

# Summary of Prevention and Protection Services Policy and Procedure Manual Changes

## July 2025

### Introduction

The Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes provides a list of policies, forms, and appendices with explanations for the PPS substantial policy revisions and clarifications for July 2025. These policy revisions are effective July 2025.

### Definitions

**Substantial Changes:** Substantial Changes to policy, forms, and appendices include revisions affecting the meaning or involves a change to practice.

**Clarifications:** Clarifications to policy include revisions to improve clarity or style.



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# Substantial Changes

## Section 0000 General Information

### Human Trafficking

*List of Policies, Forms, and Appendices involved in this revision:*

- 0260 Child Safety, Placement and Needs Assessment for Human Trafficking/Commercial Sexual Exploitation of Children (HT/CSEC) Concerns

*What prompted this revision?*

Policy needed to be updated to reflect current practice.

*Brief description of the revision:*

Updating policy to reflect current practice and to improve communication between agencies.

*What is the anticipated impact to practice?*

Improve practice.

### Contents of Foster Care IV-E Eligibility Records

*List of Policies, Forms, and Appendices involved in this revision:*

- 0430 Contents of Foster Care, Adoption and Independent Living Services Case Records

*What prompted this revision?*

PPS staff members identified need for updated list of IV-E eligibility documents since KEES implementation.

*Brief description of the revision:*

Updating the list of contents and documents in IV-E eligibility records.

*What is the anticipated impact to practice?*

More accurate guidance regarding documents to be saved to IVE case records.

## Section 1000 Intake

### Information Gathered at Intake

*List of Policies, Forms, and Appendices involved in this revision:*

- 1200 Information Gathered at Intake

*What prompted this revision?*

PRC reviewed intake policies and identified the need for updates to reflect current practice.

*Brief description of the revision:*

The revisions emphasize that all reports and assessments must prioritize identifying danger, risk, and safety concerns related to the family. The revision of the information covers the essential details, while allowing practitioners the flexibility to gather and consider additional information in accordance with KPM training and established practices.



*What is the anticipated impact to practice?*

The revisions will guide intake staff in gathering the essential details and considering the relevant information, while also allowing flexibility to seek and incorporate additional information as necessary.

## Section 2000 Investigation and Assessment

### Home Alone Check List

*List of Policies, Forms, and Appendices involved in this revision:*

- Appendix 1B Home Alone Checklist

*What prompted this revision?*

DCF, Kansas Department of Health and Environment (KDHE) and other partners developed the Home Alone Check List for families to use when deciding on when to leave their child at home. This guidance is family friendly and provides tips for what to consider, setting them up for success, and rules.

*Brief description of the revision:*

New Home Alone Check List for families and Child Protection Specialists.

*What is the anticipated impact to practice?*

Child Protection Specialists will be able to provide this guidance to families.

### Substance Affected Infant FINA

*List of Policies, Forms, and Appendices involved in this revision:*

- 0160 Glossary
- DELETE 1650 Initial Assessment of Substance Affected Infant
- 2050 Plan of Safe Care
- Appendix 1A Kansas Intake Guidance
- Appendix 2B Guide for Assessments and Decisions

*What prompted this revision?*

Kansas Administrative Regulations (K.A.R.30-46-10(j)) no longer include Substance Affected Infant (SAI) as a type of neglect.

*Brief description of the revision:*

Substance-Affected Infant will no longer be classified as an abuse or neglect allegation. Concerns previously investigated as Neglect of a Substance Affected Infant will be assigned as a Family in Need of Assessment (FINA) with the subtype of Infant Positive for Substances.

*What is the anticipated impact to practice?*

Staff will use the Kansas Intake Guidance to determine whether concerns meet Infant Positive for Substances FINA criteria and will assign cases accordingly. Upon assignment, Child Protection Specialists will assess the concerns as a FINA. Child Protection Specialists will no longer make a finding in cases of Substance Affected Infant.

### Safety Planning

*List of Policies, Forms, and Appendices involved in this revision:*

- 2462 Immediate Safety Planning.
- PPS 2021 Immediate Safety Plan
- PPS 2022 Advanced Safety Plan

*What prompted this revision?*

After review of outcomes of Intensives, Data from the PIP and information supports the need for more detailed safety planning forms and policy.

*A brief description of the revision:*

These changes improve the quality of safety plans and provide more guidance about safety planning. By adding in specific requirements such as the details surrounding the monitoring of the safety plan, workers and families will better know what to expect.

*What is the anticipated impact to practice?*

Child Protection Specialists and Investigators will create higher quality safety plans.

## Initial Team Decision Making Meeting Brochure and Family Meeting Brochures

*List of Policies, Forms, and Appendices involved in this revision:*

- Appendix 0Q Initial Team Decision Making Meeting Brochure
- Appendix 0R Family Team Meeting Brochure

*What prompted this revision?*

A regional CPS supervisor requested the TDM unit develop a family meeting brochure to distribute to families. The Initial TDM Brochure is already in use but is not a designated PPS form. Designating these brochures as PPS forms will allow them to be continually updated.

*Brief description of the revision:*

These brochures are a way to explain the Initial Team Decision Making Meeting (TDM) and Family Team Meeting to families. The brochures will answer questions the family has about the process, especially when these questions arise after the CPS worker has left the home or the phone conversation is over. The family can reference the brochures to understand the meeting, see the date and time decided upon, and find their CPS worker's contact information. They will also serve as a reminder for the family to invite the support people they want at the meeting.

*What is the anticipated impact to practice?*

There will be minimal change to practice. The initial TDMs and family meetings will not change. CPS staff should still explain the meeting directly to the family. The brochure is a supplement to the work already done, and a reference for the family between their contact with CPS staff and the meeting itself.

## FACTS MAAS Screen Data Entry

*List of Policies, Forms, and Appendices involved in this revision:*

- 2820 Entering Case Assessment Information
- DELETE 2821 Entering Contact with Victim/Family
- DELETE 2822 Entering Safety Determinations
- DELETE 2823 Recording Ongoing Safety Assessment
- DELETE 2824 Recording Safety Staffing/Consultation
- DELETE 2831 New Reports Assigned as Alleged Abuse

*What prompted this revision?*

This revision was prompted from outdated language regarding entry of the FBA. Further research showed confusion in understanding the many policies providing guidance for what data is required on the MAAS screen in FACTS.

*Brief description of the revision:*

PPM 2821, 2822, 2823, 2824 & 2831 are being deleted and replaced with the new PPM 2820 Entering Case Assessment Information. The new policy provides guidance of what is required on the MAAS screen for certain case types.

*What is the anticipated impact to practice?*

There is no anticipated impact to practice as the KIDS to FACTS Interface and practice for manual entry will remain consistent.

## **Section 3000 Case Management**

### **Aligning Family Time and Worker-Client Connections with the Kansas Practice Model**

*List of Policies, Forms, and Appendices involved in this revision:*

- DELETE 3030 Worker/Child Relationship
- 3237 Family Time and Sibling Connections
- NEW 3238 Worker-Family Contacts
- 3444 Preparing the Child for Termination of Parental Rights
- PPS 3051 Permanency Plan
- PPS 3053 Family Time Schedule
- DELETE PPS 3054 Worker-Family Contact Schedules
- PPS 3058 Permanency Plan Checklist
- 4130 Purchase of Services or Resources
- 4210 Family Preservation Case Management Provider Responsibilities

*What prompted this revision?*

This revision was prompted by DCF's commitments in the CFSR PIP to improve Well-Being outcomes by aligning our visitation and worker-client policies with the Kansas Practice Model.

*Brief description of the revision:*

Language has shifted from "visitation" to "family time." Family Time is presumed to be in the best interest of the child unless there is identified present danger in the presence of a parent that cannot be mitigated. The PPS 3053 form has been revised to create a more visually clear document and now includes information for families on which case plan tasks are most directly affecting family time progression. Expectations around the quality components of monthly worker-parent connection has been added to the PPM where it previously only existed for worker-child interactions. The PPS 3054 form has been deleted to eliminate unnecessary duplication of documentation.

*What is the anticipated impact to practice?*

Shifting away from the language of "visitation" and towards "family time" is a national trend and better represents the value of time spent with family members being fundamental. Additionally, by emphasizing the expectation that determinations on the frequency, length, and level of supervision of family time should be made by considering the safety of the child, it is anticipated families will experience more frequent and consistent time spent together. When families have more time together, it is shown to improve permanency outcomes.

By providing enhanced guidance on the quality components of worker-client connections as a balance to the technical guidance previously included in the PPM, families are more likely to experience consistent support in ways that meet their individual needs. Revisions to the forms used for Family Time and Worker-Client Connections support documentation that is understandable to each member of the family.

## Aligning the Case Plan Process with the Kansas Practice Model

### *List of Policies, Forms, and Appendices involved in this revision:*

- 3200 Development of the Case Plan
- NEW 3201 Development of the Case Plan
- DELETE 3202 Issues to be Considered in Case Plan Development
- DELETE 3203 Preparing for the Case Plan Conference
- 3206 Establishing a Time and Place
- DELETE 3208 Case Plan Documentation
- DELETE 3209 Elements of a Case Plan
- DELETE 3210 Roles related to Case Planning
- DELETE 3213 Planning for a Child in a Qualified Residential Treatment Program
- DELETE 3233 Development of Objectives and Activities

### *What prompted this revision?*

The policies are being updated to align with the Kansas Practice Model. This policy revision is also included as a task in the DCF CFSR Program Improvement Plan.

The current case planning policies included duplicate information, policies were cleaned for clarification and reorganized to follow the structure of case planning.

### *Brief description of the revision:*

PPM 3200- This policy is shifting from developing a case plan to the foundations of a case plan. For this policy, it describes when a case plan is held, the values in which a case plan is built upon, and what assessments are used to develop a case plan.

PPM 3201 (previously 3208)- has shifted into how to develop a case plan and the “shalls” that were found across many policies.

PPM 3202- This policy was absorbed into the new PPM 3200.

PPM 3203- This guidance of this policy was partially absorbed into the new PPM 3200, however, most was outdated and unnecessary for current practice.

PPM 3206- This policy was changed to clarify how the time and place is determined for a case plan conference, practice is not impacted in this area. The area of practice that is impacted is that case plan conferences are no longer allowed to be held via conference call, and only in person or through a virtual platform with video capabilities, but allowing the primary caregivers to determine which way they would prefer to join the case planning conference. Criteria was added to require CWCMP consider if virtual is allowed, which impacts practice, but supports primary caregivers.

PPM-3209- most of this policy was duplicative of other policies, some of this policy was observed into 3201.

PPM 3210- This policy is deleted to remove duplicative information. Information such as who is required to attend, when a case plan is required was absorbed (not word for word) into other policies and the new PPM 3201.

PPM 3213- This policy describes how to fill out a form (PPS 3060), and what is required. This is deleted and instead added to the new PPM 3201 as a requirement if a child is placed in a QRTP.

PPM 3233- This was absorbed into the new PPM 3201, not word for word, with some moving into the new 3200. Deleting the rest of the duplicative information.

*What is the anticipated impact to practice?*

The goal of these changes is to provide clarity in expectations for quality work, better organized information that can support new staff within DCF or the CWCMP to guide them through the case planning process. The case planning process will align with the Kansas Practice Model.

## Case Planning Signatures

*List of Policies, Forms, and Appendices involved in this revision:*

- DELETE 3234 Participation/Signatures
- 3207 Case Planning Participation and Signatures

*What prompted this revision?*

This revision was prompted by an expressed need for guidance on practices related to case plan signatures when attendees participate virtually.

*Brief description of the revision:*

The policies have been consolidated and reorganized for clarity. Guidance has been added on obtaining consent to sign when participants do not have the resources or ability to sign the document electronically or by hand.

*What is the anticipated impact to practice?*

CWCMP's will have guidance on collecting signatures from virtual participants. Delays as a result of obtaining signatures will be reduced.

## HB 2075 Permanency Hearings

*List of Policies, Forms, and Appendices involved in this revision:*

- DELETE 3300 Legal Base/Court Information
- DELETE 3372 Permanency Hearings
- 3382 Permanency Hearing Court Reports

*What prompted this revision?*

This revision was prompted by the 2025 Kansas Legislative Session. House Bill 2075 was passed which amends K.S.A. 38-2264 (f) so that the initial Child in Need of Care (CINC) permanency hearing for a child in custody of the secretary be held within nine months from such child's removal from and every subsequent hearing 6 months thereafter.

*Brief description of the revision:*

Initial permanency hearing for a child in custody of the secretary must be held within nine months (used to 12 months) and ongoing hearings 6 months thereafter (used to be 12 months).

*What is the anticipated impact to practice?*

The purpose of this bill passing is to reduce the amount of time children are separated from their family and to achieve timely legal permanency for children in care.

## Notice of Planned Move

*List of Policies, Forms, and Appendices involved in this revision:*

- 3362 Thirty Day Notice of Planned Move
- DELETE 3364 Exceptions to Thirty Day Notice of Planned Move

*What prompted this revision?*

An identified need to align the PPM with KS statutory requirements around notice of a planned move.

*Brief description of the revision:*

Language added to clarify when to schedule a planned move and exceptions to the 30-day notice of a planned move moved to this policy from PPM3364. Written notice for placement with a parent must be provided to the court at least 10 days prior used to be 14 days.

*What is the anticipated impact to practice?*

This will allow children to move to long-term placements, relatives, and NRKin more timely.

## **Section 4000 Prevention Services**

### **Family First Referral Form**

*List of Policies, Forms, and Appendices involved in this revision:*

- PPS 4311 Family First Prevention Plan and Service Referral/Case Status Form
- Instructions for PPS 4311 Family First Prevention Plan and Service Referral/Case Status Form

*What prompted this revision?*

Family First Prevention Services Act Case Managers requested a change to the Family First Referral Form indicating whether a child was in PPC prior to referral, and if so, the date PPC was released. This was due to them needing this information to enter family first referrals into the FACTS system, which they are unable to do if the system has an open LE plan for PPC.

*Brief description of the revision:*

A brief section was added above court involvement inquiring if a child was in PPC, check boxes for yes and no, and a small field for a date entry of PPC dismissal if yes.

*What is the anticipated impact to practice?*

FFPSA Case Managers will be able to enter family first referrals into the FACTS system without having to reach back out to CPS workers for this information.

## **Section 5000 Child Welfare Case Management**

### **Crossover Youth**

*List of Policies, Forms, and Appendices involved in this revision:*

- 5211 DCF Roles and Responsibilities
- 5254 Educational Stability

*What prompted this revision?*

The need for adding crossover youth language to the PPM where needed.

*Brief description of the revision:*

Changed KDOC-JS to KDOC-CBS and added Community Corrections and Court Services to number 15. Adding community corrections and court services staff as additional persons to be invited to a BID.

*What is the anticipated impact to practice?*

Better communication between agencies for youth who are involved in both child welfare and juvenile justice systems.

## Youth Missing from Care

### *List of Policies, Forms, and Appendices involved in this revision:*

- 5245 Responsibilities When Child Is Missing from Placement

### *What prompted this revision?*

Adding contact with the community supervision officer (community corrections and court services) as well as updating policy to reflect current practice for youth missing from care.

### *Brief description of the revision:*

Adding contact with the community supervision officer (community corrections and court services) as well as updating policy to reflect current practice for youth missing from care.

### *What is the anticipated impact to practice?*

Improve practice.

## Federal Benefits and Social Security Income Screening

### *List of Policies, Forms, and Appendices involved in this revision:*

- NEW 5252 Assessing for Child Social Security Income and other Federal Benefits
- NEW Appendix 3J1 Screening Tool for Federal Benefits

### *What prompted this revision?*

State Executive Order.

### *Brief description of the revision:*

New policy was created and new federal benefits screening tool was created.

### *What is the anticipated impact to practice?*

CMP's will now be required to screen both new referrals to foster care within 1 week of referral and existing children in foster care every 6 months for SSI eligibility and respond accordingly.

## Preservation of Federal Benefits for Eligible Youth in Care

### *List of Policies, Forms, and Appendices involved in this revision:*

- 4905 Rank Order of Funding Sources
- 5912 Title IV-E Determination for Federal Financial Participation – Maintenance Funding
- 5927 WARDS Applying to Be Payee for Outside Benefit
- 5928 WARDS Communication and Management of Social Security Benefits
- 5929 WARDS Benefit Management

### *What prompted this revision?*

These policies are being revised to align with requirements outlined in Executive Order 25-01, which focuses on the conservation of federal benefits funds for eligible children in the custody of the Secretary.

### *Brief description of the revision:*

The updates to these policies reflect changes in practice that align with Executive Order 25-01's regulation that federal benefits belong to the eligible children and youth in custody and should no longer be used by DCF to offset the cost of care.

In addition to benefits from the Social Security Administration, children in care and coming into custody will now be screened for potential VA and Railroad benefit eligibility. Practice now focuses on



conservation and preservation of these benefits funds for the eligible children/youth's use. These conservation efforts include the use of ABLE accounts for those in custody receiving SSI benefits.

*What is the anticipated impact to practice?*

The intended impact is that eligible youths in care who are entitled to these benefit funds will have access to them not only for personal needs now, but also conserved financial resources for their future use.

## SOUL Screen FACTS Data Entry

*List of Policies, Forms, and Appendices involved in this revision:*

- 5883 SOUL Family Legal Permanency Data

*What prompted this revision?*

A new screen has been implemented in FACTS to track SOUL Family Legal Permanency data. PPM 5883 SOUL Family Legal Permanency Data is a new policy to provide guidance for FACTS data entry as provided on the PPS 6186.

*Brief description of the revision:*

This is a new policy to provide guidance for data entry on the SOUL screen in FACTS.

*What is the anticipated impact to practice?*

FACTS will be using the PPS 6186 form to complete the SOUL screen when a youth has been released from the custody of the Secretary to SOUL Family Legal Permanency.

## **Section 6000 Permanent Custodianship and Adoption**

No Substantial Changes.

## **Section 7000 Independent Living and Self Sufficiency**

### **Independent Living Mentor Program**

*List of Policies, Forms, and Appendices involved in this revision:*

- 7224 Subsidy Payment Procedures
- 7913 Other Payments for IL Youth
- PPS 7210 Independent Living Subsidy Payment Notification
- DELETE 7280 Mentor
- DELETE 7281 Mentor Qualifications
- DELETE 7282 Responsibilities of Mentor
- DELETE 7283 Mentor Fees
- DELETE PPS 7215 Independent Living Monthly Mentor Report
- DELETE PPS 7220 Independent Living Mentor Agreement
- DELETE Appendix 7H Mentor Application Packet

*What prompted this revision?*

DCF IL Leadership identified the need to remove the formal mentor structure from DCF IL policy. DCF IL has not utilized the formal mentor program for many years. Staff discovered it was difficult to pair a young person with a formal mentor. Instead, DCF has incorporated practices related to building up natural supports for the young and young adults through trainings and the Kansas Practice Model (KPM).

*Brief description of the revision:*

DCF IL removed policies and forms related to the formal mentor program.



*What is the anticipated impact to practice?*

None. The mentor program is not utilized and DCF IL will be working with young people and their individual identified supports utilizing KPM practices.

## Independent Living Post-Secondary Education Benefits and Services

*List of Policies, Forms, and Appendices involved in this revision:*

- 7252 Procedures for ETV
- 7260 Kansas Foster Care Education Assistance Act
- PPS 7001 Education & Training Voucher Program Plan

*What prompted this revision?*

DCF IL Leadership met to discuss how policy and practice can be improved to assist youth and young adults with their post-secondary education benefits.

*Brief description of the revision:*

DCF IL removed the requirements for three completed scholarships for ETV assistance. DCF IL also incorporated SOUL PSCT funds in the ETV Plan to determine post-secondary education financial assistance. Staff additionally clarified process for the KS Foster Care Tuition Waiver applications.

*What is the anticipated impact to practice?*

Independent living staff can quickly work with young people and provide direct support without having to wait for documentation of three completed scholarships. Staff will have the ability to incorporate SOUL PSCT funds into ETV plans for young people who achieved permanency through SOUL to determine their need for funding. Additionally, the changes to the KS Foster Care Tuition Waiver policy provides clarification to staff and post-secondary education institutions on the process of completing and submitting tuition waiver applications.

## Section 8000 Continuous Performance Improvement

No Substantial Changes.

## Section 9000 Interstate Compact

### ICPC Home Study

*List of Policies, Forms, and Appendices involved in this revision:*

- PPS 9150 ICPC Home Study

*What prompted this revision?*

Reviewing home studies and noticing a lack of adoption specific information. Update to align with fingerprint policy.

*Brief description of the revision:*

Adding a section to the home assessment specific to adoption. Changing age for fingerprints.

*What is the anticipated impact to practice?*

There shouldn't be any.

### ICAMA Procedures for Incoming and Outgoing Cases

*List of Policies, Forms, and Appendices involved in this revision:*

- 9620 Procedures for Kansas Children Moving to Another State of Kansas

- 9630 Procedures for Out of State Children Moving to Kansas

*What prompted this revision?*

The ICAMA system changed and therefore did practice. Aligning the policy with practice.

*Brief description of the revision:*

Updating the policy to reflect current practice.

*What is the anticipated impact to practice?*

There shouldn't be any.

## Section 10000 Adult Protective Services

### Involved Adult Contact Letter

*List of Policies, Forms, and Appendices involved in this revision:*

- 10210 Contacts During the Investigation
- PPS 10231 Involved Adult Interview Request Letter

*What prompted this revision?*

APS is required to make two in-person attempts to determine safety with the involved adult. If the protection specialist is not successful in making contact, they can mail a letter to the involved adult. The letter that APS is mailing, is not an official letter and can vary between regions. APS policy workgroup requested that we make an official letter so that APS is consistent statewide. The official letter will be PPS 10231 Involved Adult Interview Request Letter. The addition of the letter required that policy be updated to reflect when that letter would be used. PPM 10210 policy was updated to include the mailing of the letter. After unsuccessful attempts in contacting the involved adult, including mailing the contact letter, APS can request a closure after assignment 10 days from mailing the letter.

*Brief description of the revision:*

Adding the requirement of mailing a contact letter to the involved adult after two unsuccessful in-person attempts. Adding a timeframe of when a closure after assignment can be requested after unsuccessful attempts in contacting the involved adult.

*What is the anticipated impact to practice?*

The impact will include consistency, clarification and guidance for APS staff when making contact with the involved adult after two unsuccessful in-person attempts and requesting closure after assignment.

### Updating APS Closure After Assignment Process

*List of Policies, Forms, and Appendices involved in this revision:*

- 10216 Closure After Assignment

*What prompted this revision?*

APS Policy Workgroup staff recommended a clarification update to PPM 10216 due to Statute reference letters and numbers being slightly off for definitions of Adult, Abuse, Neglect, and Financial Exploitation. While completing recommended clarification updates, APS management team recommended updating the lower half of the policy which outlines the process for requesting a closure after assignment due to the process being outdated and those changes needed to be reflected in the policy.

*Brief description of the revision:*

APS Policy Workgroup staff recommended a clarification update to PPM 10216 due to Statute reference letters and numbers being slightly off for definitions of Adult, Abuse, Neglect, and Financial Exploitation.

While completing recommended clarification updates, APS management team recommended updating the lower half of the policy which outlines the process for requesting a closure after assignment due to the process being outdated and those changes needed to be reflected in the policy.

*What is the anticipated impact to practice?*

The impact will include clarification and guidance for APS staff when a request for closure after assignment is submitted.

## Language for Auto Populating on Notice of Agency Decision Forms

*List of Policies, Forms, and Appendices involved in this revision:*

- 10320 Required Documentation for Case Findings

*What prompted this revision?*

APS Policy Workgroup staff recommended a clarification update to PPM 10320 Required Documentation for Case Finding that would include the same language that is listed in PPM 10321 Notification to Community-Based Facilities or Adult Care Homes for when sending the PPS 10340 Memo Notification to Facility. This same language is used on the PPS 10300 Notice of Agency Decision that is sent to alleged perpetrators. By adding it to PPM 10320, it provides easy access for APS staff to copy and paste into KIPS for populating both forms.

*Brief description of the revision:*

Adding language to PPM 10320 for easy reference for APS staff to use when sending form PPS 10300 Notice of Agency Decision to alleged perpetrators.

*What is the anticipated impact to practice?*

The impact will include clarification and guidance for APS staff when sending PPS 10300 Notice of Agency Decision to alleged perpetrators.

## Clarifications

### Section 0000 General Information

#### *0255 Claire and Lola's Law*

Updated references to match statute.

#### *0425 Contents of Assessment Prevention, Family Services, Family First Prevention Services, Family Preservation Case*

Changing reference to "PPS5110" to "Foster Care Referral" due to the deletion of PPS5110 & PPS5110A.

### Section 1000 Intake

#### *1011 Interstate Compact for the Placement of Children*

Updated grammar and removed reference to Appendix 1A for guidance. ICPC is not referenced in that appendix.

#### *1012 Requests for Child Protective Service (CPS) Courtesy Interviews From Other States*

Clarified when a courtesy interview can be conducted by DCF. Updated how notifications are sent.

#### *1300 Initial Assessment of Report Alleging a Child is in Need of Care*

Added "Appendix 1A" before Kansas Intake Guidance to guide the reader where it can be found.

#### *1311 Documenting the Initial Assessment Decision*

Added language from 1523 to combine to have one policy to identify how to document the initial assessment decision. Clarification to language to better explain what information is needed. No change to practice.

#### *1325 Initial Assessment of Reports Indicating Human Trafficking*

Updated references to the correct policy and appendix.

#### *1340 Reports Which DCF Does Not Have Authority to Proceed, Involves a Memorandum of Understanding or Conflict of Interest*

Grammar and formatting corrections. Clarified how to make the identified notification, who the MOU's are with, and clarifying language to better assist staff.

#### *1381 Reports Regarding a Facility Subject to Regulation*

We updated the wording to reflect how agency notifications are currently sent. The language is now simpler and easier to understand. We also removed references to specific forms and subject lines, since that information is already included in the notification procedures for staff and administrative assistants.

#### *1386 Reports Involving KDADS Licensed Facilities*

Added capitalization, added "alleged" prior to perpetrator and victim, updated notification process.

#### *1390 Reports Alleging Abuse Neglect Out of State*

Updated to simpler and clearer language to make it easier to understand.

#### *1415 Assignment of Reports Indicating Pregnant Woman Using Substances*

Updated to simpler and clearer language to make it easier to understand.

*1420 Assignment of a Report Involving a Child in the Custody of the Secretary and the Custody Case is Opened in a Region Other Than Where the Incident Occurred*

Added 1421 and 1422 to this policy to have the information in one policy. Updated to simpler and clearer language to make it easier to understand.

*1421 Tasks of the Responsible Office*

Deleted and added information to 1420.

*1422 Tasks of the Investigating Office*

Deleted and added information to 1420.

*1523 Basis for Decision Regarding the Assignment of Report*

Deleted and added information to 1311.

*1540 Reports to a Law Enforcement Agency for Criminal Investigation*

Added a comma.

*1600 Initial Assessment on FINA Reports*

Practice guidance was changed in January 2025 to the Kansas Intake Guidance. This update directs to the updated Appendix.

*1630 School Attendance*

Added "Appendix 1A" before Kansas Intake Guidance to direct the reader where to find the guidance. Updated information in E to provide clearer language to make it easier to understand.

*1640 Reports Alleging Sexual Behavior or Abuse Between Children Less Than 10 Years of Age*

This policy is being updated to focus on the key factors staff should consider when receiving a report of sexual behavior or abuse involving children under age 10. It also clarifies when such reports should be assessed as abuse and when to use the FINA process. This proposal aligns with other related policies that list similar factors.

## **Section 2000 Investigation and Assessment**

*2010 Investigation*

Updated language to clarify Adrian's Law requirements.

*2025 History Search for the Investigation and Assessment*

Added "alleged" and "substantiated" language before "perpetrator" to reflect legal guidance.

*2027 Parent Involvement During Investigation and Assessment*

Updated language to reflect the practice of contacting any nonresidential parent.

*2030 Child Protection Investigators*

Formatting and grammar corrections. Updated the naming of CPI.

*2110 Requirement to Interview or Observe Relevant Persons*

Updated language to clarify Adrian's Law requirements.

*2113 New Information Identified in an Open Case*

Added "alleged" and "substantiated" language before "perpetrator" to reflect legal guidance.

*2116 Requirements for Children Under the Age of One*

Updated resources and clarified the requirements for CPSs.

*2125 Relative/Non-Related Kin Information*

Changing PPS 5110 language to Foster Care Referral due to deletion of PPS 5110 & PPS 5110A.

*2220 Investigations Involving a Report of Abuse or Neglect in a Facility Licensed by KDHE or DCF*

Added "alleged" and "substantiated" language before "perpetrator" to reflect legal guidance.

*2463 Removal of the Alleged Perpetrator*

Added "alleged" and "substantiated" language before "perpetrator" to reflect legal guidance.

*2471 Requests for Police Protective Custody*

Added "alleged" and "substantiated" language before "perpetrator" to reflect legal guidance. Also updated reference to Claire and Lola's law.

*2500 Case Finding Resulting from an Investigation of Alleged Abuse or Neglect*

Added "alleged" and "substantiated" language before "perpetrator" to reflect legal guidance.

*2511 Case Finding Decision Points for Family Reports*

Added "alleged" and "substantiated" language before "perpetrator" to reflect legal guidance.

*2522 Case Findings on Alleged Perpetrators in Licensed Facilities*

Added "alleged" and "substantiated" language before "perpetrator" to reflect legal guidance.

*2531 Basis for Finding*

Added "alleged" and "substantiated" language before "perpetrator" to reflect legal guidance.

*2541 Circumstances Requiring Separate Notice*

Added "alleged" and "substantiated" language before "perpetrator" to reflect legal guidance.

*2549 Notice Requirements for Case Findings on a Deceased Perpetrator*

Added "alleged" and "substantiated" language before "perpetrator" to reflect legal guidance.

*2550 Findings on Reports Investigated by a Law Enforcement Agency, Native American Tribal Agency, or Military Authority*

Added "alleged" and "substantiated" language before "perpetrator" to reflect legal guidance. Updated tribal child welfare agencies.

*2570 Appeal of Finding Decision by a Substantiated Perpetrator*

Added "alleged" and "substantiated" language before "perpetrator" to reflect legal guidance.

*2580 Requests for Expungement*

Added "alleged" and "substantiated" language before "perpetrator" to reflect legal guidance.

*2740 Family Based Assessment*

Clarified timeliness requirements.

*2750 DCF Responsibilities at Referral to Foster Care Child Welfare Case Management Provider*

Changing PPS 5110 language to Foster Care Referral due to deletion of PPS 5110 & PPS 5110A.

## **Section 3000 Case Management**

*3205 Time Frames*

This policy was cleaned up and a section added that was removed from the old PPM 3200, which fit better in time frames.

## **Section 4000 Prevention Services**

### *4230 Plan of Safe Care for Family Preservation Services*

Clarified changes related to the removal of Substance Affected Infant as an Abuse/Neglect assignment.

## **Section 5000 Child Welfare Case Management**

### *5910 Overview of the Title IV-E Program*

Changed KDHE licensed placement to DCF licensed placement and DCF Social Worker to Child Protection Specialist.

### *5911 Title IV-E Determination for Basic Eligibility-Administrative Funding*

Clarification regarding dual custody cases and references to KDOC- CBS instead of KDOC-JS.

### *5940 Coordination with the Kansas Department of Corrections CBS-Medicaid*

Changed KDOC-JS to KDOC-CBS and clarified information regarding placements.

## **Section 6000 Permanent Custodianship and Adoption**

### *6313 SOUL Family Legal Permanency Eligibility Determination*

Added PPS 6303 form for AFCARS data tracking.

## **Section 7000 Independent Living and Self Sufficiency**

### *7040 Self-Sufficiency Planning*

Small changes in language that do not change interpretation or practice.

### *7050 Monthly Budgeting Plan*

Small changes in language that do not change interpretation or practice.

### *7100 Eligibility*

Removed language about using SGF for young people who do not meet citizenship requirements.

### *7213 Life Skills Services and Supports*

Formatting corrections.

### *7220 Independent Living Subsidy*

Deleting “Mentor.”

### *7221 Secondary Education Plan*

Deleting “Mentor.”

### *7222 Employment Plan*

Deleting “Mentor.”

### *7253 SOUL Post-Secondary Education/Certified Training (PSCT) Assistance*

Only the first part of the policy was uploaded for the last policy period.

## **Section 8000 Continuous Performance Improvement**

No Clarifications.



## Section 9000 Interstate Compact

No Clarifications.

## Section 10000 Adult Protective Services

No Clarifications.

### Forms

*PPS 3059A My Plan for Successful Adulthood*

Formatting and language corrections.

*PPS 3059A My Plan for Successful Adulthood Instructions*

Added correct copy of PDF form.

*PPS 3059B My Adult Services Plan*

Formatting and language corrections. Changed new TA contact information.

*PPS 3059C My Exit Plan*

Formatting and language corrections.

*PPS 5115 Referral for QRTP Assessment for Child in DCF Custody*

Updated telephone number for HealthSource.

*PPS 5305 Individual Recruitment Plan for Child in Need of an Adoptive Resource*

Update from FAC on form.

*PPS 6135 Adoption Assistance Review*

Corrections from last policy change venue.

*PPS 6300 SOUL Family Legal Permanency Monthly Subsidy*

Clarification about SOUL Monthly subsidy.

*PPS 6302 SOUL Family Legal Permanency Subsidy Agreement*

Corrections.

*PPS 6303 SOUL Family Legal Permanency AFCARS Data*

Form Moved.

### Appendices

*Appendix 0N Meetings with Families*

Updated "Family Team Meeting" to "Family Meeting" to match current practice.

*Appendix 9B ICPC Supervision Report*

Added information from 9C.

*Appendix 9C 30 day Supervision Report*

Deleted Appendix 9C to combine it with 9B.



## **Drafts of Substantial Changes and Clarifications**

See following pages.

# 0160 Glossary

## A

**Abuse/Neglect:** Reports assigned for Abuse/Neglect require an investigation to determine the validity of the report and an assessment to determine if further action may be needed.

**Physical Abuse:** Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered. K.S.A. 38-2202

**Sexual Abuse:** Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person. Sexual abuse shall include, but is not limited to, allowing, permitting, or encouraging a child to:

- A. Be photographed, filmed, or depicted in obscene or pornographic material; or
- B. be subjected to aggravated human trafficking, as defined in K.S.A. 2014 Supp. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6419 or 21-6422, and amendments thereto. K.S.A. 38-2202. (See Appendix 2A for Kansas Statutes Annotated references).

Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity or coercion. K.A.R. 30-46-10 (i)

**Mental or Emotional Abuse:** Infliction of mental or emotional harm or the causing of a deterioration of a child, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning. This term may include the following:

- A. terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child;
- B. emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child, or failing to provide adequate nurturance of the child; and
- C. corrupting a child, by teaching or rewarding the child for unlawful, antisocial, or sexually mature behavior. K.S.A. 38-2202 and K.A.R. 30-46-10

**Physical Neglect:** Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include but shall not be limited to: failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child. K.S.A. 38-2202

**Medical Neglect:** Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following but shall not be limited to: failure to use resources available to treat a diagnosed medical condition if such treatment will make a child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening. A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall not for that reason be considered a negligent parent. K.S.A. 38-2202

**Lack of Supervision:** Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following but shall not be limited to: failure to provide adequate supervision of a child or to remove a child from a situation which requires judgment or actions beyond the child's level of maturity, physical condition or mental abilities and that results in bodily injury or a likelihood of harm to the child. K.S.A. 38-2202

~~**Neglect of a Substance Affected Infant:** Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. K.S.A. 38-2202. This term may include the following but shall not be limited to: failure of a parent, guardian, or person responsible for the care of a substance affected infant to use resources available to meet the needs of such infant (health and substance use disorder treatment, etc.). A substance affected infant is defined as the birth of an infant (birth to 1 year of age) who is identified as being affected by or having withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance.~~

**Abandonment:** Forsake, desert or cease providing care for the child without making appropriate provisions for substitute care. K.S.A. 38-2202

**Adjudication:** A court hearing in which a determination is made whether a child is a CINC (child in need of care) or juvenile offender.

**Adoptee:** A person who is adopted.

**Adoption Assistance:** Monies that a family adopting a child may receive when it is determined that the child will not go back to the family from which they have been removed. These payments may be for one-time adoption expenses, a monthly cash subsidy and/or medical assistance.

**Affirmed Perpetrator:** Formerly in K.A.R. 30-46-10, affirmed perpetrator means a person who has been determined by the secretary or the secretary's designee, by a preponderance of evidence, to have committed an act of abuse or neglect, regardless of where the person resides, but has not been substantiated so the affirmed perpetrator's name is not placed on the child abuse and neglect central registry. Affirmed case finding decisions will no longer be made on or after January 1, 2025.

**Alternative Response:** Alternative Response was a program which was in effect from October 1, 2012- June 30, 2014. Reports which were assigned for Alternative Response used the Solution-Based Casework practice model to enhance family engagement and involvement. Comprehensive assessments assisted in identifying the underlying and contributing factors which brought the family to the attention of the agency.

**Alleged Perpetrator:** The person identified in the initial report or during the investigation as the person suspected of perpetrating an act of abuse or neglect. (K.A.R. 30-46-10) See also Substantiated Perpetrator and Unsubstantiated Perpetrator.

