## Adapted from Utah Court Improvement Program & ABA Center on Children and the Law

**ICWA applies** to an Indian child in a State Court 'child custody' proceeding, as defined in ICWA who is not a ward of a tribal court and is not domiciled on a reservation.

### Indian Child:

Unmarried under 18 years old &:  
1. Member/citizen of Tribe, OR  
2. Eligible for membership AND biological child of member

### Child custody proceeding:

1. Foster-care, custody, & guardianship placement
2. Termination of parental rights
3. Preadoptive & Adoptive Placements
4. Status offenses/out-of-home placement

### Indian Child's Domicile:

- That of parent, custodial parent (if the parents unmarried), Indian custodian, or guardian

### Exclusive Tribal Jurisdiction if:

- Resides/domiciled on reservation, OR
- Ward of tribal court

**EMERGENCY REMOVAL STANDARD:** Necessary to prevent imminent physical damage or harm to the child.

### Court must:

1. Make a finding on the record.
2. Promptly hold a hearing when information shows emergency ended.
3. Immediately terminate proceeding when there's sufficient evidence showing emergency removal/placement is no longer necessary.

**Time Limits** -No longer than 30 days unless the Court determines that:

1. Restoring the child to parent or Indian custodian would subject child to imminent physical damage or harm.
2. Court has been unable to transfer jurisdiction.
3. It has not been possible to initiate a child-custody proceeding.

**A petition** for emergency removal or continued emergency placement must comply with 25 CFR § 23.113(d).

**QEW is NOT required.**

### Actions that terminate an Emergency Proceeding:

1. Initiate a child-custody proceeding.
2. Transfer to Tribe.
3. Restore child to parent or Indian custodian.

## INQUIRY

### At commencement of each hearing, Court must:

1. Ask if anyone knows/has reason to know if child is an Indian child.
  2. Instruct all parties to inform the court of subsequent information.
- If there is a reason to know, but insufficient evidence:*
3. Confirm DCFS used due diligence to identify & work with all tribes
  4. Treat as Indian child unless & until the court can determine otherwise

### Reasons to know include:

- Anyone informs the court
- Child informs court
- Child is ward of tribal court
- Anyone discovers information
- Child resides/domiciled on a reservation
- Either parent possesses tribal identification card

## ACTIVE EFFORTS

### Active efforts are meant to:

- Begin at INQUIRY if there is a reason to know a child is an Indian child.
- Be tailored to the facts and circumstances of individual cases.
- Be affirmative, active, thorough, timely.
- Reunite an Indian child with his or her family.

**Courts must conclude** that DCFS made active efforts, documented in the record.

## PROPER REMOVAL & RETENTION

- The Court must expeditiously determine whether removal or retention was proper: *returning an Indian child to parents or Indian custodian would subject the child to substantial and immediate danger or threat of such danger*
- If improper, the court must terminate proceedings and immediately return child to parents or Indian custodian.
- **Improper removal may be asserted at any time by any party.**

## TIME LIMITS AND EXTENSIONS

- No foster-care placement or TPR proceedings may be held **until at least 10 days after receipt of notice.**
- Parents, Indian custodians, Tribes or Secretary have a right to **an additional 20 days for preparation.**
- Additional time may be available under State law or pursuant to extensions granted by court.

## DETERMINATION OF TRIBAL MEMBERSHIP

Tribes have sole jurisdiction and authority to determine membership or eligibility.

### The State Court:

- **May not** substitute its own determination.
- **May rely** on facts or documents indicating membership.

### To make a judicial designation of Indian child's tribe:

- If only one tribe: the court must designate as Indian child's tribe
- If 2+ tribes:
  - the court should give deference to the tribe in which child is already a member unless otherwise agreed to by tribes
  - the court must provide the opportunity for the Tribes to determine which should be designated as the Indian child's Tribe

## NOTICE

### Courts must ensure:

1. Party seeking placement:
  - a. Promptly sends notice of each hearing by registered or certified mail with return receipt requested to each potential Tribe, parent, and Indian custodian.
  - b. Files with the court originals or copies with any return receipts or proof of service.
2. Notice is in clear and understandable language and conforms to requirements at 25 U.S.C. § 1903; 25 CFR 23.2.
3. Notice sent to BIA Regional Director if identity or location of parents, Indian custodian or Tribe(s) unknown.
4. Language access provided for Limited English Proficient (LEP) individuals.
5. Parent or Indian custodian is informed of rights if appearing without attorney.

# Louisiana ICWA Quick Reference Guide

Adapted from Utah Court Improvement Program & ABA Center on Children and the Law

**STANDARDS OF EVIDENCE** Foster-care placement = Clear and convincing; Termination of parental rights = Beyond a reasonable doubt

The court must not order a foster-care placement or termination of parental rights unless the evidence shows a **causal relationship** that conditions in the home **likely will result in serious emotional or physical damage to child**.

