

After the Call



Courtesy of the Kinship Collaboration Group

Kinship Collaboration Group

The Kinship Caregiver Collaboration Group (KCG), is a group of kinship caregivers who have received services from CPS, just like you.

Mission

The mission of the KCG is to improve services for kinship families and improve CPS policies and practices by educating and building relationships among kinship caregivers, CPS, and stakeholders.

Vision

It is our vision to collaborate with kinship caregivers and make sure they have the services and support they need to maintain safe and healthy homes.

Values

- Family
- Diversity
- Advocacy
- Empowerment

We put family first. We respect diversity, engage in advocacy, and promote empowerment. We stand behind these principles to build a collaborative relationship with our kinship caregivers and community stakeholders.

Support Groups

The KCG facilitates regional kinship caregiver support groups (KSG). These groups provide local opportunities for kinship caregivers who have open CPS cases to learn more about the CPS system. These support groups allow kinship caregivers who have successfully exited the CPS system to share their experiences, knowledge of the system, procedures, and other resources with those currently involved with CPS.

Your kinship development caseworker can help you find a support group in your area.

Background Information for the Child or Children

Child/children's name(s): _____

Caseworker: _____

Child's attorney ad litem: _____

Kinship worker: _____

CASA: _____

Day care/school: _____

Emergency contact 1: _____

Emergency contact 2: _____

Emergency numbers:

Poison Control: 1-800-222-1222

National Child Abuse Hotline: 1-800-4-A-Child

National Substance Abuse: 1-800-662-4357

Emergency: 9-1-1

Medical Coverage

STAR Health Member Services: 1-866-912-6283

Outside normal business hours, ask to speak with a nurse for the following:

- * Help with finding a doctor for the 3-day medical exam, CANS assessment, or Texas Health Steps Medical checkup.
- * Verify whether your child's current doctor can complete the 3-day exam and Texas Health Steps medical checkup.
- * Questions about Medicaid ID cards.

* Problems with pharmacy refills.

* Referrals to any medical, dental, behavioral health, or vision services.

Language spoken at home: _____

Counselor: _____

Previous day care: _____

Location or phone number: _____

Previous school: _____

Location or phone number: _____

Discipline problems Y / N: _____

Is this child on a 504 Education plan Y / N: _____

Is this child in a special ed class Y / N: _____

Sports/activities:

Name/number for activity: _____

Name/number for coach: _____

Religion: _____

Church attended: _____

Scouts: _____

Other hobbies/activities: _____

Medical

Doctor's name: _____

Phone number or address: _____

Known medical conditions: _____

Allergies: _____

EpiPen: Y / N

Eye doctor's name: _____

Phone number or address: _____

(First visit at 1 year old and yearly thereafter)

Glasses/contacts Y / N

Therapy

Occupational therapy: _____

Physical therapy: _____

Speech: _____

ECI: _____

Play therapy: _____

Medical Equipment Needed

Circle all that apply: crutches/braces/wheelchair/hearing aids/nebulizer?

Other: _____

3 IN 30

A Complete Approach to Better Care for Children

****Must be completed for each child****

1. 3-Day Initial Medical Exam

Within three business days, children entering DFPS care must see a doctor to be checked for injuries or illnesses and get any treatments they need.

2. CANS Assessment

Within 30 days, all children (ages 3-17) must complete a Child and Adolescent Needs and Strengths (CANS) assessment.

This review helps us understand how trauma is affecting a child, how the child is doing, and what we can do to help.

It tells us which services may help the child, such as counseling. It also discusses strengths we can build on, such as good relationships.

Note: You should schedule this appointment for a date 1-3 weeks after the child arrives in your home so that there is time to see how the child is adjusting to being placed with you.

3. Texas Health Steps Medical Checkup

Within 30 days, each child must see a doctor for a complete checkup, including any lab work.

This makes sure:

- * We address medical issues early.
- * Kids grow and develop as expected.
- * Caregivers know how to help the child grow and develop.