## B

**Basic Eligibility:** Eligibility for IV-E federal reimbursement for administrative expenses for children whose families meet several basic IV-E criteria.

## C

**Candidate for Care:** A child is determined a candidate for care when any one of the following situations apply:

- A. a child or youth who PPS determines is at imminent risk of foster care and out of home placement but can be safe at home with prevention services;
- B. a child or youth who exited foster care to adoption or permanent custodianship/guardianship, or who was reunified with parents is at risk of entering foster care and out of home placement;
- C. a child or youth temporarily or permanently residing with a relative or kin caregiver;
- D. a child or youth living with parents but needs to be with a relative caregiver with prevention services in place;
- E. pregnant and parenting youth in foster care and in an out of home placement.

F. pregnant woman whose child upon birth may be at imminent risk of foster care (reference PPS 2753 , Section E).

G. a child/youth remaining in the home whose siblings are in foster care.

**Caregiver:** Adult or youth who provides care for a child in the absence of, or in conjunction with the child's parent or guardian. The caregiver may or may not reside in the home with the child.

**Case Number:** A unique computer-generated number assigned to each case.

**Central Registry:** The Child Abuse and Neglect Central Registry is a computerized name-based list of persons who have been confirmed, validated, or substantiated for child abuse or neglect. The name of a perpetrator is not entered in the central registry until they have been afforded an opportunity for an interview and have exercised their right of appeal or the time limit for appeal has expired without action.

**Child:** anyone under the age of 18 or any adult under the age of 21 and in the custody of the Secretary.

**Child in Need of Care (CINC):** The Kansas Code for Care of Children (K.S.A. 38-2202(d)) defines Child in Need of Care as a person less than 18 years of age who:

A. Has been physically, mentally, or emotionally abused or neglected or sexually abused.

B. Has been abandoned or does not have a known living parent.

C. Is without the care or control necessary for the child's physical, mental, or emotional health.

D. Resides in the same residence as a sibling or other person under 18 years of age who has been physically, mentally or emotionally abused or neglected or sexually abused.

E. While less than 10 years of age, commits an act which if done by an adult would constitute the commission of a felony or misdemeanor as defined by K.S.A. 21-3105 and amendments thereto ~~OR knowingly possesses a firearm with a barrel less than 18 inches long.~~

F. Is willfully and voluntarily absent from the child's home without the consent of the child's parent or other custodian or is willfully and voluntarily absent at least a second time from a court ordered or designated placement, if the absence is without the consent of the person with whom the child is placed.

G. Is without adequate parental care, control or subsistence and the condition is not due solely to the lack of financial means of the child's parents or other custodian.

H. Is not attending school as required by K.S.A. 72-977 or 72-1111, and amendments thereto.

I. Except in the case of a violation of K.S.A. 41-715 or 41-2721, and amendments thereto, does an act which, when committed by a person under 18 years of age, is prohibited by state law, city ordinance or county resolution but which is not prohibited when done by an adult.

J. Has been placed for care or adoption in violation of the law.

K. Permanent Custodian is no longer willing or able to serve.

**Child in Need of Care Petition:** A petition filed with the clerk of the district court by the county/district attorney alleging a child or youth is a Child in Need of Care. Refer to K.S.A. 38-2233(b), concerning the filing of a Child in Need of Care petition by any other individual.

**Child Support Services (CSS):** This agency has the responsibility of seeking child support for children in DCF custody and in an out-of-home placement.

**Child Welfare Case Management Providers:** Child Welfare Case Management Providers are private organizations that contract with DCF to provide adoption, foster care, reintegration and family preservation services using a philosophy which includes the community, immediate and extended families, and concerned kin in planning for the child's safety, permanency and well-being.

**Citizen Review Board:** A group of citizen volunteers appointed by a court to review child in need of care cases and make recommendations to the court.

**Clear and Convincing Standard:** Evidence which shows the truth of the facts asserted is highly probable. This standard of evidence was used for case findings from July 1, 2004-June 30, 2016. Beginning July 1, 2016, the standard of evidence is preponderance.

**Client Eligibility:** All children who have been removed from their homes by a judge and placed in the custody of DCF must receive an eligibility determination for Title IV-E.

**Client ID Number:** A unique number assigned to each individual who is known to KEES. This number is cross referenced with FACTS.

**Client Purchase Agreement:** Form PPS 2833-PPS Client Purchase Agreement-Payment Request and Authorization is used to document the request, approval, and payment for client purchases across all programs within PPS.

**COBRA:** A federal amendment to the Social Security Act. It enables Title IV-E eligible foster children and adoption assistance children to receive Medicaid coverage in the state in which they physically reside.

## **Computer Systems:**

### **FACTS**

Family And Children Tracking System is the agency's child welfare information system. Information in FACTS is used to support the department budget, internal management, and reports to the legislature, federal government, and the general public. FACTS includes information about the outcomes of abuse and neglect investigations, the child abuse and neglect central registry and foster care and adoption information.

### **KAECSES**

Kansas Automated Eligibility System KAECSES is a major computer system which contained data for all children placed in state custody and removed from their home. As of September 13<sup>th</sup>, 2017, KEES replaced KAECSES for this function.

### **KanPay**

KanPay is a sub-system of KAECSES. This system created an on-line eligibility process for vendor payments. This system was used by PPS for Family Services cases. KanPay was used when the family had no involvement in other assistance programs. Staff began using KEES for this function as of September 13, 2017. KanPay is no longer used by agency staff.

### **KEES**

Kansas Eligibility and Enforcement System is an internet-based system designed for determining eligibility, issuing benefits, collecting data, and developing reports. KEES has replaced the KAECSES and KanPay systems as of September 13, 2017.

### **MMIS**

Medicaid Management Information System -

DCF staff utilize the MMIS to enter or review Medicaid data.

### **SCRIPTS**

Statewide Contractor Reimbursement Information and Payment Tracking System - SCRIPTS makes payments to the Child Welfare Contract Management Provider and produces the federal claim for IV-E funding.

Referral information and IV-E customer eligibility is entered into FACTS and downloaded into SCRIPTS on a regular basis to maintain these functions. The federal claim is based on IV-E customer eligibility downloaded from FACTS and also based on Child Welfare Contract Management Provider services reported to SCRIPTS as encounter data.

## SMART

Statewide Management, Accounting, and Reporting Tool. System used to make payments to all vendors.

**Community Corrections Involvement:** Supervision by a county operated corrections agency or department of a youth, age 10 and older, who typically scores moderate to high-risk on the risk and needs assessment (i.e. Youth Level of Service/Case Management Inventory (YLS/CMI)), is adjudicated as a Juvenile offender, and is court ordered to Intensive Supervised Probation (ISP).

**Continuous Eligibility (CE):** The 12-month period of time including the month Medicaid is approved and the following 11-months when Medicaid cannot be discontinued for a youth under the age of 19 for reasons other than state residency, voluntary withdrawal, erroneous approval, and death. CE is renewed each year when a medical review is completed and the youth continues to meet eligibility criteria.

**Contractor/Contract Agency:** A person or agency who enters into a contractual agreement with DCF to provide specified services.

**Court Appointed Special Advocate (CASA):** A responsible adult other than an attorney or guardian ad litem appointed by the court to represent the best interests of a child. (K.S.A. 38-2202(g), K.S.A. 38-2206). A CASA may also be appointed under the Juvenile Offender Code or the Domestic Relations Code.

**Court Services Involvement:** Supervision by a state operated court services agency or department of a youth, age 10 and older, who typically scores low to moderate-risk on the risk and needs assessment (i.e. Youth Level of Service/Case Management Inventory (YLS/CMI)), is adjudicated as a Juvenile offender, and is court ordered to court services probation.

**Crossover Youth:** A young person, age 10 and older, with any level of concurrent involvement with the child welfare and juvenile justice systems.

A. "Involvement" in the Juvenile Justice system includes, but is not limited to, court-ordered community supervision, and Immediate Intervention Programs (IIP), and youth placed in detention and correctional facilities.

B. "Involvement" in child welfare system includes, but is not limited to, out of home placement, an assigned investigation of alleged abuse or neglect with a young person named as alleged perpetrator, and/or participation in voluntary/preventative services that are open for services.

Delineation of involvement related to specific child welfare and juvenile justice programs is for the explicit purpose of collaborative data collection per agreement between DCF, DOC, and OJA.



**Custody/Custodian:** Custody, whether temporary, protective or legal, means the status created by court order or statute which vests in a custodian, whether an individual or an agency, the right to physical possession of the child and the right to determine placement of the child, subject to restrictions placed by the court. (K.S.A. 38-2202(g)).

**Custody of The Kansas Department of Corrections-Community Based Services (KDOC-CBS):** a youth, age 10 and older, who is placed at a correctional facility (e.g. Kansas Juvenile Correctional Complex (KJCC)) or who is on Conditional Release or Aftercare from a correctional facility.

## D

**Dedicated WARDS Account:** SSI money received for a youth in custody that is a lump-sum of, at a minimum 6 months accumulated, SSI benefits. Social Security deposits the lump-sum and must approve all withdrawals from this account.

**Deterioration:** The child's condition, health or functioning becomes progressively worse indicating harm to the child.

**Disposition:** A court hearing following adjudication in which an order may be issued regarding services, custody, placement, sentencing for juvenile offenders or other matters.

## E

**Endangered:** The risk or exposure to harm.

**Ex Parte Order:** An order issued by a judge without a hearing.

## F

**Facility** Facilities include homes and child care providers regulated/licensed by the Department for Children and Families (DCF) Foster Care and Residential Facility Licensing, Kansas Department of Health and Environment or Kansas Department for Aging and Disability Services (KDADS). Facilities may also include homes and providers legally exempt from regulation and homes or providers which are operating as unregulated services.

Facility includes:

- A. family foster homes,
- B. residential childcare facilities,
- C. detention,
- D. secure care,
- E. attendant care facilities,

F. day care homes or centers.

G. Psychiatric Residential Treatment Facilities (PRTF), licensed by the Kansas Department for Aging and Disability Services (KDADS)

For purposes of complaints alleging abuse or neglect, "facility" includes any of the above entities which are subject to regulation, whether operating within or without the law.

**Facility Reports:** In facility reports the alleged perpetrator is a foster parent, a minor over the age of 10 in the facility, childcare provider, employee in a facility, or another care giver other than the child's parents.

**Family:** A family means any group of persons who act as a family system with or without a legal or biological relationship.

**Family Centered Systems of Care:** This is a family driven, individualized, culturally competent, and strength-based approach. The family is seen as the expert on their strengths and needs. The family identifies natural resources, including kin and shall be included in all case planning activities, allowing the family to determine their choices and actions.

**Family First Prevention Services Act (FFPSA):** FFPSA became law February 9, 2018. This law provides Title IV-E federal funds for prevention and limited Title IV-E eligible placements in foster care. The law's focus is foster care prevention services, and when foster care is required, the aim is to encourage placements in family-like settings for children.

**Family in Need of Assessment (FINA):** Family In Need of Assessment (FINA) assignments are specific family conditions, which do not meet criteria to assign for abuse/neglect, but are assigned to assess to determine whether services to the child and family are indicated.

The following are FINA sub-types:

**A. Caregiver Substance Use:** Parent/caregiver is using substances and there is an indication the use is impacting parenting capacity or skills.

**B. Caregiver Unable/Unavailable to Provide Care:** Parent/caregiver is not able to care for the child due to the death, incarceration, deployment, etc. of a parent/caregiver and/or there is no other resource available. May include, a parent/caregiver lacking sufficient ability, power, and authority, and without services, deterioration of the children's health/well-being is likely; and the children are at risk of removal.

**C. Child Substance Use:** Child using substances which negatively impacts the family/child functioning.

**D. Children with Behavior Problems:** Child's actions/behaviors negatively impacting the family/child functioning (i.e. suicidal, danger to self and/or self-harming behaviors, out of control, sexually acting out, aggressive behaviors, criminal activities, and gang involvement. Excludes behaviors which meet definitions for Child Substance Use, Less than 10 Committing an Offense, Runaway or Truancy).

**E. Infant Positive for Substances:** An infant (birth to age 1) or the mother of an infant with a positive drug screen, and or a medical professional has not determined the infant is substance affected or having, but there is an indication services may be needed. withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance.

**F. Less than 10 Committing an Offense:** while less than 10 years of age, commits any act which if done by an adult would constitute the commission of a felony or misdemeanor as defined by K.S.A. 2015 Supp. 21-5102, and amendments thereto.

**G. Runaway:** Child is willfully and voluntarily absent from the child's home or placement without the consent of the child's parent or other custodian.

**H. Truancy:** Child is not attending school, as required by K.S.A. 72-977, 72-1111, or 72-1113 and amendments thereto. Excludes home schools registered with the Kansas Department of Education.

**Family Meeting:** A Family Meeting (FM) is a meeting with parents, family members, supports, service providers, and others who come together to determine the best next steps to improve the child's/family's well-being and functioning.

**Family Preservation Referral:** A referral made to the Family Preservation Case Management Provider to provide services to keep the family intact and to prevent out of home placement for the child/children in the family, including pregnant women using substances, who may or may not have other children.

**Family Reports:** In family reports the alleged perpetrator is a parent of the child, other adult residing in the home, or a sibling or relative age 10 and older.

**Family Services:** Non-custody services provided directly to families by CPS specialists or through purchase of services by DCF. Family services are designed to meet identified needs or to support family strengths and are based on a safety or risk assessment of the child and family.

**Family Team Meeting (FTM):** A Family Team Meeting (FTM) is a meeting with parents, family members, supports, service providers, and others who come together to determine what the best next steps are to increase the child's/family's well-being and functioning.

**FC Referral:** A referral made to a foster care provider to provide case management and supervision for children removed from the home and placed into court ordered DCF custody.

**Female Genital Mutilation:** Defined in Crimes and Punishments Chapter of Kansas Statutes, and may be considered for assignment of physical abuse. Per K.S.A. 21-5431 Female Genital Mutilation is defined as:

- A. Knowingly circumcising, excising, or infibulating the whole or any part of the labia majora, labia minora or clitoris of a female under 18 years of age;
- B. removing a female under 18 years of age from this state for the purpose of circumcising, excising, or infibulating the whole or any part of the labia majora, labia minora or clitoris of such female; or
- C. causing or permitting another to perform the conduct described in subsection (a)(1) or (a)(2) when the person causing or permitting such conduct is the parent, legal guardian or caretaker of the victim.
- D. Unless, the procedure is medically necessary pursuant to the order of a Physician, and such procedure is performed by a physician.

**Food Assistance:** A federal income subsidy to buy food for families who have marginal income. Previously referred to as Food Stamps and is also known as Supplemental Nutrition Assistance Program (SNAP).

**Foster Care:** 24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility.

**Foster Family Home:** means "a private home in which care is given for 24 hours a day for a small number of children away from their parent or guardian" (K.A.R. 28-4-311 (d)). Foster families must be licensed by DCF Foster Care and Residential Facility Licensing. In addition to licensing requirements, the home must be sponsored by a licensed child placing agency (CPA). The CPA recruits and trains foster parents. The CPA assesses foster parents post training to determine if the foster parents can meet the safety and well-being needs of children placed with them.

## G

**Guardian Ad Litem:** An attorney appointed by the court to represent the interests of a person to act on his or her behalf in a particular legal proceeding including, but not limited to, an attorney appointed by the court to represent the best interests of the child in Child in Need of Care proceedings to represent the best interests of the child.

**Guardianship:** A status in which the court gives a person specified rights to the custody and control of a child subject to ongoing review by the court of jurisdiction.

## H

**Harm:** Physical or psychological injury or damage. K.S.A. 38-2202(kl)

**Healthwave 21:** See KanCare 21

**Host Family:** An individual or family who provides temporary care of children through a program created pursuant to the Host Families Act, K.S.A. 38-2401 et.seq. (i.e., Safe Families for Children is an organization with a program created pursuant to the host families act.)

## I

**Icebreaker:** An Icebreaker is a facilitated conversation that provides an opportunity for parents/caregivers and foster parents to meet face-to-face, talk about the needs of the child and share information about themselves and their family routines and traditions. The focus is on the care and well-being of the child.

**Identified Adoptive Resource:** A family may be considered an identified adoptive resource when they have submitted the Potential Identified Adoptive Resource Application form (PPS5316) to adopt (not necessarily all the supporting documentation).

**Imminent:** implies more than speculation but less than certainty. An event is imminent if a reasonable person using common sense, training or experience concludes an event will occur without delay unless there is prompt intervention.

**Independent Assessor:** A trained professional or licensed clinician who is not an employee of the agency and is not connected to or affiliated with any placement setting in which children are placed by the agency. Completes assessments to determine when a child should or should not be placed in a Qualified Residential Treatment Program (QRTP).

**Independent Living Setting:** An out-of-home foster care placement, including a transitional living program (TLP), community integration program (CIP), or a youth living on their own who continues to be supported by a Child Welfare Case Management Provider.

## K

**KanCare:** The KanCare program is the State of Kansas' plan to transition Kansas Medicaid into an integrated care model. Kansas contracted with managed care organizations (MCOs), to coordinate health care for nearly all Medicaid beneficiaries.

**KanCare 21:** A Federal program to cover low income, uninsured children who do not qualify for Medicaid. This Children's Health Insurance Program (CHIP) is funded with Federal and State money. A small premium is charged depending on the family's income. This is only for children up to age 19. Previously known as Healthwave 21.

**K.A.R.:** Kansas Administrative Regulations

**K.S.A.:** Kansas Statutes Annotated.

**Kinship Caregiver:** An adult who the Secretary has selected for placement of a child in need of care with whom the child or the child's parent already has close emotional ties. K.S.A. 38-2202 (w)

**Kinship Navigator Program:** A program offering information, referral, and follow-up services to kinship caregivers raising children. The program links the kinship family to needed benefits and services for the family or the children.

## L

**Likelihood:** Implies more than speculation and less than certainty. An event is likely if a reasonable person using common sense, training or experience concludes that, given the circumstances, an event is probable without a change in those circumstances.

## M

**Medicaid:** A government health care assistance program for families who are below the poverty level. Medicaid funds traditional medical services as well as a variety of behavior management services. A child removed from the home and placed in foster care usually qualifies for Medicaid since they are considered a family of one if their resources do not exceed the established limitations. The Medicaid program is funded with Federal and State money.

**Mental Health Consortium:** An affiliated group of mental health professionals and centers.

**Mitigate:** To make less severe or alleviate. To mitigate something means to make it less serious.

**Multidisciplinary Team:** A group of persons with special knowledge regarding the detection, investigation or treatment of child abuse or neglect. The Kansas Code for Care of Children authorizes DCF to request, and the court to appoint, a multidisciplinary team "to assist in gathering information regarding a child who may be or is a child in need of care" (K.S.A. 38-2228).

## N

**National Electronic Interstate Compact Enterprise (NEICE):** A national electronic system for quickly and securely exchanging the data and documents required by the Interstate Compact on the Placement of Children (ICPC) to place children across state lines. With NEICE, a case can be created by a Sending State caseworker and reach the Receiving State caseworker within a day, sometimes within an hour. NEICE allows child welfare workers to communicate and provide timely updates to courts, relevant private service providers, and families awaiting placement.

**Non-Abuse/Neglect (Family in Need of Assessment)- NAN (FINA):** Children who come to the attention of the agency for reasons other than alleged abuse or neglect or juvenile offense and who meets one or more of the definitions in K.S.A. 38-2202(d).

Non-Abuse/Neglect (Family in Need of Assessment) definition was replaced by Family in Need of Assessment (FINA) upon system changes July 1, 2018.

**Non-family/Unregulated Care Giver:** A person who is not the child's parent, guardian or other person who regularly cares for the child. (examples: teacher, coach, big brother/sister, neighbor, etc.)

## P

**Parent:** when used in relation to a child or children, includes a guardian, and every person who is by law liable to maintain, care for or support the child. (K.S.A. 38-2202(u)).

**Payment Eligibility:** Eligibility for IV-E federal reimbursement for maintenance expenses (primarily room and board) for children in custody who meet all IV-E eligibility criteria.

**Permanency:** The child is being released from DCF custody after achieving reintegration, guardianship, finalization of adoption, SOUL Family Legal Permanency, or APPLA.

**Permanency Hearing:** A notice and opportunity to be heard is provided to interested parties, foster parents, pre-adoptive parents, or relatives providing care for the child. The court, after consideration of the evidence, shall determine whether progress toward the case plan goal is adequate or reintegration is a viable alternative, or if the case should be referred to the county or district attorney for filing of a petition to terminate parental rights or to appoint a permanent guardian.

**Placement Stability Team Decision Making (PS-TDM):** a facilitated meeting held for all out of home placement related decisions (except removal, reunification, or adoption) to decide or recommend whether a child in out of home placement can remain in their current placement setting with supports or if a new placement is needed. In the event of a planned positive move, a PS-TDM will support decision making around what services, actions, or resources can be put in place to ensure the move will lead to stability and timely permanency.

**Pregnant Woman Using Substances:** Reports assigned by the department indicating a pregnant woman is using substances. The purpose of the assessment is to determine the level of services needed and make referrals as needed.

**Preponderance of evidence:** Alleged facts and circumstances, more likely than not, meet the abuse/neglect definitions per K.S.A. and K.A.R.

**Protective Custody:** The status of a child believed by a law enforcement officer (Police Protective Custody **(PPC)**) or a judge (Order of Protective Custody) that a child alleged to be a child in need of care needs to be removed from danger of harm and placed in a shelter or other emergency or temporary care pending a court hearing.

**Protective Placement:** The status of a child determined by a law enforcement officer (Police Protective Custody) or a judge (Order of Protective Custody) that the child is alleged to be a Child in Need of Care and should be removed from danger or harm, by placement into emergency or temporary care pending a court hearing.

**Provider Agreement:** An agreement between a provider of services and DCF for specific services the provider offers to families and children.

## Q

**Qualified Alien** – As indicated in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, the term “qualified alien refers to: An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA); An alien who is granted asylum under section 208 of the INA; A refugee who is admitted to the U.S. under section 207 of the INA; an alien who is paroled into the U.S. under 212(d)(5) of the INA for a period of at least one year; an alien whose deportation is being withheld under section 243(h) the INA as in effect immediately before April 1, 1997, or section 41(b)(3) of the INA; an alien who is Cuban or Haitian entrant; an alien (or the child of parent) who has been battered or subjected to extreme cruelty in the U.S.

**Qualified Residential Treatment Program (QRTP):** Title IV-E eligible congregate placement for a child in foster care meeting specific criteria. To serve as a QRTP, the facility must use a trauma-informed treatment model to address the needs of children with serious emotional or behavioral disorders or disturbances. The facility must have the ability to deliver treatment for the child as determined through an independent assessment indicating appropriateness for placement in the facility.

## R

**Reasonable and Prudent Parenting Standard:** Careful and sensible parental decisions that maintain a child’s health, safety, and best interests while at the same time encouraging the child’s emotional and developmental growth that a caregiver must use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural and social activities.

**Redetermination:** A re-assessment of IV-E eligibility criteria when a change in placement or circumstance occurs for a child in foster care.

**Referral:** Process of referring a child to a provider for out of home or in home services.

**Relative:** A person related by blood, marriage, or adoption.

**Resource Family:** A family willing to provide short term care or serve as the adoptive or legal guardian for the child. The resource family is a valued member of the team and will participate in the case planning process, serve as a mentor to birth families, and will encourage parent/child interactions in a natural setting.



## S

**Safety Network:** A safety network may include family, friends and other natural supports who know about and understand the worries and strengths of the family, and who are actively engaged in the support a family may need to keep a child safe, even after child welfare involvement ends.

**Siblings:** Children who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his or her foster care placement, or with whom the child would be expected to live if the child were not in foster care.

**Sibling Separation:** Separate placement of siblings who are in foster care.

**Sibling Split:** A decision not in the best interest of siblings to be placed together.

**State Wards:** Foster children become wards of the state when both maternal and paternal rights have been terminated and the child has not been formally adopted.

Child In Need of Care cases remain open under these circumstances and the DCF retains custody. For children who are directly relinquished to DCF, it will be necessary for the case managing entity and DCF to work together to approach the county/district attorney and request a Child In Need of Care petition.

**Structured Decision Making (SDM):** The Structured Decision Making® (SDM) model for child protection assists agencies and workers in meeting their goals to promote the ongoing safety and well-being of children. This evidence- and research-based system identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision. SDM was fully implemented for intake with the Kansas Protection Report Center in August 2019. SDM safety and risk assessments were piloted in December 2019, in four (4) counties (Johnson, Wyandotte, Crawford and Cherokee) in the Kansas City and East DCF Regions.

**Substantiated Perpetrator:** A person regardless of where the person resides, who has been substantiated by the secretary or designee, by a preponderance of evidence, to have either intentionally committed an act of abuse or neglect or failed or refused to protect a child when a reasonable person would have anticipated that the act of abuse or neglect would result in or create a likelihood of serious harm, injury, or deterioration to the child. The substantiated perpetrator's name is placed on the Kansas Child Abuse and Neglect Central Registry, and the person is thereby prohibited from residing, working, or volunteering in a childcare facility pursuant to K.S.A. 65-516, and amendments thereto. (K.A.R. 30-46-10) See also Alleged Perpetrator and Unsubstantiated Perpetrator.

## T

**Team Decision Making (TDM):** Team Decision Making (TDM) is a meeting with parents, family, community members and others to actively participate in problem solving and decisions about where children can safely live. TDM was implemented in phases across the state beginning in November 2019, with four (4) counties (Johnson, Wyandotte, Crawford and Cherokee) in the Kansas City and East DCF Regions.

**Temporary Custody:** Custody awarded by a Court based upon evidence in a hearing prior to disposition adjudication.

**Trauma-Informed:** An organization and treatment framework involving understanding, recognizing, and responding to the effects of all types of trauma. Treatment is in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

**Truant:** A child not attending school as required by law.

## U

**Unsubstantiated Alleged Perpetrator:** means a person who has been determined by the secretary or the secretary's designee, by a preponderance of evidence, to have not committed an alleged act of abuse or neglect. (K.A.R. 30-46-10). See also Alleged Perpetrator and Substantiated Perpetrator.

## W

**WARDS account:** A separate accounting for each child for whom funds are received by DCF on behalf of the child in custody. The account shows all monetary transactions received for and paid out on behalf of the child in custody.

**Web KDHE Request Processor (WKRP):** is a system that allows DCF the ability to review names of providers or employees used by other facilities against names in the FACTS Central Registry (CERS) to determine if the provider or employee at the facility is a match to the substantiated person in CERS.

**Working Day:** A day when the Department is open for business; does not include Saturdays, Sundays, or official state holidays.

## 0255 Claire and Lola's Law

Per Claire and Lola's law enacted July 1, 2019, the department shall not initiate proceedings to remove a child from the home of the child's parent or guardian (request ~~police protective custody~~ **PPC** or an ~~order for protective custody~~ **Order of Protective Custody**) or initiate any child protection action (safety planning) or proceeding based solely upon the parent or guardian or the child's lawful possession or use of cannabidiol treatment preparation ~~K.S.A. 21-5706 (e)~~ (**K.S.A. 65-6235 (c)**).

### A. Definitions per ~~K.S.A. 65-2002~~ **K.S.A. 65-6235(b)**:

1. Cannabidiol treatment preparation means an oil containing cannabidiol (other trade name: 2-[(3-methyl-6-(1-methylethenyl)-2-cyclohexen-1-yl]-5-pentyl-1,3-benzenediol)) and tetrahydrocannabinol, as described in K.S.A. 65-4105, and amendments thereto, and having a tetrahydrocannabinol concentration of no more than 5% relative to the cannabidiol concentration in the preparation, verified through testing by a third-party, independent laboratory.
2. Debilitating medical condition means a medically diagnosed chronic disease or medical condition causing a serious impairment of strength or ability to function, including one that produces seizures, for which the patient is under current and active treatment by a physician licensed to practice medicine and surgery in Kansas.
3. Tetrahydrocannabinol concentration means the combined percentage of tetrahydrocannabinol and its optical isomers, their salts and acids and salts of their acids, reported as free tetrahydrocannabinol on a percent by weight basis.

### B. Verification

DCF or provider staff shall request the parent or guardian provide verification of lawful use of cannabidiol treatment preparation per the statute. K.S.A. 21-5706 **(d)(3)** requires the parent or guardian possess a letter, at all times while the person has possession of the cannabidiol treatment preparation. The letter shall be dated within the preceding 15 months which verifies the person is a patient who can use or possess cannabidiol treatment preparation. The letter shall be on the physician's letterhead and signed by the physician who diagnosed the debilitating medical condition. Such physician shall be licensed to practice medicine and surgery in Kansas.

Upon verification of lawful cannabidiol treatment preparation DCF shall cease any initiation of proceedings to remove a child from the home of the child's parent or guardian (request police protective custody or an order for protective custody). DCF and provider staff shall cease any child protection action (safety planning) or proceeding which is based solely on the cannabidiol treatment preparation. A request for an override of the initial assessment decision per PPM 1700 shall be made when determined the sole reason for DCF involvement is due to lawful cannabidiol treatment preparation and no additional abuse/neglect, FINA or PWS concerns are present.

# **0260 Child Safety, Placement and Needs Assessment for Human Trafficking/Commercial Sexual Exploitation of Children (HT/CSEC) Concerns**

The Child Welfare Case Management Provider (CWCMP) grantees are responsible to complete the **Child Welfare Human Trafficking Immediate Response Assessment**. ~~child safety, placement and treatment/service needs (CSPN) assessments per K.S.A. 38-2287.~~ Immediate Response Assessments are made at the request of law enforcement, Juvenile Intake and Assessment Services (JIAS), the court, CWCMP case team, or Special Response Team member who have reason to believe a child has been subjected to an act which would constitute human trafficking or aggravated human trafficking (HT), as defined by K.S.A. 2018 Supp. 21-5426, and amendments thereto, or commercial sexual exploitation of a child (CSEC), as defined by K.S.A. 2018 Supp. 21-6422, and amendments thereto, or the child committed an act which, if committed by an adult, would constitute selling sexual relations, as defined by K.S.A. 2018 Supp. 21-6419.

## **A. Child Safety, placement, treatment, and service need assessment tools:**

1. Child Welfare Human Trafficking Immediate Response Assessment-completed by the CWCMP IRT to assess the immediate safety needs, service, and treatment needs.
2. Child Welfare Human trafficking Court Ordered Assessment-completed by CWCMP IRT upon court request, to assess lasting safety needs, ongoing treatment, service, and treatment needs.
3. CSE-IT- completed in conjunction with the above tools to determine a child's or youth's level of risk for HT.

B. When any law enforcement officer takes into custody any child and reasonably believes the child is a victim of human trafficking, aggravated human trafficking or commercial sexual exploitation of a child; the law enforcement officer shall contact the department for children and families to begin an assessment to determine safety, placement and treatment needs for the child. K.S.A 38-2232(b)(2).

1. Safety- whether **HT or CSEC** ~~human trafficking, aggravated human trafficking or commercial sexual exploitation of the child is suspected.~~ **Assessing safety includes** ~~and~~ whether the alleged perpetrator has access to

the child. ~~The safety considers~~ the protective capacity of caregivers, and whether there are concerns of self-harm or suicidal ideation.

2. Placement – appropriate placement of the child to ensure safety. This may include a recommendation for Staff Secure Placement per K.S.A. 38-2242 and K.S.A. 65-535 which provides a secure placement promoting a safe and therapeutic environment. Placement could also be in a foster home, kinship placement, or residential placement.

3. Treatment and Service Needs - appropriate services to meet the physical, social, and emotional health needs of the child. This may include immediate medical treatment, substance abuse treatment assessments, and mental health assessments at the time the child is recovered. These services may be recommended and provided for families to support the child remaining in the home if determined safe or may be provided during the child's stay in a staff secure setting per K.S.A. 65-535.

C. Immediate Assessment - When a Juvenile Intake and Assessment (JIAS) worker, who has conducted the Kansas JIAS HT Screening Instrument, and believes the child to be a victim of CSE/HT shall contact the KPRC and follow prompts to facilitate a DCF IRA. Whether requested by law enforcement or JIAS the CWCMP Immediate Response Team responder will respond to conduct the assessment. ~~when law enforcement places a child in police protective custody (PPC) and either law enforcement or JIAS staff has reason to believe the child is a victim of HT or CSEC they will request an Immediate Response Assessment (IRA) through the Kansas Protection Reporting Center which is completed by the CWCMP IRT.~~

1. The CWCMP IRT worker upon receipt of referral shall contact the reporter by phone, acknowledge the referral, request information about the situation and provide the following:

- a. name
- b. contact information
- c. estimated time of arrival to the assessment location.

1. CWCMP IRT staff shall respond and complete the IRA within:
  - a. Four (4) hours if in Judicial Districts 12, 15, 16, 17, 20, 23, 25
  - b. Two (2) in all other Judicial Districts
  - c. Virtually, if inclement weather or other circumstances make travel difficult. Virtual assessments are only to be used in limited circumstances as determined appropriate by the team leader or supervisor.

D. Any Kansas law enforcement officer who places a child into Police Protective Custody (PPC) and believes the child is a victim of human trafficking, aggravated human trafficking, or commercial sexual exploitation, whether in the custody of

the Secretary or not, shall contact the Kansas Protection Reporting Center (KPRC) at 1-800-922-5330 and follow the prompts to facilitate a DCF Immediate Response Assessment (IRA) to determine safety, placement and treatment needs (KSA 38-2232(b)(2)). A Juvenile Intake and Assessment (JIAS) worker, who has conducted the Kansas JIAS HT Screening Instrument, and believes the child to be a victim of CSE/HT shall contact the KPRC and follow prompts to facilitate a DCF IRA. Whether requested by law enforcement or JIAS the CWCMP Immediate Response Team responder will respond to conduct the assessment.

1. The CWCMP IRT worker shall request an update from the referrer immediately prior to conducting the assessment.
2. After the assessment is completed the CWCMP IRT worker shall provide the front page of the assessment to the referral source and discuss:
  - a. IRA results;
  - b. observations during the IRA;
  - c. placement options for the victim.
3. Final assessments shall be typed and entered into the CWCMP CSE-IT online system.
4. Send a copy of the final assessment to the Human Trafficking Program Manager DCF.SpecialResponseTeam@ks.gov

E. The court requested CPSN Assessment occurs anytime the court requests the assessment for a child in the custody of the Secretary pursuant K.S.A 38-2287(a). Upon request, a member of the CWCMP Immediate Response Team shall respond within 10 calendar days to complete the CPSN Assessment using the DCF Child Welfare Human Trafficking Court Ordered Assessment/CSE-IT Tool. Upon completion, a summary of the assessment results and appropriate recommendation(s) shall be provided to the Court.

1. In the field, written assessments are acceptable. The final assessment needs to be typed before being submitted.
2. Once the final assessment is completed the information needs to be entered into the CWCMP CSE-IT Online account.
3. Send a copy of the final assessment to the Human Trafficking Program Manager to DCF.SpecialResponseTeam@ks.gov

F. Case workers, case team, or a member of the Special Response Team (SRT) may request their agency conduct an assessment using the Child Welfare Human Trafficking Immediate Response Assessment/CSE-IT Tool.

1. The request will be made to the supervisor of the CWCMP IRT.
2. In the field, written assessments are acceptable. The final assessment needs to be typed before being submitted.
3. Once the final assessment is completed the information needs to be entered into the CWCMP CSE-IT Online account.
4. Send a copy of the final assessment to the Human Trafficking Program Manager at DCF.SpecialResponseTeam@ks.gov

Timeframes Requests for CPSN Assessments may be requested when there is there is reason to believe the child has been subjected to HT or CSEC, at one of the following times:

#### 1. Immediate Response

a. The immediate response CPSN Assessment occurs at the time any child, whether in the custody of the Secretary or not, is recovered by law enforcement. When law enforcement takes a child into police protective custody and believes the child is a victim of human trafficking, aggravated human trafficking or commercial sexual exploitation, law enforcement is required, per K.S.A. 38-2287, to contact DCF for completion of an assessment to determine safety, appropriate and timely placement and appropriate services to meet the immediate needs of the child.

b. Upon notification, the CWCMP shall respond immediately to law enforcement to determine the location of the child. The immediate response CPSN assessment shall be completed in-person in cooperation with law enforcement, DCF and the Juvenile Intake Assessment Services (JIAS). The complete assessment tool shall be sent to the Kansas Protection Report Center (KPRC) and PPS Anti Human Trafficking Program Manager with DCF Administration.

#### 2. Court Requested

a. The court requested CPSN Assessment occurs anytime the court requests the assessment for a child in the custody of the Secretary. Upon request, the CWCMP shall respond within 10 calendar days to complete the CPSN Assessment. Upon completion, the CWCMP shall make appropriate recommendation(s) to the Court. A summary of the assessment results shall be provided to the court. The complete assessment tool shall be sent to the KPRC and PPS Anti-Human Trafficking Program Manager with DCF Administration.