**Without causal relationship**, evidence that shows only the following **does not** meet standards of evidence: community or family poverty, isolation, single parenthood, custodian age, crowded or inadequate housing, substance abuse, or nonconforming social behavior.

## QUALIFIED EXPERT WITNESS (QEW)

**QEW must be qualified to testify to the following:**

1. Continued custody of parent or Indian custodian is likely to result in serious emotional or physical damage to child
2. Prevailing social and cultural standards of the Indian child's Tribe

**Who can be a QEW? \*Please note that the final regulations do not include the preference list of QEWs that appear in the 2015 Guidelines.**

1. May be a person designated by Tribe
2. Court or any party may request assistance of Tribe or BIA office to locate QEW
3. The regularly assigned DCFS caseworker **may not** serve as QEW.

**When is QEW Required?**

Foster care placements and termination of parental rights. A QEW is NOT required for emergency proceedings

**PLACEMENT PREFERENCES** *The court must consider, where appropriate, child or parents' preferences.*

**Adoptive - In descending order:**

- 1) Member of child's extended family
- 2) Other members of child's Tribe
- 3) Other Indian families

**Foster-care or Pre-adoptive - In descending order:**

- 1) Member of child's extended family
- 2) Foster home licensed, approved or specified by child's Tribe
- 3) Indian foster home licensed or approved by an authorized non-Indian licensing authority
- 4) Institution for children approved by an Indian Tribe or operated by an Indian organization whose program is suitable to meet child's needs.
- 5) And the least restrictive setting that:
  - Most approximates a family, considering sibling attachment
  - In reasonable proximity to child's home, extended family or sibling
  - Allows child's special needs to be met

**To Depart from the Placement Preferences:**

- 1) Apply Tribe's order of placement preferences if established by resolution
- 2) Court determines good cause on the record or in writing.

**Good cause to Depart from Placement Preferences**

- Any party asserting good cause must state orally on the record or in writing
- Party seeking departure has burden to prove by clear and convincing evidence
- A court's determination must be made on the record or in writing and should be based on one or more of the following:
  - a) Parents' request if they viewed placement options
  - b) Child's request, if of sufficient age and capacity
  - c) Sibling attachment
  - d) Extraordinary physical, mental or emotional needs of the Indian child
  - e) Unavailability of suitable placement after diligent search. Analysis must conform to prevailing social and cultural standards of the child or family's Indian community

**A placement preference may not depart based on:**

1. Socioeconomic status relative to another placement
2. Ordinary bonding or attachment that flowed from time spent in non-preferred placement in violation of ICWA.

**TRANSFER TO CHILD'S TRIBE** Available at any stage of the proceeding.

**Who may request:**

- 1) Parent, Indian custodian or Tribe orally on the record or in writing

**Notice to Tribal Court**

- State court must ensure child's Tribe receives prompt notice of the transfer petition.
- State court may request a timely response from the Tribal court's wishes to decline transfer.

**Ruling on Transfer Petitions**

- State court must transfer the proceeding unless one or more criteria met:
  1. Either parent objects
  2. Tribal court declines
  3. Good cause exists

**Good cause not to transfer**

- State court or any party must assert orally on record or in writing reasons that good cause exists
- Any party must have right to provide the court with views regarding good cause
- The court **must not consider**:
  1. Advanced stage of proceeding, if parent, Indian custodian or Tribe did not receive notice until an advanced stage
  2. Prior proceedings involving child in which no petition to transfer was filed
  3. Change in placement
  4. Child's cultural connections with Tribe or reservation
  5. Socioeconomic conditions or negative perception of Tribe or BIA social services or judicial systems

## Resources & Support Services

- Grandparents Raising Grandchildren – Information Center of Louisiana – information, resources, and support group services for kinship caregivers. [www.lagrg.org](http://www.lagrg.org) or 225-810-3555
- Medicaid and LaChip – Health insurance programs that provide health coverage to eligible low-income, uninsured children or families and families with disabled children. <http://www.Louisiana.gov/LDH/Medicaid>
- Women, Infants, and Children (WIC) provides income eligible families with children under age 5 food benefits and nutrition education. [www.louisianawic.org](http://www.louisianawic.org) or 1-800-251-BABY
- Child Care Assistance Program (CCAP) helps low-income families pay for child care while working or attending school or training. [www.louisianabelieves.com/early-childhood/child-care-assistance-program](http://www.louisianabelieves.com/early-childhood/child-care-assistance-program) or 1-877-453-2721
- Social Security Survivor Benefits, Supplemental Security Income (SSI), benefits for disabled children and children of disabled parents, and social security cards. [www.ssa.gov](http://www.ssa.gov) or 1-800-772-1213
- Information on legal topics and locating low cost legal aid in your community. [www.LouisianaLawHelp.org](http://www.LouisianaLawHelp.org)
- Obtaining a birth certificate [www.ldh.la.gov/publichealth/vitalrecords](http://www.ldh.la.gov/publichealth/vitalrecords)

For information on the following programs, visit [www.dcss.la.gov](http://www.dcss.la.gov) and select IAM/RelativeCaregiver or FamilySupport, or call 1-888-LA-HELP-U (1-888-524-3578).