Texas Health Steps Exam Schedule

(Children 14 and younger must have parent or guardian present)

Babies and toddlers:

- Newborn (before 5 days old)
- 2 weeks
- 2 months – Immunizations included
- 4 months – Immunizations included
- 6 months – Immunizations included
- Nine months – Immunizations may be scheduled depending on doctor
- 12 months – Immunizations included
- 15 months – Immunizations may be scheduled depending on doctor
- 18 months – Immunizations may be scheduled depending on doctor
- 2 years – Immunizations may be scheduled depending on doctor
- 30 months – Immunizations may be scheduled depending on doctor.
- 3 years – Immunizations may be scheduled depending on doctor
- 4 years – Immunizations included
- 5 years – Immunizations may be scheduled depending on doctor

Older children and teens - once a year

- 11 years – Immunizations included
- 16 years – Immunizations included

Flu Shots (may start at 6 months)

If the child has never had a flu shot, they get two shots one month apart, then one shot each year afterward.

Medical Consent Training

The medical consentor makes health-care decisions for the child. You are being asked to complete the medical consentor training because DFPS is naming you as the medical consentor or the back-up medical consentor for a child in DFPS conservatorship.

Health Passport

The Health Passport is an online health record that makes health-care information for a child in foster care available to their caregivers. The Health Passport is not a complete medical record, but it does contain information on patient demographics, health-care visits, allergies, lab test results, immunizations, and filled prescriptions of medications.

<https://www.fostercaretx.com/for-providers/health-passport.html>

Texas Health Steps Dental Checkups

Dental checkups give your child's dentist the chance to make sure teeth and gums are healthy. Texas Health Steps recommends dental checkups every three-six months. Medicaid will pay for checkups and treatments. Dental checkups begin at 6 months of age.

Dentist: _____

Phone number/location: _____

Orthodontist: _____

Phone number/location: _____

Support Specialists Available to Navigate Important Needs

Education specialist: _____

Well-being specialist: _____

Star Health case manager: _____

Immigration specialist: _____

Disability specialist: _____

Communication specialist: _____

Faith based specialist: _____

Visitation

Supervised/Unsupervised: _____

Who is responsible for supervision? _____

Who is approved to visit? _____

Where? _____

When? _____

How Long? _____

What are the visitation rules and restrictions?

Safe Sleep

Until their first birthday, babies should sleep on their backs every time they fall asleep — during naps and at night.

Some babies will roll onto their stomachs. You should always place your baby in bed on his or her back, but if your baby is able to roll both ways (back to tummy, and tummy to back), then you do

not have to return your baby to his or her back. However, be sure that there are no blankets, pillows, stuffed toys, or bumper pads around your baby. If your baby rolls into any of those items, it could block the baby’s air flow.

If your baby falls asleep in a car seat, stroller, swing, infant carrier, or sling, you should move him or her to a firm sleep surface on his or her back as soon as possible.

A crib, bassinet, or portable crib that meets the safety standards of the Consumer Product Safety Commission (CPSC) is recommended, along with a tight-fitting, firm mattress and fitted sheet designed for that particular product. Nothing else should be in the crib except for the baby. A firm surface is a hard surface that does not indent when the baby is lying on it.

Keep baby's sleep area in the same room where you sleep for at least the first six months or, ideally, for the first year. Place your baby's crib, bassinet, portable crib, or play yard in your bedroom, close to your bed. The American Academy of Pediatrics recommends room sharing because it can decrease the risk of Sudden Infant Death Syndrome by as much as 50% and is much safer than bed sharing.

Only bring your baby into your bed to feed or comfort. Place your baby back in his or her own sleep space when you are ready to go to sleep. Bed-sharing is not recommended for any babies.

Car Seat Safety

The longer children stay in each phase, the better they’re protected. Keep children in each seat up to the maximum age/weight/height limits before moving to the next phase. **All** children younger than age 13 should ride properly restrained in the back seat.

Phase	Description
Phase 1 Rear-facing safety seat goes in the car's back seat	Use rear-facing infant or rear-facing convertible safety seat for as long as possible, a minimum of two years, and up to the rear-facing height or weight limit of the seat. Properly install according to instructions in owner's manual.
Phase 2 Forward-facing safety seat goes in the car's back seat	After children outgrow the rear-facing safety seat at 2 years of age or older, they should ride in a forward-facing safety seat as long as possible (usually age 4 or older), up to the upper height or weight limit of the harnesses. Never turn a safety seat forward-facing before a child meets the age, height, and weight requirements set by the manufacturer.
Phase 3 Booster-seats	After the child has reached 4 years of age, 40+ pounds, and behavior is mature enough, children can ride in a booster seat using the adult lap and shoulder belt until the adult safety belt fits them properly (usually once the child reaches 10 – 12 years old).
Phase 4 Adult safety belt	Once children have outgrown their booster seats (usually at 10 – 12 years old), they can use the adult lap/shoulder safety belt if it fits them properly according to the vehicle manufacturer's instructions.