# **0425 Contents of Assessment & Prevention, Family Services, Family First Prevention Services, and Family Preservation Case Records**

**A.** PPS Assessment & Prevention, Family Services, Family First Prevention Services, and Family Preservation Case records shall contain the following sections:

- Section 1: Logs, family contact sheets
- Section 2: Legal Documentation
- Section 3: Intake and Assessment
- Section 4: Assessment and Case Planning
- Section 5: Contracted Services
- Section 6: Interstate Compact on the Placement of Children (ICPC) and Interstate Compact on Adoption and Medical Assistance (ICAMA)
- Section 7: Eligibility and Financial Planning Payments
- Section 8: Miscellaneous

Children within the family who are in the Secretary's custody shall have their own individual section containing court documents, case plans and medical documentation.

Within each required section, the material shall be organized in like groups, (e.g., All court reports together, all case plans together) depending on the case situation and the forms/documents used. Each section shall be labeled. The material within each section shall be maintained together in reverse chronological order with the most recent material on top. Duplicate material shall not be included in the case file with the exception of birth certificates and social security cards. Working copies shall be maintained in section 3 and originals in section 8.

The forms appearing under the section headings are a guide and not necessarily all the forms which might be appropriately filed in the section. Form numbers listed below are the forms currently in use. Forms which are equivalent, or which serve the same function, shall be placed in the same sections as the current forms.

If a section is not applicable (e.g., interstate compact) a labeled placeholder shall be included to indicate the section has not been overlooked.

Forms completed shall be the order of case record sections.

**B.A.** Section 1: Logs, family contact sheets

All logs shall be page-numbered, contain month, date, year and full name of the worker.

1. PPS 3011 Visitation/Contact Log
2. PPS 1010 Social Service Case Activity Log
3. E-mails
  - a. All e-mail correspondence shall be case relevant.
  - b. When applicable, entire e-mail threads shall be included to avoid redundancy.
4. PPS 2019 Mapping Conversation Notes
5. Appendix 2N My Three Houses
6. Appendix 2O Fairy Wizard Template

**C.B.** Section 2: Legal Documentation

1. Petition
  - a. Applications, affidavits, or worksheets used in the preparation of the petition
2. Certified or file stamped copies of orders and journal entries
  - a. Ex Parte Order of Protective Custody
  - b. Temporary Custody Order
  - c. Adjudication
  - d. Dispositional Order
  - e. Order of Informal Supervision
  - f. Court order releasing child from DCF custody/jurisdiction of the court
3. PPS Forms
  - a. PPS 0100 Authorization for Release of Confidential Information
  - b. PPS 5123 Consent to Medical Care (Parent)
  - c. PPS 5124 Consent to Medical Care (Supervisor)
  - d. External Releases of Information

**D.C.** Section 3: Intake and Assessment

Each report accepted for assessment shall be filed together as a separate packet of completed forms:

1. Copy of Birth Certificates
2. Copy of Social Security Card or verification of social security number
3. PPS 1000 - Face Sheet
4. PPS 1001- Report/Request for Services
5. PPS 1001A - Summary Results Preliminary Inquiry
6. PPS 1002 - Initial Assessment
7. Subsequent reports (PPS 1000, 1001, 1001A and 1002) on open case per PPM

2070, 4013 or 5122.

8. PPS 2000 - Request to Interview a Child at School
9. PPS 2001- Parental Consent to interview child at school
10. PPS 2003 or PPS 2021 Immediate Safety Plan (November 2019 through November 2020 Structured Decision Making (SDM) Immediate Safety Plan in pilot counties)
11. PPS 2005 – UNCOPE
12. PPS 2007- Plan of Safe Care
13. PPS 2011 - Case Findings
14. PPS 2012 - Notice of Department Finding
15. PPS 2015 - Infant-Toddler Referral
16. PPS 2017- Notification of Substantiated Case Finding
17. PPS 2018- Review of Repeat Maltreatment in Six Months
18. PPS 2025- Agency Response (Facility and Third-Party Response) (Utilized on events assigned prior to July 1, 2017)
19. PPS 2030A - Agency Response (Family Based Assessment) (Utilized on events assigned prior to July 1, 2017)
20. PPS 2030B - Safety Assessment (Discontinued January 2021. In pilot counties Structured Decision Making (SDM) Safety Assessment was used instead of the PPS 2030B from November 2019 through November 2020)
21. PPS 2030C - Risk Assessment (short form) (Discontinued January 2021)
22. PPS 2030D - Risk Assessment (Discontinued January 2021. In pilot counties Structured Decision Making (SDM) Risk Assessment was used instead of the PPS 2030D from November 2019 through November 2020)
23. PPS 2030E - Child in Need of Care - Non-Abuse/ Neglect Assessment (Beginning November 2019 only the persons contacted screen is required)
24. PPS 2030F - Family Based Assessment Summary
25. PPS 1006 - Report of Unexcused School Absences
26. Emergency Shelter Referrals
27. Team Decision Making (TDM) Summary

#### **E.D.** Section 4: Assessment and Case Planning

1. PPS 2035- Family Service Risk and Safety Assessment
2. PPS 3003- Court Report other reports required by District court
3. PPS 3005- Case Transfer Summary
4. PPS 5140 - Educational Advocate Referral Form
5. PPS 3050 - Family Case Plan
6. PPS 3050A- Family Service/ Family Preservation Candidacy for Care
7. PPS 3051 - Permanency Plan
8. PPS 3052 - Administrative Requirements
9. PPS 3054 - Visitation Schedule
10. PPS 3055 - Permanency Plan Review
11. PPS 3056 - Permanency Plan Desk Review
12. PPS 3057 - Service and Codes
13. PPS 3057A – Independent Living Service Descriptions
14. PPS 3058 – Permanency Plan Checklist

15. PPS 4005- Family Service Case Status
16. PPS 4010- In-Home Family Services Supervision Consultation Log (DCF Family Services Case)
17. Behavior Contract
18. Consultation notes
19. Service Provider Reports
20. Court Service Officer Reports
21. Law Enforcement Reports
22. Medical and Dental assessments, evaluations, and service records
23. Mental/Behavioral Health

#### **F.E.** Section 5: Contracted Services

1. PPS 4005 - Family Service Case Status
2. PPS 4010 In-Home Family Services Supervisor Consultation Log (Community Family Services Provider Case)
3. PPS 4200 Family Preservation Referral and Transmittal Sheet
4. PPS 4205 Family Preservation Acknowledgement of Referral/Change/Closure
5. PPS 4250 Family Preservation Lack of Contact Notification
6. PPS 4255 Family Preservation Transfer Case
7. PPS 4260 Request for Retraction
8. PPS 4311 Family First Services Prevention Plan and Referral Status Form
9. **Foster Care Referral** PPS 5110 Initial Referral to Out of Home Service Provider

#### **G.F.** Section 6: Interstate Compact

1. PPS 9110 - ICAMA Form 6.01, Notice of Medicaid Eligibility/Case Activation
2. PPS 9115 - ICAMA Form 6.02, Notice of Action
3. PPS 9120 - ICAMA Form 6.03, Report of Change in Child/Family Status
4. PPS 9200 ICPC Acknowledgement and Updates

#### **H.G.** Section 7: Eligibility and Financial Planning

1. Social Security Eligibility Packet
  - a. All correspondence with Social Security Administration.
  - b. Appendix 5U - Disability Determination Referral to Kansas Legal Services
2. Additional Information Packet:
  - a. ADM 3465 - Invoice and Timesheet: Purchase of Service.
  - b. Client Service Agreements
  - c. Flex Funds requests
  - d. Receipts for goods or services
  - e. Other eligibility or financial information

#### **I.H.** Section 8: Miscellaneous

1. Correspondence (Other than reports or evaluations in letter format. Correspondence may optionally be kept in a separate folder within the miscellaneous section.)

2. Newspaper articles

3. The following items shall be placed in an envelope and attached to the back, right side of the folder:

- a. Birth Certificates
- b. Social Security Card or verification of social security number
- c. Copy of Insurance Cards
- d. Photographs/Electronic media

4. FACTS Printouts

**J.** FACTS face sheets and other printouts may be kept in a manner which best serves the continuity of the case activities and management functions. They may be kept in the section to which they pertain or in a separate folder, clearly identified, and maintained where convenient within the case record.

## **0430 Contents of Foster Care, Adoption and Independent Living Services Case Records**

A. PPS Foster Care, Adoption and Independent Living Services Case records shall contain the following **labeled** sections:

- Section 1: Logs, **and** family contact sheets
- Section 2: Intake and Referral
- Section 3: Legal Documentation
- Section 4: Incident/Investigative Reports
- Section 5: Case Planning
- Section 6: Placement Information (Subsection: ICPC/ICAMA)
- Section 7: ~~Mental~~ Behavioral Health, Drug & Alcohol
- Section 8: Medical
- Section 9: Education
- Section 10: Adoption
- Section 11: Independent Living
- Section 12: Correspondence
- Section 13: Eligibility and Financial Planning
- Section 14: Miscellaneous

Children within the family who are in the Secretary's custody shall have their own individual file.

Within each required section, the material shall be organized in like groups, (e.g., all court reports together, all case plans together) depending on the case situation and the forms or documents used. ~~Each section shall be labeled.~~ The material within each section shall be maintained together in reverse chronological order with the most recent material on top. Duplicate material shall not be included in the case file.

The forms appearing under the section headings are a guide and not necessarily all the forms which might be appropriately filed in the section. Form numbers listed below are the forms currently in use. Forms which are equivalent, or which serve the same function, shall be placed in the same sections as the current forms.

If a section is not applicable (e.g., interstate compact), a labeled placeholder shall be included to indicate the section has not been overlooked.

Forms completed shall be the order of case record sections:

B. Section 1: Logs, family contact sheets

All logs shall be page-numbered, contain month, date, year and full name of the worker.

1. PPS 3011 - Interaction/Visitation/Contact Log

2. PPS 1010 - Social Service Case Activity Log
3. E-mails  
All e-mail correspondence shall be case relevant. When applicable, entire e-mail threads shall be included to avoid redundancy.
4. PPS 3061 - Monthly Individual Contact

C. Section 2: Intake and Referral

1. Copy of Birth Certificates
2. Copy of Social Security Card or verification of social security number
3. PPS 2030A - Agency Response (Family Based Assessment) (Utilized on events assigned prior to July 1, 2017)
4. PPS 2030B - Safety Assessment
5. PPS 2030C - Risk Assessment (short form)
6. PPS 2030D - Risk Assessment
7. PPS 2030E - Non-Abuse/ Neglect Assessment (Family in Need of Assessment)
8. PPS 2030F - Family Based Assessment Summary
9. PPS 5110 - Initial Referral to Out of Home Service Provider for Child in DCF Custody
10. PPS 5110A - Initial Referral to Out of Home Placement Provider for Child in DCF Custody-Consideration of Relative Placement and Additional Information
11. PPS 5120 - RE/FC/AD Acknowledgement of Referral Notification of Move/Placement/Change
12. PPS 0100 - Authorization for Release of Confidential Information
13. PPS 5123 - Consent to Medical Care (Parent)
14. PPS 5124 - Consent to Medical Care (Supervisor)
15. Appendix 5M- Referral to DCF for Continued Services

D. Section 3: Legal Documentation

1. Petition
  - a. Applications, affidavits, or worksheets used in the preparation of the petition
2. ~~Certified or~~ File stamped copies of orders and journal entries
  - a. Ex Parte Order of Protective Custody
  - b. Temporary Custody Order
  - c. Adjudication
  - d. Dispositional Order
  - e. Order or Journal Entry resulting from a permanency hearing
  - f. Order of Informal Supervision
  - g. Termination of Parental Rights
  - h. Permanent custodianship
  - i. Adoption Decree
  - j. Court order releasing child from DCF custody/jurisdiction of the court

3. PPS Forms:

- a. Appendix 5J - Relinquishment of Minor Child to the Agency
- b. PPS 3003 - Court Report

E. Section 4: Incident/Investigative Reports

- 1. Provider Critical Events
- 2. PPS 0550 Critical Incident
- 3. Law Enforcement Reports
- 4. Child Abuse/Neglect Reports
- 5. Subsequent reports (PPS 1000, 1001, 1001A and 1002) on open case per PPM 5212.
- 6. Safety Plans

F. Section 5: Case Planning

- 1. PPS 3005 - Case Transfer Summary
- 2. PPS 3051 - Permanency Plan
- 2. PPS 3052 - Administrative Requirements
- 3. PPS 3053 - Parent and Child Interaction Schedule
- 4. PPS 3054 - Visitation Schedule
- 5. PPS 3055 - Permanency Plan Review
- 6. PPS 3056 - Permanency Plan Desk Review
- 7. PPS 3057 - Service and Codes
- 8. PPS 3057A – Independent Living Service Descriptions
- 9. PPS 3058 – Permanency Plan Checklist
- 10. PPS 3059A - My Plan for Successful Adulthood or PPS 3059B- My Adult Services Plan
- 11. PPS3059C- My Exit Plan
- 12. Case Plan Invites
- 13. Case Plan Waivers
- 14. PPS 3070 Aftercare Contact Agreement
- 15. PPS 3071 Aftercare Monthly Report
- 16. Social History
- 17. Genogram
- 18. Ecomap
- 19. Timeline

G. Section 6: Placement Information (Subsection: ICPC/ICAMA)

- 1. PPS 5144 - Proposed Placement with Relative
- 2. PPS 5145 - Relative Home Study
- 3. Respite information
- 4. PPS 5120 - RE/FC/AD Acknowledgement Notification of Move/Placement/Change
  - b. Placement Agreements
  - c. Placement Reports



- d. Placement Disruption Reports
- e. Placement Discharge Summaries
- f. Appendix 5K APPLA Commitment Agreement
- g. Appendix 5L Custodianship Commitment Agreement

- 4. PPS 9110 - ICAMA Form 6.01, Notice of Medicaid Eligibility/Case Activation
- 5. PPS 9115 - ICAMA Form 6.02, Notice of Action
- 6. PPS 9120 - ICAMA Form 6.03, Report of Change in Child/Family Status
- 7. PPS 9130 - Interstate Compact Placement Request (100A)
- 8. PPS 9140 - Interstate Compact Financial/Medical Plan If Child is Placed Out-of-State
- 9. PPS 9100 - Case Manager Statement
- 10. PPS 9135 - ICPC Report on Child's Placement Status (100B)
- 11. Appendix 9G – ICPC Regulation 7 Expedited Placement
- 12. PPS 9145- ICPC - Priority Home Study Request
- 13. ICPC Supervision Reports
  - a. Appendix 9B – ICPC Supervision Report – 90 Days
  - b. Appendix 9C – ICPC Supervision Report – 30 Days
  - c. Appendix 9E – ICPC Residential Supervision Report

H. Section 7: ~~Mental~~ Behavioral Health, Drug & Alcohol Screenings

- 1. Evaluations
- 2. Referrals
- 3. Treatment Plans
- 4. Progress Reports

I. Section 8: Medical

- 1. PPS 5340 - Medical and Genetic Information for Child
- 2. Kan Be Healthy
- 3. Immunization Records
- 4. Medical and Dental assessments, evaluations, and service records

J. Section 9: Education

- 1. IEP and follow-up reports
- 2. School progress, grade reports and attendance
- 3. Disciplinary reports
- 4. Awards and recognitions
- 5. PPS 5140 Referral for Education Advocate
- 6. Appendix 5H Consent for Release of Information
- 7. Appendix 5Q Authorization for Disclose Information, Including Individual Identifiable Health Information (IIHI)

8. PPS 5254 Best Interest Determination Summary and Educational Enrollment Information for School Placement Form

K. Section 10: Adoption

1. Individual Recruitment Plan
2. PPS 5310 Adoption Exchange Information
3. PPS 5315 Adoption Exchange Case Status Update
4. PPS 5318 Family Assessment and Preparation Study (for the family approved to adopt the child)
5. PPS 5318A Adoptive Family Budget (for the family approved to adopt the child)
6. PPS 5330 Prediction Path
7. PPS 5341 Best Interest Staffing Recommendation Authorization
8. PPS 5343 Adoption Placement Agreement
9. PPS 5350 Agency Consent to Adoption of Minor Child (Committed) and/or
10. PPS 5355 Agency Consent to Adoption of Minor Child (Relinquished) and/or
11. PPS 5360 Agency Consent to Adoption of Minor Child (Committed and Relinquished)
12. Best Interest Staffing documents
13. Adoption process documents
14. Sibling split/separation documentation
15. Child specific recruitment information

L. Section 11: Independent Living

1. Casey Life Skills Assessment or PPS 7030 Self-Sufficiency Matrix
2. Final version of PPS 3059A My Plan for Successful Adulthood or PPS 3059B My Adult Services Plan
3. Final version of PPS 3059C My Exit Plan
4. PPS 7000 Self Sufficiency Plan
5. PPS 7000A Independent Living Monthly Budget Plan
6. PPS 7001 Education and Training Voucher Program Plan and SOUL Post-Secondary/Certified Training Program Plan
7. PPS 7210 Independent Living Subsidy Payment Unit Notification
- ~~8. PPS 7215 Independent Living Monthly Mentor Report~~
- ~~9. PPS 7220 Independent Living Mentor Agreement~~
- ~~10. 8.~~ PPS 7260 Application for Foster Child Education Assistance Program
- ~~11. 9.~~ PPS 7300 Independent Living Program Violation Notice-Case Determination
- ~~12. 10.~~ PPS 2833 Client Purchase Agreement
- ~~13. 11.~~ Employment and Post-Secondary Education Records
- ~~14. 12.~~ PPS 1010 Social Service Case Activity Log for the Self-Sufficiency case including emails and written correspondence. All email correspondence shall

be case relevant. When applicable, entire email threads shall be included to avoid redundancy.

M. Section 12: Correspondence

1. PPS 5125 Relative Notice Letter
2. Letters

N. Section 13: Eligibility and Financial Planning Payments

~~Each region will determine the color of the file folder for the financial packet for both IV-E and State only eligible cases. There will be one colored file folder for IV-E eligible packets and a different colored file folder for State only eligible. There will be a separate file folder for each foster care episode. The file folders will be located in the Section 7 of the social service file which will be kept by the eligibility specialist until the case is closed and then Section 7 will be placed with the rest of the social service file for archiving.~~

**1. Foster Care IV-E Eligibility Documents Packet**

Prior to August 2017, Eligibility Specialists created and maintained paper files. As of August 2017, Eligibility Specialists maintain electronic eligibility files in the Kansas Eligibility Enforcement System (KEES). All documents used to determine IV-E eligibility and ongoing IV-E eligibility are imaged to the KEES case in the Perceptive Content imaging system. The following documents of record for IV-E eligibility shall be imaged when available to support eligibility determination:

~~Section I~~

- ~~1. PPS 5435 - Eligibility Tracking Summary~~
- ~~2. Logs~~

~~Section II - Initial Eligibility~~

- ~~1. Cover Sheet/or Log supporting eligibility determination~~

**a. Initial Eligibility Documents**

- i. Foster Care Referral**
- ii. PPS 5410A
- iii. PPS 5410B
- ~~4. FOCA~~
- ~~5. CLPR~~
- ~~6. Documentation of AFDC group~~
- ~~7. PRIP Screen~~ **iv. KEES Case Summary Page**
- ~~8. PPS 1000~~ **v.**
- ~~9. Screen Prints to Support Income and Resources~~
- ~~a. BARI~~ **vi. KDOL - Wages**
- ~~b. BASI~~ **vii. KDOL - UI**

- c. ~~VEHI~~
- d. ~~UNIN~~
- e. ~~OTAP~~
- f. ~~LIRA~~
- g. ~~VIQM~~
- h. ~~CHILD CARE~~
- i. ~~PACC~~
- j. ~~PAYR~~
- k. **viii. COMN CSS screen**
- l. **vix. COLL CSS screen**
- m. **x. LCDA CSS screen**
- n. **xi. Kansas Payment Center screens**
- o. **xii. PPS 5120 – initial placement acknowledgment**  
(Items a-o will be fastened together).
- m. Any other information which supports the initial determination

#### ~~Citizenship~~

- b. **Citizenship**
- a. i. **TPQY Snip**
- b. **ii. Birth Certificate**

#### ~~Section III – c. Court Documents~~

- 1. **i. Affidavit/Application for CINC Petition**
- 2. **ii. Petition/Complaint**
- 3. **iii. Initial Court Order removing child from the home placing child in State's custody**
- 4. **iv. Journal Entries showing ongoing custody**
- v. Permanency Hearings**
- vi. Parental Rights Termination**

#### ~~Section IV – Redetermination~~

- 1. ~~Cover Sheet/or Log supporting eligibility determination~~
- 2. ~~PPS 5425A~~
- 3. ~~PPS 5425B~~

(Items 1- 3 will be fastened together for each redetermination)

#### ~~Section V – Permanency Hearing~~

#### ~~Section VI – Placements~~ **d. Ongoing Eligibility Documents**

- 1. ~~PPS 5440 – Placement Tracking for IV-E Eligible Youth~~
- 2. **i. FACTS Face Sheet (printed only imaged at time of an audit case review or closure)**
- 3. **ii. PPS 5120 - Acknowledgements of Placement Changes/PPS 5460**

Attached to this is the **c. CLARIS Image of print outs foster care license for IV-E eligible cases to verify the** placement meets IV-E criteria for Payment. The first

print out image after at the time of placement the Acknowledgement (PPS 5120) verifies license status when the child youth first entered the placement eligibility. GLARIS A copy of the license is to be printed annually while child remains in the same placement and again The next CLARIS after the child leaves the placement. print out This document verifies that during the redetermination the placement did or did not continually meet met the eligibility criteria for all dates child was in the placement.

e. Miscellaneous Documents

- i. School attendance verifications
- ii. Other miscellaneous items
- iii. FACTS face sheets from past reviews
- iv. Any other information which supports ongoing eligibility

## **~~Foster Care State Only Eligibility~~**

### **~~Section I~~**

- 1. ~~PPS 5435 - Eligibility Tracking Summary~~
- 2. ~~Logs~~

### **~~Section II - Initial Eligibility~~**

- 1. ~~Cover Sheet~~
- 2. ~~PPS 5410A~~
- 3. ~~PPS 5410B~~
- 4. ~~FOCA~~
- 5. ~~CLPR~~
- 6. ~~Documentation of AFDC group~~
- 7. ~~PRIP Screen~~
- 8. ~~PPS 1000~~
- 9. ~~Screen Prints to Support Income and Resources~~
  - a. ~~BARI~~
  - b. ~~BASI~~
  - c. ~~VEHI~~
  - d. ~~UNIN~~
  - e. ~~OTAP~~
  - f. ~~LIRA~~
  - g. ~~VIQM~~
  - h. ~~CHILD CARE~~
  - i. ~~PACG~~

~~j. PAYR~~

~~k. COMN~~

~~l. COLL~~

~~m. Kansas Payment Center Screens~~

~~n. LCDA~~

~~o. Any other information which supports the initial determination~~

~~(Items 1-9 will be fastened together)~~

~~10. Citizenship~~

~~TPQY~~

~~Birth Certificate~~

### ~~Section III - Court Documents~~

~~1. Affidavit~~

~~2. Petition/Complaint~~

~~3. Initial Court Order placing child in State's custody~~

~~4. Journal Entries showing ongoing custody~~

### ~~Section IV - Redetermination~~

~~1. Cover Sheet~~

~~2. Medicaid redetermination~~

### ~~Section V - Permanency Hearings~~

### ~~Section VI - Placements~~

### ~~Acknowledgements of Placement Changes~~

## **2. Social Security Eligibility Packet Documents**

All correspondence with Social Security Administration.

### **Permanent Custodianship Eligibility Packet**

1. PPS 6160 – Permanent Custodian Subsidy Agreement
2. PPS 6155 – Referral for Payment: Permanent Custodianship Subsidy
3. PPS 6150 – Request for Permanent Custodianship Subsidy
4. PPS 6165 – Permanent Custodianship Annual Report
5. PPS 6170 – Permanent Custodianship Change in Status

## **3. Adoption Subsidy Eligibility Packet Documents**

Place a copy of all documentation required ~~used~~ for the determination of adoption assistance in a separate adoption assistance folder in both the financial section of the youths' case **in the imaged file** and in the child's permanent case file.

The Adoption Assistance financial section of the youth's case file shall include:

1. ~~The~~ PPS 6115 - Eligibility for Adoption Assistance

2. A copy of the adoption petition; and the PRT Journal Entry or voluntary relinquishment
3. ~~The~~ PPS 6110 - Referral for Adoption Assistance
4. The Adoption Placement Agreement
5. ~~The~~ PPS 6130 - Adoption Assistance Agreement
6. The child's social history or case planning documentation related to the determination of the child's special needs
7. The family assessment of the adoptive family
8. Documentation of attachment to a foster parent, placement with a relative, or individual recruitment plan or case planning conference notes related to the reasonable efforts to place without adoption assistance
9. All foster care eligibility determination documentation
10. Documentation of eligibility or receipt of SSI
11. HCBS Waiver Information Packet, if applicable
12. Adoption decree
13. Disability documentation from a physician, hospital, clinic or other qualified licensed medical or professional practitioner of the youth's physical or mental disability
14. ~~The~~ PPS 6135 Adoption Assistance Review
15. PPS 1010 and documentation of the negotiation process
16. Documentation from post adoption requests

#### **4. SOUL Family Permanency Documents**

1. PPS 6186 SOUL Family Legal Permanency AFCARS Data
2. PPS 6300 SOUL Family Legal Permanency Monthly Subsidy Checklist
3. PPS 6301 SOUL Family Legal Permanency Referral for Payment
4. PPS 6302 SOUL Family Legal Permanency Subsidy Agreement
4. PPS 6315 SOUL Family Legal Permanency Annual Review
5. PPS 6320 SOUL Family Legal Permanency Change in Status Form
6. W-9

#### **~~Additional Information Packet:~~**

- ~~1. ADM 3465 – Invoice and Timesheet: Purchase of Service, not associated to Independent Living, Permanent Custodianship or Adoption Subsidy will be filed in the back of the file~~
- ~~2. PPS 5135 - Acknowledgement of Parental Obligation~~
- ~~3. Past FACTS face sheets~~
- ~~4. Other Miscellaneous information~~

#### **~~O. Section 14: Miscellaneous~~**

~~Newspaper articles~~

~~Personal articles, letters, awards,~~

~~The following items shall be placed in an envelope and attached to the back, right side of the folder:~~

- ~~1. Birth Certificates~~
- ~~2. Social Security Card or verification of social security number~~

3. Copy of Insurance Cards

4. Photographs

#### **O.** Child Welfare Case Management Provider Case Records

Cases referred to the Child Welfare Case Management Provider (CWCMP) on or after October 1, 2014 shall have case records consistent with PPS required case record order. Files shall be child specific and in reverse chronological order. Each CWCMP Child Welfare Case Management Provider shall use the same format for case record organization.



## **1011 Interstate Compact for the Placement of Children (ICPC)**

ICPC referrals accepted from other states shall be opened on the PPS 1000 series by the Kansas Protection Report Center (KPRC). For the purpose of intake, the reason for case assignment is documented as ICPC on the PPS 1002. See p Policies and procedures for ICPC are addressed in PPM section 9000. See Appendix 1A for guidance on assignment.

## **1012 Requests for Child Protective Service (CPS) Courtesy Interviews From Other States**

Courtesy Interviews may be conducted by the Kansas Department for Children and Families to assist other States in completing interviews necessary for an investigation or case finding. Courtesy Interviews are not intended to fulfill walk throughs for placement or visitation purposes.

A. ~~Requests for a courtesy interview from another state~~ Out of state requests shall be forwarded to the ~~Kansas Protection Report Center~~ (KPRC). ~~For the purpose of intake, these requests shall be processed by the KPRC.~~

1. ~~The intake shall have~~ KPRC shall generate and process the intake with an initial assessment decision of not assigned due to courtesy interview.
2. ~~KPRC shall send an e-mail to the regional mailbox in the region responsible and provide the KIPS report number.~~ Notification shall be sent in KIPS by selecting 'INT Out of State CI' on the intake page to notify the regional mailbox.
3. The intake is available in KIPS for the CPS specialist completing the courtesy interview.

Kansas City Region: [DCF.KCPRC@ks.gov](mailto:DCF.KCPRC@ks.gov)

East Region: [DCF.EastIntake@ks.gov](mailto:DCF.EastIntake@ks.gov)

Wichita Region: [DCF.WICIntake@ks.gov](mailto:DCF.WICIntake@ks.gov)

West Region: [DCF.WPRC@ks.gov](mailto:DCF.WPRC@ks.gov)

# 1200 Information Gathered At Intake

A. For all reports, the reporter shall be asked questions to elicit the information needed to make decisions related to safety of the child(ren). Questions asked shall cover the following six areas of family life. Information gathered shall be documented in the corresponding sections provided on the PPS 1001, Section I. Appendix 2F Six Areas of Family Life for Assessment, may be used as a guide during the intake interview.

For all reports, information shall be gathered regarding danger, risk and safety factors surrounding the child and family using the Appendix 1A for guidance. Information gathered shall be documented in the corresponding sections provided on the PPS 1001, Section I.

Inquiry about the following shall occur to help develop the initial assessment:

1. Name and age of child(ren).
2. Name of person alleged to be causing the harm/or injury, and information regarding access of this person to the child.
3. Contact information for other individuals or agencies who may have information about this the incident and how to contact them.;
4. When and where can the child be located (e. g., school, parents, home, etc.).
5. Availability of a non-abusing adult to protect child from further harm.
6. 1. Extent of situation—includes
  - a. Description of any harm/injury.;
  - b. location and severity of injury; Impact to the child(ren).
  - c. how the injuries were inflicted (e. g., open hand, closed fist or with an object); Circumstances surrounding the situation.
  - d. When and where this occurred and any previous occurrences.
  - e. Complicating factors that may impact the caregiver's ability to provide care.
  - f. Current and past safety.
  - g. Current and past harm.
  - h. Community or natural resources.
2. Circumstances surrounding the situation—including the caregiver's explanation; the child(ren)'s condition; history and duration of the situation; co-existing factors such as substance abuse, mental health issues or domestic violence; contextual issues such as, use of instruments, acts of discipline, threats, caregiver(s)

intentions; and the caregiver(s) acknowledgement and attitude about the maltreatment.

4. Child functioning–Description of the how the child functions on a daily basis including: capacity for attachment; general mood and temperament; intellectual functioning; communication and social skills, expressions of emotions/feelings; behavior; peer relations; school performance; physical and mental health; and vulnerability.

5. Discipline approaches and typical context–including disciplinary methods; concept and purpose of discipline; context in which discipline occurs; and cultural practices.

6. Parenting practices–includes satisfaction in being a caregiver; caregiver knowledge and skill in parenting and child development; caregiver expectations and empathy for a child; decision making in parenting practices; parenting style; history of parenting behavior; and protectiveness.

7. Caregiver functioning (with respect to daily life management and general adaptation including substance use and mental health functioning)–includes communication and social skills; coping and stress management; self-control; problem solving; judgment and decision making; independence; home and financial management; employment; rationality; physical health and capacity and functioning within cultural norms.

B. Additional information which shall be gathered includes:

1. Age of child(ren).

2. Name of person alleged to be causing the harm/injury, and information regarding access of this person to the child.

3. Other individuals or agencies who have information about this incident and how to contact them;

4. When and where can the child be located (e. g., school, parents, home, etc.).

5. Availability of a non-abusing adult to protect child from further harm.

C. Additional Questions for Specific Areas of Concern:

Additional questions shall be asked during intake interviews to gather information from reporter's which will enhance child safety and risk decisions and shall be documented in the corresponding sections provided on the PPS 1001, Section I. Appendix 1D shall be used as a guide to ask additional questions during the intake interview. The following requirements apply:

#### 1. Domestic Violence:

In order to elicit information regarding potential domestic violence between the child's caretakers, all reporters shall be asked the following question:  
Are you aware of any verbal and/or physical fights between the adults in the home?

The reporter's response shall be documented on the PPS 1001, Section I. If the reporter alleged domestic violence, or the previous question indicated the presence of domestic violence, Appendix 1D(A) shall be used as a guide to ask questions during the intake interview to gather additional information.

#### 2. Pregnant Woman Using Substances:

When a reporter contacts the agency with information a pregnant woman is using substances, the reporter shall be asked questions to gather additional information regarding all children in the household. Appendix 1D(B) shall be used as a guide to ask additional questions during the intake interview.

#### 3. Substance Affected Infant

When a reporter contacts the agency with information an infant is born with allegations of prenatal substance use by the mother, the reporter shall be asked additional questions regarding the mother's substance use and possible effect on the infant. Questions shall include information regarding all children in the household. Appendix 1D(C) shall be used as a guide to ask additional questions during the intake interview.

#### 4. Methamphetamine Labs

When allegations of meth labs in a home where children are present or reside are reported, the reporter shall be asked additional questions. Appendix 1D(D) shall be used as a guide to ask additional questions during the intake interview.

#### 5. Child is Not Attending School

When a report is received regarding a child not attending school from a person who is not a school employee, the reporter shall be asked additional questions. Appendix 1D(E) shall be used as a guide to ask additional questions during the intake interview.

#### 6. Court Referrals

When a report is received from court personnel, additional questions shall be asked to ascertain the family/child's specific need requiring an assessment for

services. Appendix 1D(F) shall be used as a guide to ask additional questions during the intake interview.

#### 7. Family Needing Services

When a report is received with a request for services for a family, either directly from the family or from another person, additional information shall be gathered regarding the family/child's specific need requiring an assessment for services. Appendix 1D(G) shall be used as a guide to ask additional questions during the intake interview.

## **1300 Initial Assessment of Report Alleging a Child is in Need of Care**

An Initial Assessment shall be completed on all reports received by the agency. The Initial Assessment is to determine if:

- A. There are reasonable grounds to believe abuse/neglect exists.
- B. Immediate steps are needed to protect the health and welfare of the child.
- C. The Family is in Need of Assessment to determine if services to the child and family are indicated.

**Appendix 1A-** Kansas Intake Guidance shall be used to guide the initial assessment decision.

The Initial Assessment is completed when Kansas Protection Report Center (KPRC) staff make one of the following determinations:

- A. Not Assigned for Further Assessment
- B. An investigation and/or further assessment is indicated

# 1310 Criteria for Determining no further PPS action needed

If following the Initial Assessment, a determination is made the report may not meet criteria to assign for further assessment, the following criteria shall be used to determine if the report may be completed with the decision to Not Assign for Further Assessment:

A. The Statutory Definition of a CINC or PPM Directives are not met for the following reasons:

1. No indication the child has been harmed or is likely to be harmed or endangered.
2. Caregiver's behavior does not harm a child or place a child in a likelihood of harm or being endangered.
3. Reports Alleging Abuse or Neglect in the Past. See PPM 1370.
4. Report concerns childcare licensing standards only. See PPM 1381.

B. Report Fails to Provide the Information Necessary to Locate Child:

KPRC staff shall make reasonable efforts to locate the child/family by assessing all possible options based on the information provided in the report. A report may contain information such as a location near a known landmark or the name of a relative who knows the whereabouts of the child/family.

When KPRC staff determine a report may not meet criteria to assign due to lack of information to locate the child/family, the KPRC supervisor shall be consulted to verify all resources have been exhausted to locate the child/family. KPRC staff shall document the reasonable efforts to locate the child and family; and the consultation with the KPRC supervisor on the PPS 1001a.

C. DCF Does Not Have Authority to Proceed and/or a conflict of interest (See PPM1340)

1. Alleged child abuse/neglect occurring in an institution operated by the Kansas Department for Aging and Disability Services (KDADS)
2. Alleged child abuse/neglect occurring in an institution operated by the Kansas Department of Corrections (KDOC)
3. Alleged child abuse/neglect by persons employed by the Department for Children and Families (DCF) or Kansas Department for Aging and Disability Services (KDADS)
4. Alleged abuse/neglect of an adult victim not in the custody of the secretary
5. Report regarding a family living on a Native American Reservation or Military Installation
6. Reports which involve a conflict of interest

D. Incident Has Been or Is Being Assessed by DCF and/or Law Enforcement



If a previous report with the same allegations, same **alleged** victims and same **alleged** perpetrators has been assessed or is currently being assessed the Initial Assessment of the current report can be completed with the decision to Not Assign for Further Assessment. The Basis for the decision to Not Assign for Further Assessment on the PPS 1002 should reference the event number of previous report. Situations of ongoing abuse/neglect providing a description of the families' circumstances rather than a specific incident, such as, but not limited to ongoing conditions of the home, ongoing yelling or name calling, or ongoing domestic violence are not subject to this policy and shall receive an initial assessment decision based on the information contained in the report.

## 1311 Documenting the Initial Assessment Decision ~~no further PPS action needed~~

The Initial Assessment Decision shall address all identified danger, risk, or safety concerns in the report, regardless of whether the report is assigned or not assigned for further assessment. ~~each of the allegations in the report, any risk factors identified in review of history and the specific reasons no further assessment is necessary.~~ The Initial Assessment Decision shall clearly explain the rationale behind the assessment decision, considering the reported information, details from the preliminary inquiry, and past DCF history, using language that is easily understood by individuals outside of DCF.

~~be written in such a manner that a person unfamiliar with the case could, by reading this narrative section and the areas noted with a check mark on the PPS 1002, determine the reason the case was being completed with the decision to Not Assign for Further Assessment. Considering the reported information, information from preliminary inquiry and past DCF history, the documentation needs to provide a sufficient Initial Assessment Decision for the decision to Not Assign for Further Assessment.~~

The Initial Assessment Decision shall identify the alleged victim and alleged perpetrator associated with each abuse or neglect allegation type assigned or not assigned. For FINA concerns the Initial Assessment Decision shall identify the child associated with each FINA sub-type.