- Kinship Care Subsidy Program (KCSP) provides cash assistance for each eligible child who resides with a qualified relative other than a parent.
- Family Independence Temporary Assistance Program (FITAP) provides cash assistance to families with children when the family's financial resources are insufficient to meet subsistence needs.
- Supplemental Nutrition Assistance Program (SNAP) provides eligible low-income families monthly benefits to help buy food.
- Child Support Enforcement Services - Child Support is an obligation of a parent to provide emotional, financial and medical support for a child or children. DCFS offers parent locator and paternity establishment services, as well as assistance to establish and enforce child support orders and collection and distribution of child support payments.



LOUISIANA  
**KINSHIP  
NAVIGATOR**



# Kinship Care

**Maintaining to  
Connections to  
Family, Community  
and Culture**

This public document is published at a total cost of \$1978.20. Forty thousand (40,000) copies of this public document were published in this first printing at a cost of \$1978.20. This document was published by OTS-Production Support Services, 627 North 4th St., Baton Rouge, LA 70802, for the Louisiana Department of Children and Family Services, to inform the public about Kinship Care. This material was printed in accordance with standards for printing by state agencies established pursuant to R.S. 43:31. Printing of this material was purchased in accordance with the provisions of Title 43 of the Louisiana Revised Statutes.

Kinship Care brochure, Form KC, issued Sept 2019

## What is Kinship Care?

**Kinship Care** is the full-time care of children by relatives, tribal members, godparents, stepparents, or others who have a kinship bond with a child and whose parent is not living in the home. Children receiving appropriate care from relatives benefit by receiving care and affection from someone known to them and by having important attachments, family ties, and relationships preserved. Additionally, when parents are unable to do so, kinship caregivers are often able to provide the safe care needed, eliminating the need for formal child welfare intervention. However, should children have to enter foster care, relatives may be best able to provide care as certified kinship caregivers within the Department of Children and Family Services.

## What are the types of Kinship Care?

Kinship Care can be provided on a formal or informal basis. Parents and relative caregivers are sometimes able to voluntarily agree on care and informal custody arrangements that enable the relatives to meet the child's needs. When this is not possible, relatives must sometimes secure formal or legal custody in order to provide the level of care needed or enroll the child in school, secure medical care, etc.... While relatives may be able to obtain certain temporary custodial documents without the aid of an attorney, it may be in the best interest of all to secure legal advice through a private attorney or public legal aid office.

## Why do children need relative placements?

It is well accepted that children whose parents cannot provide care for them, do better when they are able to receive safe and nurturing care from people who know and care about them. Caregivers who have a connection to the child through trusting and caring relationships and shared family ties, cultural experiences and beliefs are often better able to help the child adjust to being away from his or her parents, reducing trauma to the child.

## How to best serve as a Kinship Caregiver

Providing care to a relative child can often occur under very stressful circumstances, either following an isolated event or a chronic series of events including parental mental health issues, drug and substance abuse issues, etc. The impact to you and your family may also be very stressful, so it is critical to locate support services that can assist you with your specific situation. Community counseling agencies, churches and faith-based organizations, local and governmental agencies providing financial resources, food banks, and legal aid programs are all there to assist families such as yours. It is widely accepted that children do better when living with relatives who safely care for them, so reach out to resources to assist you in providing for these children.

## What are the responsibilities of a Kinship Caregiver

If you accept a relative child into your home, it is the expectation that you will provide safe and adequate care to meet the physical, emotional and overall needs of the child. Relatives often find themselves in a difficult position- trying to provide for the child's needs while addressing the parents' involvement or lack thereof.

Fulfilling the many responsibilities in rearing a child can be a very difficult and long-term process, yet also very rewarding for relatives and especially the children in their care. Generally, as a relative or kinship caregiver, you agree to serve in all aspects of the parental role to meet the needs of the child including:

- Providing for daily needs of food, clothing, and shelter as well as emotional care and support
- Monitoring the child's medical, dental, psychological and emotional needs and securing appropriate treatment as needed
- Assuring the child, as age appropriate, is enrolled and attending school
- Providing guidance, supervision, nurturance, and affection.