Education

All students in DFPS conservatorship must be enrolled in an accredited local public school within two days of placement in your care.

- All students in kinship care receive an **Education Portfolio** at the time of placement. The green binder contains enrollment documents, transcripts, report cards, and school work. Please keep the Education Portfolio current and provide copies of materials to your caseworker.
- Every Texas school district has named a foster care liaison to facilitate enrollment and services for students in conservatorship. A foster care liaison can enroll students in the free National School Breakfast and Lunch Program and secure previous school records.
- Regional education specialists provide educational support for caregivers.

Homeschooling

You may choose to homeschool a child in DFPS custody **unless**:

- A court order specifically does not allow homeschooling.
- A judge finds at a hearing that homeschooling is not in the best interest of the child because it does not meet the child's academic and social needs and goals.
- DFPS determines that federal law requires another school setting.

If you plan to homeschool, please notify the child's caseworker and consult with your education specialist if you have questions.

Discipline

No physical discipline of any sort is allowed. Explore other options such as time-out, removing privileges, ceasing or decreasing allowance, talking to child, and grounding.

Education opt-out: DFPS policy prohibits physical punishment of any child in DFPS conservatorship. The caseworker directs the child's caregiver, or

other education decision-maker, to submit a written and signed statement to the child's school district by the method the district requires. This statement prohibits the use of physical punishment of your child at school. You must submit this written statement at the beginning of each school year and again if your child moves to another school.

Disaster Plan

You must evacuate if an evacuation is ordered for the area you live in. Once you reach your evacuation destination, you must contact DFPS as soon as possible. If the local CPS office is closed, you may call the DFPS Hotline (1-800-252-5400). In the event of a major disaster, the DFPS public website (www.dfps.state.tx.us) may post information about how to contact DFPS and other useful information. If DFPS cannot reach you following an evacuation, it will contact the emergency contacts listed on this form. Please list two people who do not live with you and who will know where you are and how to contact you. Keep them informed if you have to evacuate your home.

Kinship Day Care

Day care is limited to providing daily care only during the kinship caregivers' work hours or while the kinship caregivers are attending case conferences, court, or kinship caregiver training. This assistance is based on available funding and is not guaranteed, even if you meet the following qualifications.

To be eligible for Kinship Child Day Care :

- You must have an approved kinship home assessment on file.
- You must sign and submit the Kinship Caregiver Agreement (Form 0695).
- You must be employed outside the home and work at least 40 hours per week.

To be eligible for Kinship Child Day Care at any time, the child:

- Must be in DFPS conservatorship,

- Must be in a kinship placement where all appropriate caregivers are employed outside the home and work at least 40 hours per week.
- Must not be receiving adoption assistance.
- Must meet age restrictions.



How to Request Day Care:

As a kinship caregiver, you must verify you have tried to find appropriate community services to care for your child. For example, Head Start, pre-kindergarten classes, public (government-funded) pre-kindergarten classes, and early education programs offered by local schools. If your child is eligible for community day care, but no services are available, you must place your child on the waiting list.

You must complete and sign Form 1809 (Foster/Relative & Other Designated Caregiver Daycare Verification).

Acceptable verification includes:

- Copies of your last three pay stubs.
- A statement from your employer that you are employed full time for 40 hours a week. If you are self-employed, complete Form 1806 (Caregiver Statement of Self-Employment Income).

Note that being a volunteer, student, or providing foster care or kinship care services is not considered employment.

Kinship Reimbursement Payment

If you meet the qualifications below, you qualify for a monthly reimbursement that is up to half of the foster care daily rate per child. This payment is for 12 months and follows the child.