If the report is assigned, the Initial Assessment Decision shall contain the appropriate response time per PPM 1521 or 1670 and the reason for response time.

## **1325 Initial Assessment of Reports Indicating Human Trafficking**

Reports received by the Kansas Protection Report Center (KPRC) which indicate sexual abuse with concerns for commercial sexual exploitation or aggravated human trafficking per K.S.A. 38-2202, are referred to in policy as human trafficking (HT). Reports concerning human trafficking shall be assigned for further assessment, unless criteria per ~~PPM 1430~~ **PPM 1310(d)** Report of the Same Specific Abuse/Neglect Incident by a Different Reporter on an Open Case are met.

When concerns for human trafficking are indicated, the report shall be assigned for further assessment as abuse/neglect. The Allegation Subtype shall be Human Trafficking-Sex, or Human Trafficking-Labor depending on the allegations contained in the report. **Appendix 1A- Kansas Intake Guidance shall be used to guide the initial assessment decision.** ~~See Structured Decision Making (SDM) for guidance.~~ See PPM 1521 for Response Time Assignment.

# **1340 Reports Which DCF Does Not Have Authority to Proceed, Involves a Memorandum of Understanding or Conflict of Interest**

## **A. Department for Children and Families (DCF) Does Not Have Authority to Proceed**

The following are referrals and reports DCF is not permitted by K.S.A. 38-2226 to investigate. In such cases, the information taken by the KPRC shall be transmitted promptly to the appropriate person or agency. The reporter may also be encouraged to make such report directly to the appropriate person or agency in order to ensure all the relevant information is provided to the correct agency.

A report shall not be accepted for investigation and/or further assessment for abuse/neglect under the following circumstances:

1. Report of Alleged Child Abuse/Neglect Occurring in an Institution Operated by the Kansas Department for Aging and Disability Services (KDADS).

Reports of alleged child abuse/neglect occurring in an institution operated by the Kansas Department for Aging and Disability Services (KDADS) shall be forwarded to the appropriate law enforcement agency.

For reports received alleging child abuse/neglect in KDADS operated institutions, forward report to the appropriate law enforcement agency. KDADS operated institutions include the following:

Institutions operated by KDADS include:

- a. Kansas Neurological Institute (KNI)
- b. Larned State Hospital (LSH)
- c. Osawatomie State Hospital (OSH)
- d. Parsons State Hospital and Training Center (PSH&TC)

KPRC staff shall complete an initial assessment on any allegation involving a child who resides in an institution operated by KDADS but is suspected of having been abused or neglected while on a home visit, as a family report.

Institutions operated by KDADS are different from KDADS licensed facilities, such as a Psychiatric Residential Treatment Facility (PRTF). See 1386 for Reports Involving KDADS Licensed Facilities.

2. Alleged Child Abuse/Neglect Occurring in an Institution Operated by the Kansas Department of Corrections (KDOC)

Reports of alleged child abuse/neglect occurring in an institution operated by the Kansas Department of Corrections (KDOC) shall be made to the Office of the Attorney General, Division of Criminal Investigation, e-mail reports to: [General@ksag.org](mailto:General@ksag.org) with the subject line: SISI; or Phone (785) 296-2215 ask for Division of Criminal Investigation. Additionally, a copy of the report shall be forwarded to the KDOC-Juvenile Services (JS) by sending it via e-mail to: [KDOC\\_JS\\_DCF\\_Incident@ks.gov](mailto:KDOC_JS_DCF_Incident@ks.gov) (KDOC\_JS\_DCF\_Incident@ks.gov).

a. For reports received alleging child abuse/neglect occurring in an institution operated by KDOC, KPRC shall forward notification by selecting INT KDOC facility in the Notification to Outside Agencies on the KIPS intake page, forward report to the Office of the Attorney General, Division of Criminal Investigation. Report shall also be sent to KDOC-Juvenile Services (JS). KDOC operated institutions include the following:

i. a. Kansas Juvenile Corrections Complex (KJCC)

b. Reports alleging abuse/neglect which occurs at a local juvenile correctional facility shall have an initial assessment completed to determine further action in accordance with PPM 1352. Notification to KDOC or the Attorney General is not sent for these reports.

Foster homes, day care providers, group homes, or others who contract with DCF or KDOC-JS are not included.

3. Reports of alleged child abuse/neglect which involve the following shall be referred to the appropriate law enforcement agency per K.S.A. 38-2226 (c):  
a. An employee of the Department for Children and Families (DCF) or Kansas Department for Aging and Disability Services (KDADS) identified as an alleged perpetrator, or

b. The child(ren) of persons employed by DCF or KDADS identified as alleged victim(s), regardless of the role of the employee in the report.

The referral shall contain a request for a report of the completed law enforcement investigation returned to the PPS Assessment and Prevention Administrator for the purposes of a case finding.

Refer to PPM 1660 for reports containing Family In Need of Assessment (FINA) concerns regarding DCF employees.

Foster parents, day care providers, or others who are employed by agencies that contract with DCF are not considered employees of DCF.

4. Reports of Abuse/Neglect of an Adult Victim Not in the Custody of the Secretary

The alleged victim is age 18 or older reporting current abuse and the adult victim is not in the custody of the Secretary. An Adult Protective Services report shall be completed. For reports of abuse occurring in the past see PPM 1370.

B. Reports Involving a Memorandum of Understanding

Reports regarding a family living on a Native American Reservation or military installation shall ~~follow procedures established~~ have an initial assessment made in agreement with the current Memorandum of Understanding with the Native American Tribe or Memorandum of Agreement with the Military Installation.

Native American Reservations that currently have Memorandums of Understanding with the State of Kansas include the following:

- 1) Iowa
- 2) Kickapoo
- 3) Prairie Band Nation
- 4) Sac & Fox

Military Installations that currently have Memorandums of Understanding with the State of Kansas include the following:

- 1) Fort Riley
- 2) Fort Leavenworth
- 3) McConnell Air Force Base

#### B. Reports Which Involve a Conflict of Interest

In some cases, a person may not technically be a DCF employee but has such a close working relationship that the appearance of a conflict of interest is created such as a work/training participant. KPRC shall make an initial assessment decision, and the assigned worker and their supervisor shall determine if ~~in those cases~~, it is preferable to request assistance from a law enforcement agency or a worker from another DCF office/region may be requested to assess the report. See PPM 0240.

Reports with a Child Welfare Case Management Provider employee listed as an alleged perpetrator shall be referred to a different region/county or office from where the employee regularly works to ensure there is no real or perceived conflict of interest to complete the investigation/assessment. The office where the case is open in FACTS is the responsible office and will complete the tasks per PPM 1421. The office completing the investigation shall complete the tasks per PPM 1422.

# 1381 Reports Regarding a Facility Subject to Regulation

The Department for Children and Families has the responsibility to receive, investigate and assess allegations of abuse or neglect which are alleged to have occurred in a **childcare** or residential care facility. Kansas Statutes (K.S.A. 38-2226(e)) requires DCF staff to promptly report to the Kansas Department of Health and Environment (KDHE) of "any investigation involving a facility subject to licensing or regulation by the Secretary of Health and Environment."

An initial assessment shall be completed for all reports received with allegations of abuse or neglect of a child involving a facility subject to licensing or regulation by KDHE, DCF Foster Care and Residential Facility Licensing or the Kansas Department for Aging and Disability Services (KDADS).

## A. Allegation of Abuse

Reports alleging physical, emotional or sexual abuse in a facility with the care giver or other person within the facility as the alleged perpetrator receive an Initial Assessment decision based on the same criteria of all other reports. **For reports involving facilities with 24-hour care or supervision, take into consideration any immediate danger, risk, or established safety plans when determining a response time.**

## B. Allegation of Neglect

If a report alleges neglect in a facility, it is necessary to determine whether the reported information involves only lack of compliance with a regulatory requirement or whether the alleged infraction rises to the level of neglect which has resulted in harm or a likelihood of harm to a child. **Kansas Protection Report Center (KPRC) staff shall complete an Initial Assessment based on the same criteria of all other reports.** ~~and document the reasons for the decision.~~

Reports which indicate a regulatory requirement appears to have been violated, but no harm has occurred or is likely to occur in the immediate future, are not considered neglect for the purpose of a DCF investigation. The Initial Assessment shall be completed with the decision to not assign for further assessment. **KPRC shall forward notification to the appropriate licensing agency.**

Reports which indicate neglect, lack of supervision or other regulatory infraction identifying a care giver or other person within the facility as the alleged perpetrator, and has resulted in harm to a child or which will likely result in harm in the immediate future, shall be accepted for investigation by the DCF. **KPRC shall forward notification to the appropriate licensing agency.**

## C. **Notification of the** Initial Assessment **decision** ~~Assigned for Investigation~~

When an initial assessment has been made on a report, assigned or not has been assigned, the Kansas Protection Report Center KPRC shall send forward the notification by selecting the appropriate licensing facility in the Notification to Outside Agencies box on the intake page the as specified below within five working days of receiving the report.

A report which that a reasonable person would conclude is an emergency, requiring prompt intervention by KDHE, DCF Foster Care and Residential Facility Licensing or KDADS, shall have an emailed notification shall be referred sent within two hours of the Initial Assessment decision or when KDHE, DCF Foster Care and Residential Facility Licensing or KDADS are next open for business. The email shall include the PPS 1000- Face Sheet, PPS 1001- Report/Request for Services, and the PPS 1002- Initial Assessment. The reporter information shall be included in the documentation.

Reports shall be sent electronically. The reporter information shall be included in the notification.

The notification includes the following with some exceptions as noted below:

1. PPS 1000, Face Sheet
2. PPS 1001, Report/Request for Services
3. PPS 1002, Initial Assessment
4. PPS 1001A, Summary of Results of Preliminary Inquiry

D. 1. Reports on Child Care Facilities

The Kansas Protection Report Center KPRC shall forward notification to parties identified below on reports involving Licensed Day Care Homes, Group Day Care Homes and Child Care Centers. Notification of reports regarding the caregiver or other person within the facility a Licensed Day Care Homes, Group Day Care Homes or Child Care Centers as the alleged perpetrator at these child care facilities shall be forwarded by selecting INT KDHE Childcare Facility in the Notification to Outside Agencies box on the KIPS intake page. as specified below:

1. KDHE Administration via e-mail. See PPM 1381 I.
2. DCF Child Care Provider Manager.

E. 2. Reports on Family Foster Homes

The Kansas Protection Report Center KPRC shall forward notification on reports involving a caregiver or other person within the Family Foster Home as the alleged perpetrator by selecting INT PPS CPS/FCL and INT Family Foster Homes in the Notification to Outside Agencies on the KIPS intake page parties identified below on reports involving Family Foster Homes. Notification of reports regarding the care giver or other person within the home as the alleged perpetrator shall be forwarded as specified below:



1. ~~DCF Foster Care and Residential Facility Licensing via e-mail. See PPM 1381 J.~~
2. ~~Child Placing Agency sponsoring a family foster home.~~
3. ~~DCF worker identified on the open FACTS CASE screen if the child is being served by a Child Welfare Case Management Provider~~
4. Kansas Department of Corrections- Juvenile Services (KDOC-JS) shall be notified by selecting INT KDOC Juvenile Offender in the Notification to Outside Agencies on the KIPS intake page when the alleged victim/perpetrator is in the custody of the Commissioner of KDOC-JS. See PPM 1381 K.

Reports involving relative caregivers or non-relative kinship homes that are not licensed foster homes do not require a notification to Family Foster Homes.

**F. 3. Reports on Residential Care Facilities**

The Kansas Protection Report Center KPRC shall forward notification on reports involving a caregiver or other person within the Residential Care Facilities as the alleged perpetrator by selecting INT Residential Care Facility and INT PPS CPS/FCL in the Notification to Outside Agencies on the KIPS intake page. to parties identified below on all reports involving Group Boarding Homes and Residential Centers. Notification of reports regarding the care giver or other person within the facility as the alleged perpetrator shall be forwarded as specified below:

Kansas Department of Corrections- Juvenile Services (KDOC-JS) shall be notified by selecting INT KDOC Juvenile Offender in the Notification to Outside Agencies on the KIPS intake page when the alleged victim/alleged perpetrator is in the custody of the Commissioner of KDOC-JS.

1. ~~DCF Foster Care and Residential Facility Licensing via e-mail. See PPM 1381 J.~~
2. ~~DCF worker identified on the open FACTS CASE screen if the child is being served by a Child Welfare Case Management Provider~~
3. ~~Kansas Department of Corrections- Juvenile Services (KDOC-JS) when the alleged victim is in the custody of the Commissioner of KDOC-JS. See PPM 1381 K.~~
4. ~~DCF Support Services in the region where the facility is located:~~
  - ~~East: [East\\_Facility@ks.gov](mailto:East_Facility@ks.gov) (East\_Facility@ks.gov)~~
  - ~~Kansas City: [DCF.KCRPPSPProviderAgreements@ks.gov](mailto:DCF.KCRPPSPProviderAgreements@ks.gov)~~
  - ~~West: [DCF.WestRegionFacilityIntakes@ks.gov](mailto:DCF.WestRegionFacilityIntakes@ks.gov)~~
  - ~~Wichita: [WICIntake@ks.gov](mailto:WICIntake@ks.gov)~~

~~[DCF.WROPPSPProviderAgreements@ks.gov](mailto:DCF.WROPPSPProviderAgreements@ks.gov)~~

**G.4. Reports on Psychiatric Residential Treatment Facilities**

The Kansas Protection Report Center Psychiatric Residential Treatment Facilities are licensed by Kansas Department for Aging and Disability Services (KDADS). KPRC shall forward notices notification on reports involving a caregiver or other person within a Psychiatric Residential Treatment Facilities (PRTF) as the alleged perpetrator by selecting INT KDADS PRTF in the Notification to Outside Agencies box on the KIPS intake page. to parties identified below. Notification of reports regarding the care giver or other person within the facility as the alleged perpetrator shall be forwarded as specified below.

1. KDADS via e-mail. See PPM 1381L.
2. DCF worker identified on the open FACTS CASE screen if the child is being served by a Child Welfare Case Management Provider
3. Kansas Department of Corrections– Juvenile Services (KDOC-JS) when the alleged victim is in the custody of the Commissioner of KDOC-JS. See PPM 1381 K.

H. Initial Assessment with the decision to Not Assign for Further Assessment  
When the Initial Assessment determines the decision to not assign for further assessment, the Protection Report Center shall send the notification as specified below within five working days of receiving the report. Reports shall be sent electronically. The reporter information shall be included in the notification.

Notification shall include:

1. 1. PPS 1000, Face Sheet
2. PPS 1001, Report/Request for Services
3. 2. PPS 1002, Initial Assessment
4. 3. PPS 1001A, Summary of Results of Preliminary Inquiry, as applicable

On childcare facilities, notification shall be sent to:

1. KDHE Central Office via e-mail. See PPM 1381 I.

On residential care facilities, notification shall be sent to:

1. DCF Foster Care and Residential Facility Licensing via e-mail. See PPM 1381 J.
2. DCF worker identified on the open FACTS CASE screen if the child is being served by a Child Welfare Case Management Provider

On Psychiatric Residential Treatment Facilities, notification shall be sent to:

1. KDADS via e-mail. See PPM 1381L.
2. DCF worker identified on the open FACTS CASE screen if the child is being served by a Child Welfare Case Management Provider

I. Electronic Notification of Reports to KDHE

The Kansas Protection Report Center shall send all notices of an intake regarding concerns in a childcare facility to KDHE electronically with the following procedures.

The forms to be sent shall be converted to .pdf file format and sent to: [kdhe.CCLReports@ks.gov](mailto:kdhe.CCLReports@ks.gov)

The subject line of the e-mail shall contain specific information necessary to identify the type of report for KDHE.

1. Type of communication: Intake
  2. Type of facility: Child Care (CC)
  3. County where the facility is located: Two letter county code.
  4. Name of Facility: The name of the facility or the last name of the licensee
- J. Electronic Notification of Reports to DCF Foster Care and Residential Facility Licensing
- K. The Kansas Protection Report Center shall send all notices of an intake regarding concerns in a family foster homes and residential facilities to DCF Foster Care and Residential Facility Licensing electronically with the following procedures.

The forms to be sent shall be sent to: [DCF.CCLReports@ks.gov](mailto:DCF.CCLReports@ks.gov) (DCF.CCLReports@ks.gov)

The subject line of the e-mail shall contain specific information necessary to identify the type of report for DCF Foster Care and Residential Facility Licensing.

1. Type of communication: Intake
  2. Type of facility: Foster Care (FC), or Residential Facility (RF)
  3. County where the facility is located: Two letter county code.
  4. Name of Facility: The name of the facility or the last name of the licensee
- K. Electronic Notification of Reports to KDOC-JS

The Kansas Protection Report Center shall send all notices of an intake to KDOC-JS electronically with the following procedures.

The forms to be sent shall be converted to .pdf file format and sent to: [KDOC\\_JS\\_DCF\\_Incident@ks.gov](mailto:KDOC_JS_DCF_Incident@ks.gov) (KDOC\_JS\_DCF\_Incident@ks.gov).

The subject line of the e-mail shall contain specific information necessary to identify the type of report for KDOC-JS.

1. Type of communication: Intake
  2. Type of facility: Foster Care (FC), or Residential Facility (RF)
  3. County where the facility is located: Two letter county code.
  4. Name of Facility: The name of the facility or the last name of the licensee
- L. Electronic Notification or Reports to Mental Health/KDADS

The Kansas Protection Report Center shall send all notices of an intake to Mental Health Performance Improvement Field Staff/KDADS electronically with the following procedures.

The forms to be sent shall be converted to .pdf file format and sent to: [KDADS.MHPRGReports@ks.gov](mailto:KDADS.MHPRGReports@ks.gov)

The subject line of the e-mail shall contain specific information necessary to identify the type of report for Mental Health or PRTF.

1. Type of communication: Intake
2. Type of Facility: Residential Facility (RF), Community MH Center (CM)
3. County where the facility is located: Two letter county code
4. Name of facility: The name of the facility or the last name of the licensee

For cases where multiple agencies require notification, it is appropriate to send one e-mail including copies to all involved agencies. This will allow for transparency between agencies; assuring all, the appropriate notices have been sent.

## 1386 Reports Involving KDADS Licensed Facilities

For the purposes of this policy, KDADS Licensed Facilities shall include Community Mental Health Centers, Affiliated Community Mental Health Service Providers and Private Psychiatric Hospitals only. KDADS licensed facilities are not the same as institutions operated by KDADS. See 1340 for institutions operated by KDADS.

Child abuse/neglect reports received with the alleged perpetrator being a provider of CMHC services shall be referred to Law Enforcement as a non-family/unregulated care giver per PPM 1350 - 1352. Notification of the reports shall be forwarded as outlined in 1386 D.

Child abuse/neglect reports received with the alleged perpetrator residing in the facility shall be assessed and assigned per policy based on the PPM definitions of abuse/neglect. Notification of the reports shall be forwarded as outlined in 1386D.

A. Reports with the decision to not assign for further assessment  
Initial Assessment completed with the decision to not assign for further assessment on all reports regarding KDADS licensed facilities shall be forwarded by the Kansas Protection Report Center to Mental Health Performance Improvement Field Staff.

B. Reports involving KDADS Licensed Facilities accepted for investigation by Law Enforcement

If law enforcement accepts the report of child abuse/neglect for investigation, KPRC staff shall complete the Initial Assessment decision to not assign for further assessment. The Kansas Protection Report Center shall:

1. Forward a copy of the report including the "Basis" to Mental Health Performance Improvement Field Staff.
2. Forward a Notification of Investigation, PPS-1008, to the KDADS Licensed Facility, attention: Director of Children Services, identified in the report as a notification of a report being investigated and identify the alleged facility staff and agency responsible for investigation.

C. Reports accepted for investigation by DCF

Reports assigned for investigation as a 3rd Party alleged Perpetrator and forwarded for assessment according to regional procedures. The Kansas Protection Report Center shall:

1. Forward the Notice of Investigation, PPS-1008 and a copy of the report to the Mental Health Performance Improvement Field Staff.
  2. Forward a Notification of Investigation, PPS-1008, to the KDADS Licensed Facility, attention: Director of Children Services, identified in the report as a notification of a report being investigated and identify the alleged facility staff and agency responsible for investigation with a copy to the assigned CPS Specialist to add to the case file.
- D. Notification to Mental Health Performance Improvement Field Staff shall be made by selecting INT KDADS CMHS in the Notification to Outside Agencies box on the KIPS intake page. sending a copy of the report to: [KDADS.MHPRCReports@ks.gov](mailto:KDADS.MHPRCReports@ks.gov)
- Notification shall include:
1. PPS 1000, face sheet
  2. PPS 1001, Report/Request for Services
  3. PPS 1001A, summary of Results of Preliminary Inquiry, as applicable
- The subject line of the email shall contain specific information necessary to identify the type of report to MH.
4. Type of Communication: Intake
  5. Type of Facility: CMHC
  6. County where the facility is located: Two letter county code
  7. Name of Facility: The name of the facility (if it is a 3rd party report)

## 1390 Reports Alleging Abuse/Neglect Out of State

A report alleging abuse or neglect may be assigned in the following circumstances:

- A. If the incident occurred in Kansas, ~~regardless of where the victim is currently found or resides, or~~ Refer to PPM 1230 regarding incidents reported by Law Enforcement.
- B. ~~If the incident occurred in Kansas, regardless of where the perpetrator is currently found or resides, or~~ If the alleged victim resides in Kansas, regardless of where the incident occurred.
- C. ~~If the child resides in Kansas or~~ If the alleged victim is temporarily found in Kansas, and protective actions may need to be taken before they return to their home state. ~~there is regardless of where the incident occurred.~~

Consider the factors found in PPM 1301 and PPM 2300 when determining if assignment is warranted.

# 1415 Assignment of Reports Indicating Pregnant Woman Using Substances

Reports concerning pregnant woman using substances shall receive an initial assessment using the ~~Appendix 1D (B) and~~ **Appendix 1A-Kansas Intake Guidance Structured Decision Making (SDM)**.

## A. Reports Involving Nicotine Use

If the only substance reported is nicotine, the report shall not be assigned for further assessment.

## B. Reports Received ~~w~~With Children Residing ~~i~~In The Home

Reports indicating the pregnant woman has other children in the home shall be assessed based on the reporter's allegations or indications of need for services **for those children**. If the reported allegations do not warrant assignment as abuse/neglect or FINA, the report shall be assigned as a Pregnant Woman Using Substances (PWS) with a 7-day response time.

## C. Reports Received ~~w~~With No Children Residing ~~i~~In The Home

Reports indicating a pregnant woman **using substances** with no children residing in the home shall be assigned as a Pregnant Woman Using Substances (PWS) with a 7-day response time.

## D. Reports Received with Open TANF

Reports indicating a pregnant woman is using substances or has a history of substance use and is at risk of relapse shall have a KEES (upon availability) system search completed at the time of intake to determine if the pregnant woman is receiving TANF cash benefits. If the Pregnant Woman is receiving TANF cash benefits a copy of the report shall be provided to the EES contact for the region to provide additional support.



## 1420 Assignment of a Report Involving a Child in the Custody of the Secretary and the Custody Case is Opened in a Region Other Than Where the Incident Occurred

An abuse/neglect report received when a child is in placement in a region different from the region with an open case, both offices must be involved in the investigation.

A. The intake will be assigned to the region where the incident occurred where the case is open is and will be designated as the "responsible office", and the county in the region in which the incident occurred is the "investigating office". The tasks of the investigating office are to accept the report of abuse/neglect. Assess the report per policy and make appropriate findings.

1. Make necessary FACTS entries for assessment and findings.
2. Investigate the report.
3. Take emergency protective action if necessary.
4. Keep the responsible office informed of the progress of the case.
5. Determine and give notice of findings regarding the incident and the alleged perpetrator as required
6. Referral to Infant-Toddler Services PPS-2015 for a substantiated finding of child under the age of 3.
7. Forward report (PPS 1000 series), assessment and case finding (PPS 2011) to responsible office.
8. Forward the notices of findings to the responsible office.

The intent of this policy is for the office with the incident (for a child in DCF custody) or facility in their area to be aware of any protection issues for the child reported or other children in placement or in the facility and facilitate local involvement in any KDHE regulatory action. If there are situations where this policy is not appropriate, the Assessment and Prevention or Foster Care Contract Administrator in the Region of the "responsible office", in consultation with the Assessment and Prevention or Foster Care Contract Administrator of the "investigating office", shall determine how best to handle the report.

B. The region where the case is open in FACTS is designated as the "responsible office". When it is necessary to have an event investigated by another office, the responsible office is responsible to:

1. Provide the investigating office with relevant information as requested.
2. Provide notices of the report to appropriate persons (e.g., parents, assigned CPS specialist, GAL, CA/DA, Judge).

3. Accept reports, findings and forms from the investigating office.
4. Complete the Repeat Maltreatment Review if the case finding is second substantiation on the victim within six months.

## **1421 Tasks of the Responsible Office**

The responsible office is the office where the case is open in FACTS. When it is necessary to have an event investigated by another office, the responsible office is responsible to:

A. Provide the investigating office with relevant information as requested.

B. Provide notices of the report to appropriate persons (e.g., parents, assigned CPS specialist, GAL, CA/DA, Judge).

C. Accept reports, findings and forms from the investigating office.

D. Complete the Repeat Maltreatment Review if the case finding is second substantiation on the victim within six months.

See PPM section 2000.

## **1422 Tasks of the Investigating Office**

The tasks of the investigating office are to accept the report of abuse/neglect. Assess the report per policy and make appropriate findings.

- A. Make necessary FACTS entries for assessment and findings.
- B. Investigate the report.
- C. Take emergency protective action if necessary.
- D. Keep the responsible office informed of the progress of the case.
- E. Determine and give notice of findings regarding the incident and the perpetrator as required in PPM section 2000.
- F. Referral to Infant Toddler Services PPS 2015 for a substantiated finding of child under the age of 3. See PPM section 2000.
- G. Forward report (PPS 1000 series), assessment (PPS 2030 series) and case finding (PPS 2011) to responsible office.
- H. Forward the notices of findings to the responsible office.

The intent of this policy is for the office with the incident (for a child in DCF custody) or facility in their area to be aware of any protection issues for the child reported or other children in placement or in the facility and facilitate local involvement in any KDHE regulatory action. If there are situations where this policy is not appropriate, the Assessment and Prevention or Foster Care Contract Administrator in the Region of the "responsible office", in consultation with the Assessment and Prevention or Foster Care Contract Administrator of the "investigating office", shall determine how best to handle the report.

## **1523 Basis for Decision Regarding the Assignment of Report**

Briefly describe the reasons for assigning the report for assessment and response time selected. The decision must be understandable to the person to whom the case may be referred and to outside case reviewers, including the court if the record is subpoenaed. This field spells out the "why" and the "when" the assessment will be conducted.

The basis should identify the alleged victim and alleged perpetrator associated with each allegation type assigned. If there is an allegation of abuse/neglect identified which is not being assigned for assessment, the basis shall indicate an allowable reason according to policy that the allegation will not be assessed. Refer to 1360.

## **1540 Reports to a Law Enforcement Agency for Criminal Investigation**

DCF may report a case to a law enforcement agency if the department determines no action is necessary to protect a child, but criminal prosecution should be considered. All reports which require DCF intervention and possible criminal violations should be coordinated with law enforcement. DCF shall cooperate with law enforcement to maintain integrity of any criminal investigation.

# 1600 Initial Assessment on FINA Reports

A Family in Need of Assessment (FINA) may involve children with behavior problems, truancy, runaway, less than 10 years of age committing an offense, child substance use, caregiver substance use, and infant positive for substances. Refer to PPM 0160 Glossary for definitions and Structured Decision Making (SDM) for guidance on the Initial Assessment Decision for each FINA sub-type. Reports which contain multiple FINA concerns may be assigned with multiple FINA sub-types.

When determining if a child and family may require DCF intervention from an assignment of a **Family In Need of Assessment (FINA)**, the worker's critical thinking and decision may be supported by considering **the Appendix 1A- Kansas Intake Guidance, PPM 0160 Glossary, and** the following factors, tools, and guides, which are not all inclusive:

- A. Assignment shall occur at the request of law enforcement or court and when a **A** child is in police protective custody.
- B Truancy criteria per PPM 1630 School Attendance, PPM 0160 Glossary and **Structured Decision Making Appendix 1A- Kansas Intake Guidance to** indicate **if** an assignment shall be made per statutory requirement
- C. Family's engagement with natural supports and/or community resources
- D. Natural support and/or community resource ability to mitigate the worry
- E. Reporter's willingness and ability to connect or provide the family with resources
- F. Immediate and Lasting Safety Scales and Tip Sheets
- G. Impact to child
- H. Age of child
- I. Physical, mental condition, and capability of the parent/caregiver
- J. Medical and developmental needs of the child
- K. Parent/caregiver's current management of the worry
- L. Recency of worry or issue
- M. Other factors that are unique to the child and family (i.e. barriers, culture, traditions)

FINA reports shall have an Initial Assessment decision within the time frames outlined for reports of abuse and neglect. See PPM 1330.

# 1630 School Attendance

The Kansas Code for Care of Children in the definition of child in need of care [K.S.A. 38-2202(d)(6)] includes children who are not attending school as required by law [K.S.A. 72-3120]. The statutes related to compulsory school attendance [K.S.A. 72-3120] place responsibility with school boards of education to determine the validity of excuses for absences and to designate one or more employees as responsible for notifying the Department for Children and Families (DCF) or the county/district attorney of unexcused non-attendance [K.S.A. 72-3121].

See PPM 0160 Glossary for definition of Truancy.

Reports received regarding a child not attending school as required by law shall receive an Initial Assessment, utilizing the **Appendix 1A-** Kansas Intake Guidance as a guide to determine whether the report meets criteria to assign as a FINA with the sub-type Truancy, or to not assign for further assessment.

The PPS 1006 Reports of Unexcused Absences is available for schools to utilize when reporting unexcused absences to DCF.

- A. Child Age 7 or More but less than 13 Not Attending School As Required By Law  
A report received from a person designated by a school system to report the non-attendance of a child age 7 or more but less than 13 as required by law shall be accepted by DCF for assessment of FINA Truancy per Kansas Intake Guidance. The school district has the authority to schedule additional school days for a student, including summer months. [K.S.A. 72-3115] Unexcused absences from any additional school days required for a student, including summer school are also considered a violation to the compulsory school attendance requirement.

A report of a child age 7 or more but less than 13 not attending school from a person other than designated school system staff shall be placed on Preliminary Inquiry. As part of the Preliminary Inquiry, the school shall be contacted to determine if the child is attending school as required by law. If the school verifies the child is not attending school as required by law, the report shall be assigned for assessment.

If the information regarding non-school attendance is determined by the school district to be inaccurate, and there is no other abuse/neglect or FINA concern, the Initial Assessment of the report may be completed with the decision to not assign for further assessment as the report does not meet the statutory definition of Child in Need of Care.

- B. Non-attendance of a Child Age 13 or More and Less Than 18 Years Old



Reports of non-attendance of children age 13 or more but less than 18 shall be forwarded to the county or district attorney or designee, regardless of the Initial Assessment Decision.

C. Child under age 7 enrolled in school

Any child who is under the age of 7 years and is enrolled in school is subject to the compulsory attendance statute. Any such child may be withdrawn from enrollment in school at any time by a parent or caregiver with legal authority and thereupon the child shall be exempt from the compulsory attendance requirements of this section until the child reaches the age of 7 years or is re-enrolled in school (K.S.A. 72-3120).

D. Enrollment of Exceptional Children

Children receiving special education services as an exceptional child are subject to compulsory attendance at an age that may differ from the ages of children required to attend school under the provisions of K.S.A 72-3115. If a child has been determined to be an exceptional child, is receiving special education services, and a determination has been made that special education services are necessary for such child, the child shall attend school [K.S.A. 72-3421]. This compulsory attendance for exceptional children does not apply to children who fall into the gifted category of exceptional as defined in K.S.A 72-3404.

E. Home School

The schooling of children in private/home schools is not defined in statutes, but Kansas recognizes Non-Accredited Private Schools/Home Schools. Registration of Non-Accredited Private Schools/Home Schools is required per KSA 72-4346. If a report is received by DCF that a child is not attending school as required by law for the reason the child is being home schooled, **with the name of the homeschool provided**, DCF shall determine whether the private/home school is registered with the Kansas Board of Education to provide private or home instruction. Verification with Kansas Board of Education can be made by calling (785) 368-7088 or emailing [homeschool@ksde.org](mailto:homeschool@ksde.org). If the private/home school is not registered, **the reporter is unable to provide the name of the homeschool**, or there is reason to believe the child may otherwise be in need of care, the report will be assigned for assessment.

# 1640 Reports Alleging Sexual Behavior or Abuse Between Children Less Than 10 years of Age

Reports alleging sexual behavior or actions between children under the age of ten should consider the following factors to reach an Initial Assessment decision:

- A. ~~a~~ Ages of children involved, especially differences in age;
- B. ~~t~~ The context and frequency of behaviors;
- C. The recency of worry or issue;
- D. ~~C~~ Any force or coercion by any child involved;
- E. Impact to the child(ren).
- F. Medical and developmental needs of the child(ren).
- G. Parent or caregiver's management of the behaviors, including current usage or stated intention to use natural supports and/or community resources.
- H. Reporter's willingness and ability to connect or provide the family with resources.
- I. Other factors that are unique to the child(ren) and family (i.e. barriers, culture, tradition).
- J. Immediate and Lasting Safety Scale;
- K. ~~D~~ Whether the behavior is within normal range of childhood curiosity. Refer to Table B in the Appendix 1A-Kansas Intake Guidance for examples of appropriate childhood behaviors.

If there is indication in the report regarding actions or inactions of ~~caregivers~~ ~~care-givers~~ or individuals over the age of ten that are causing or contributing to this sexual behavior, the report may be assigned ~~shall be assessed as for~~ abuse/neglect ~~criteria~~, with alleged victims and perpetrators identified. ~~If there is any indication in the report that the child may be a victim of sexual abuse by a caregiver or person age ten and over, the report shall be assigned for sexual abuse with alleged victims and perpetrators identified.~~ Concerns involving only sexual behaviors of children under the age of ten which warrant assignment, the report shall be assigned as a Family in Need of Assessment report type. When the report solely involves sexual behaviors of children under the age of ten, the report shall be assessed to determine whether it meets criteria for a Family in Need of Assessment (FINA) assignment.

# 2010 Investigation

Investigatory activities may vary from case to case based on the specifics of the case. Investigative activities may be done by a Child Protection Services Specialist (CPS) Specialist, CPS Child Protection Investigator, or Law Enforcement, and will commonly involve several of the following activities:

**A.** Searches of DCF, criminal, and sex offense history shall be completed. See PPM 2025 Interviewing and observing the alleged victim child victim. Per Adrian's Law, K.S.A. 38-2226, DCF is directly responsible in making visual observation of the child who is an alleged victim of abuse or neglect in an investigation. If there is a joint investigation with law enforcement and DCF, both agencies are responsible to make a visual observation of the alleged victim. Law enforcement's observation does not fulfill DCF's responsibility to observe the alleged victim. Preferably the child should be interviewed before the alleged perpetrator is interviewed. The child should not be interviewed in the presence of the alleged perpetrator except for good reason.

**B.** Interviewing the reporter and witnesses, if any, to the alleged maltreatment.

**C.** Searches of DCF, criminal, and sex offense history shall be completed. See PPM 2025 Interviewing child victim. Preferably the child should be interviewed before the alleged perpetrator is interviewed. The child should not be interviewed in the presence of the alleged perpetrator except for good reason.

**D.** Interviewing the child's parent(s) and other person(s) responsible for the care of the child.

**E.** Interviewing the alleged perpetrator.

**F.** Visiting the scene of the alleged maltreatment; documenting relevant environmental information; requesting a law enforcement officer to seize physical evidence. Photographs or videotapes may be requested of a law enforcement officer, medical staff, or other persons trained and competent in taking photographic or electronic evidence. If such a qualified professional is not available, DCF staff should photograph to record the evidence.

**G.** Obtaining relevant records from DCF, law enforcement, medical practitioners or other relevant entities. Consents for release of information not statutorily available will be necessary. A subpoena for documents or interviews to provide essential information may be requested by DCF or a court appointed multi-disciplinary team.

**H.** Making and documenting behavioral observations such as the appearance and effect of witnesses and alleged perpetrators when presented with questions or information about the alleged maltreatment; the child's behavior in the presence of care givers or the alleged perpetrator; the type and quality of interaction of family members;

statements; or behaviors of any person which might be indicative of truthfulness; lying; any mental, emotional or physical impairment of any other child or adult; behaviors indicating alcohol or other drug use, etc.