As a kinship caregiver, you are also able to apply for certain benefits for the child or for assistance to help you in providing care to the child. Some of these benefits and resources are included on the back of this brochure. Contact these resources to determine your eligibility for assistance or for information that can assist you in better meeting the needs of the child and reducing the stress on your family.



## Why do children need relative placements?

It is our belief that children have a better experience in foster care when they are placed with or can remain connected to significant people who know and care about them. Caregivers who have a connection to the child through trusting and caring relationships, shared family ties, cultural experiences, and beliefs are often better able to help the child adjust to being away from his or her parents. This reduces trauma to the child.

### Available Support Services

- Eligibility determination referral for financial assistance programs such as Kinship Care Assistance payments, FITAP, SNAP, and WIC
- Relative Foster Home certification through DCFS, with monthly financial support
- Reimbursement for certain expenses
- Medicaid eligibility for the child
- In-service training
- Relative caregiver support groups
- Grandparents Raising Grandchildren Support Organization
- Referral to service providers
- Regional Family Resource Centers



For more information, contact your local Department of Children and Family Services Office or visit our website at [www.dcfsls.la.gov](http://www.dcfsls.la.gov), click on / AM and select *Relative Caregiver*.

You may also reach us by phone at 225-342-9141.



# Relative Foster Care

**Affirming  
Connections to  
Family, Community  
and Culture**

This public document is published at a total cost of \$1,978.20. Forty thousand (40,000) copies of this public document were published in this first printing at a cost of \$1,978.20. This document was published by OTS-Production Support Services, 627 North 4<sup>th</sup> St., Baton Rouge, LA 70802 for the Louisiana Department of Children and Family Services, to inform the public about Relative Foster Care. This material was printed in accordance with standards for printing by state agencies established pursuant to R.S.43:31. Printing of this material was purchased in accordance with the provisions of Title 43 of the Louisiana Revised Statutes. Relative Foster Care brochure issued August 2019.

## What is Relative Foster Care?

**Relative foster care** is the full-time care of children in DCFS custody by relatives, members of tribes, godparents, stepparents, or other adults who have a kinship bond with a child. Relatives who care for these children help preserve family ties and relationships.

## What are the types of relative foster care?

**Certified** - Your home is certified as an agency foster home for this child after receiving training and completion of a home study, including reference and criminal record checks. You will receive a monthly board payment for the child in your home and a Medicaid card for the child. The agency will pay for or reimburse for most expenses related to the child's education, recreation, and transportation needs.

**Non-Certified** – Upon satisfactory clearances, a relative child may be placed with you prior to completion of the foster home certification process. You will not receive a monthly board payment for the child in your home, but the agency will provide the child with a Medicaid card. The agency will pay for or reimburse the caregiver for most expenses related to the child's education, recreation, and transportation needs. It is expected that all relatives will proceed with the certification process immediately after a child joins your family.

## What are the Responsibilities of a Relative Care Provider?

### Each Child Deserves Quality Parenting Regardless of their Care Setting

If you accept a relative child into your home it is the expectation that you will provide quality care and parenting for that child and participate as a team member to support the child and his or her family to achieve the goals established by the family.

As a relative caregiver, you agree to:

- Participate in the child's medical, dental, psychological and educational needs
- Support the child's ties to the biological family, including supporting visits with the family, DCFS workers and CASA
- Maintain regular communication and share information about the child
- Participate in and/or request meetings to support the child's needs and goals, including Family Team Meetings, court hearings, and school meetings
- Support the child's right to confidentiality about their life and circumstances.
- Provide an opportunity for the child to have normal childhood experiences
- Refrain from using corporal punishment
- Cooperate with the agency in obtaining and maintaining certification as a foster caregiver
- Provide a permanent home for the child should reunification not occur

## What are the Responsibilities of DCFS?

### Each Child Deserves Quality Parenting Regardless of their Care Setting

DCFS is committed to supporting quality parenting and care for children while they are unable to reside with their parents. We will strive to provide all possible supports, training, information, and assistance needed to enable caregivers to meet each child's unique needs and provide quality care.