Basic Eligibility Requirements:

- The child is placed in the conservatorship of DFPS.
- The child is placed with a kinship caregiver who was formally approved by DFPS, but not verified as a foster parent.
- The home is not receiving foster care maintenance payments.
- The caregiver signed and abides by the Kinship Caregiver Agreement (for each child).
- Caregiver has an approved home assessment.
- Caregiver begins the required kinship training.
- Total household income does not exceed 300% of the current federal poverty limit.

Foster Home Verification

Any prospective or current kinship caregiver may attempt to become a verified foster home, regardless of the child's case plan. Benefits to becoming verified are:

- Increased monthly financial support.
- Contingency plan for reunification.
- Smoother transition for finalizing an adoption.
- Makes Permanency Care Assistance possible.
- Provides additional support system.
- Kinship placements maintain children's cultural heritage and family connections.
- Helps to preserve kinship placement, which decreases over-representation of African Americans in the child welfare system.

Kinship caregivers can become verified through CPS's Foster/Adoption Program or a private child-placing agency. Speak to your kinship development worker for assistance.

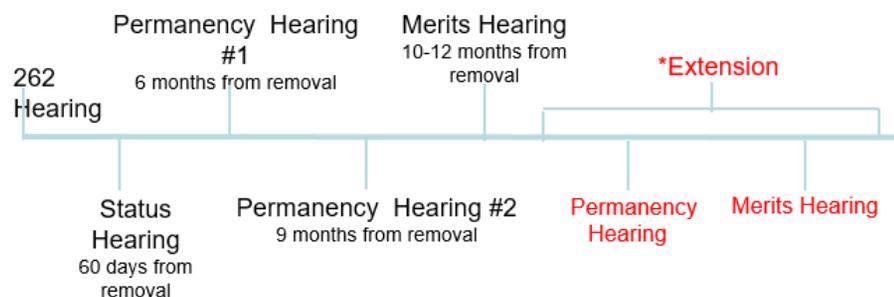


Glossary

- **Primary Conservatorship Caseworker** – CPS caseworker assigned to work with the families whose children have been removed from their home due to abuse or neglect. This caseworker works directly with the parents to guide them in making the necessary changes in their lives to reduce the risk in the home. This caseworker is also responsible for overseeing that the children's needs are being met.
- **Kinship Development Caseworker** – This caseworker works directly with the kinship caregiver to ensure the stability of the placement and to provide support and resources for caregivers. Kinship caseworkers provide training, individually or in groups, to help caregivers meet the needs of the children. They assess kinship families continually to determine their strengths and needs and help with permanency planning for the child, along with the child's conservatorship caseworker.
- **Attorney Ad Litem** – A special attorney appointed by the court to represent the child and their interests. The attorney ad litem investigates the facts of the case, reviews records, and interviews significant people involved in the case. This may include the child, the parents, or anyone who may be named conservator of the child. The attorney ad litem works to learn the child's goals and must consider how to best represent those goals to the court.

- **Guardian Ad Litem** – The court may also appoint a guardian ad litem to represent the child’s best interest in court. The guardian ad litem may or may not be the child’s attorney ad litem.
- **CASA** – In many jurisdictions, the court appoints a court-appointed special advocate (CASA) to be the guardian ad litem. In other jurisdictions, the CASA is only appointed as a CASA. When the CASA is appointed as the guardian ad litem, all laws and policies described in the legal timeline apply to the CASA acting as guardian ad litem.

Legal Timeline



Once Permanent Managing Conservatorship is granted, hearings are held every 6 months until the child achieves permanency.

For information regarding your child’s court hearings, speak with the child’s caseworker. You are encouraged to attend your child’s court hearings. If you cannot go, ask your Kinship caseworker to attend in your place.

Case Information or Complaints

If you need information about your case or have a case-related complaint concerning a decision by the Texas Department of Family and Protective Services, we recommend using the chain of command by first speaking to the caseworker, the supervisor and the program director. If you want an impartial review, you can contact the Office of Consumer Relations. They

will research case actions to ensure that DFPS policy and procedures were followed and make recommendations. You can reach the DFPS Office of Consumer Relations at **1-800-720-7777**.

The KCG developed this tool to guide you through the first 30 days of kinship care. The information contained does not fully represent the expectations required by the department. For more detailed information about caring for a child in kinship care, please carefully read the Kinship Manual provided to you at the time the child came to live with you.