~~Per Adrian's Law, K.S.A. 38-2226 DCF is directly responsible in making visual observation of the child who is an alleged victim of abuse or neglect in an investigation. If there is a joint investigation with law enforcement and DCF, both agencies are responsible to make a visual observation of the alleged victim.~~

# 2025 History Search for the Investigation and Assessment

A History search may be used to inform CPS Specialist and PPS Supervisor of DCF history relevant to the current concerns and worker safety on all case assignment types. The search may include, but not be limited to, the following systems:

1. FACTS may be searched to locate any prior DCF history and other cases in which an individual may be associated with. **The following FACTS screens may be useful:**

a. SCAN- The SCAN (Search Case and Name) screen is used to search the data base for the Automated Assistance (AE), Child Support Enforcement (CS), KanPay (KP), KsCares (KC), and FACTS (FA) systems for existing information on an individual or case. If an individual is associated with an Assessment and Prevention case, a “Y” displays in the FA column and the case number(s) associated with the individual will be listed. Collaboration with other departments may assist with identifying other names or aliases an individual may be known by or using. Search by SSN, if available.

b. CERS- The Central Registry Search screen is used to display the names of **substantiated** perpetrators of abuse/neglect after the appeal period has ended or after an appeal decision has been upheld. WKRP may be substituted. Search by name and SSN, if available.

c. UNIS- The Unconfirmed / Not Involved Search screen is used to search for individuals who have an unsubstantiated finding. It can also be used to search for substantiated perpetrators listed on UNNI that are displayed during the appeal process. Search by name and SSN, if available. The UNIS screen may provide other case #s an individual is associated with.

D. CONF- The CONF (Update Confirmed Perpetrators) screen displays information about **alleged** perpetrators who are awaiting transfer to the central registry. 60 days after a substantiated finding has been entered on the FIND (Maintain Decision) Screen, the **substantiated** perpetrator information will display on CONF if no appeal has been filed, or if an appeal decision was upheld. The **substantiated** perpetrator's name displays on CONF for one day and is then automatically transferred to the Central Registry.

e. PLAN- The Maintain Plan screen displays all of the plans that have been entered on the case.

f. FAMS- The Family Case Decision Search displays a listing of all decisions associated to a case.

2. Kansas Department of Corrections website: <http://www.dc.state.ks.us/kasper>

3. Kansas Registered Offender website: <http://www.accesskansas.org/kbi/ro.shtml>
4. National Sex Offender website: <http://www.accesskansas.org/kbi/ro.shtml>
5. Local court databases where available.

## 2027 Fatherhood Parent Involvement During Investigation and Assessment

A. Child Protection Specialists (CPS) and Child Protective Investigators (CPI) shall make concerted efforts ~~should be made~~ to include fathers ~~each parent~~ throughout the life duration of the case (assessment to case closure), unless it is determined contrary to the safety and well-being of the child. Children benefit from the positive, active involvement of fathers ~~each parent~~ in their lives. ~~The father's~~ Each parent's unique parenting style contributes to the healthy development of the child(ren). Mothers Custodial parents may also benefit from the increased support ~~from paternal involvement~~ of a parent not previously involved in the child(ren)'s life.

B. During the investigation and assessment, the CPS or CPI PPS staff shall make concerted efforts to locate absent father parents(s) by asking about the father(s) all parents during interviews with the child(ren), mother other parents/caregivers, and other applicable family members. The CPS or CPI PPS staff shall also and checking PPS systems for noncustodial parent information. The CPS or CPI PPS staff shall include information gathered regarding the father(s) other parents should be included, as appropriate, in the Family Based Assessment. The father(s) and paternal family The CPS or CPI PPS staff shall consider noncustodial parents and their family should be considered, as appropriate, during safety planning, and as possible placement resources prior to considering out of home placement of children. DCF The CPS or CPI shall provide documentation of the efforts to locate the father noncustodial parents to the Child Welfare Case Management Providers (CWCMP) upon referrals for Family Preservation Services (FPS), Family First Prevention Services, or Foster Care/Reintegration/Adoption Services (FC/RE/AD).

C. The CPS or CPI may use Appendix 3A and 3N ~~may be used~~ as guides to locate, engage and empower fathers parents.

## 2030 **CPS** **Child Protection** Investigators

Child ~~Protective Service (CPS)~~ **Protection** Investigators (**CPI**) provide evidentiary information to support ~~CPS Specialist~~ **Child Protection Specialist's (CPS)** decisions regarding immediate and lasting safety, and service action. They may assist with initial agency response to interview subjects involved in an abuse/neglect or FINA assessment or assist as a member of a joint investigative interview team with the CPS ~~specialist~~.

A. The following tasks may be conducted in accordance with policy by a ~~CPS~~ **Child Protection** Investigator:

1. Interview the child alleged to be the victim or identified child(ren).
2. Interview the child's parent(s) or other persons responsible for the care of the child.
4. Interview the reporter and any collateral witnesses to the alleged maltreatment.
5. Visit the scene of the alleged maltreatment to document relevant environmental information; take photographs.
6. Document physical and behavioral observations of the alleged victim, witnesses and alleged perpetrators; the child's behavior in the presence of caregivers or the alleged perpetrator.
7. Provide information regarding immediate safety of the children involved in the abuse/neglect allegation or FINA concern to the CPS ~~specialist~~ or supervisor who will make the safety determination.
8. Assist the CPS ~~specialist~~ or supervisor with any course of necessary protective action.
9. Obtain relevant records from law enforcement, medical practitioners, or other relevant entities.
10. Prepare any narrative reports for affidavits.
11. Coordinate with the CPS ~~specialist~~, supervisor and other DCF program staff during the investigation/assessment to ensure agency service delivery for the family.

B. In consultation with and/or approval of the CPS ~~specialist~~ and/or supervisor the ~~CPS~~ **Child Protection** Investigator may:

1. Complete the Agency Response
2. Complete the PPS 2019 Conversation Note
3. Draft the PPS 2021 Immediate Safety Plan



4. Draft the PPS 2011 Case Findings for substantiated case findings.
5. Provide information to CPS Specialist for the Assessment Map for unsubstantiated findings.
6. Draft the PPS 2012 Notice of Department Finding
7. How to do something

## 2050 Plan of Safe Care

### A. Purpose

The enactment of the Comprehensive Addiction and Recovery Act of 2016 (CARA) added requirements to the Child Abuse Prevention and Treatment Act (CAPTA). CARA addresses the effects of substance abuse on infants, children and families with the intent of early identification and intervention, to support families affected by substance use disorders. To fulfill the CARA requirements, Child Protection Specialists (CPS) shall create a Plan of Safe Care for infants born affected by substance abuse, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder, to ensure the safety and well-being of the infants in their home.

~~When identified early, the Plan of Safe Care ensures pregnant women using substances receive access to appropriate treatment, prenatal care, preparation for the birth of an infant who may experience Neonatal Abstinence Syndrome and follow up after release from the hospital.~~

A. The Plan of Safe Care required by CAPTA differs from a safety plan which addresses the immediate safety. A Plan of Safe Care is a continuous and long-term plan for the family which focuses on the infant's ongoing health, development, safety and well-being. The Plan of Safe Care identifies the needs of the infant and family and the services to meet those needs. The Plan of Safe Care requires monitoring of referrals to and delivery of appropriate services for the infant and family. Plans of Safe Care may continue with service providers in addition to and after DCF involvement with the family. The Plan of Safe Care incorporates the following needs of the infant and family:

1. The physical health, substance use disorder treatment needs, general functioning, development, safety, and any special care needs of the infant who may be experiencing neurodevelopmental effects, physical effects, or withdrawal symptoms from prenatal exposure
2. The ~~physical/social/emotional~~ physical or mental health, social, and substance use disorder treatment needs of the ~~parent(s)/caregiver(s)~~ parents or caregivers
3. Services and supports to strengthen the parent/caregiver's capacity to nurture and care for the infant

~~The Plan of Safe Care requires monitoring of referrals to, and delivery of appropriate services for the infant and family. Plans of Safe Care may continue with service providers in addition to and after DCF involvement with the family.~~

### B. Criteria

~~When a report is assigned Substance Affected Infant, FINA with the sub-type Infant Positive for Substances, or Pregnant Woman Using Substances (PWS),~~

1. The CPS Specialist shall determine whether criteria ~~is~~ are met for a Plan of Safe Care within the assigned response time, documented on the PPS 1002, Section IX.

The CPS ~~Specialist~~ shall consult with the health care provider with knowledge of the effects of any prenatal substance abuse on the infant.

2. A Plan of Safe Care shall be completed when; ~~one or more of the following criteria are met:~~

A.

1. a. a report is assigned Substance Affected Infant as a FINA with the sub-type Infant Positive for Substances ~~the mother has used/is using opioids or other substances during pregnancy and/or the pregnant woman is participating or has participated while pregnant in a medication-assisted treatment program (methadone, etc.) or~~ AND
2. b. a medical professional confirms the infant is affected by substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder. When criteria is unknown or not met for a Plan of Safe Care, the Family Based Assessment shall continue. If at any time, during the life of the case, additional information is available which meets criteria for a Plan of Safe Care, DCF or a service provider shall complete a Plan of Safe Care for the infant and family.

#### C. Engagement with the Family

~~The family shall be informed the purpose of the Plan of Safe Care is identifying the needs of the infant and family to provide services with the goal of maintaining the infant and any other children safely in the home. PPS 2008 What is a Plan of Safe Care shall be provided to the family.~~

1. The CPS shall inform the family that the purpose of the Plan of Safe Care is to identify the needs of the infant and family to provide services with the goal of maintaining the infant and any other children safely in the home.
2. The CPS shall provide the PPS 2008 What is a Plan of Safe Care to the family.

#### D. Plan of Safe Care

1. Prior to the infant's release from the hospital DCF shall list the needs of the infant and family members on the Plan of Safe Care (PPS 2007). When DCF receives the report after the infant has been released from the hospital, ~~or if the case is assigned for a Pregnant Woman Using Substances (PWS),~~ the Plan of Safe Care shall be initiated as soon as possible, not to exceed 3 working days from the initial contact.
2. Once the needs are identified, a referral for services with community programs, ~~or~~ Family Preservation Services, ~~(FPS)~~ or another prevention service provider shall be offered to the family to provide the services and/or assist the family in locating appropriate services to meet the needs identified in the Plan of Safe Care. Whenever possible, the service provider should be able to continue to monitor the

Plan of Safe Care by identifying the services and make referrals for the services to meet the needs identified on the Plan of Safe care for the infant and family.

3. If the family chooses not to participate in services, the CPS specialist is strongly encouraged to **should** consult with their supervisor for next steps relevant to this family.

4. Depending on the circumstances of the case, Section III Services, and Referral Dates on the PPS 2007, **the CPS or service provider shall complete the** Plan of Safe Care ~~shall be completed by DCF, or service provider~~ based on the needs of the family to support successful engagement in services. The Plan of Safe Care is a continuous plan which is updated and monitored as needed.

5. The PPS 2007 Plan of Safe Care is completed with the family, and utilizes information gathered throughout the assessment from a multidisciplinary team. To develop a coordinated and comprehensive assessment of the needs of the infant and family, the multidisciplinary team may include, but not be limited to:

- a1. Child welfare
- b2. Medical
- c3. Substance use disorder treatment
- d4. Mental health
- e5. Early childhood intervention
- f6. Home visitors
- g7. Public health
- h8. Other community supports, as appropriate

6. The **Assessment Map** ~~Safety Assessment PPS-2030B, Family in Need of Assessment PPS-2030E~~, UNCOPE PPS 2005, and CWCMP or community partner assessments shall be used to inform the Plan of Safe Care. Appendix 2L Factors to Guide the Plan of Safe Care may be used to assist in gathering information for the Plan of Safe Care.

7. If following concerted efforts of engagement, the family selects not to participate in the Plan of Safe Care, the CPS Specialist or the service provider shall document the family's decision not to participate in Section IV Signatures. The PPS 2007 Plan of Safe Care, containing the identified needs and recommended services, shall be provided to the family in the event the family seeks other community services on their own. The CPS specialist shall explain to the family, they may want to share the Plan of Safe Care with other community providers and resources to seek services on their own.

#### E. Monitoring the Plan of Safe Care

1. A Plan of Safe Care is a continuous plan for the family which focuses on the infant's ongoing health, development, safety and well-being. In addition, the Plan of Safe Care shall address the caregiver and other family member's physical/social/emotional health, substance use disorder treatment, parenting

capacity, and preparation to care for the infant. The PPS 2007 Plan of Safe Care is updated as needed to monitor additional needs identified and referrals for services.

2. The needs related to the safety and risk concerns for the infant and family identified by the PPS 2007 Plan of Safe Care shall be incorporated in the PPS 3050 Family Service/Preservation Case Plan as the objectives and activities are developed.

3. The Plan of Safe Care shall be monitored to determine whether referrals are made to appropriate services, and whether services are delivered to the infant and family or caregiver.

4. Upon closure of a Family Service/Family Preservation case, the Plan of Safe Care PPS 2007 shall be provided to the family. The family has the option to continue services and monitoring by community services and resources.

## 2110 Requirement to Interview/Observe Relevant Persons

When a report alleging abuse or neglect has been assigned, interviews and visual observations are conducted to gather information for the assessment. Interviews and visual observations may be conducted by a CPS Specialist, CPS investigator, law enforcement officer or Child Advocacy Center forensic interviewer.

### A. ~~Visual Observation Required~~

~~Per Adrian's Law, K.S.A. 38-2226, the secretary, or the secretary's designee, or the law enforcement agency, or such agency's designee, that is conducting the investigation shall visually observe the child who is the alleged victim of abuse or neglect. In the case of a joint investigation conducted pursuant to subsection (b), the secretary and the investigating law enforcement agency, or the designees of the secretary and such agency, shall both visually observe the child who is the alleged victim of abuse or neglect. All investigation reports shall include the date, time and location of any visual observation of a child that is required by this subsection.~~

~~When the alleged victim is pre-verbal/non-verbal, physical abuse or neglect is alleged, the child's body shall be visually observed or examined for evidence of alleged physical trauma (e.g. bruises or burns) or physical condition (e.g. bug bites, body dirt). The child's body shall be observed in the least intrusive manner and conducted in a manner that is sensitive to the child's age and gender. Whenever practical, a parent should be requested to undress the child and assist in determining the child's physical condition. Depending on the circumstances, the CPS specialist or CPS investigator may have another adult present or have a medical professional conduct the exam.~~

### A. Required Interviews **and Observations**

The following persons shall be interviewed for all abuse or neglect investigations, unless allowable reasons not to interview the person exist and are documented per **BD**:

1. The alleged victim **shall be interviewed and visually observed.**
  - a. **The interview of the alleged victim may be conducted by a CPS Specialist, CPS Investigator, law enforcement or Child Advocacy Center forensic interviewer.**
  - b. **Per Adrian's Law, K.S.A. 38-2226 DCF is directly responsible in making visual observation of the child who is an alleged victim of abuse or neglect in an investigation. If there is a joint investigation with law enforcement and DCF, both agencies are responsible to make a visual observation of the alleged victim. Law enforcement's observation does not fulfill DCF's responsibility to observe the alleged victim.**

- i. The child's body shall be visually observed or examined for evidence of alleged physical trauma (e.g. bruises or burns) or physical condition (e.g. bug bites, body dirt). The child's body shall be observed in the least intrusive manner and conducted in a manner that is sensitive to the child's age and gender. Whenever practical, a parent should be requested to undress the child and assist in determining the child's physical condition. Depending on the circumstances, the CPS specialist or CPS investigator may have another adult present or have a medical professional conduct the exam.
2. The primary care giver of alleged victim. A primary caregiver is a residential parent or other adult with whom the child resides and has authority to make significant decisions concerning the child's care.
3. Siblings residing in the same home, facility or placement with the alleged victim. If the sibling is pre-verbal or non-verbal and not interviewed, the child shall be observed for harm.
4. The alleged perpetrator.
5. Adult sibling(s) living in the home.
6. Persons identified as having relevant information:
  - a. Non-residential parent;
  - b. Relatives;
  - c. Siblings not residing in the same home, facility or placement with the alleged victim;
  - d. Any adult who provides care or supervision of the victim or who lives in the home, whether related or not;
  - e. Other witnesses, regardless of their relationship to the victim or living arrangement;
  - f. Friends;
  - g. Neighbors;
  - h. Reporter;
  - i. Other individuals in the safety network determined relevant during the assessment
7. Appropriate medical professional shall be consulted for reports assigned for medical neglect to gather sufficient information which may include, but shall not be limited to:
  - a. What is the diagnosed medical condition of the child?
  - b. What is the treatment required for the diagnosed medical condition?
  - c. Would the diagnosed medical condition, if treated:
    - i. make the child substantially more comfortable?
    - ii. reduce pain and suffering?
    - iii. correct or substantially diminish a crippling condition?
    - iv. lengthen the life span?
    - v. prevent the condition from worsening?

- d. What information was provided to the alleged perpetrator(s) regarding the required medical treatment for the child?
- e. What information was provided to the alleged perpetrator(s) regarding the likely results or consequences of the child not getting the medical treatment?
- f. Follow up to determine whether scheduled appointments were kept.

## B. Allowable Reasons

Allowable reasons for not interviewing include the following:

1. Refused to talk with worker (Concerted efforts shall be made to engage with all persons required to be interviewed. When a child refuses to talk with a worker, PPS staff shall explore ways to ensure the child feels safe and comfortable with the interview setting and/or the interviewer. PPS staff should consider whether a support person (school counselor, teacher, etc.) be present with the child during the interview, as appropriate. Additional supports may also be consulted for suggestions to assist in helping the child feel safe and comfortable.);
2. County or District Attorney or law enforcement officer requested DCF not interview;
3. Unable to locate or otherwise unavailable; **for alleged victims refer to PPM 2315 Unable to Locate**
4. Mental or physical condition prevents interview;
5. A child is pre-verbal or non-verbal. The child shall be observed for harm;
6. Alleged perpetrator not identified;
- 7 Deceased

## C. Exception

When determined contrary to the safety and best interest of the child to interview a required person, an exception shall be requested from the Assessment and Prevention Administrator.

## D. Documentation (Family, Non-Family/Unregulated Caregiver and Facility Reports)

Documentation for all required persons listed in (A.) shall include attempts to interview, contacts made, interviews, observations and results. Documentation per 1-2 in this section, shall include the date of the contact/interview, how the interview was conducted (in-person, phone, observed, etc.), location and the results of the contact/interview for all required persons listed in (A.).

For any required persons listed in (A.) not interviewed, document the reason. When some but not all members of the family are unable to be located once the assessment has begun document "unable to locate" on the individuals who were not located. Agency Response information shall be completed in KIDS on individuals who were located.

Documentation for all required persons listed in (A.) may be completed by either a CPS specialist or CPS investigator. **A printed form is the official copy and shall be in the case record.**



1. For events assigned prior to July 1, 2017:

a. Family Reports

Documentation for all required persons listed in (A.) for family reports is completed on the PPS 2030A Agency Response, Section III.

b. Non-Family/Unregulated Care Giver and Facility Assignments

Documentation for all required persons listed in (A.) for Non-Family/Unregulated Care Giver and Facility Assignments is completed on the PPS 2025, Section III.

2. For events assigned on or after July 1, 2017 (Family, Non-Family/Unregulated Caregiver, and Facility Reports):

Documentation for all required persons listed in (A.) shall be completed per requirements in this section on the PPS 2019 DCF Kansas Conversation Note, and/or Appendix 2N My three Houses, Appendix 2P Fairy Wizard Template. For events assigned on or after January 1, 2021, use of the PPS 1010 Case Activity Log should be limited to information not able to be documented on the PPS 2019 or other Kansas Practice Model tools.

For any required persons listed in (A.) not interviewed, the documentation of the attempts to interview shall be documented on the PPS 1010. The results of these attempts are included in the consultation with the supervisor per PPM 2760, and the decision/conclusion from this consultation, shall be included in the consultation documentation.

## **2113 New Information Identified in an Open Case**

### **A. New Report Needed**

Anytime during an open case PPS staff become aware of a new incident of abuse or neglect, a new report to the Kansas Protection Report Center (KPRC) is required.

1. If the new report is assigned for abuse/neglect, and the current open case is assigned as a FINA or PWS, the PPS Supervisor shall submit a request an override per PPM 1700.
2. If the new concerns are FINA a new report to KPRC is not warranted and the concerns shall be continued to be addressed through the current open case.

### **B. Additional Allegation Types on a Current/Open Investigation**

Upon investigation, if the facts and circumstances in the current assigned report indicate an additional abuse/neglect allegation type from the assigned allegation type identified on the PPS1002 Initial Assessment,

the CPS Specialist shall consult with the PPS Supervisor to determine further action:

1. If it is determined the new allegation type(s) is a result of a new incident of abuse or neglect, refer to PPM 2113 A.
2. If it is determined the new allegation type is related to the incident currently being investigated, the new allegation type shall be added to the current open case.
  - a. The new allegation type shall be added within 20 working days of the assignment.
  - b. The new allegation shall be added to the PPS 1002 Initial Assessment Section IV and V in KIPS by the PPS Supervisor.
  - c. The CPS Specialist shall add the additional allegation type(s), date and initial on the PPS 1002 and provide to FACTS data unit.

A finding shall be made on all allegation types assigned by KPRC as well as any additional allegation types added to PPS 1002.

### **C. Additional Children in the Family identified in an ongoing investigation**

If during ~~the course of~~ an investigation/assessment, there is reason to believe other children under the same care are possible **alleged** victims of the same allegations in the assigned investigation/assessment, the additional children shall be added to the current investigation and does not require a new report.

#### D. Child(ren) from another Family identified in an ongoing investigation

If during the course of an investigation/assessment, PPS staff become aware that a child from another family may also be abused or neglected, a new report is required. If necessary, the CPS Specialist shall take appropriate protective action, pending the KPRC initial assessment of the new report.

#### E. Additional Alleged Perpetrator Identified after an Initial Assignment

If during the course of an investigation/assessment of a report, there is reason to believe that there is another alleged perpetrator for the same allegation and incident reported, the additional alleged perpetrator shall be added to the current investigation and does not require a new report.

#### F. Human Trafficking

Human trafficking (HT) is a separate subtype of abuse/neglect assignments. If PPS staff become aware of concerns for human trafficking, per K.S.A. 38-2202, on any current open case type, a new report to the KPRC is required. The report shall include explicit language to specify concerns for human trafficking per K.S.A. 38-2202. The report shall include the language “human trafficking”. See PPM 0160 Glossary definition for sexual abuse per K.S.A. 38-2202 and Appendix 1A for guidance.

## 2116 Requirements for Children Under the Age of One

Supporting families by connecting them with services, and information designed to promote the health and well-being of children under the age of one, is one way to help build lasting safety and prevent future maltreatment. Children under the age of one are our most vulnerable population. Providing families with services and supports early may help prevent future maltreatment.

### A. Parent Skill Building

If **When** a family with a child under the age of one is involved in an assessment for Abuse/Neglect, Family In Need of Assessment (FINA) or Pregnant Woman Using Substances (PWS), the ~~CPS Specialist~~ **Child Protection Specialist (CPS)** shall:

1. Engage the family in an assessment of the child's developmental milestones and needs and document using the PPS 2019 ~~Kansas~~ DCF Conversation Note. ~~to discuss the family's worries, what is working well and develop next steps. To support the engagement with the family the below resources and informational brochures may be provided to the family to assist them in understanding the benefits of Parent Skill Building program(s). The CPS Specialist shall~~
2. Inform the family of the benefit of available resources.
3. Request the family engage in services and document the family's initial decision for services on the PPS 2019 DCF Conversation Note.
4. When appropriate, assist the family with a referral to the program of the parent's choice using the PPS 2014 A Referral for Services. Families may choose to have the CPS submit a referral or the family may choose to self-refer.

~~The PPS 2014 A Referral for Services may be used to make the referral in situations where the family decides for DCF to refer them to the service, as opposed to the family referring themselves. The CPS Specialist shall follow up with the family and/or service provider to ensure the family connected successfully with the service and determine whether the service is meeting the needs of the family.~~

Parent Skill Building programs involve community partners assessing the needs of the child(ren). These assessments include ~~but are not limited to~~ occupational and physical therapy, speech and language development, and educational needs. Parent Skill Building programs include ~~but are not limited to~~ Infant-Toddler Services or Home Visitor programs.

Resources ~~may~~ include ~~but are not limited to~~:

For additional resources visit: <http://ksqualitynetwork.org/resources/child-development/>

Kansas Department for Children and Families Child Care in Kansas child development resources: <https://childcareinkansas.com/resource/child-development/>

Kansas Infant Toddler website and parent brochure: <http://www.kdheks.gov/its/>

Kansas Early Childhood Developmental Services: <https://www.kdhe.ks.gov/677/Kansas-Early-Childhood-Developmental-Ser>

Kansas Healthy Families: <https://www.kcsl.org/HealthyFamilies.aspx>

Healthy Families affiliate locator: <https://www.healthyfamiliesamerica.org/map/>

Early Head Start: <https://www.kcsl.org/EarlyHeadStart.aspx>

KCSL Parent Helpline: 1-800-CHILDREN or email/text 1800children@kcsl.org

## B. Safe Sleep

When a if a family with a child under the age of one is involved in an assessment for abuse/neglect, FINA or PWS, the CPS Specialist shall:

1. Assess the infant's sleep environment using guidance from Safe Sleep Kansas (<http://www.safesleepkansas.org/>) and document observations on the PPS 2019 Conversation Note.

2. ~~The CPS specialist shall~~ Engage the family in a conversation and provide information and resources to help support a safe sleep environment for the infant by informing the family of, ~~as needed.~~ The ABC's of Safe Sleep; ~~is~~ babies are safest when they are:

- a. Alone,
- b. on their Back and
- c. in a Crib.

## 2125 Relative/Non-Related Kin Information

### A. Gathering Relative/Non-Related Kin Information

The CPS specialist shall gather relative/non-related kin information during assessments for all case assignment types. This may include relatives or other adults whom the family has a close positive emotional attachment. Questions shall be asked of all relevant parties, including children, about potential relative/non-related kin resources. Information requested shall include, but is not limited to: names, addresses, phone numbers, relationship to child or family, and information about current involvement with the child(ren) subject of the report. The identifying information gathered shall be documented on the PPS 1000, Section IV for Relative/Non-related Kin and entered in FACTS.

### B. Assessing Relative/Non-Related Kin Information

The Kansas Practice Model assessments and tools provide a method to consider relative/non-related kin when assessing the family strengths and resources. The assessments consider the family's ability to use strengths and resources to manage concerns of danger to the child, presenting problems and contributing factors. The relative/non-related kin may provide a safety network resource to consider when a child has been placed in police protective custody per PPM 2473, to prevent out of home placement.

### C. Providing Relative/Non-Related Kin Information at Referral

At the time of a referral for out of home placement relative/non-related kin information shall be provided to the Child Welfare Case Management Provider, by completing the PPS 5110A Section III with identifying information at the time of referral. (See PPM 2750)

## **2220 Investigations Involving a Report of Abuse or Neglect in a Facility Licensed by KDHE or DCF Foster Care and Residential Facility Licensing**

The Kansas Department of Health and Environment (KDHE) shall be notified when a report is received involving a child care facility, such as: a licensed day care home, group day care home, or child care center, subject to licensing or regulation by KDHE. Local health departments may be notified.

DCF Foster Care and Residential Facility Licensing shall be notified when a report is received involving a residential facility such as: a family foster home, or a residential facility subject to licensing by DCF Foster Care and Residential Facility Licensing.

Investigations of complaints involving child care and residential facilities can often be complex due to the possibility of multiple **alleged** victims or **alleged** perpetrators and multi-agency responsibilities. Planning for an investigation may require striking a balance between promptness of contact with the alleged victims and the need to coordinate with other agencies to avoid making errors in the investigation which could also affect the safety of children.

Investigations involving facilities shall be conducted according to department policy for determining response times. Any deviation from these guidelines shall be taken only in the best interests of a child and the basis for the action shall be documented. In completing an investigation of an incident involving a facility licensed or regulated by KDHE or DCF Foster Care and Residential Facility Licensing, the local office shall:

- A. Conduct a prompt and thorough investigation of the allegations to determine whether the report is valid and whether services are necessary to protect a child who is the subject of the report or any other child under the same care.
- B. Provide KDHE or DCF Foster Care and Residential Facility Licensing with facts and information gathered during the DCF investigation/assessment to assist KDHE or DCF Foster Care and Residential Facility Licensing in determining appropriate action regarding the license.
- C. Communicate with DCF Foster Care and Residential Facility Licensing prior to making a case finding decision when there is a joint investigation. If there are disagreements regarding the investigative process, the CPS Specialist is strongly encouraged to consult with the PPS Supervisor to determine next steps.

## 2462 Immediate Safety Planning

The **Child Protection Specialist (CPS)** or **Child Protective Investigator (CPI)** shall use an Immediate Safety Plan ~~shall be used~~ to address immediate threats of danger to the child(ren) during the assessment. The Immediate Safety Plan is a temporary, short-term plan to keep the child(ren) safe while building lasting safety.

~~Successful safety planning practices include but are not limited to the following factors and elements:~~

### A. Development of the Immediate Safety Plan

The following ~~resources and tools may be used~~ **considered** by the ~~Child Protection Specialist CPS~~ or ~~Child Protective Investigator CPI~~ to when developing the Immediate Safety Plan:

1. Immediate Safety Scale
2. PPS 2020 Assessment Map
3. Appendix 2H Immediate Safety Tips Sheet
4. Appendix 2J Caregiver Protective Capacities
5. ~~Child Voice, Appendix 2N~~ Three Houses, ~~Safety House~~
6. Child(ren), parent or caregiver, family, and safety network engagement
7. Harm to the child caused by removal of the child(ren) from the care of the parent or caregiver
8. "The Four Questions" sourced from: *4 Questions, 7 Judges*, an Iowa based Judicial Pilot Program:
  - a. What can we do to remove the danger instead of child?
  - b. Can someone the child or family knows move into the home to remove the danger?
  - c. Can the caregiver and child go live with a relative or non-related kin?
  - d. Could the child move temporarily to live with a relative or non-related kin?

### B. Engagement

Engagement is critical to the success of building and maintaining safety. The CPS and the family will determine who should be engaged in the safety planning process. Lack of



engagement shall be a factor to consider when assessing the viability of the safety plan. The CPS will consider engaging the following in the safety planning:

1. Child(ren)
2. Parents or Caregivers
3. Safety Network

#### C. Documentation

##### 1. PPS 2021 Immediate Safety Plan

The CPS or CPI may document the Immediate Safety Plan on the PPS 2021 Immediate Safety Plan. When another tool or form is used to document the Immediate Safety Plan (e.g. Advanced Safety Plan PPS 2022, Words and Pictures), it shall be identified as the Immediate Safety Plan and shall consider the same elements and actions of Immediate Safety Planning practices. The CPS or CPI shall give parent or caregiver the original safety plan. The CPS or CPI shall copy the original and upload it into KIDS and provide it to the FACTS Data Unit. With permission from the parents or caregivers, the CPS or CPI may be provided a copy of the Immediate Safety Plan and to the safety network and child(ren) (if appropriate).

##### 2. Agreement

The Child Protection Specialist or Child Protective Investigator CPS or CPI shall ask all individuals engaged in the development of the safety plan to sign indicating agreement in following the safety plan. The Child Protection Specialist or the Child Protective Investigator may document a verbal agreement.

##### 3. Engagement Efforts

All attempts to engage the child, parent or caregiver, family and safety network in the immediate safety planning process shall be documented.

#### D. Monitoring and Timelines

##### 1. Monitoring

The Child Protection Specialist or the Child Protective Investigator shall include the frequency and method for how the safety plan will be monitored and by whom to ensure the child(ren), parent or caregiver and safety network remain engaged in the action steps of keeping the child safe. The ongoing assessment and evaluation of the safety plan shall be documented.

##### 2. Timeline

Immediate safety plans are short-term plans and shall not exceed beyond the FBA due date. Plans may range from a few hours to a few days, depending on the family's assessed ability to carry out the plan and availability of resources.

E. Per Claire and Lola's law enacted July 1, 2019, the department shall not initiate any child protection action (safety planning) or proceeding based solely upon the-parent's or the child's lawful possession or use of cannabidiol treatment preparation. ~~K.S.A. 21-5706 (c)~~ K.S.A. 65-6235 (c). See PPM 0255 Claire and Lola's Law.

## 2463 Removal of the Alleged Perpetrator

When the safety of a child cannot be reasonably assured, removal of the alleged perpetrator from contact with the child should be considered before removing the child. Removal of the alleged perpetrator can be voluntary or obtained through provisions of the Kansas Protection From Abuse Act, or Code for Care of Children.

### A. Voluntary Removal of the Alleged Perpetrator

Voluntary removal of the alleged perpetrator can be considered when it is a part of a family safety plan and:

1. There is reason to believe the alleged perpetrator will honor the agreement for removal;
2. There is a care giver willing and able to keep the terms of the agreement and protect the child if the agreement is not kept; and
3. The safety plan includes actions which will be taken if the agreement is not kept.

### B. Kansas Protection From Abuse Act

A member of a household 18 years of age or older may apply to a court for the removal of a household member who is abusing or attempting to abuse or threatening harm to another member of the household (K.S.A. 60-3101 and following).

## 2471 Requests for Police Protective Custody

Only a law enforcement officer, court services officer, or the court has the authority to place a child in protective custody. When the safety of a child cannot be reasonably assured without removal of the child or the alleged perpetrator, and removal of the **alleged** perpetrator from contact with the child is not feasible, a law enforcement officer should be contacted to determine whether, in the officer's opinion, the child should be removed from the home and placed in police protective custody.

The **CPS Child Protection** Specialist and **PPS** Supervisor shall consider whether **they can hold** a Team Decision Making (TDM) meeting ~~can be held~~. The TDM meeting shall be held by the next working day or before the initial court hearing occurs if a determination is made the child is in imminent danger and the meeting cannot be held prior to the need for police protective custody. Police protective custody resulting in the court holding a court hearing shall not be a reason a TDM is not held. Refer to Appendix 0D for guidance on TDM.

Per Claire and Lola's law enacted July 1, 2019, the department shall not initiate proceedings to remove a child from the home of the child's parent or guardian (request ~~police protective custody~~ **PPC** or an ~~order for protective custody~~ **Order of Protective Custody**) or initiate any child protection action (safety planning) or proceeding based solely upon the parent or guardian or the child's lawful possession or use of cannabidiol treatment preparation ~~K.S.A. 21-5706 (c)~~ (**K.S.A. 65-6235 (c)**).

The law enforcement officer should deliver the child to a safe environment according to local arrangements. An DCF employee is not authorized to take physical custody of or transport a child without a written order of a court placing the child in the custody of the Secretary of DCF. A child not in the custody of the Secretary may be transported by DCF if a parent voluntarily accompanies the child or the parent provides written parental permission.

When a law enforcement officer determines that protective custody is appropriate, the officer, not DCF, should place the child as provided by statute (K.S.A. 38-2231). It is important to remember that DCF staff do not have authority to transport a child placed in protective custody by a law enforcement officer. If DCF staff were to transport a child in the protective custody of law enforcement a potential legal liability exists for the department and the individual. A law enforcement officer or the designated care provider with whom the police placed the child may transport the child.

## **2500 Case Finding Resulting from an Investigation of Alleged Abuse or Neglect**

The purpose of the case finding is to inform when abuse/neglect has occurred; and whether the identified alleged perpetrator should be permitted to reside, work, or regularly volunteer in a child care facility.

A case finding shall be completed for each assigned allegation associated with a child alleged or suspected to have been abused or neglected. The ~~CPS~~ Child Protection Specialist (CPS), in consultation with the PPS a supervisor or designee, (See PPM 0140), shall make the finding decision based on information gathered by the CPS specialist or CPS investigator Child Protection Investigator during investigatory activities. The decision is made by weighing the facts and circumstances learned during the investigation and assessment and applying the definition of abuse/neglect. The standard of evidence applied to all case finding decisions regarding abuse and neglect is preponderance of the evidence.

A case finding is not required on a Family in Need of Assessment (FINA) or Pregnant Woman Using Substances (PWS) case assignments. An assessment of the family is completed to determine if the family is in need of services.

## 2511 Case Finding Decision Points for Family Reports

A case finding decision is made weighing the facts and circumstances learned during the investigation and assessment. The facts and circumstances shall provide a preponderance of the evidence of abuse and neglect as identified in the definitions in order to consider a substantiated case finding.

### A. Same Finding for Child and Alleged Perpetrator:

The same case finding will be made for the child and the alleged perpetrator based on the facts and circumstances of the incident, unless the alleged perpetrator is unknown. If the information gathered during an investigation provides a preponderance of the evidence to substantiate abuse/neglect of a child occurred, and a preponderance of evidence the alleged perpetrator caused the abuse/neglect, a substantiated finding is made for the child and the **alleged** perpetrator. If there is no substantiated finding regarding a child, no substantiated finding can be made regarding an **alleged** perpetrator.

### B. Contact with Alleged Victim Required For Finding:

A finding of unsubstantiated or substantiated is made only on the alleged victims who have been interviewed in-person. As long as one in-person contact was made with the alleged victim, a finding of unsubstantiated or substantiated is made based on information available. For the alleged victims which were not located, "unable to locate" should be selected as the status in the Finding field on the KIDS application.

### C. Time frame:

A case finding shall be made within 30 working days from the date the report was accepted for assessment unless a delay is requested by law enforcement, a county or district attorney, the court, health care professionals, mental health professionals or for similar exceptional circumstances documented in the case file. Failure to receive information from **law enforcement, county or district attorney, the court, health care professionals, medical or mental health professionals, or any other** information **which has been requested from relevant professionals or other relevant person individuals** may be considered an exceptional circumstance justifying a delay in finding. If requested information is not received, the PPS supervisor will review the information every 60 days to determine if additional time should be allowed and document such decision in the case file. A CPS specialist may be designated for the PPS supervisor's absence.