Once a child has been placed in your home through DCFS, you can expect:

- Support to ensure the child maintains a bond with biological parents and others with whom the child has a strong relationship
- A Case Worker to complete a thorough home study to include criminal records check, reference checks and child abuse/neglect clearances
- At least monthly visits in the home to continue assessing the child's status, monitor safety, and to provide supportive services to the child and caregiver
- Support and encouragement of a team approach when making decisions for the child
- Notification of court hearings and team meetings and an expectation of participation
- Assistance in ensuring the child's physical, emotional, developmental and educational needs are met
- Assessment and/or referral to determine if the child is eligible for other financial benefits
- Support to provide quality parenting, including the child's participation in activities normally associated with the child's age and development

## LOUISIANA DCFS YOUTH TRANSITION PLAN

### **A**

Plan Date \_\_\_\_\_

### **B**

☐ Initial    ☐ Interim    ☐ 90 Day

### **C**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ TIPS #: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Region: \_\_\_\_\_ Parish: \_\_\_\_\_

### **D**

1. DCFS Worker: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

2. CASA Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Foster Caregiver(s): \_\_\_\_\_ Phone: \_\_\_\_\_

5. Chafee Independent Living Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

### **E**

The following signatures indicate a commitment to help \_\_\_\_\_ reach his/her transition plan goals.  
Name

### **F**

\_\_\_\_\_  
Youth/Date

\_\_\_\_\_  
Foster Parent/Placement Provider/Date

\_\_\_\_\_  
Department of Children & Family Services Staff

\_\_\_\_\_  
Chafee Independent Living Provider/Date

Other Participants:

\_\_\_\_\_  
Name/Relationship/Date

\_\_\_\_\_  
Name/Relationship/Date

\_\_\_\_\_  
Name/Relationship/Date

\_\_\_\_\_  
Name/Relationship/Date

\*\*\*\*After filling out the questions in each section, make sure identified needs are addressed on the appropriate case plan. \*\*\*\*

**The following pages list topic areas identified to gather youth's thoughts and ideas on specific matters regarding their lives. The case worker, youth, and others will engage in a discussion to detail youth's identified strengths, issues, concerns, immediate needs, goals and action plans.**

## I. STRENGTHS, ISSUES, CONCERNS, IMMEDIATE NEEDS ASSESSMENT

1. What are your strengths?
2. What are you worried about, if anything? (List any issues and concerns of which the agency may or may not be aware):
3. What services do you have or use now? (Please list services youth currently uses and/or identifies as immediate services) How are these services helping you or not helping you?
4. Is there anything you need now?
5. What do you need to take care of yourself when you leave foster care?

## II. EDUCATION ASSESSMENT

1. Current Educational Status: (In school? Grade level? How are your grades? GPA? IEP? Graduation Date? GED Date? Other Programs?)
2. What are your plans for Education/Vocational Training? (Attend Job Training? Attend College? Type of program? Vocational training? Military? Other?)
3. What are your areas of Interest?
4. Do you know about Education and Training Vouchers (ETV)? ☐ Yes ☐ No
5. Do you know how to apply for an ETV? ☐ Yes ☐ No
6. Are you exploring other financial resources (e.g., scholarships & grants) to support your future education and/or vocation programs? ☐ Yes ☐ No If yes, explain what resources.

Go to [www.dcfsls.gov/youthlink](http://www.dcfsls.gov/youthlink) for ETV, Youth In Transition or other youth-related resources and [www.osfa.la.gov](http://www.osfa.la.gov) for ETV and other scholarships and grants.

### CASE PLAN EDUCATION:

Educational Goals		

Action Steps	Responsible Parties	Projected Completion Date

### ??DO YOU KNOW...??

- About your 5 year Educational Assessment (completed by teacher, counselor, etc.)?
- Your educational requirements to graduate? Is your worker aware of what you need to graduate?
- Whether transportation is in place to remain in your same school if you change placements?
- When you need to take the ACT/SAT? Have you already registered?
- If your worker is aware of funding and resources for higher education (college and vocational)?
- Where to find assistance in applying for college and working through the admissions process?
- About Louisiana Rehabilitation Services, (LRS)
- If applicable, do you know your Tests of Adult Basic Education (TABE) scores?
- Alternatives to attending traditional school based programs (e.g., virtual school and correspondence courses)?
- The educational requirements to continue to be eligible for financial services while in the Youth In Transition?
- The names of all schools attended and a copy of your educational records?
- How to indicate on your Free Application for Federal Student Aid (FAFSA) Application that you are a "ward of the state"?
- Your case worker and the Independent Living staff can assist you with applying for services? IEP/Special Services?
- You can continue to receive IEP/Special educational services while attending vocational schools or college?

You can receive Education and Training Vouchers even if you do not opt into the Youth In Transition program?

\*Note: 5 year assessments are required for every 7<sup>th</sup> grader.

### III. INDEPENDENT LIVING SKILLS/TRANSITIONING PREPAREDNESS ASSESSMENT

1. Do you have access to the internet? ☐ Yes ☐ No  
If yes, check all that apply: ☐ at home ☐ at school ☐ at local library ☐ other
2. Do you have an internet account? ☐ Yes ☐ No  
Email Address \_\_\_\_\_
3. Have you started classes with the Independent Living Program? If so, have you completed or when will you complete?
4. If you have completed the program, do you still have or want contact with your provider? Please specify.
5. Are you aware the IL Provider is available to continue to help you up to age 21 at no cost to you?  
☐ Yes ☐ No ☐ Unknown
6. Tell us about any areas where you have learned skills but still feel unprepared to be independent.
7. Are you getting to practice the IL skills you have learned in your daily life? Explain.

#### CASE PLAN INDEPENDENT LIVING SKILLS/TRANSITIONING PREPAREDNESS:

IL Skills/Transitioning Preparedness Goals

Action Steps	Responsible Parties	Projected Completion Date

#### ??DO YOU KNOW...??

- Chafee Independent Living Service providers provide voluntary socialization sessions for youth aged 14-15?
- Service, Independent Living Skills must be provided by the state for all youth beginning at age 16, per federal law?
- The Chafee Independent Living providers and their services are available to the youth in some cases until they are 23 years of age?
- Did you know that you can access independent living services in every region of the state?

#### IV. EMPLOYMENT ASSESSMENT

1. Current Employment Status:  
If employed, please give detail.  
If unemployed, do you want a job or do you want to do volunteer work? What are you doing to get a job?
2. Is something holding you back from getting a job? Please explain.
3. What are your plans for employment/career: (What career field do you want to pursue? How will you gain the skills necessary for your career goals? Who or what can help you obtain experience in this career area? Any plans for job shadowing or internship?)

#### CASE PLAN EMPLOYMENT:

Employment Goals

Action Steps	Responsible Parties	Projected Completion Date

#### ?? DO YOU KNOW...??

- How to find assistance with applying for after school employment or summer youth employment?
- Have you taken a survey/assessment about your job/career interest?
- A survey/assessment of your job/career interests can be given by your school, independent living provider or your local One Stop for job placement?
- Where to find help with interviewing skills, resume building, appropriate dressing, and proper behavior in the workplace?
- How to complete an online job application or conduct an online job search?
- Volunteer experience counts as job experience when applying for jobs?

## V. HOW TO MANAGE YOUR MONEY (FINANCIAL STABILITY) ASSESSMENT

1. List all of your current source(s) of income.  
\_\_\_\_\_
2. Monthly Amount of income?  
\_\_\_\_\_
3. If DCFS is providing your only source of income, then what are your plans to develop other sources of income?
4. Are you eligible for Social Security, SSI benefits, or any other types of benefits? ☐ Yes ☐ No  
If so, provide your reason(s) for eligibility. Will benefits continue upon reaching age 18? Is there a process to ensure continued benefits?
5. Do you currently keep a monthly budget of your expenses? ☐ Yes ☐ No ☐ Unknown
6. Do you know how to open a checking or savings bank account? ☐ Yes ☐ No ☐ Unknown
7. Do you currently have a bank account? ☐ Yes ☐ No ☐ Unknown
8. Can you pay for your monthly expenses with your current income? ☐ Yes ☐ No ☐ Unknown
9. Are you saving money to support yourself after you leave foster care? ☐ Yes ☐ No ☐ Unknown
10. Current amount saved?  
\_\_\_\_\_ Goal: \_\_\_\_\_
11. Is there anything holding you back from saving money?  
\_\_\_\_\_

## CASE PLAN FINANCIAL STABILITY

### Financial Stability Goals

--

Action Steps	Responsible Parties	Projected Completion Date

### ??DO YOU KNOW...??

- If you are under 18, you are not supposed to have a credit score?
- Your credit score? Why credit history is so important?
- You can request that items incorrectly reported on your credit history be removed?
- The importance of having a bank account (i.e. savings/checking) and budgeting?
- The eligibility requirements and application process for public assistance? (i.e. SNAP (food stamps), DSNAP (disaster food stamps), FITAP, Child Care Assistance, etc?)
- You have to apply as an adult to maintain your SSI benefits after you reach 18, because the eligibility criteria are different for children and adults?



## VI. HOUSING ASSESSMENT

1. Where do you live now and who do you live with?
2. What are your plans/goals for where you want to live while in foster care?
3. What are your plans/goals for where you will live when you leave foster care?
4. Where will you live after foster care if you cannot live where you want or are planning?
5. Where can you live/stay in an emergency? (In the event you lose your housing, what is your emergency housing plan? Where? With whom? Who will you ask for help? For example, hurricane, disaster, chemical spill, fire, tornado and earthquake)
6. What do you know about rental vouchers, utility allowances and housing opportunities specifically for youth that age out of foster care provided through the Louisiana Housing Corporation?
7. Is there anything stopping you from living where you want to live now or in the future?