The date of the case finding is the date the CPS specialist and the supervisor staffed the case to determine the finding decision. The date of the staffing/consultation is entered on the PPS 2011 in the Date of Finding field. The PPS 2011 is signed and

dated electronically in KIDS by the supervisor and CPS specialist. See PPM 2530 for additional information on documenting case finding decisions. The supervisor's electronic signature in KIDS verifies the approval of the case finding.

#### D. Due Process for Alleged Perpetrator:

A substantiated finding on the **alleged** perpetrator cannot be made unless the alleged perpetrator has been afforded the opportunity to be interviewed by DCF, a law enforcement officer or a duly appointed member of a multi-disciplinary child protection team. If the whereabouts of an alleged perpetrator are unknown, the opportunity to be interviewed may be documented by sending a letter offering an interview to the alleged perpetrator's last known address.

#### E. Location of Incident and Victim:

A finding of abuse or neglect may be made on the **alleged** perpetrator and victim in the following situations:

1. The incident occurred in Kansas, regardless of where the victim is currently found or resides, or
2. The incident occurred in Kansas, regardless of where the **alleged** perpetrator is currently found or resides, or
3. The child resides in Kansas or is found in Kansas, regardless of where the incident occurred.

#### F. Minor Case Finding:

All investigations of a case with an alleged perpetrator who is a minor and case finding is recommended as substantiated shall be reviewed by the Regional Director prior to completion of the finding. A minor shall be substantiated only if the criterion for substantiation has been met and the ~~child~~ **alleged** perpetrator is at least 10 years old.

#### G. Addition of a Different Allegation Type:

Upon investigation, if the facts and circumstances indicate a substantiated finding on a different allegation type from the allegation type identified on the PPS 1002 Initial Assessment, a substantiated finding shall be made on the allegation type that best describes the facts and circumstances. The allegation type resulting in the substantiated finding shall be added into KIDS by the CPS Supervisor.

See PPM 2842 for FACTS instructions.

## **2522 Case Findings When the on Alleged Perpetrators in Licensed Facilities Works Resides or Volunteers in a location Licenced by KDHE/DCF Foster Care and Residential Facility Licensing**

A finding pertaining to an alleged perpetrator is made regarding a person, not the facility. If abuse or neglect occurs in a facility and there are management or procedural actions or inactions which allowed it to occur, a referral shall be made to the Kansas Department for Health and Environment (KDHE) or the Kansas Department for Children and Families (DCF) Foster Care and Residential Facility Licensing for an investigation regarding any violations to the license or registration and to DCF child care for investigation regarding the provider agreement.

This section does not apply to a child/youth in the custody of the Secretary, residing in the home.

Refer to PPM 2544 for notification of the case finding to KDHE and DCF Foster Care and Residential Facility Licensing.



## 2531 Basis for Finding

The basis for decision should document for someone unfamiliar with the investigation why the evidence supports the finding decision. The basis shall include rationale on which the case finding decision is based, the "why" of the finding decision, as related to the specific facts considered from the investigation and assessment. This includes addressing ALL allegations from the PPS 1002, Initial Assessment and the facts resulting from the investigation.

**A.** Examples of specific facts to be considered and documented within the basis, as it applies to the circumstances, include, but not limited to: the child's age, child's condition, date of incident, detailed description and location of bruises/marks/injuries, how bruises/marks/injuries were determined to be caused, how it was determined the alleged perpetrator caused the injury, what was found or not found to be harmful to the child, child's reaction to the alleged incident(s), how the child's environment caused harm or likelihood of harm to the child, child and **alleged** perpetrator disclosures related to the alleged incident(s), description of impairment to child, detailed description of any physical evidence found, any additional information to establish a preponderance of the evidence.

**B.** Refer to Appendix 2B for suggested documentation per allegation type.

**C.** ~~A.~~ Unable to locate

If a finding hasn't been made due to not being able to locate the child or **alleged** perpetrator, the basis for finding should summarize attempts made to locate the involved parties.

**D.** ~~B.~~ Delay In Case Finding

If the case finding is delayed and the decision exceeds 30 working days from the date of acceptance, an explanation shall be given in the basis for decision on the PPS 2011. See PPM 2511 D for allowable reasons to delay a case finding. If the case finding is delayed due to a reason not allowable per policy, the following statement shall be documented on the PPS 2011; "The case finding is delayed due to a non-allowable reason per policy."

## 2541 Circumstances Requiring Separate Notices

The following circumstances may indicate a need to send separate notices:

A. Finding involves children in the home with different fathers (or mothers). Send a separate PPS 2012 to the parents not residing in the home which includes the finding related only to their children. The recommended services should only be included on the Notice of Department Finding as relevant to the **alleged or substantiated** perpetrator's children.

B. Finding involves an **alleged or substantiated perpetrator who is not a parent, non-care giver perpetrator or a perpetrator not residing in the home of the child**. Send separate notices to the **alleged or substantiated** perpetrator if services are recommended. The notice to the **alleged or substantiated** perpetrator shall not include the services recommended to the family.

C. Finding involves **multiple alleged or substantiated** perpetrators who do not reside in the home. ~~Send a~~ **shall receive** separate PPS 2012 to ~~the perpetrator that~~ includes the finding related only to that **alleged or substantiated** perpetrator. The notice ~~to the perpetrator~~ shall not include the services recommended to the family

D. Finding involves **multiple perpetrators in a facility**. ~~Send a~~ **shall receive** separate PPS 2012 ~~to the perpetrator~~ that includes the finding related only to that **alleged or substantiated** perpetrator.

E. Finding involves an **alleged or substantiated perpetrator who is non-not a parent, non-care giver perpetrator or a perpetrator not** residing the home of the child and the **alleged or substantiated** perpetrator does not know the identity of the victim. Send separate notices to the **alleged or substantiated** perpetrator omitting the name of the child victim.

## **2549 Notice Requirements for Case Findings on a deceased perpetrator**

In order to provide the family and/or executor of an estate information to appeal on the **substantiated** perpetrator's behalf, notices of agency findings will be sent to the **substantiated** perpetrator's last known address or the **substantiated** perpetrator's estate when the **substantiated** perpetrator is deceased.

## **2550 Findings on Reports Investigated by a Law Enforcement Agency, Native American Tribal Agency, or Military Authority**

Substantiated findings made on reports received from law enforcement, Native American Tribal Agency or Military Authority shall be documented on the case finding form (PPS 2011) and notices shall be sent as indicated in PPM 2540. There is no entry required in the KIDS computer application.

### **A. Law Enforcement Agency**

If DCF receives a report of abuse or neglect which has been investigated by a law enforcement agency a finding shall be made if the report contains sufficient information to reach a conclusion using the department preponderance standard of evidence.

When a case finding is made based on the information received from law enforcement, the case is not required to be assigned for investigation. If the report does not contain sufficient information to make a finding, and the case otherwise meets the criteria for accepting the report, the report shall be investigated/assessed and a finding made using established DCF policies and procedures.

If the agency becomes aware of a child's death associated with allegations of abuse and neglect through the media, word of mouth or any source, DCF shall request the law enforcement reports regarding the child's death, even if DCF has not been involved in the investigation. DCF shall review report for the purposes of making a case finding.

A case finding is only made when law enforcement reports meet the criteria for substantiation. The **substantiated** perpetrator is entered into the Central Registry based on the law enforcement finding.

If the report from law enforcement is regarding a DCF employee as the alleged perpetrator, the finding will be made on the law enforcement report alone without additional investigation. The case finding will be entered into FACTS as described above.

Policies regarding Notice of Department Findings apply to reports investigated by Law enforcement, including a DCF employee as the alleged perpetrator.

### **B. Native American Tribal Agency Tribes with Whom DCF Executed a Memorandum of Understanding:**

DCF may have a memorandum of understanding with **the Iowa Tribe of Kansas and Nebraska** Native American Family Services (NAFS), Prairie Band Potawatomi Social

Services (PBPSS), the Kickapoo Social Services (KSS) and Sac and Fox Social Services (SFSS) for these agencies to provide protective services to members of **their respective tribes**. ~~the following tribes:~~

- ~~• Iowa Tribe of Kansas and Nebraska-NAFS~~
- ~~• Kickapoo Tribe of Kansas~~
- ~~• Prairie Band of the Potawatomi Nation~~
- ~~• Sac and Fox Nation of Missouri in Kansas.~~

Substantiated findings by NAFS, PBPSS, KSS, and SFSS will be accepted and the **substantiated** perpetrator entered in the Central Registry via the KIPS system. When a case finding is made based on the information provided, the case is not assigned for investigation/assessment. Native American Tribal Agencies will send any notice of substantiation.

If a report of an investigation by other tribes is received by DCF concerning a report of abuse or neglect over which the tribe has jurisdiction, a finding shall be made if the report contains sufficient information to reach a conclusion using the preponderance standard of evidence. When a case finding is made based on the information provided, the case is not assigned for investigation/assessment. If the report does not contain sufficient information to make a finding, and the case otherwise meets the criteria for accepting the report, the report shall be investigated and a finding made using established DCF policies and procedures.

Only reports from other tribes which meet the criteria for substantiation will be entered into the Central Registry via the KIPS system. Policies regarding Notice of Department Findings apply to reports investigated by other tribes. See PPM section 2540.

### **C. Military Authority**

DCF shall enter a finding on any investigation conducted by the military or jointly by DCF and military authorities or agencies. If the investigation was conducted by military authorities within the boundaries of the military enclave, and sufficient information was provided to DCF to make a finding, the case is not assigned for investigation/assessment.

Only reports from military authority which meet the criteria for substantiation will be entered into the Central Registry via the KIPS system. Policies regarding Notice of Department Findings apply to reports investigated by military authorities. See PPM section 2540.

### **D. Entering Findings into the Central Registry**

The report shall be sent to the Assessment and Prevention Program Manager at PPS Administration. When substantiation criteria is met, the finding shall be entered into the

Central Registry via KIPS. The Program Manager shall notify the region when the finding has been entered. The region is responsible for sending the appropriate notices. The "Report Date" on the PPS 2012 Notice of Department Findings shall be the date the Assessment and Prevention Program Manager enters the report in KIPS. The region shall maintain the hard copy file of the report for potential appeals and expungement requests.

## **2570 Appeal of Finding Decision by a Substantiated Perpetrator**

If the case finding is substantiated, the substantiated perpetrator may appeal the DCF finding decision. Requests for fair hearing pursuant to K.A.R. 30-7-68 are to be made in writing within 30 days of the date of finding notice. An additional 3 days are allowed if the notice is mailed. Fair hearing requests received by DCF are to be forwarded to the Office of Administrative Hearings. Fair Hearing request forms may be obtained from any local DCF office. Individuals identified as substantiated perpetrators may have legal counsel or others to represent them at the hearing. If a person identified as a substantiated perpetrator is dissatisfied with the hearing decision, they may request a review of the decision by the State Appeals Committee. The decision of the State Appeals Committee may be appealed to the district court.

If the finding on a facility licensed by Kansas Department of Health and Environment (KDHE) is appealed, KDHE shall be notified within 5 working days of the notice of appeal and any final action resulting from the appeal.

## 2580 Requests for Expungement

A person who has been identified as a confirmed (before 07/01/1997) or validated (on and after 07/01/1997) or substantiated (on or after 07/01/2004) perpetrator of abuse or neglect may apply in writing to the Secretary to have his/her name expunged from the Child Abuse/Neglect Central Registry when:

A. Three years has elapsed since the **aforementioned** perpetrator's name was entered on the central registry, **and**

B. a change of circumstances or identification of new information, and

C. twelve months have passed since the last request for expungement was submitted.

If a person requests their name to be expunged from the registry, the person should be directed to make the request in writing to the Secretary of DCF stating the basis for their request. The letter need not follow any particular form and should be addressed to the Secretary of the Department for Children and Families, attention: Prevention and Protection Services, 555 S. Kansas Ave. Topeka, KS. 66603.



## 2740 Family Based Assessment

The purpose of the Family Based Assessment (FBA) is to complete an active assessment alongside the family and their safety network. The FBA is a process that includes reviewing and assessing information gathered during the assessment to help the CPS Specialist and family determine the immediate and lasting safety of the children and identify needed services or supports.

A. The FBA shall be completed for all cases accepted for further assessment except for the following:

1. Facility
2. Third Party
3. Unable to locate

B. FBA KIDS Requirements

The 2030F Family Based Assessment Summary is used to document decisions in KIDS and includes the following:

1. Results Tab: Section I. Assessment Results and Summary of Findings
  - a. Safety Decision, Risk Level, Risk Conclusion and Assessment Conclusion from a FINA assessment fields are no longer required as of January 1, 2021.
  - b. Investigation Findings from Case Findings auto-enters.
2. Results Tab: Section II. Summary of Assessment Conclusion
  - a. Not required in KIDS; documented on Assessment Map.
3. Prevention Services Tab: Section III Family Preservation Screen

This section provides criteria for the CPS Specialist to consider Family Preservation Services (FPS), Family Services (FS), or Family First Prevention Services (FFPS) referral.

- a. CPS Specialist shall consult with a supervisor regarding Family Preservation Referral criteria and answer questions 1-7 in KIDS. See PPM 2746 for further referral criteria information.
  - b. The CPS Specialist shall document the date and time of the supervisor approval in the Date Decision Made and Time field.
4. Service Plan Tab: Section IV Case Action/Initial Service Plan
  - a. Family Strengths and Needs are no longer required as of January 1, 2021.

## b. Case Opened for Services

Completion of the FBA shall not delay a referral for services when a family is in crisis. The CPS Specialist shall update the FBA with as much information as is available by the next working day from the date of the referral for services. The CPS Specialist may make a referral to services before the FBA is closed for abuse/neglect assignments when the investigation is ongoing, and the case finding is not complete. When services are accepted, the CPS Specialist shall document the Case Action Plan and Initial Permanency Goal in KIDS. Case Action Plan decisions may be:

### i. Family Services

The CPS Specialist will consider providing family services when there is a need for DCF assistance beyond the initial 30 working days of intake assignment. During the FBA, if the CPS Specialist identifies specific services which may help the family alleviate the risk of removal for the child(ren), the CPS Specialist shall:

1. Consult and seek CPS Supervisor approval of DCF Purchasing Services and
2. Complete the PPS 4005 Family Service Case Status and provide it to FACTS, see PPS 4005 instructions for additional guidance.

### ii. Family Preservation

When the family expresses willingness to accept services and CPS Supervisor has approved the referral, the CPS Specialist shall make the referral within 24 hours of the Date Decision Made and Time documented on the Prevention Services Tab. Refer to PPM 2748 DCF Responsibilities at Referral to Family Preservation Services.

### iii. Family First Prevention Services (FFPS)

The CPS Specialist may make a referral to FFPS without consultation with a PPS Supervisor. Refer to PPM 4000 Prevention Services for referral criteria.

### iv. Foster Care

The CPS Specialist shall make a referral to foster care when the case action plan is identified as foster care in KIDS. Refer to PPM 2750 for DCF Responsibilities at Referral to Foster Care Services

### v. Adoption

## c. Reasons for agency intervention: Not Required in KIDS

## d. Initial Permanency Goal

When the CPS Specialist refers for services, they will document an Initial Permanency Goal. Initial Permanency Goals may be any one of the following:

- i. Maintain at Home
- ii. Reintegration
- iii. Adoption
- iv. Guardianship
- v. Independent Living

e. Child Protection Objectives: Not Required in KIDS

f. Close Case

The CPS Specialist shall document the reason for case closure as one or more of the following reasons:

- i. DCF services not indicated: The investigation and assessment is complete and DCF services are not indicated.
- ii. Family refused services: The department may close the case if the family refuses services and there are no unaddressed child safety needs.
- iii. Family moved, cannot be located. Medical needs were unable to be determined: The family cannot be located or has moved out of state, the case may be closed.
- iv. Another community agency is currently providing services: The family is experiencing problems, but another agency is assessing the family's needs and/or providing services. If an assessment by the department will duplicate an ongoing assessment and/or treatment by a qualified person or agency and/or an assessment by DCF would be disruptive to the treatment of the family, the case may be closed if there are no unaddressed child safety issues.
- v. Assessment Complete - Current Service Plan continues: If the assigned report is associated with a case already open to the agency and the current service plan will continue, this option shall be indicated.

#### 5. Timeliness Tab: Section V Timeliness of Family Based Assessment/Initial Service Plan

The CPS Specialist shall complete the FBA within 30 working days of intake assignment, unless making a referral for services ~~or an allowable reason applies~~. The CPS Specialist shall complete the FBA with the information known to the agency, when the case finding is late. If the CPS Specialist cannot complete the FBA timely, they shall document the reason in KIDS.

#### 6. Required Signatures: Section VI Required Signatures

The FBA is completed when the CPS Specialist and supervisor sign and date the Family Based Assessment Summary electronically in KIDS, unless a referral for services is made, causing the CPS Specialist's signature to be entered on a date prior to the FBA completion.

The CPS Specialist shall sign on the date the ~~assessments~~ **Assessment Map** has ~~ve~~ been updated with as much information available, by the next working date of the referral to the CWCMP **or contracted service provider**, to document the timeliness of the FBA upon a referral ~~to the CWCMP~~. The supervisor's signature is not required to initiate family services or a referral to the CWCMP. Upon closure of the FBA, when a referral has been made to a CWCMP, the CPS Specialist shall add the FBA completion date in the CPS Specialist Signature text box next to his/her original signature from the date of the referral. The date field next to the CPS Specialist Signature box will remain the date the FBA was updated upon referral.

**For example:**

~~Ex.~~ CPS Specialist Signature: Worker Name, 2/1/2018 (Date of FBA Completion)

Date: 1/10/2018 (Date of referral to CWCMP remains the same)

Supervisor Signature: Supervisor Name

Date: 2/1/2018 (Date of FBA Completion and matches the date entered in the CPS Specialist signature line)

C. The CPS Specialists shall use the following tools to guide conversations with the family and document the assessment:

1. Face Sheet, PPS 1000
2. Report/Request for Services, PPS 1001
3. Initial Assessment, PPS 1002
4. Kansas DCF Conversation Note, PPS 2019 (may include Appendix 2N, My Three Houses, Appendix 2P, Fairy Wizard Template and Appendix 2W, Ecomap Template)
5. Kansas DCF Assessment Map, PPS 2020
6. Case Finding, PPS 2011 (Abuse/Neglect)
7. Family Based Assessment Summary, PPS 2030F

D. Allowable reasons for not completing the FBA within the time frame include:

1. Cannot locate family; or the child is missing, and additional time is needed to provide information and assist the parent/caregivers with reporting the child as missing to law enforcement and NCMEC (see PPM 2080 **Assessment and Prevention Responsibilities When Child is Missing**)
2. Family has left the state
3. DCF has been directed not to proceed by county/district attorney or law enforcement
4. Family refuses to cooperate

5. Appointments scheduled but persons failed to keep the appointments
6. Parents refused access to the child (see PPM 2315 Unable to Locate)
7. Child out of state i.e., staying with relatives

## **2750 DCF Responsibilities at Referral to Foster Care Child Welfare Case Management Provider**

A. At the time the decision is made that out-of-home placement is required and DCF has documentation of custody, the DCF staff shall:

1. Notify the mother, father, parents of siblings, grandparents, aunts, uncles, adult siblings, and any other adult relative suggested by the parents that the child has been removed by providing the Relative Notification Letter, PPS 5125, and the Relatives as Caregivers Card, PPS 5130 within 30 days of the child's removal, unless documentation exists regarding a listed relative confirming safety issues related to family and domestic violence;
2. Adoptive parents of siblings shall also be notified when a sibling of the child(ren) they adopted is in the custody of DCF for out of home placement by receiving the Adoptive Parent of Sibling Notification Letter, PPS 5126;
3. Gather relevant information about the relatives and non-related kin, and provide to the Child Welfare Case Management Provider (CWCMP) on the **Foster Care Referral** PPS 5110A, ~~Section III and Section IV~~, including a review of the history of the relative/non-related kin in FACTS/KIDS to assess prior reports, and the nature and outcome of those reports;
4. Notify the CWCMP of relatives/non-related kin who cannot be approved for placement and inform them of the reason;
5. Provide names, relationships and contact information of those notified to the CWCMP;
6. Determine the Primary Reason for Removal for the "Initial Referral to out of Home Placement Provider". The primary reason for removal is the reason the child was determined unsafe resulting in DCF requesting the petition for out of home placement. In situations when DCF has not requested removal, list the reason the court placed the child in the custody of the Secretary for out of home placement. The reason for removal may differ from the reason for case assignment.
  - a. If DCF has requested the removal, the primary removal reason should be an abuse/neglect reason over a FINA reason. For example, if parents are using substances, the primary reason for removal should be what A/N occurred as a result of the substance abuse. Parental substance abuse alone is not a primary reason for removal. The substance abuse is a precipitating factor to an action or inaction on behalf of the parent which caused the concern for the safety of the child. i.e., a parent uses substances, falls asleep on the couch and a 2-year-old

child is found wandering alone outside on a busy highway. The primary reason for removal would be lack of supervision and the secondary or additional reason is the substance abuse;

7. Send the "Initial Referral to Out of Home Placement Provider";

8. DCF shall take physical custody of the child and transport the child to the CWCMP office. An alternate transportation plan may be arranged if in the best interest of the child and the decision is made collaboratively with the CWCMP.

9. A DCF employee transporting the child shall have agency photo identification available indicating they are a DCF employee and have authority to transport the child;

10. Assist the child in processing their transition to the CWCMP. DCF shall stay and help with transition, explain to the child why they are in out-of-home placement, ensure any immediate needs are relayed, help ensure the child is comfortable and the provider has the needed information and documentation to begin working with the child and family.

11. Be available to answer any questions regarding the referral.

B. At the time the child is placed with the CWCMP, the DCF staff shall provide the following information:

1. PPS 1000 Face Sheet, pages 1 and 2, updated as needed;

2. Any additional information for the Initial Referral to Out of Home Placement Provider;

3. Copy of CINC petition, if available;

4. Journal Entry or other documentation of custody;

5. A recently signed Consent for Medical Care, PPS 5123 or PPS 5124;

6. Authorization for Release of Confidential Information, PPS 0100;

7. Notice of Medical Coverage, accompanied by either a screen print of the current medical card, if available, or a copy of a screen print from KEES that verifies the child's eligibility for foster care medical coverage;

8. Appendix 5Q, Authorization to Disclose Information Including Child(ren)'s Individually Identifiable Health Information (for foster care database);

9. KSDE Consent for Release of Information (for foster care database).

C. DCF shall pick up the child's clothing and personal items and provide them to the CWCMP at the time of child's placement. DCF shall also ask the parent for the child's

medical card, if applicable. The CWCMP shall obtain the child's clothing, personal possessions, medications, etc. upon receipt of physical custody of the child if DCF has not been able to obtain these items beforehand.

D. At the time of referral, but by no later than the next working day from the date of the referral, the Family Based Assessment including the PPS 2020 Assessment Map shall be sent to the CWCMP with as much information available.

E. At the time of referral, but by no later than 2 working days from the date of the referral, DCF shall provide a copy of the following additional information, if available. Such information includes:

1. Other Assessment tools such as Genogram and Eco-map
2. Court Service Officers reports
3. Services provider reports (transfer/discharge summary or most recent report)
4. Medical, dental, immunization records
5. Psychological/Psychiatric Reports
6. Copy of birth certificate or verification
7. Copy of school records
8. Third party insurance information
9. Verification of Social Security Number
10. PPS 2021 Immediate Safety Plan
11. Current photo of youth, uploaded into CareMatch
12. If a child(ren) is missing from placement at the time of the referral DCF staff shall provide information regarding attempts to locate and completion of requirements per PPM 5245 to the CWCMP.

**F.** If DCF has any case file from a prior out of home placement, it shall be given to the CWCMP.

**G.** When the above information or documents are not available in the case record at the time of referral, the CWCMP shall obtain the information or documents needed, with the exception of the social security card. DCF shall make application for a social security card, or a copy of the child's social security card for employment purposes. (See Appendix 5F for instructions and sample letter)



## **2820 Entering Case Assessment Information**

Case Assessment information shall be maintained on the Maintain Case Assessment, MAAS, screen. This information shall include the Work Start Date and Time; Initial End Date and Time, if applicable; Safety Determination or Contact with Child Date and Time and Ongoing Assessment.

A. The Work Start Date and Time reflects the Child Protection Specialist or Investigator's first attempt to contact the first alleged victim or first identified child in the assigned report. If the date and time of the first attempt is prior to the Screen-In date and time, the Screen-In date and time will be used. The Work Start Date and Time shall be present for all case types assigned for investigation or further assessment.

B. The Safety Determination Date and Time shall reflect the respective tool code of SAD (Safety Determination) or NSD (No Safety Determination) for each alleged victim. If the Safety Determination occurred prior to the Screen-In date and time, the Screen-in date and time will be used. The SAD or NSD tool codes are required for all Abuse/Neglect, Third Party, and Facility case types.

C. The Ongoing Safety Assessment shall be recorded for all Abuse/Neglect, Facility or Third-Party case assignment types. The OAN (Ongoing Assessment) tool code shall be used when no ongoing assessment is determined. The OAN tool code shall match the date and time of the SAD tool code. When an Ongoing Safety Assessment is determined, the tool code SFI (Structured Family Assessment) will be used with the date and time of the second face to face contact. If the Ongoing Assessment is determined, but unable to be completed, the TIM (Timeline Exceeded) tool code shall be used with the Work Start Date and Time.

D. The CWC (Contact with Child) tool code shall reflect the date and time the Child Protection Specialist or Investigator made contact with the identified child. If contact was not made, use the NCC (No contact with Child) tool code. If contact occurred prior to the screen-in date and time, the screen-in date and time shall be used. The CWC or NCC code shall be used for identified children on all Family in Need of Assessment, FINA case types.

E. The FBA (Family Based Assessment) date shall be entered on the Initial End Date field for Abuse/Neglect and FINA cases. This date will reflect the date of supervisor signature on the PPS 2030F.

## 3200 ~~Development of the Case Plan~~ **Case Plan Foundations**

A. The Case Plan is a mutual, **ongoing**, cooperative agreement between the family, child ~~or youth~~ **young person**, ~~the agency,~~ **DCF or** Child Welfare Case Management Provider (**CWCMP**), and others, as identified or agreed upon by the family, ~~and/or~~ required by the type of case plan. ~~This plan formalizes the family's agreement to participate towards the achievement of the case plan goal. For information regarding the Initial Service Plan, see PPM 2751.~~ **A case plan conference shall be completed with the family when:**

- 1. There is an open family services case, and the child is not in the custody of the Secretary.**
- 2. There is an open family preservation case and no child in the family is in the custody of the Secretary.**
- 3. A child is in the custody of the Secretary, regardless of placement setting. Each child requires their own specific case plan.**

~~A. The first case permanency plan for foster care cases is developed within 30 calendar days. The first case family services plan for family preservation and family services cases is developed within 20 calendar days. The date services are initiated is defined as either the date the family agrees to work with DCF Kansas Department for Children and Families (DCF) (beyond 30 days) or the date of referral to a Child Welfare Case Management Provider (CWCMP). Participants in the case permanency planning process are referred to as the Child and Family Team.~~

~~Case planning is a continuous and ongoing process integral to decision making in partnership with the family and/or child.~~

**B. Case planning services shall be directed toward maintaining the integrity of the family, consistent with child safety; permanency and improved family functioning.**

1. Case planning is based on ~~family centered practice~~ **Kansas Practice Model** principles which include:
  - a. Engaging families ~~in service design and~~ **in the development of their plan;**
  - b. **Relevant to critical issues in the families situation with priority of the issues that led to the service referral;**
  - c. Treating families with respect;
  - d. Respecting families' privacy;
  - e. Involving immediate **and** extended **family members**, and **non-related** kin ~~family members~~ as active partners in ~~case~~ planning;

- f. Providing services in the most family-like setting possible;
- g. Linking families to community-based, diverse, and comprehensive supports and services which are culturally sensitive;
- h. Strengthening the capacity of families and their network to function independently;

~~h. Providing culturally sensitive services~~

i Realistic in terms of emotional, physical, and intellectual capabilities of the family members;

j. Using family language that is clear and understandable to the family;

~~Case planning involves the child, mother, father, the family's supports and natural community supports. Case planning services shall be directed toward maintaining the integrity of the family, consistent with child safety, permanency and improved family functioning.~~

C. Case plans shall utilize information provided by the mother, father, child, relative/non-related kin, and other support persons identified or agreed upon by the family. Additional information may be provided by DCF Child Protection Specialist, resource families, school personnel, guardians, CASA, GAL, and others who have knowledge of the family and child. Case plans shall also utilize information contained in the Family Based Assessment, psychological and other assessments, medical reports, and therapist reports. ~~Specific tasks are developed using the above mentioned~~ resources. Information from the Family Based Assessment (FBA), and documentation from PPM 2748 and PPM 2750 depending on the service referral type, shall also be used to support the foundations of the case plan.

1. Elements of the parent or caregiver to be assessed include, but are not limited to:

- a. Support network;
- b. Housing;
- c. Economic Conditions;
- d. Physical and emotional care of the child;
- e. Discipline methods;
- f. Coping methods and problem-solving abilities;
- g. Physical and mental health needs;
- h. Trauma history;

2. Elements of the child or youth to be assessed include, but are not limited to:

- a. Academic adjustment and progress;
- b. Social, emotional, physical, and intellectual development;
- c. Relationship with the parent(s) or caregiver(s);
- d. Physical and mental behavioral health;
- e. Trauma history;
- f. Child time;

~~The Child Welfare Case Management Provider shall document the participation of the family in the case planning conferences.~~

~~A Child/Family case planning conference shall be completed with the family when:~~

- ~~1. There is an open family services case and the child is not in the custody of the Secretary.~~
- ~~2. There is an open family preservation case and no child in the family is in DCF custody.~~
- ~~3. A youth, no longer in DCF custody, requests Self-Sufficiency/Independent Living services from DCF. (Self-Sufficiency Plan completed with Youth)~~
- ~~4. A child is in DCF custody, regardless of placement setting. Each child requires their own specific case plan.~~

~~A Case Plan is required for all cases open for services. The plan contains specific services to be provided to meet the needs of the family. It identifies specific steps to be taken by the family, the DCF CPS Specialist, Child Welfare Case Management Provider and any other service providers involved. The plan documents this participation for purposes of meeting the child's protection objective of the plan, the goals for the family, and/or young adult working towards Self-Sufficiency, time frames to meet goals, criteria for success, and permanency goals. Case Plans shall:~~

- ~~5. Be relevant to the critical issues in the family situation;~~
- ~~6. Be realistic in terms of the emotional, physical, and intellectual capabilities of the family members;~~
- ~~7. Be written in language that is clear and understandable to the family and youth;~~
- ~~8. Address the issues identified in the Family Based Assessment Summary (PPS2030F);~~
- ~~9. Specify the steps to be taken to address the identified issues~~
- ~~10. Describe how success shall be determined;~~

11. Specify the time lines and review dates;
12. Describe possible outcomes as the case plan is implemented;
13. Have the signature of all case plan participants;
14. Utilize and document the participation of the family in (family meetings);
15. Include any relevant orders from the court;
16. Include actions likely to be taken by DCF if conditions of the agreement are not carried out.

## 3201 Development of the Case Plan

A. Case plans shall be documented on the PPS 3050 series, determined by type of case and service. A copy of the activities shall be provided to the child and family immediately following the case planning conference. The family and young person shall receive a fully signed copy of the PPS 3050 for family preservation, or PPS 3051 for permanency services.

B. All case plans shall contain the following:

1. At least one objective which describes the desired outcome, what needs to happen differently, and what the anticipated positive impact will be;
2. At least one activity for each objective which measurably describes what needs to be done and states who is responsible for completing the activity to move towards meeting the objective;
3. Progress for each activity that clearly describes what has occurred since the last conference;
4. What led DCF to refer to family preservation services or foster care services, written in family language and including family perspective;
5. Strengths and areas described as working well by the parents or legal caregivers, child, family support network, and other members of the conference;
6. At least 3 specific activities described by the child or young person age 4 and older;
7. Documented list of the persons who were invited to the case plan conference;
8. Educational needs of the child, including grade level and performance;
9. Signatures and participation codes of individuals who participated in the case plan or provided input;

C. Case plans for Family Preservation Services, shall also include:

1. The needs identified by the PPS 2007 Plan of Safe Care, when applicable;

D. Permanency plans for youth in the custody of the Secretary, shall also include:

1. A Permanency Goal per PPM 3231 and concurrent permanency goal, if appropriate;
2. Information on the child or young persons current placement;

3. A completed PPS 3060 when a child or young person is assessed by an independent assessor for placement in a Qualified Residential Treatment Program;
4. The PPS 3052 and PPS 3053 shall be provided to DCF with each PPS 3051;
5. Services documented on the PPS 3057. When there are IL services for youth, regardless of age, they should only be marked on the PPS 3057 if the service meets the definition of an IL service in the PPS 3057A.
6. For young persons, age 14 and older, at least one independent living skill requested by the young person;
7. How a safe and least restrictive placement has been considered;
8. The consideration and proximity in which the child or young person is to a parent when reintegration is the primary goal;
9. The consideration and proximity in which the child or young person is to their school of origin;
10. An activity to complete Casey Life Skills Assessment (CLSA);
11. The 3059A for all youth aged 14 and older in out of home placement. Youth 14 and older in out of home placement and on the I/DD waiver or waitlist shall have a PPS 3059B instead of the PPS 3059A;



## 3205 Time Frames

The following time frames apply:

- A. The first Family **Preservation/ and** Self-Sufficiency Case Plan must be completed and signed by all parties 20 calendar days following the date of referral or of the family/ **or** youth agreeing to the service.
- B. The first **case permanency** plan for a child in the custody of **DCF the Secretary** shall be held within 30 **to 45** days of referral to the **Child Welfare Case Management Provider** (CWCMP).
- C. A formal case planning review is conducted at least every 170 days. If a **Child Welfare Case Management Provider CWCMP** is involved, the documentation shall be sent to DCF within 3 business days of the conference. Any member of the case planning team may request a formal review of the case plan at any time. The purpose is to re-evaluate the case plan and modify it as needed to better meet family and child needs. The CWCMP Case Manager shall attend all case planning conferences.
- D. In those cases in which a **Child Welfare Case Management Provider CWCMP** is involved, a case planning conference shall be held within 30 calendar days after a permanency goal change.
- E. The date services are initiated is defined as either the date the family agrees to work with DCF (beyond 30 days) or the date of referral to a CWCMP.**

## 3206 Establishing a Time and Place

A. The Child Welfare Case Management Provider (CWCMP) or DCF, if provider is not involved ~~in case~~, shall ~~in coordination~~ coordinate with the family, ~~to~~ establish the time and place for the case planning conference.

1. Time and location shall consider parents' work schedules, and children or young persons' schedule.

2. The CWCMP shall offer parent(s) the option to hold the case plan in person or virtually and schedule based on the parent(s) preference.

B. Case plans shall occur in one of the following settings:

1. In person, at a location convenient for the parents and the child, while providing a safe and conducive setting for family members and their support systems to meet and develop their plan. Should the conference be held in person, the CWCMP shall:

a. Provide transportation for the parents or caregivers and child in the event other transportation is not available.

b. At minimum, the CWCMP case manager shall be in person if the family requests an in-person case plan. Other participants, who are not required to attend but are required to be invited, may attend virtually if unable to attend in person.

~~1. The location shall be a place convenient for the parents and the child, providing a safe and conducive setting for family members and their support systems to meet to develop their plan.~~

~~2. The time of the conference shall be adjusted to take into consideration the parents' work schedule and the child's school attendance.~~

2. Virtually, where video and telephone participation options are available.

a. Should the conference be held virtually, the CWCMP shall:

i. Inform the family on how to access the meeting.

ii. Participate from a location where the CWCMP case manager camera can be on and case plan information will remain confidential.

~~It is expected the Child Welfare Case Management Provider staff provide transportation for the parents and/or child in the event other transportation is not available.~~

Parents who are incarcerated or otherwise unavailable can also participate via conference call, or provide input by e-mail, or other written correspondence.

## 3207 Case Plan Participants Planning Participation and Signatures

Participants in the case planning conferences are selected based upon their involvement in the life of the child(ren) and the type of case plan being developed. Participants in case planning conferences shall be willing to address the concerns that brought the family to the attention of the agency. All participants shall have equal opportunities opportunity to participate and shall be encouraged to actively participate, engage in discussions and work together to address any danger that led to agency involvement or is preventing the family from achieving their permanency goal.