### CASE PLAN HOUSING/LIVING PLANS:

Housing Goals

Action Steps	Responsible Parties	Projected Completion Date

### ?? DO YOU KNOW...??

- All your housing options/choices?
- How to secure funding for housing? How to apply for Section 8 housing? Or, how to find information for low income housing in your area, if needed?
- How to get on the HUD list?
- What's needed to get housing (i.e. criminal background, leasing agreement)?
- About the Family Unification Program (FUP)?
- Whom to contact to put together a disaster kit?
- Whom to contact in a disaster at the state level ? Your local area?
- You need to contact your local emergency preparedness office if you need evacuation assistance?
- You can pre-apply for disaster supplemental nutrition assistance (DSNAP) by telephone 1-888-LAHELPU (1-888-524-3578) or online?

## **VII. SUPPORTIVE, PERMANENT RELATIONSHIPS AND COMMUNITY CONNECTIONS ASSESSMENT**

1. Who do you call when you need help and how do they help you? Who do you feel close to? How are they a support? (Name, Contact Information & Relationship)
2. Is there anyone that you do have contact with that you want to have a better relationship with or be closer to?
3. What type of support do you need from the people who are important to you?
4. Is there anyone that you don't have contact with that you want to contact? What type of contact do you want?
5. What is being done to find others who can help you or teach you things you want to learn? (Please identify clubs, organizations, interest areas, social networks, you can develop)
6. Is there anything you want to learn or are worrying about regarding contact with your biological family or others now or in the future (after foster care)?

### **Permanent Connection(s)**

1. Do you have at least one person you can always call, visit or ask for help? ☐ Yes ☐ No ☐ Unknown  
If yes, list name and contact information. Describe plans for on-going contact to ensure a strong relationship.

### **Community/Extra Curricular Connection**

1. Are you currently involved in your community or in extra-curricular activities/groups?  
☐ Yes ☐ No
2. If you are involved, please describe your involvement.  
  
If no, do you want to be and what are your interests?

### **Spiritual Connection**

1. Do you have a spiritual support/church/religious organization or interest? (Name and contact information)
2. Is there anything stopping you from being involved in your spiritual support/church/religious organization?

### **Ethnic/Cultural Connections**

1. Are you involved or would you like to be involved in your cultural interests? (For example ethnicity, tribal, lesbian, gay, bisexual, transgender, and questioning (LGBTQ), etc.)
2. Is there anything stopping you from being involved in your ethnic/cultural interest?

**CASE PLAN SUPPORTIVE, PERMANENT RELATIONSHIPS AND COMMUNITY CONNECTIONS:**

**Connection Goals**

Action Steps	Responsible Parties	Projected Completion Date

**?? DO YOU KNOW...??**

- You can register with the Louisiana Adoption Voluntary Registry at age 18?

## VIII. HEALTH (MIND AND BODY) ASSESSMENT

1. How is your health right now (physical and mental)? Are you involved in making appointments and taking medicine on your own? If yes, explain what you do.
2. What are your plans to stay physically and mentally healthy? (Also consider, how you will access healthcare-doctor visits and medicines?)
3. Do you have any diagnoses that require ongoing treatment and how will you access the appropriate care?
4. What do you know about family planning, pregnancy prevention and parenting? What do you feel you need more information about?
5. Do you know how to continue to access your physical and mental health services and how to pay for them? Give detail.

### Specific Health Issues:

	Current Diagnosis (medication, equipment)	Concerns/Needs	Date of Last Exam	Doctor Contact Information: (name, office address, phone #) therapist, dentist, optometrist
Health of Your Body				
Teeth				
Eyes				
Sexual Health				
Health of Your Mind				

### CASE PLAN HEALTH (MIND AND BODY):

Health Goals

Action Steps	Responsible Parties	Projected Completion Date

**??DO YOU KNOW...??**

- Regular exams and physicals are important to maintain good health?
- The importance of designating another individual to make health care decisions for you?
- If you have copies of your medical records, including physical, dental, vision, emotional health?
- How you will pay for your medical bills and prescriptions when you leave foster care? (Insurance? Bayou Health Changes at 18?)
- How to contact Bayou Health? [www.bayouhealth.com](http://www.bayouhealth.com) or 1-855-BAYOU-4U (1-855-229-6848)
- If you have a Medicaid Card? Bayou Health Plan Card?
- What information is needed for medical coverage after foster care?
- Which clinics/doctors offices you can access with your insurance?
- You must inform your case worker or your local Bayou Health Provider of any address changes to continue to receive health coverage?
- You can appeal decisions made by your medical plan?

## IX. IDENTIFICATION/DOCUMENTATION ASSESSMENT

Check all of the following items you have received.