### A. Participants

#### 1. Participants Required for Every Case Plan

##### a. Parents and Other Legal Caregivers

- i. Diligent and ongoing efforts to locate both parents shall be made to locate and engage all parents and legal caregivers in case planning and documented in the case file.
- ii. For case plans with a goal of maintenance at home, one of the parents with whom the child lives shall be present at the case planning conference, either in person or by phone.
- iii. For out-of-home service cases, if after diligent and ongoing efforts, including notice as described in G.1, a parent does not attend, the meeting may continue, and activities can still be assigned to the absent parent. Following the case planning conference, the CWCMP must continue to attempt to review the case plan with absent parents.
- iv. Incarceration, or living out-of-state, or other exceptional circumstances that restrict the ability to participate in person does not automatically preclude a parent or legal caregiver from such notification. being engaged as a participant in their case plan. Alternative methods to participate shall be offered to the parent, including the option to provide input in advance of the meeting. If there is not a child in DCF custody, the same efforts to involve the non-custodial parent are required when appropriate.
- v. If there is a no contact order, the parent or legal caregiver still maintains the right to have full information regarding his/her child, unless otherwise stated in the no contact order. Notification of the case planning conference shall be sent with additional information informing the parent:

a. ~~That his/her input is requested, but~~ due to the no contact order, ~~he/she~~ **they** will not be able to attend the meeting in person.

b. A description of the alternative method(s) by which they will be engaged in development.

3. ~~Alternative methods to participate shall be offered to the parent. If there is not a child in DCF custody, the same efforts to involve the non-custodial parent are required when appropriate.~~

B. ~~The third-party participant is a person who may have involvement with the family but is not directly responsible for providing services to the child and family. This may include: an advocate for the family's cultural needs; an advocate for special mental health needs of the family/child who is not delivering services; a worker, supervisor, or program support worker not directly involved in providing services to the child & family or a representative from another agency.~~

C. ~~Persons required to be invited to all case planning conferences:~~

1. ~~Parents or legal guardians, if whereabouts are known and parental rights intact;~~

**b. Child(ren)**

i. ~~The Children, if age 7 or over, providing the child has~~ **shall be included in the case planning meeting unless it has been determined they do not have** the cognitive ability to understand the process and to participate. If the child does not have the cognitive ability to participate, ~~concerted~~ **diligent** efforts shall be made to collect their ~~child's~~ input on the plan prior to the case planning conference. These efforts and the child's contributions shall be reviewed during the conference and documented in the **case** file.

ii. ~~The case planning conference shall include youth age 14 and older in~~ **For** out of home placement **cases, when children,** regardless of case plan goal. If a youth age 14 or older ~~is~~ **are** not present for the conference, the ~~conference facilitator/case manager~~ shall discuss the ~~concerted~~ **diligent** efforts to include the youth with the case planning team, ~~either by attempting~~ **in addition** to ~~schedule around~~ **documenting the efforts in** the youth's availability or through documented efforts by the case manager to obtain the youth's input on the development of the plan, prior to the conference **case file**. If the youth's absence is due to a reason other than reduced cognitive ability (I/DD) or a youth's absence from placement without authorization (missing, absent, or runaway), the case plan shall be rescheduled at a time that allows the young person to participate. After two attempts to hold a case plan for which the youth is not present, the case planning team may continue with the plan's development at the third meeting to ensure timeliness of the case plan completion.

4 c. The responsible case manager from the Child Welfare Case Management Provider (CWCMP), DCF, or the Community Family Services Provider.

i. If the worker assigned to the case is unexpectedly unable to participate, their supervisor or another worker familiar with the case may conduct the case plan in their absence.

~~5. If the case plan goal is maintenance at home, one of the parents with whom reintegration occurred shall be present at the case planning conference, either in person or by phone.~~

~~D. Concerted efforts shall be made to actively involve the parents/caregivers and child(ren) in the case planning process. Actively involved means parents/caregivers and the child(ren) were involved in:~~

~~1. Identifying strengths and needs~~

~~2. Identifying services and service providers~~

~~3. Establishing goals in the case plan~~

~~4. Evaluating progress toward goals, and~~

~~5. Discussing the case plan.~~

~~6. See Appendix 3A for additional information. For information about holding case planning conferences if parents do not attend, see PPM 3234,~~

~~E. In addition, if child(ren) are in the custody of the Secretary, the following persons shall be invited:~~

## 2. Additional Participants Who Shall be Invited for Out-of-Home Service Cases:

### a. Third Party

i. The third-party participant is a person who may have involvement with the family but is not directly responsible for providing services to the child and family. An out-of-home case plan may not be held without a third party present.

b. The DCF staff assigned. ~~For all youth 14 and older in out of home placement, the youth's updated PPS 3059A My Plan for Successful Adulthood or PPS 3059B My Adult Services Plan for youth on the I/DD waiver or waitlist shall be sent to the DCF Foster Care Liaison with the case planning conference invitation.~~

~~2. A third party participant not directly involved in providing services to the child & family.~~

c. The guardian ad litem

d. The resource family, including relative and non-related kin providers, for a child in out-of-home placement

5e. The Court Appointed Special Advocate (CASA), if applicable

6 f. The tribal representative for children when ICWA applies. The tribe shall also receive a copy of the signed case plan

7g. The DCF Regional Independent Living Coordinator or designee

i. Required participant for all youth in out-of-home placement with a case plan goal of APPLA, beginning at age 16, and all youth age 17 and older, regardless of case plan goal, to begin discussion and preparation for self-sufficiency services in the event permanency is not achieved. The youth's updated PPS 3059A *My Plan for Successful Adulthood* or PPS 3059B *My Adult Services Plan* shall be sent to the Regional Independent Living Coordinator with the case planning conference invitation.

8h. The responsible HCBS waiver agency and the HCBS waiver case manager for youth receiving HCBS waiver services.

i. If the family/youth intends to move to a different area to receive HCBS waiver services, this may involve inclusion of more than one service provider.

9i. For children age 14 and older:

i. No more than two case planning team members selected by the youth, who are not the youth's case manager or foster parent, and are able to represent the best interests of the youth.

F. 3. Persons Additional participants who should shall be invited to attend, as, when applicable:

1a. Residential or institutional setting treatment staff if the youth is in a residential placement

2b. The prospective custodian and network, if permanent custodianship or SOUL Family Legal Permanency is the permanency goal.

3c. The prospective adoption adoptive parent(s)

4d. Teachers

5e. The education advocate assigned to the child

6f. The youth's positive supportive adult(s)

7g. Any other individuals important to the family or the child who can contribute to the case planning process

8.h. The Case Manager or a guardian of a parent with a disability, either physically or cognitively, who is involved with a Center for Independent Living (CIL) or a Community Developmental Disability Organizations (CDDO)

9i. The corrections counselor for an incarcerated parent or parole officer for a paroled parent

10j. Child Placing Agency staff responsible for support to the foster family where the child is placed

11k. Individuals from Community Corrections and/or Court Services who are working with youth involved in the juvenile justice system

G4. When an invited participant who is not indicated as a required participant cannot attend the case planning meeting but would like to provide their input in advance, the CWCMP shall receive that input and include it in consideration when developing the plan with the family.

## B. Notification of Conference Participants

1. If the Any child or youth is in the custody of the Secretary, notification shall be given to required participants in writing at least 10 days prior to the date of the case planning conference. Documentation of the notice shall be retained in the case file.

2. If DCF is providing Family Services, DCF shall provide the notification; if services are provided by a Child Welfare Case Management Provider, the Child Welfare Case Management Provider shall provide the notification.

3. If the family is being served by a CWCMP and it is anticipated the permanency goal may be different from what it was at the last case planning conference, DCF shall be given notification of the possible change.

4.a. Parents and legal guardians caregivers shall be the only case plan participants who may request the case plan be held without the opportunity for providing the 10-day notice to required participants. The request and decision shall be documented in the file.

5b. The 10-day notice shall be provided by e-mail, fax, or letter. If mailed, allow three (3) additional working days for mail delivery time to provide sufficient notice to all parties.

6. Documentation of 2. If the family is being served by a CWCMP and it is anticipated the permanency goal may be different from what it was at the last case planning conference, the notice shall include notification shall be retained and if of the possible change.

3. If DCF is providing Family Services, DCF shall provide the notification.

4. If services are provided by a Child Welfare Case Management Provider, a copy shall be sent to DCF the Child Welfare Case Management Provider shall provide the notification.

## H.C. Participant Education

All participants shall be educated on the purpose of the case planning conference. For the initial case planning conference, the Child Welfare Case



Management Provider or DCF CPS Specialist, for cases not referred to provider, shall meet with the family in person to describe its purpose. This education shall be documented in the case logs.

This education shall be accomplished by making available to the participants the handout "An Introduction and Parents Guide to Family Service and Family Preservation (child not in custody) Case Planning Conferences", PPS 3049A, for family service, and Family Preservation cases. For children in custody cases, the parents will be provided "An introduction and Parents Guide to Child in Custody Case Planning Conferences". The parents shall also be referred to the Family Handbook, PPS 5137, for the initial case planning conference.

#### D. Participant Signatures

1. To be approved by DCF, case plans must contain a signature for every person who participates in the case planning conference.

2. In-Person participants must sign the form, either by hand or electronically. If a person participates by phone, a copy of the PPS 3050 or 3051 shall be sent to them for an electronic signature or to sign by hand and return.

3. If a person who has participated by phone or by video does not have the resources or ability to sign the document electronically or by hand, the CWCMP may accept written consent in the form of an e-mail or text message from the participant to sign on their behalf. This written consent shall be documented and included with the case planning documents when submitted to DCF for approval.

4. All Signatures shall be dated with the date the person participated in the case planning conference.

## 3237 Interactions/Visitations Family Time and Sibling Connections

### A. Parent/Child Interaction Family Time

Regardless of the case plan goal, parents and children retain the right of reasonable contact with their children, regardless of the case plan goal, unless each other, with a parent's rights only impacted when parental rights have been legally terminated or the court orders no contact. Maintaining connections for a child in foster care is important, and interactions/visitations shall not be based on whether the parent/child is completing case plan tasks or behaving appropriately. For allowable exceptions to visits, see H, below.

Family time is presumed to be in the best interest of children. This presumption can only be set aside if there is a present risk of danger arising from the child being in the presence of a parent or sibling and the risk cannot be mitigated by any means other than eliminating contact between the parent and child or sibling and child.

#### 1. Frequency and Method of Connection

a. If the case plan goal is reintegration, in-person parent/child interaction family time shall occur at least a minimum of once a week, with telephone and email contact if deemed appropriate and in the best interests of the child. Parent/child interaction shall increase in duration, as appropriate. The frequency and length of family time shall increase as the case progresses, only decreasing in the event there is a documented concern for danger or risk should family time progress.

i. When a parent's whereabouts are unknown, diligent efforts by the Child Welfare Case Management Provider (CWCMP) to locate and engage the parent in planning family time shall be ongoing.

ii. When a child declines to participate in family time, the CWCMP shall explore the reasons for refusal and actively support progress towards consistent participation in family time.

b. Additional contact outside of scheduled family time via telephone, video, email, or other forms of communication shall be allowed whenever possible.

c. b. If the case plan goal is other than reintegration, the in-person parent/child interaction shall occur at least once a month, or more

frequently if deemed in the best interest of the child. When parents maintain parental rights and the case plan goal is not reintegration, family time shall continue to occur monthly at minimum, with additional in-person, telephone, video, and e-mail contact available when possible unless there is a documented

d. Following termination of parental rights, family time is no longer required. The CWCMP shall continue to assess whether opportunities for family time support the child's emotional well-being and permanency goals and continue supporting the relationship between parents and children when appropriate.

## 2. Location

~~6. a. Whenever possible, Parent/child interactions~~ family time shall occur in the family home. ~~naturally occurring settings, and foster parents shall have input and opportunity for involvement in these interactions.~~

b. When it is not possible or in the best interest of the child for Family Time to occur in the family home, family time shall occur in a setting that is homelike, familiar to the child, or both.

i. A child's family-type placement setting, such as a foster home or relative placement, may be explored as a location option. Prior to a first interaction in the placement home, roles and expectations shall be reviewed with the parents, child, and placement family.

~~1. The location of the parent/child interactions shall be determined based on the best interests of the child, and the activity in which the parent and child shall be engaged. When possible, parent/child interactions shall occur in the parents' home and be unsupervised.~~

~~2. Parent/child interactions may occur in the foster home. Prior to a first interaction in the foster home, roles and expectations shall be reviewed with the birth parents, child, and foster family.~~

## 3. Supervision

a. Family time shall be supervised only when:

i. Required by a court order.

ii. The CWCMP has determined there is risk to the child during family time maintain safety of the child.

b. The basis for requiring family time to be supervised shall be documented on the PPS 3053.

#### 4. Documentation

- a. Plans for required interactions between the parent and child, and including the schedule for interactions family time shall be documented on the PPS 3053, Parent/Child Interaction Schedule.
- b. The PPS 3053 is a stand-alone document that shall be updated and sent to all affected parties and the DCF Foster Care Liaison whenever the interaction family time schedule changes and at every case planning conference. Illness, inclement weather or other exceptional situations may arise which may affect a planned interaction, family time, however, documented interactions family time should demonstrate a pattern of consistent and frequent visitation. connections between parents and children.
- c. Parent/child interactions Family time shall be documented in the case file. An encounter data code has been created for these interactions, and these interactions shall be included in the monthly submission of encounter data to PPS.

#### B. Supervised Interactions

Interactions shall be supervised as required by a court order, or as determined by the case manager and supervisor. The basis for the supervision shall be documented on the PPS 3053.

#### C. B. Sibling Visitation Connections

Siblings are defined as children who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his or her foster care placement, or with whom the child would be expected to live if the child were not in foster care.

Sibling connections are presumed to be the best interest of children. This presumption can only be set aside if there is a present risk of danger arising from the siblings being in the presence of each other and the risk cannot be mitigated by any means other than eliminating contact completely.

##### 1. Frequency and Method of Connection

1. a. The responsibility for arranging visitation connections with siblings who reside with the parent(s) rests with the parent(s) and shall occur with the same frequency provided for parent/child interactions family

time unless joint visitation shared connections does not further the permanency goal.

2. b. Visitation Connections between siblings in the custody of the Secretary and in out-of-the home placement shall occur in-person at least twice monthly with additional in-person, telephone, video, or e-mail contact allowed when possible.

i. When parental rights are intact and family time is occurring, at least one of the monthly required sibling connections shall occur during family time.

## 2. Documentation

3. a. When siblings are in out-of-home placement but not placed together, a visitation plan shall be in place which allows for frequent and regular contact between the siblings connection not placed together shall be in place and documented on the PPS 3053. Illness, inclement weather or other exceptional situations may arise which may affect planned sibling connections; however, documented sibling connections should demonstrate a pattern of consistent and frequent interactions. Sibling visits shall occur at least twice monthly. At least one of these visits shall occur during a parent/child interaction to allow the parent(s) and all children to be together at least once per month (N/A if PRT has occurred).

b. Plans for sibling visitation shall be made at the case planning conference and documented on the PPS 3054 Visitation Schedule. The PPS 3053 is a stand-alone document that shall be updated and sent to all affected parties when the Visitation Schedule changes.

c. b. All sibling visits connections shall be documented in the case file.

## D. Worker/Child Contacts

In-person worker/child contact shall occur a minimum of once a month. Contact shall be with the Child Welfare Case Management Provider (CWCMP) case manager or a paraprofessional, who is part of the child's case planning team and responsible for the child's case. A primary contact, Child Welfare Case Management Provider case manager or paraprofessional shall be designated on the visitation form. At least half of the worker/child visits shall occur where the child is placed. Plans for Worker/Child contact shall be made at the case planning conference and documented on the PPS 3054 Visitation Schedule. The quality of all worker/child contacts shall be documented in the case file, using the CWCMP

approved Child/Worker visit guide or protocols. The guide/protocol shall document the safety assessment, review of progress on the case plan, and alone time with the child if the child is over 12 months old and/or verbal. The offer of the Monthly Individual Contact PPS 3061 form shall also be documented.

Worker/child interactions shall be documented in the case file. An encounter data code has been created for these interactions, and these interactions shall be included in the monthly submission of encounter data to PPS.

#### E. Worker/Parent Contacts

In-person contact with mothers and fathers, in the family home, shall be at least monthly, when reintegration or maintenance at home is the goal. For children with a case plan goal other than reintegration, the frequency of worker/parent contact shall be a family driven decision reflected in the case plan for the child. Contact shall be accomplished by the child's CWCMP case manager worker or with a paraprofessional who is part of the child's case planning conference and assigned this activity. Plans for required contact between the worker and parent shall be made at the case planning conference and be documented on form PPS 3054 Visitation Schedule. All worker/parent contacts shall be documented in the case file.

The required frequency of worker/parent contact may be modified for valid therapeutic reasons documented in the service plan.

Worker/parent interactions shall be documented in the case file. An encounter data code has been created for these interactions, and these interactions shall be included in the monthly submission of encounter data to PPS.

#### F. Worker/Sibling Contacts

When reintegration or maintenance at home is the case plan goal for the child referred to out-of-home care, face-to-face worker contact shall occur with siblings in the family home, to ensure safety of those children. These visits shall occur at least monthly. Contact shall be with the CWCMP case manager or a paraprofessional, who is part of the child's case planning team. Plans for the required contact shall be made at the case planning conference and documented on the PPS 3054 Visitation Schedule.

Worker/sibling interactions shall be documented in the case file. An encounter data code has been created for these interactions, and these interactions shall be included in the monthly submission of encounter data to PPS.

## G. Exceptions for Interactions/Visitations

Exceptions to interactions/visitations shall be made only when:

1. There are safety issues that threaten participants, or;
2. The whereabouts of a participant are unknown, or;
3. They are therapeutically inappropriate, based on the recommendation of a physician or mental health practitioner, or;
4. There is a court order that limits contacts.

Exceptions to having interactions/visitations in the home or where the child is living may be made for the same reasons, or if the parents are homeless. The reason for any exception shall be clearly documented and based on input from team members. Plans for other ways to stay connected (i.e. phone calls, other media, letters) shall be made.

## 3238 Worker-Family Contacts

Contact between members of a family and their service provider is vital to successful achievement of case plan goals.

During contacts with the child(ren) and family, the Child Welfare Case Management Provider (CWCMP) case manager should consistently be assessing whether the existing case plan continues to meet the family's needs, and determining when modifications are warranted.

### A. Worker-Child Contacts

1. In-person contact between a child and their assigned CWCMP case manager shall occur a minimum of once a month regardless of case plan goal.

a. When the case manager is not available or for any reason cannot complete the worker-child contact, a CWCMP paraprofessional who is part of the family's case planning team and responsible for the case may also complete a worker-child contact.

2. At least half of worker-child contacts shall occur where the child is placed.

a. When a worker-child contact does not occur where a child is placed, the worker remains responsible for connecting with the placement provider to gather updates on the child's well-being and provide updates, as appropriate, to the placement provider.

3. The CWCMP case manager shall complete the following during each worker-child contact:

a. Provide any updates to the child and placement provider on case plan progress and family time. This shall include reviewing the current family time schedule if no updates have been made.



- i. Children of all ages and capacities are entitled to information that affects their life. When engaging with the child to provide updates, tailor the delivery of information to meet their developmental and age-appropriate level.
- b. Gather any updates from the child and placement provider on items related to child-well being.
  - i. The CWCMP case manager should also inquire about important connections and relationships for the child, and support planning to help maintain those connections as needed.
- c. Spend alone time with each child who is verbal or, if non-verbal, over 12 months old.
  - i. During alone time, the CWCMP case manager shall assess for evidence of maltreatment or failure of the child to achieve developmental progress. Additionally, the CWCMP case manager should use this time to provide the child an opportunity to speak candidly about their perspective on how family time is going and on how the goals of the case plan are being met.
  - ii. When a child refuses alone time with their case manager the refusal shall be documented and the CWCMP shall explore the reasons for refusal and work towards building trust for future one-on-one connections. Refusal by the child to participate in alone time does not exempt a CWCMP from assessing for evidence of maltreatment, assessing failure of the child to achieve developmental progress, or providing the child an opportunity to speak about their perspectives on how family time is going and on how the goals of the case plan are being met.
- d. Provide blank copies of the PPS 3061 Monthly Individual Contact form to children in out-of-home placement and over the age of 10, ensure they understand its purpose, assist with

completion if needed, and route completed copies as requested by the child.

e. Provide the child a means of contacting the worker.

4. To support quality interactions, the CWCMP should consider the following best practices:

a. Be prompt and dependable in keeping appointments.

b. Observe the child's reactions to information presented and respond curiously when they indicate a change in perspective, relationships, or sense of safety.

## 5. Documentation

a. All worker-child contacts shall be documented in the case file, using the CWCMP approved Child-Worker contact guide or protocols. The guide or protocol shall at minimum document the safety assessment, review of progress on the case plan to include the natural and service-related supports that contributed to progress, and alone time with the child when applicable.

b. An encounter data code has been created for these interactions, and these interactions shall be included in the monthly submission of encounter data to PPS.

## B. Worker-Parent Contacts

1. In-person contact between a parent and their assigned CWCMP case manager shall occur a minimum of once a month when the case plan goal is Reintegration or Maintain at Home. Initiating, scheduling, and accomplishing worker-parent contact is the responsibility of the CWCMP.

a. The required frequency of worker-parent contact may be reduced for documented therapeutic reasons. Any adjustment to the frequency of worker-parent contacts for this reason shall be documented in the case file.

b. When the case manager is not available or for any reason cannot complete the worker-parent contact, a CWCMP paraprofessional who is part of the family's case planning team and responsible for the case may also complete a worker-parent contact.

2. For all other case plan goals, in-person contact between a parent and their assigned CWCMP case manager shall be family driven and the frequency documented in the case file.

3. Whenever possible, worker-parent contacts shall be completed in the family home.

4. The CWCMP case manager shall complete the following during each worker-parent contact:

a. Provide any updates to the parent on child well-being and family time, answering any questions the parent may have and listening to their perspective on how family time is going.

i. Discussing family time shall include a review of the current details outlined in the PPS 3053 Family Time Schedule to determine if adjustments or increased support on tasks impacting the level of supervision is needed.

b. Share information on the ways the CWCMP can support the parent in completion of each task and identify areas where parents would benefit from additional CWCMP support to progress further.

c. Learn in what ways the parent has made progress on tasks involving them.

i. Updates related to progress may be shared with the case team between case planning conferences on the PPS 3055.

d. Determine whether each task remains directly related to addressing the identified danger or risk preventing achievement of their case plan goal.

i. When tasks no longer support the family in building safety for their child to achieve their case plan goals, updates may be made between case planning conferences on the PPS 3055.

e. Ask the parent about any new needs they may have that the CWCMP may be able to support meeting.

f. Ensure the parent has information on how to contact the CWCMP case manager and their counsel.

## 5. Documentation

a. All Worker-parent interactions shall be documented in the case file.

b. An encounter data code has been created for these interactions, and these interactions shall be included in the monthly submission of encounter data to PPS.

## C. Worker-Sibling Contacts

1. When a child who is placed in the custody of the Secretary has a reintegration or maintain-at-home case plan goal and has siblings remaining in the family home, in-person contact shall occur between those siblings and the assigned CWCMP case manager in the family home to assess their safety.

a. When the case manager is not available or for any reason cannot complete the worker-sibling contact, a CWCMP paraprofessional who is part of the family's case planning team

and responsible for the case may also complete a worker-sibling contact.

2. In-Person worker-sibling contacts shall occur at least monthly.

3. Documentation

a. All worker-sibling contacts shall be documented in the case file.

b. An encounter data code has been created for these interactions, and these interactions shall be included in the monthly submission of encounter data to PPS.

## 3362 Thirty Day Notice of Planned Move

A. The Child Welfare Case Management Provider (CWCMP) shall provide notice of a planned move when a child has been in placement six consecutive months or longer, or in out of home placement in the home of a parent or relative for any period of time. KSA 38-2258 of the Children in Need of Care code (K.S.A. 38-2201) provides for the written notification 30 days in advance of the planned move for all children in court custody who have been in the same foster home or facility for six continuous months or longer or in the home of a parent or relative for any period of time.

1. The notification allows those notified an opportunity to request a hearing to determine if the change of placement is in the child's best interest. If a hearing is requested the child's placement shall not be changed without permission of the Court.

2. The notification shall be provided to:

- 1) a. The court having jurisdiction over the child;
- 2) b. The petitioner;
- 3) c. The attorney for the parents, if any;
- 4) d. Each parent whose address is available;
- 5) e. The foster parent or custodian from whose home or shelter facility it is proposed to remove the child;
- 6) f. The child if age 12 or older;
- 7) g. The child's guardian ad litem;
- 8) h. Any other party or interested party; and
- 9) i. The child's court appointed special advocate; ~~The notification to the court of jurisdiction and other interested parties allows time for any of these parties to request a court hearing to determine whether or not the change of placement is in the best interest of the child. The move may take place prior to the expiration of the 30 days if all parties notified agree in writing to the move.~~

B. Exceptions to the 30-day notice of planned move are as follows:

1. The move is to the home of the selected pre-adoptive family. For these moves, a copy of the Acknowledgement of Referral/Notification of Move/Placement Form shall be sent to the court at the same time it is sent to DCF. See KSA 38-2258
2. The child is being returned to the parent's home. For these moves, written notice shall be made to the court at least 10 days prior to the planned date of

return. After reviewing the information provided to justify the child's return to a parent, if the court sets a hearing on the matter, the child may not be returned to the parent's home without written consent of the court. See KSA 38-2255

C. Scheduling a planned move:

1. The move may take place prior to the expiration of the 30 days if all parties notified agree in writing to the move.

2. At the end of 17 days, when there are no objections.

3. In event of an objection to the notice the child can't be moved until the move is approved by court.

## 3382 Permanency Hearing Court Reports

Case planning conferences shall be held prior to the date of the permanency hearing in order to allow enough time the Child Welfare Case Management Provider (CWCMP) responsible for the case to provide comprehensive reports to the court documenting the permanency recommendations. The CWCMP shall make a recommendation to the court based on the most current information available regarding the child and his/her family. This recommendation shall include whether reintegration is a viable option and provide a review of the family progress toward the goals, tasks and objectives. The CWCMP shall ensure all documenting evidence is available and presented to the court in clear concise language. The Child Welfare Case Management Provider shall track when permanency hearings are due for all children assigned in their region.

The initial permanency hearing takes place within 9 months of the date the court authorized the child's removal from the home and at least every 6 months thereafter. The court is responsible for sending a notice of the permanency hearing to all parties and interested parties. The court may elect to notify other individuals as appropriate.

A. The Child Welfare Case Management Provider (CWCMP) shall write a report prior to each permanency hearing and include the following:

1. Review of family progress toward the permanency goals, objective, and activities;
2. Recommendations to the court regarding permanency goals;
3. The CWCMP's opinion and basis for the opinion regarding whether reintegration remains a viable alternative.
4. For children with a case plan goal of APPLA, at each permanency hearing, the Child Welfare Case Management Provider shall document in the court report:
  - a. The intensive, ongoing efforts to place the child/youth with a fit and willing relative, legal guardian, or adoptive parent;
  - b. That the child's placement follows the reasonable and prudent parenting standards and opportunities to participate in appropriate activities;
  - c. What permanency outcome the child's desires.

B. The CWCMP shall track what date permanency hearings are due for all children assigned in their region.



C. A permanency plan may be amended at any time by agreement of the case plan participants. If a permanency plan requires amendment which changes the permanency goal the CWCMP shall notify the court.

## 3444 Preparing the Child for Termination of Parental Rights

The following tasks shall be completed prior to the termination hearing:

- A. Arrange for a visit to the courtroom, if the child is to appear in court.
- B. Arrange a meeting with the guardian ad litem.
- C. Notify ~~the therapist~~ any behavioral or mental health professionals working with the child of the recommendation of termination so they ~~therapist/counselor~~ can help the child be prepared.
- D. Actively involve the ~~foster parents~~ placement provider in helping the child be prepared.
- ~~E. Supervise interaction with birth parents(s).~~
- F. ~~E.~~ Begin to arrange an opportunity for family time following the ruling on parental rights. a final interaction with the birth family. Taking pictures during the final visits is appropriate, not only for the child's life book but also for the birth parents/family. Identify the families wishes regarding items like photos or keepsakes ahead of the scheduled family time, and plan to support them in creating those if needed.
- G. ~~F.~~ Work with the child regarding the ~~the final visit, by validating their feelings around separation and loss issues, and planning for permanency.~~ Support the child in preparing for termination, helping them understand what family time may look like afterward, and supporting their understanding of a transition to a new permanency goal.

## 4130 Purchase of Goods or Services or Resources

Goods and ~~Services or resources~~ that will assist in strengthening the family and promoting the protection and well-being of the child(ren) may be purchased for families. Allowable goods and services or resources to be purchased and method of purchase are found in the Handbook for Client Purchases. Cash will not be given to the family. Payment shall be executed according to established payment procedures in ~~Section~~ PPM 4900.

If the service or resource being considered for purchase requires the development and completion of a family service plan by the provider of that service or resource, the CPS specialist and Supervisor may accept it in place of the PPS 3050 series. However, acceptance of the provider's family service plan can only occur if the child(ren) is not in custody of the secretary and it must be completed within twenty working days of the start date of the PPS 2833 Client Service Purchase Agreement. The CPS specialist will be required to complete the following and attach it to the service provider's plan:

A. PPS 3050 Family Case plan Section V and VI only.

~~B. PPS 3054 Visitation Schedule~~

~~C. B.~~ PPS 3055 Family/Permanency Plan Review if the case will remain open for at least 170 days.

~~D. C.~~ PPS 3057 Family/Permanency Plan Services and Service Codes

## **4210 Family Preservation Case Management Provider Responsibilities**

All case management activities will be clearly documented in the case file, as described in PPM 0420. Following the referral to Family Preservation Services, the Family Preservation Case Management provider shall:

- A. Provide direct services to the family for up to six months.
- B. Acknowledge receipt of the Family Preservation Referral within 24 hours by submitting the Acknowledgment of Referral/Change/Closure form PPS 4205.
- C. Contact the family within 24 hours to schedule the Initial Family Meeting (IFM). See PPM 4215 Initial Family Meeting for Family Preservation services for more information.
- D. Schedule, in consultation with the family, and hold the Family Case Plan conference within 20 calendar days of referral. The CPS Specialist shall be invited to the case planning meeting. Submit the original copy of the Family Case Plan documents, PPS 3050, to the CPS Specialist within 5 calendar days following the case plan meeting. If the family requests the Family Case Plan meeting occur beyond 20 calendar days of referral, the provider shall consult with the CPS Specialist. If the Family Case Plan is not completed within 30 calendar days of the referral, the provider shall complete and submit the PPS 4205, Acknowledgment of Referral/Change/Closure form, with the reason for the case status change and the case closure.
- E. If the case has been closed and the family needs additional Family Preservation Services during the initial service period, and DCF has not referred the family to another service, the Family Preservation Case Management Provider shall be responsible for providing these services without a new referral through the end of the service period. Complete and submit the PPS 4205 Acknowledgment of Referral/Change/Closure to DCF with the date services are resuming. In consultation with the family, schedule and hold a Family Case Plan conference within 20 calendar days of resumption of services, unless the family requests the conference to occur beyond 20 calendar days. The CPS Specialist shall be invited to the case planning conference at least five days in advance when possible. Complete the Family Case Plan, PPS 3050, and submit the original copy of the Family Case Plan document(s) to the CPS Specialist within 5 calendar days following the date of the case planning conference.
- F. Submit the following case plan documents when the child is not in DCF custody:
  - 1. PPS 3050 Family Service/Preservation Case Plan
  - 2. PPS 3057 Family/Permanency Plan Services and Service Codes
  - 3. PPS 3055 Family/Permanency Plan
- G. In addition to the above documents, submit the following case plan documents for each child in DCF custody:

1. PPS 3051 Permanency Plan for Child in Custody
2. PPS 3052 Permanency Plan for Child in Custody Administrative Requirements
3. ~~PPS 3054 Visitation Schedule~~
4. PPS 3055 Family/Permanency Plan Review
5. PPS 3057 Family/Permanency Plan Services and Service Codes

H. If a child is removed from the home after the initial team meeting and DCF refers the child to the Reintegration/Foster Care services Child Welfare Contract Management Provider, complete the PPS 4205 Acknowledgment of Referral/Change/Closure. The provider shall submit the PPS 4205 within 30 calendar days of referral.

I. Conduct quality in-person worker/child visits with each child in the family, at least once monthly. A portion of one monthly visit shall be with each child alone, for all children who are over 12 months of age and/or verbal. The purpose of the visit is to assess safety, permanency, and well-being. The visit shall include developing/reviewing case plan goals and activities or discussing progress in achieving case plan goals and addressing issues, as age appropriate.

More frequent worker/child visits shall be based on the worker's determination of the frequency necessary to ensure the child's safety, permanency, and well-being. Additional visitation with each child in the family home shall be determined based on the circumstances of the case, such as any risk and safety concerns present during the service delivery period, the age and vulnerability of the children, and the reason for the agency's involvement with the family.

J. Notify the CPS Specialist of all court hearings involving the child(ren)/family. If there is court involvement, provide the CPS Specialist a court report, a minimum of 10 days before it is due to the Court. Ensure the case plan is updated and submitted to DCF and forwarded to the court at least every 170 days.

K. Provide documentation, including Case Activity Logs, to the CPS Specialist, when a child cannot safely remain in the home.

L. Attend court hearings and testify in court as requested.

M. Reconcile names of referrals and names of Non-Completion of Case Plans with the regional DCF Support Services Program Consultant or designee monthly.

N. Submit Encounter Data to PPS as required and respond to Error Reports timely.

O. Complete and maintain the Case Activity Log to document services provided. Documentation shall include all interaction with family members, addressing the safety, well-being and/or permanency of the children, and/or developing or completing tasks and goals of the case plan. Case Activity Logs must be available within 24 hours of request by DCF.

P. Provide every family engaged in services an application for KanCare if family members do not have health insurance.

Q. Assure all children with KanCare eligibility receive Kan-Be-Healthy (KBH) services timely and on schedule.

R. Notify DCF within 24 hours of lack of initial contact with the family or refusal of services by the family after referral. Notify DCF, using the PPS 4250 Lack of Contact Notification, when there has been no contact with the family, and it has been determined a family cannot be located or the family disengages from services. Notify DCF immediately if any child safety concerns exist or child safety cannot be determined.

S. For Pregnant Women using Substances referrals, request substance abuse testing be completed within 24 hours of birth and report toxicology results to DCF on the PPS 4205. The Family Preservation Case Management Provider shall request substance abuse testing which will consist of urinalysis of mother at the time of admission to the hospital for the birth of the baby or request for urinalysis of the baby within 24 hours of birth. Complete and submit the PPS 4205 within 48 hours.

T. The case closure conference with the family and the DCF CPS Specialist/Liaison shall be held no later than seven days prior to the anticipated case closure date. Case closure recommendations may include recommending a new referral to Family Preservation Services if the family is eligible.

The Family Preservation Case Management Provider shall complete a new case plan with the family within 20 calendar days of the referral.

U. Review all non-assigned reports and provide additional information to the CPS Specialist:

1. When the CPS Specialist forwards a non-assigned report, the FAMILY PRESERVATION CASE MANAGEMENT PROVIDER shall print the intake (PPS 1000, 1001, 1000A, and 1002) and file in Section 3 of the case file per PPM 0430. The FAMILY PRESERVATION CASE MANAGEMENT PROVIDER shall have 3 working days to acknowledge receipt of the report and to provide an initial summary of information they may have regarding the report. The FAMILY PRESERVATION CASE MANAGEMENT PROVIDER shall include all information addressing the event in Case Activity Logs with the event number identified.
2. If, after receiving the initial 3 working day summary, DCF determines more information is needed, the CPS Specialist will request follow-up information. The provider will have 5 working days to provide additional follow-up information. A non-assigned report may or may not require that an in-person visit be made, but an informal assessment should be completed based on new and existing information. The results of this assessment shall be provided to the CPS Specialist within 5 working days and shall include current knowledge of the family functioning and any child risk or safety concerns.
3. If the request for additional information regarding the non-assigned report involves suspected abuse or neglect, the FAMILY

PRESERVATION CASE MANAGEMENT PROVIDER shall make a new report to KPRC.

4. The Family Preservation Case Management Provider Supervisor shall ensure the information contained in the non-assigned report(s) are addressed in the open case. Prior to case closure the Family Preservation Case Management Provider Supervisor shall ensure all subsequent not-assigned reports have been addressed in the open case.

V. When a family member requests immediate services regarding a risk or safety concern, the Family Preservation Case Management Provider shall respond to all family crises within one hour. In-person contact is required, when determined necessary to assure child safety, effect positive family change and prevent the removal of a child from the home.

W. After consultation with DCF, considering the best interest of the child(ren) and family, the provider may complete the ongoing safety assessment with each alleged victim.

X. Staff each case, with a supervisor, at least monthly. An additional supervisory staffing will be held and documented in the case file when risk and safety concerns are identified. Additional supervisory staffing shall utilize the PPS 4225 FPS Supervision Log for Newly Identified Risk/Safety Concern(s) as a guide. The PPS 4225 or a Supervisory Log capturing all common elements shall be utilized for documenting a summary of the discussion and next steps. Supervisors shall closely monitor those cases which have been identified as having high risk and/or safety concerns. The next level of management, above supervisors, shall ensure staffing is occurring as needed.

Y. Provide families with a Client Satisfaction Survey at the case closure conference or at the last in-home contact, prior to closure of the case. Results of all completed Client Satisfaction Surveys shall be compiled using DCF's quarterly report format.

## **4230 Plan of Safe Care for Family Preservation Services**

A Plan of Safe Care is a continuous and long-term plan for ~~pregnant women using substances or~~ infants born substance affected. The plan focuses on the infant's ongoing health, development, safety and well-being. The Plan of Safe Care identifies the needs of the infant and family and the services to meet those needs.