- ☐ Original Birth Certificate
- ☐ Court information
- ☐ DCFS contact
- ☐ Death certificates, if parents are deceased
- ☐ Diplomas/certificates
- ☐ Document of immigration, citizenship or naturalization
- ☐ Driver's license
- ☐ Emergency contacts
- ☐ Letter on DCFS letterhead, addressed to you stating dates in foster care and case identification number
- ☐ Life Book
- ☐ List of all schools attended & educational records
- ☐ List of Chafee Independent Living Skills Program Providers (with phone numbers)
- ☐ List of relative's addresses & phone numbers, except in cases where TPR has occurred
- ☐ Louisiana Picture I.D.
- ☐ Medicaid card
- ☐ Bayou Health Card
- ☐ Medical records and documentation (including dental, vision, etc.)
- ☐ OCS Foster Care Handbook - "Know the Facts"
- ☐ Photos/mementos of important people/places
- ☐ Previous placement information
- ☐ Public School I.D.
- ☐ Religious documents & related information, i.e. baptismal certificate
- ☐ Resume'
- ☐ Selective Service Card
- ☐ Original Social Security Card
- ☐ Transportation Worker Identification Credential (TWIC) card

**What additional documents do you need/want?**

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## CASE PLAN IDENTIFICATION/DOCUMENTATION

Identification/Documentation Goals

Action Steps	Responsible Parties	Projected Completion Date

## X. RESOURCES I NEED

1. You can find a list of resources at [www.dcfslouisiana.gov/youthlink](http://www.dcfslouisiana.gov/youthlink)
2. Make a list of permanent connections, contacts and resources that you can go to for support or information when you need it.

### People that might be important

Parents

Siblings

Biological family

Case worker

Foster parents

CASA

Counselor/Therapist

Independent Living Provider

Relatives

Attorney (List the court you were involved with)

Friends

Doctors/Pharmacies (current and specialist)

Medical Plan Provider

School

Resource: Phone/Address: Email/Website: Agency/Court/School Name:	Resource: Phone/Address: Email/Website: Agency/Court/School Name:
Resource: Phone/Address: Email/Website: Agency/Court/School Name:	Resource: Phone/Address: Email/Website: Agency/Court/School Name:
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Resource: Phone/Address: Email/Website: Agency/Court/School Name:	Resource: Phone/Address: Email/Website: Agency/Court/School Name:
Resource: Phone/Address: Email/Website: Agency/Court/School Name:	Resource: Phone/Address: Email/Website: Agency/Court/School Name:
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Resource: Phone/Address: Email/Website: Agency/Court/School Name:	Resource: Phone/Address: Email/Website: Agency/Court/School Name:

## **IMPORTANT INFORMATION FOR ALL YOUTH**

### **Health Care Power of Attorney, also known as Health Care Proxy or Health Care Mandate**

- A Health Care Power of Attorney is an advance directive to appoint another person to make health care decisions in the event you are unable to make these decisions for yourself.
- A Health Care Power of Attorney is a contract and legal document and only adults (persons age 18 or older or persons who have been emancipated) can enter into a contract in Louisiana.
- You are encouraged to discuss establishing a Health Care Power of Attorney with your court appointed attorney prior to reaching age 18.
- If you need assistance in discussing Health Care Power of Attorney or have questions regarding it notify your DCFS caseworker so that they may assist you.
- If you do not have a Health Care Power of Attorney, Louisiana law, LRS 40:1299.53, establishes a legal sequence of persons who may consent to medical treatment for an individual. The legal sequence established by law is:
  - Any adult for himself;
  - The judicially appointed tutor or curator of the patient, if one has been appointed;
  - The agency acting pursuant to a valid mandate, specifically authorizing the agency to make health care decisions;
  - The patient's spouse, not judicially separated;
  - Any adult child of the patient;
  - Any parent, whether adult or minor, for his or her child;
  - The patient's sibling.

### **National Youth in Transition Database (NYTD)**

- NYTD is a federal requirement for states to collect information on how youth leaving foster care are doing and how resources are used to assist youth in their transition to adulthood.
- NYTD information is gathered using multiple methods. These methods include documentation of services provided and surveys completed by youth and young adults.
- Youth and young adults that are selected to complete NYTD surveys are contacted and requested to do so.
- Completing a NYTD survey puts your input into decisions being made regarding your life. The survey allows you to use your experience to make things better for future foster youth.
- Data will be used to evaluate and improve programs that help foster youth become independent adults.
- If you complete a NYTD survey, your name and personal information will not be released outside of the department or those acting on the department's behalf. Information regarding services and experiences will be compiled into a data report based on all the youth responses to the surveys.