When a Plan of Safe Care is put in place by DCF staff and the case is referred to Family Preservation, Family Preservation staff shall be responsible for monitoring the plan during the open Family Preservation service period. The Plan of Safe Care may be updated with additional needs and referrals for service, after discussion between the family and Family Preservation providers.

Needs related to safety and risk concerns for the infant and family identified by the PPS 2007 Plan of Safe Care shall be incorporated in the PPS 3050 Family Service/Preservation Case Plan as objectives and activities are developed.

Upon closure of a Family Preservation case, ~~the PPS 2007 Plan of Safe Care shall be provided to the family.~~ The family has the option to continue services and monitoring by community services and resources.

If, initially, criteria for a Plan of Safe Care was not met, but, during the life of the case, additional information becomes available, which indicates criteria for a Plan of Safe Care, per PPM 2050, may be met, Family Preservation staff shall create a Plan of Safe Care with the family., ~~if during the life of the case additional information becomes available indicating a Plan of Safe Care is needed. See PPM 2050 Plan of Safe Care and form PPS 2007 Plan of Safe Care.~~



## 4905 Rank Order of Funding Sources

Potential funding sources are presented in the order in which they must be considered.

### A. Customer Pay

Customer payment for services is preferred. There are several forms of direct customer payment. They include but are not limited to:

#### 1. Using Existing Income

Staff shall evaluate the family's ability to pay for needed goods or services. To the extent of their financial ability, families are expected to pay for all or part of the cost of the services they require.

#### 2. Subsidizing Family Income Through Development of Private Benefits and Entitlements

Before accessing public funding, staff are asked to assure the family has taken advantage of private income sources. These include:

- a. Benefits from the Death of a Family Member. Children who have parents or other family members, recently deceased, may be beneficiary to a life insurance policy or other form of annuity. The individual or organization handling the estate of the deceased should be able to provide additional information. If the deceased family member had a work history, the children may also be eligible for survivor benefits from the Social Security Administration.
- b. Benefits from the Retirement of a Family Member. Children who have retired parents or other family members may be eligible for income from a retirement plan or annuity. The children may also be eligible for retirement benefits from the Social Security Administration, based on the work history of the retired parent.
- c. Benefits from the Unemployment of a Wage Earner. Employers in Kansas are required to carry unemployment insurance. If a wage earner is unemployed, staff shall assess whether the family is eligible to receive unemployment benefits. Kansas Department of Human Resources Labor will provide additional information.
- c. Child Support Payments from an Absent Parent. If both parents are not contributing to the care of a child referred to DCF for services, PPS shall obtain financial assistance from the parent withholding support. For children in DCF custody and placed out of

home, a referral, through the Kansas Eligibility and Enforcement System (KEES), to CSS is required made in appropriate circumstances. (See PPM 5925 for more information).

- d. Benefits from a Disability of a Primary Wage Earner. Some employers may carry disability insurance. If a primary wage earner is disabled, PPS staff shall refer the family for further eligibility determination. These could include payments from the Social Security Administration, based on the work history of the wage earner.

### 3. Private Health Insurance

If the child is eligible for private health insurance through the employment of a family member, it can be a useful funding source for a variety of health and mental health services. Explore if a family has **Document if the child is an eligible member on private health insurance through a family member.** Assure they have not exhausted their benefits prior to coming to DCF. This private funding source should always be examined before public (governmental) sources are used. Following the private health insurance claiming process to obtain payment is very important. Private insurance is always primary payer when Medicaid is available.

### 4. KanCare 21

KanCare 21 is a federally subsidized health insurance program for uninsured children up to age 19, who are members of income eligible families. Parents pay a monthly premium based on family income. The benefit level of KanCare 21 is the same as Medicaid in Kansas.

### 5. Government Income Subsidies

Government Income Subsidies may provide a portion of assistance to an eligible family. This may include, but is not limited to, agricultural or food distribution subsidies.

### 6. Food Assistance

Food Assistance are a federal income subsidy to help families with low income buy food.

### 7. Temporary Assistance to Needy Families (TANF)

TANF cash assistance provides monthly benefits for basic needs, such as clothing, housing, utilities, and transportation, to low-income families, including caretakers of needy children. In most circumstances children living with kin are eligible to receive TANF without regard to income. Eligibility

determinations for TANF are completed by DCF Economic & Employment Service Specialists.

## 8. Social Security Act Benefits (SSA) and Supplemental Security Income (SSI)

There are two categories of benefits available to children through the Social Security Administration. The first is Retirement, Survivors, & Disability Insurance benefits (RSDI) and is generally referred to as Social Security Act (SSA) benefits and the second category is Supplemental Security Income (SSI). Please refer to PPM 5927 - 5929 for more information.

### a. Social Security Act Benefits (SSA):

Benefits may be awarded to children whose parents have made Social Security contributions through their employment and whose parents are disabled, deceased or retired. Eligibility determinations for and the amount of SSA benefits must be completed by the Social Security Administration. Please review current information regarding these determinations at Social Security Administration website: [The United States Social Security Administration | SSA](#)

A disabled child can receive both an SSA benefit generated from their parent's SSA, and SSI for the child's own disability. The amount of the child's SSI may decrease when other income increases. Benefits children receive as a result of their parent's disability or retirement may be used for parental support obligation on file with Child Support Services.

The child remains eligible for the benefit as long as one of the following criteria is met and the child remains unmarried:

- i. Under age 18.
- ii. Under age 19 and attending full-time school or vocational training.
- iii. Age 18 or older and severely disabled (the disability must have started before age 22)

### Additional Information Regarding SSA Benefits:

When a child reaches age 19, benefits can continue for a short period. If the child attends a school with enrollment once a year (most common), benefits can continue for 2 months after the month the child becomes 19. If a school requires enrollment each quarter or each semester, the benefit would continue until the end of that quarter or semester.

If a child, who is receiving benefits based on a disabled, deceased or retired parent, is disabled prior to age 22, the child can continue to receive benefits as long as the child remains unmarried and continues to be disabled. These types of benefits are called Disabled Adult or Childhood Disability Beneficiary.

For benefits based on a parent's disability the child would lose their eligibility if the parent's benefits ended, due to the parent being determined no longer disabled.

When a child is placed for adoption, even after finalization, the child could remain eligible for SSA benefits. Consult with a Social Security Administration representative for more information.

If a natural parent dies after parental rights have been terminated or relinquished, the child may still be eligible for survivor's benefits based on the deceased parent.

In some situations, a stepchild may be eligible for benefits. Check with the Social Security Administration for more information on eligibility criteria.

When a child is receiving benefits based on a retired parent and that parent dies the benefits are automatically switched to survivor's benefits.

#### b. Supplemental Security Income (SSI)

SSI is a federal income support program for low-income aged, blind or disabled individuals. It is considered unearned income. This program is administered by the Social Security Administration and is uniform in every state. These benefits may be received by adults or children. Eligibility is based on an individual's disability and not based on contributions from employment. A child is not eligible to receive SSI based on a parent's eligibility for SSI. Financial eligibility for SSI is based on a family or individual's income and resources. SSI for a child is based on that child's disability and cannot be used to meet a child support obligation owed by the child's parents. Information regarding SSI benefits can be found on the Social Security Administration website: [The United States Social Security Administration | SSA](https://www.ssa.gov)

To determine a child's eligibility for SSI the child must be financially needy and blind or disabled. This includes behavioral or emotional disabilities. When a child is living with their parent(s), financial need is based on the family's income and resources. When a child is placed in the custody of DCF and removed from the home, only the child's income and resources are counted by the Social Security

Administration. Therefore, it is likely that a disabled foster child will be eligible for the full monthly SSI amount. The amount of SSI a child can receive each month is also based on the type of out of home placement (see PPM 5928 WARDS Communication and Management of Social Security Benefits).

When an SSI eligible child is adopted and the adoption is finalized, the income and resources of the adoptive family are considered in determining the disabled child's benefit amount. (see PPM 6220 Determining Funding Source for Adoption Assistance)

All Kansas foster children with potential eligibility for SSI are referred for Social Security through Kansas Legal Services.

#### c. Payee for Benefits When Child Turns 18

SSA Benefits: When benefits are based on a disabled, deceased or retired parent, generally the child becomes their own payee at 18 years of age.

SSI Benefits: Social Security Administration will review the child's situation prior to their 18th birthday. SSA will determine whether the child is able to handle his or her own funds.

If the Social Security Administration determines that the child shall be their own payee and the child is being served by a Child Welfare Case Contract Management Provider, the payee change shall be reviewed by DCF Regional PPS Contract Specialist. The Child Welfare Case Contract Management Provider remains responsible for the child's foster care maintenance. SSI is used for food, clothing, shelter, education and daily supervision. DCF shall assure the youth does not lose their SSI eligibility due to excess accumulation of income through conservation of benefits in ABLE accounts (see PPM 5929 WARDS Benefit Management). Maintenance payments by the Child Welfare Contract Management Provider will be considered an expense to the child.

### 9. Medicaid (Title XIX)

Medicaid (Title XIX) is a governmental health care assistance program for families who financially qualify. It is a useful funding source for a variety of health, mental health, and behavior management services Refer to the KanCare website <http://www.kancare.ks.gov/apply.htm>

Additionally, children who are removed from their homes and placed in the custody of DCF are considered to be a family of one and are eligible for

Medicaid, ~~unless their individual income and resources exceed established limits.~~

## 10. Family Service Funds

Family Service funds consist entirely of state funds—no federal assistance is provided. Therefore, staff should ensure that all other potential funding sources have been eliminated before using Family Service funds. See the Handbook for Client Purchases for details on purchasing procedures.

## 5211 DCF Roles and Responsibilities

A. DCF is ultimately responsible for children in the Secretary's custody and is accountable to the court. DCF is responsible for reviewing Child Welfare Case Management Provider (CWCMP) service delivery following a referral to the CWCMP. Also refer to Section PPM 2750 and 2751 for DCF responsibilities at the time of referral.

B. DCF shall also:

1. Assess for relatives and non-related kin (NRKIN) at intake and investigation and send this information to the CWCMP with the referral form, or as soon as possible thereafter (See Section 5230 Placement Services, for additional information);
2. Obtain release of information for all third-party information known to DCF, which pertains to the child and family and provide the release to the CWCMP;
3. Notify the CWCMP when new information on Third Party Liability for any child comes to their attention;
4. Ensure staff is available for a minimum of 2 hours after the child is transported to the CWCMP office to answer any additional questions on information not included in the referral forms;
5. Ensure historical information is available to the CWCMP through KIDS and case files;
6. Assist the CWCMP staff with training on the DCF SCRIPTS system for encounter entries utilizing the SCRIPTS web portal;
7. Participate in the Initial Family Meeting and develop the initial service plan;
8. Review and approve subsequent custody case plans. This task shall be completed by a DCF Foster Care Liaison;
9. Inform the CWCMP of the status of any abuse/neglect assessments
10. Provide assistance ~~and~~ or program specific direction, as requested;
11. Notify Provider staff of known changes in the family's situation and report critical incidents to CWCMP staff, per policy;

12. Notify CWCMP staff of any known changes in the client eligibility for Medicaid;
13. Keep CWCMP informed of the status of any on-going abuse/neglect assessments;
14. Facilitate the professional judgment resolution process per DCF PPS PPM 5040;
15. Support and facilitate connections among the CWCMP, Kansas Department of Corrections ~~Juvenile Services~~ **Community Based Services** (KDOC-~~JS~~ **CBS**), **Community Corrections, Court Services**, Kansas Department for Aging and Disability Services (KDADS), and Kansas Department of Health and Environment (KDHE);
16. Ensure prompt sharing of information with transfer of venue or change of jurisdiction cases;
17. Support the court ~~for~~ CWCMP relationship;
18. Attend court hearings as needed;
19. DCF attorneys will work with the CWCMP attorneys as needed to meet State and ~~F~~**f**ederal requirements;
20. Provide technical assistance regarding all federal and state policies and laws impacting child welfare services;
21. Work with CWCMP to address all concerns identified through customer service calls;
22. Process applications for Interstate Compact on Placement of Children (ICPC) and Interstate Compact on Adoption and Medical Assistance (ICAMA);
23. Accept relinquishments and execute consents for adoption in a timely manner;
24. Transfer child's financial resources to the adoptive family;
25. Facilitate the Adoption Subsidy Negotiation meeting;
26. Provide information for the Random Moment Time Study upon request;
27. Provide oversight, monitoring, and guidance regarding service delivery processes as outlined with the CWCMP proposal;



28. Conduct and participate in Performance Improvement activities to include assisting with the development of and monitoring the Child and Family Service Review Performance Improvement Plan as well as Corrective Action Plans;

29. Conduct administrative and compliance on-site monitoring at least annually.

## 5245 Responsibilities When Child Is Missing from Placement

A. When a child or youth in the custody of the Secretary is missing from an out of home placement due to being a runaway, being abducted, or missing for an unknown reason, the Child Welfare Case Management Provider (CWCMP) shall report the missing child to the Special Response Team in PPS Administration by sending an email to [DCF.AWOLyouth@ks.gov](mailto:DCF.AWOLyouth@ks.gov) [DCF.SpecialResponseTeam@ks.gov](mailto:DCF.SpecialResponseTeam@ks.gov). In addition to these requirements, the Provider shall also take the following actions:

B. Children or youth missing from care are at risk of victimization and exploitation. Certain behaviors and conditions can increase the risk to youth who are missing from care. When a youth falls into a high-risk category, this should be communicated to law enforcement and NCMEC so resources for high risk missing children or youth can be utilized. Regular communication with law enforcement and NCMEC should be maintained. A youth is considered to be high risk when one or more of the following criteria are met:

1. missing from care for 14 consecutive days
2. prior victim of sexual abuse or labor, trafficking or sexual exploitation;
3. substance abuse history that substantially endangers their safety (cocaine, methamphetamine, fentanyl, etc.);
4. history of self-harming behaviors or suicidal ideation;
5. medical or mental health condition that will place the youth's mental and physical health at risk without required treatment or medication;
6. challenges in intellectual, developmental disabilities, or behavioral problems;
7. pregnant;
8. under the age of twelve (12);
9. has been or is believed to have been abducted;
10. other articulable circumstances that would cause a reasonable person to believe the child or youth is at imminent risk.

C. Responsibilities for When the Children or Youth is are Missing:

1. Within two (2) hours after receiving information on a missing or or abducted child or youth, report to DCF/CWCMP staff shall report immediately, and in no

~~case later than 2 hours, after receiving information on missing or abducted children or youth, to law enforcement authorities (for law enforcement to enter into the National Crime Information Center-NCIC database of the Federal Bureau of Investigation).~~

2. Within 2 hours, notify [DCF.AWOLyouth@ks.gov](mailto:DCF.AWOLyouth@ks.gov) [DCF.SpecialResponseTeam@ks.gov](mailto:DCF.SpecialResponseTeam@ks.gov) and include all information available about the child and the circumstances.

3. Within 24 business hours, ~~Immediately, and in no case later than 24 hours~~ after receiving information on the missing or abducted child **or youth** report to the National Center for Missing and Exploited Children, by entering information online or calling 1-800-THE-LOST.

4. Within 24 hours, provide the law enforcement agency, **DCF** Special Response Team, **CWCMP Special Response Team**, in PPS Administration at [DCF.AWOLyouth@ks.gov](mailto:DCF.AWOLyouth@ks.gov) and NCMEC with the following information (as available):

a. complete the CWCMP Child/Youth Absent from Care Checklist that **includes** a current photo/ **and** physical description of the child **or youth**, to include a description of the clothing worn at the time the child **or youth** was last seen, hair and eye color, height, weight, complexion, eyeglasses or contact lenses, braces, **condition of their teeth**, body piercings, tattoos and/or other unique physical characteristics;

b. contact information of the child **or youth**; including information about cell phone numbers, email addresses, social networking platforms ~~contacts~~, aliases, **pronouns**, and nicknames;

c. suggested locations, friends ~~people~~, or **addresses** ~~direction~~ where the child could be located, including parents and relatives, **and previously recovered locations**;

d. medical/, physical/, emotional/, mental health (conditions, diagnoses), **behavioral health**, ~~condition/diagnosis/disabilities~~ and medication information that may impact the child's **or youth's** decision-making process and health, including any past suicidal attempts **or ideations** and/or any other endangerments or risks, such as gang activity, **weapon possession**, online enticement, **substance use**, commercial **or** /sexual exploitation;

e. **personal** possessions the child **or youth** may have with them.

5. **Coordinate with case management teams to:**

- a. contact the child's **or youth's** parent(s)/primary **or** caregiver(s), **within 48 hours**, ~~if parental rights are still intact and to see if~~ whereabouts are known, ~~to~~ make them aware of the child **or youth** missing from placement, elicit their assistance in locating the child **or youth**, provide frequent updates on search efforts, and consult regarding whether to issue a press release;
- b. notify the court of the child's **or youth's** missing status;
- c. contact the child's school to make them aware of the child's missing status and ask for their assistance in locating the child;
- d. ~~contact~~ obtain information on friends, other relatives of the child **or youth** and others who may have information (teachers, counselors, coaches, CASA, etc.); through all available means including social media, to obtain information from them and also gain their assistance in locating the child **or youth**; if assistance is needed in locating the child's **or youth's** relatives, contact DCF to request a search of all systems;
- e. provide emotional support to the parents/primary **or** caregivers, siblings, and placement provider ~~in dealing with the child's missing status~~;

**6. Attend weekly Special Response Team staffing meetings.**

**7. Contact the youth's community supervision officer (community corrections or court services) if the youth has been identified as crossover youth;**

**D. Ongoing Efforts**

**1. Missing 1-5 days**

At least daily efforts shall be made to complete the following actions to obtain updated information:

- a. contact parents/primary **or** caregivers, siblings and placement provider;
- b. follow up with law enforcement to check on the status of the investigation;
- c. check social media ~~(age appropriate)~~ for any updates;
- d. contact friends and other relatives of the child **or youth**, through all available means including social media ~~(age appropriate)~~, to obtain updated information and assistance in locating the child **or youth**; if

assistance is needed in locating the child's relatives, contact DCF **Special Response Team** to request a search of all systems;

e. contact the child's school to check attendance, and determine if any staff have information or knowledge of the child's whereabouts;

f. attempt to contact the missing child **or youth** via mobile devices **and social media**;

g. contact with the youth's community supervision officer (community corrections or court services);

h. update PPS Administration Special Response Team at [DCF.AWOLyouth@ks.gov](mailto:DCF.AWOLyouth@ks.gov) [DCF.SpecialResponseTeam@ks.gov](mailto:DCF.SpecialResponseTeam@ks.gov) and the assigned foster care liaison on all the efforts made to locate the youth and any status changes weekly.

i. in the case of an unserved ex-parte order, the daily efforts listed above shall be made by the assigned DCF Special Response Team worker while maintaining communication with the CWCMP Special Response Team worker.

## 2. Missing over 5 days

At least weekly efforts shall be made to complete the following actions to obtain updated information:

a. **maintain** contact parents/~~primary~~ **or** caregivers, siblings and placement provider;

b. **maintain contact** ~~follow up~~ with law enforcement to check on the status of the investigation;

c. **continue to** ~~check~~ **monitor** social media (~~age appropriate~~), to include post(s) with the National Center for Missing and Exploited Children, for any updates;

d. continue to check with the National Center for Missing and Exploited Children (NCMEC) for updates, posters, and additional resources;

e. **continue to** contact friends and other relatives of the child **or youth**, through all available means including social media (~~age appropriate~~), to obtain updated information and assistance in locating the child **or youth**; if assistance is needed in locating the child's relatives, contact DCF **Special Response Team** to request a search of all systems.

f. continue to contact the child's or youth's school to check attendance, and determine if any staff have information or knowledge of the child's or youth's whereabouts.

g. continue attempts to make contact the missing child via mobile devices and social media.

h. maintain contact with the youth's community supervision officer (community corrections or court services).

#### E. When the Child Returns

1. re-assess the child's or youth's safety, permanency, and well-being, including whether they were a victim of sex or labor trafficking or other unsafe behaviors and whether they engaged in any other (self-harming behaviors; substance abuse, etc.); (refer to Appendix 2I – Interview Guide for Runaway and Truant Children)

2. notify law enforcement immediately, no later than 2 hours after the child returns or is located;

3. follow up with case teams on notifying parents, placement, school, courts, community supervision officer (community corrections or court services), DCF Foster Care Liaison, and the Special Response Team at [DCF.AWOLyouth@ks.gov](mailto:DCF.AWOLyouth@ks.gov) [DCF.SpecialResponseTeam@ks.gov](mailto:DCF.SpecialResponseTeam@ks.gov) in PPS Administration, of child's or youth's return as soon as possible, but no later than 24 hours from knowledge of child's or youth's return;

4. conduct an interview with the child or youth upon return;

a. determine the primary factors that contributed to the child or youth being absent from placement;

b. to-gather details about where they were, who was with them, why they left, how they left, etc.;

c. determine the child's or youth's experiences while absent from care including conducting a human trafficking screen if the child or youth has been absent for more than seven days or has been absent multiple times in the past six months. If the youth is suspected to be a victim of human trafficking an Immediate Response Assessment shall be completed;

d. if there is disclosure or clear concern shown from the Immediate Response Assessment, Law Enforcement shall be notified and a report filed with the Kansas Protection Reporting Center.

e. discuss strategies to address running behaviors and prevent future episodes.

5. In collaboration with the child's or youth's case team, re-assess the placement, treatment, and permanency plans and make changes as appropriate; .

~~2. develop and monitor a safety plan with the placement provider, child, and birth parents to reduce the risk of future incidents.~~

## **5252 Assessing for Child Social Security Income and other Federal Benefits**

A. DCF, alongside Child Welfare Case Management Providers (CWCMP), are required to screen all children in the custody of the Secretary and apply, or refer for application, for federal benefits. Assessment of potential benefits shall be completed by the CWCMP using the Appendix 3J1, Screening Tool for Federal Benefits. Federal benefits that should be explored include;

1. Child Supplemental Security Income (SSI),
2. Parents retirement benefits (RSDI),
3. Parents Veteran Administration benefits (VA),
4. Parents Social Security Death Income (SSA),
5. Parents Railroad retirement benefits (RR).

B. The CWCMP for the child or young person shall use the Appendix 3J1 tool to determine if an application referral packet shall be completed for Child SSI. If any answers are yes on the tool, the CWCMP shall send the tool, along with the application and any supporting documentation to the DCF Foster Care Liaison and the applicable entity designated for SSI Determination.

C. The DCF Foster Care Liaison shall send the completed screening tool, along with supporting documentation provided by the CWCMP to the regional IV-E eligibility specialist. The DCF IV-E specialist shall apply for federal benefits on behalf of the child or young person in the custody of the secretary. RR benefits, VA benefits, SSA, and RSDI shall be applied for according to PPM 5927.

D. The following timeframes and requirements shall be followed;

1. The CWCMP shall use Appendix 3J1 to assess a child or young person within 20 days of the child or young person being referred to foster care services. If information is unknown, the CWCMP shall note the unknown information in the comments section.
2. The CWCMP shall rescreen the child or young person every 6 months using the Appendix 3J1, checking the Bi-Annual Screen checkbox.
  - a. If all information remains no, the CWCMP has no further actions until the next bi-annual screen.
  - b. For Social Security Disability benefits, when the youth does not have benefits established, if the information remains the same and includes any questions answered yes, the CWCMP shall send the tool, along with the



application and any supporting documentation to the DCF Foster Care Liaison and the applicable entity designated for SSI Determination, regardless of any previous denials based on those yes answers.

c. If any new information has been obtained using Appendix 3J1 bi-annual screen, supporting documentation shall be sent to the DCF Foster Care Liaison and the applicable entity designated for SSI Determination.

## 5254 Educational Stability

The Child Welfare Case Management Provider (CWCMP) shall coordinate with the school system to ensure children in the custody of the Secretary receive educational resources which meet their individual needs. Coordination shall include discussing stable school placement and arranging transportation, if needed, to keep the child in the same school of origin.

A. All school-age children in the custody of the Secretary shall attend school as required by state law. The school shall be accredited by the Kansas State Department of Education. The CWCMP, child's parents, and child's placement shall support the child in achieving completion of secondary education. If the child wishes to pursue post-secondary education, support achieving this goal shall also be provided.

B. All school-age children in the custody of the Secretary shall be maintained in their school of origin whenever possible. When making placement decisions, educational considerations shall include but not limited to:

1. The child's proximity to their school of origin
2. The appropriateness of the educational placement
3. Whether transportation to the school of origin can achieve educational stability for the child

C. When the CWCMP becomes aware of a child's placement change or impending placement change, they shall follow the Educational Stability Process Map (Appendix 5P) and immediately contact the school district's foster care Point of Contact (POC) for the school of origin to inform them of the child's move and potential change in school location. The foster care POC will then identify a school professional with knowledge of the child's educational background to participate in a Best Interest Determination (BID) if needed.

D. When a placement change is anticipated to move a child into the boundaries of a new school a Best Interest Determination (BID), as defined in the Every Student Succeeds Act (ESSA), shall occur with the school of origin (sending school) prior to the move to ensure educational stability and determine if it is in the child's best interest to remain in the school of origin.

1. The BID, at a minimum, should include the CWCMP and the sending school foster care POC or designee. The purpose of the BID is to discuss what is needed to ensure educational stability based on the needs and the best interest of the child. A BID may be held by phone, or virtual meeting.
2. Additional persons with knowledge pertinent of the child's case may be invited by the CWCMP to participate in the BID in person, virtually, or by providing

written input to be considered by the staffing team. Additional persons who may be included:

- a. Child or youth, if appropriate
- b. Biological Parents, if parental rights are still intact
- c. Placement Providers
- d. Guardian ad Litem
- e. Educational Advocate
- f. DCF Staff
- g. Court Appointed Special Advocate (CASA)
- h. ICWA Tribal Contact or Representative (if applicable)
- i. Community Corrections or Court Services staff, if the youth has been identified as a Crossover Youth

E. Participants in the BID should consider:

- 1. Length of Time Enrolled in School of Origin
- 2. Learning Behaviors or Disabilities
- 3. Safety Factors
- 4. Participation in Extra-Curricular Activities
- 5. Distance of New Placement from School of Origin
- 6. IEP and 504 Plan Services
- 7. Child Preference
- 8. Parent Preference, if parental rights are still intact
- 9. Child's Attachment to School of Origin
- 10. Placement of Siblings
- 11. Influence of School Climate
- 12. Availability and Quality of Services

The BID decision and participants shall be documented on Part A of the Educational Enrollment Information for School Placement Form PPS 5254.

F. Potential BID Outcomes:

- 1. When it is determined to be in the best interest of the child to stay in their school of origin, the school district and CWCMP shall coordinate to develop a transportation plan for the student to get to and from school. Coordination shall include addressing the availability and cost of the transportation needed. Additional transportation costs may be reimbursed by the CWCMP, paid by the school district, or shared. Considerations when coordinating transportation include:
  - a. Age of child
  - b. Type of transportation available
  - c. Flexibility in school schedule
  - d. Impact of extracurricular activities on transportation options
  - e. Maturity and behavioral capacity of the child

- f. Traffic patterns
- g. Additional needs of the child (i.g. presence of paraprofessional, car lifts)

2. When it is determined to be in the best interest of the child to transition from their school of origin, the CWCMP shall inform the receiving school and forward the PPS 5254 within 3 working days of the BID Decision.

The CWCMP will update the PPS 5254 and PPS 5120 each time a child experiences a change in school or a change in placement, even within the same district. This includes placements where the school is on-site, such as correctional facilities, detention centers, state hospitals, and some residential facilities. This update is not required when the child returns home to the parent.

The CWCMP shall provide all documentation regarding the BID process and outcomes to the Tribe as required by ICWA

G. Children in the custody of the Secretary may be approved to be home schooled when their placement has signed an Adoptive Placement Agreement and if the CWCMP and court approve.

H. K.S.A. 38-2285, requires the board of education of a school district award a high school diploma to any person requesting a diploma if the person:

1. is at least 17 years of age
2. is enrolled or resides in such school district
3. is or was a child in the custody of the Secretary at any time after turning 14 years of age
4. has achieved the minimum high school graduation requirements adopted by the State Board of Education ~~even if those requirements do not meet the requirements of the local school board~~

I. ~~The requirement identified in H.4 is applicable~~ even if those requirements do not meet the requirements of the local school board.

## **5883 SOUL Family Legal Permanency Data**

When a youth achieves SOUL Family Legal Permanency, there can be up to one residential custodian, and multiple identified custodians as well as other caring supportive adults. The Primary Custodian is the residential custodian as indicated on the PPS 6303. The Other Custodians are not the residential custodian, and the youth does not reside at any of their addresses. Enter identifying information for each custodian as indicated on the PPS 6303 onto the SOUL screen.

## 5910 Overview of the Title IV-E Program

Title IV-E payments are an individual entitlement for eligible children placed in state custody and out-of-home care by the Department for Children and Families (DCF).

The Title IV-E foster care maintenance program is based on Title IV-A, Part A, of the Social Security Act as the program was in effect in Kansas on July 16, 1996. A child's eligibility for IV-E payments is based upon the Aid to Families with Dependent Children (AFDC) relatedness criteria in effect in Kansas on July 16, 1996. IV-E eligibility is not based on the Temporary Assistance for Needy Families Program (TANF) criteria which replaced the AFDC program under Welfare Reform.

### Reimbursable Activities

Through Title IV-E, the federal government shares in the cost of:

#### 1. Foster Care Maintenance:

Maintenance is the costs associated with maintaining the child in out-of-home care. These costs include room/board and supervision for a child's placement in a ~~Kansas Department of Health and Environment~~ **DCF** licensed/approved foster home, childcare institution, shelter care, or group home.

#### 2. Administrative Services:

Administrative costs are incurred when working with the child, the child's family, and the care provider. Staff shall complete the REST or RMTS survey when sampled. Staff shall refer to the description of the activity and program codes to ensure the coding accurately reflects the activity/service they provided at the time of sampling.

#### 3. Training:

IV-E training costs are the costs of training people who work with the child, including resource parents and those who administer the foster care system for the child.

#### 4. Candidates for Care:

Candidates for Care are children receiving in home services and determined to be at imminent risk of removal from the home. Title IV-E provides reimbursement of some administrative activities for these children. The DCF ~~social worker~~ **Child Protection Services Specialist** shall determine the child is a candidate for care by reviewing the case plan and documenting it on the PPS 3050C. Eligible administrative activities are documented through the REST or RMTS process.

### B. IV-E Basic and Payment Eligibility

An eligible child enables the State to collect Title IV-E funds in two ways:

1. IV-E Basic Eligibility:

The determination of IV-E basic eligibility qualifies the State to obtain IV-E reimbursement for administrative and training costs associated with the child.

2. IV-E Eligibility for Federal Financial Participation (FFP):

The determination of IV-E payment eligibility qualifies the State to also obtain IV-E reimbursement for maintenance costs (board and care) associated with the child.

A child must first be determined IV-E basic eligible to be determined IV-E payment eligible. Initial basic eligibility is based on information obtained when the child first enters out-of-home care and enters custody of the State. If a child is determined not eligible for basic eligibility, the child is ineligible for the duration of the custody episode for both IV-E basic eligibility and FFP eligibility.

## 5911 Title IV-E Determination for Basic Eligibility – Administrative Funding

A child/youth shall be determined eligible for basic Title IV-E Administrative claims if all criteria in this section are met (PPM 5911). A determination may be left in pending status for up to 30 days to allow time to acquire documents or information needed. An initial determination for basic Title IV-E eligibility is made each time there is a new custody episode. A custody episode is defined as the time frame a child/youth enters State custody to the date the child/youth is released from State custody. (see explanation of Custody Episode in PPM 5910 B.2) If a child/youth is determined basic Title IV-E eligible initially, they remain basic eligible throughout their custody episode. This determination ends once they are released from State custody.

The following exceptions apply:

**A1.** If the child/youth re-enters out of home care after being placed home longer than six calendar months while remaining in State custody, a new basic eligibility determination must be completed upon the date of re-entry. If home six months or less with continuous custody, a new determination is not needed. The six calendar months begins the month following the month the child/youth returns home.

**B2.** The child turns 18 years of age and is not enrolled in a secondary school or training program. Basic Title IV-E eligibility ends at the end of the month the youth turns 18. If the youth remains in State custody they are no longer Title IV-E Eligible and their basic eligibility becomes State funded.

**C3.** The child/youth is 18 years of age and not expected to graduate before the age of 19. The child/youth is no longer Title IV-E eligible and their basic eligibility becomes State funded.

If a child is determined ineligible for basic Title IV-E Administrative funding initially, they will remain ineligible throughout the custody episode. Their cost of care will be funded through the State.

Basic eligibility is effective the first day of the month in which all eligibility criteria are met. A child who is IV-E basic eligible during any part of the month is basic eligible for the entire month until events listed above.

### Dually Adjudicated Custody Youth Cases

When a child/youth is in the custody of DCF and placed in Kansas Department of Corrections (KDOC) - JS Community Based Services (CBS) custody (dually adjudicated custody), KDOC is responsible for the care and treatment of the child/youth. This includes payment for the youth's placement. If DCF custody was not released at the time the child/youth entered KDOC custody, DCF responsibility for care and treatment of



the child/youth will resume on the day the child/youth is released from KDOC-JS CBS custody. Child/youth that come into DCF custody from KDOC will be determined state funded using aid code GA01N-GAB. See 5892(C)(2).

### Reasonable and Prudent Person Standard

Documentation of Title IV-E eligibility determinations shall meet the “Reasonable and Prudent Person Standard”. A “Prudent Person” is someone exercising good judgment or common sense. A child/youth shall be determined basic Title IV-E eligible if the Eligibility Specialist has adequate facts and documentation which clearly support a prudent person would concur the child/youth meets Title IV-E eligibility criteria. If there is reason to believe additional information or documentation can be located making the child basic Title IV-E eligible, the worker shall determine the child as “pending” for up to 30 days.

### Documentation

Documents supporting Title IV-E eligibility can include, but is not limited to PPS eligibility forms, PPS program forms, court documents, system screen prints, and email documents. Eligibility Specialists shall keep working files (electronic) containing the child’s eligibility determination and any supporting documentation. Any paper IV-E file closed prior to KEES Phase 3 (August 2017) should be merged with the foster case file Section 13.

PPS Eligibility Specialists shall journal in KEES all case activity including phone calls and emails with persons knowledgeable about the case, system updates, and ongoing determination actions. See PPM 0420.

### Basic (Administrative) Title IV-E Eligibility Criteria

#### A. Judicial Requirements

##### 1. Court Order-State Custody

- a. There shall be a court order establishing the State agency has custody of the child/youth.
- b. State agency refers to the Department for Children and Families (DCF) or Kansas Department of Corrections (KDOC) from here forward. The Court will award custody to the Secretary of either agency dependent upon whether child is a Child in Need of Care or Juvenile Offender.
- c. When a court order transfers custody of a child/youth from DCF custody to KDOC-JS custody or from KDOC-JS to DCF, this it is the same custody episode if the child/when child/youth is released from KDOC custody but remains in DCF custody. A new eligibility determination will not be completed. remained in custody with either DCF or KDOC-JS throughout the changes in agency custody.

## 2. Contrary to the Welfare (CTW) Judicial Finding

- a. In the first (initial) court hearing authorizing removal, the Judge must find continuing in the home would be contrary to the welfare of the child/youth or removal is in the best interest of the child/youth. The finding must include language which describes the circumstance in the home the child/youth is being removed from.
- b. Affidavits, Nunc Pro Tunc, or orders citing only the law and statute are not acceptable documentation of CTW, and do not meet Title IV-E criteria.
- c. Unless the court order specifically approves a delay of placement into foster care, physical removal of the child from the home shall occur by 5pm of the next business day following the date CTW findings are made. If the child/youth is unable to be located, concerted efforts is a requirement to be IV-E eligible. Documentation is obtained from the CPS specialist and to be reviewed by the regional Program Administrator.
- d. If the court places the child/youth in custody other than DCF at the time of removal, the CTW requirement remains if the child/youth is to be determined Title IV-E eligible if later placed in the State's custody.

When making an eligibility determination, the eligibility specialist shall look back to when the child/youth was first removed. The eligibility specialist shall determine whether CTW findings were made and met criteria in the initial order removing the child/youth from their home. If the findings were made and the child/youth remains in their original **out of home** placement, they will meet the CTW requirements if/when they are later placed in DCF custody.

- e. A child placed in a foster home without court action due to a parent voluntarily relinquishing their parental rights to the State may be eligible for basic Title IV-E. The initial court order must be received within six months of the relinquishment. The court order must include CTW findings.

## B. Eligibility Month

1. Assessment of AFDC relatedness; age, citizenship, specified relative/removal, deprivation, and financial need/resources, must be based on circumstances in the home during the eligibility month.
  - a. The month DCF initiates court involvement which leads to removing the child/youth, is the eligibility month, except when:

i. If a private CINC petition is filed, the month in which it was filed is the eligibility month.

ii. Affidavits, Complaints, Applications and Amended Petitions may be kept with Title IV-E documentation but are not used to determine the eligibility month.

2. A child/youth entering out of home care does not define the eligibility month. The child's removal date may occur in a different month than the filing of the petition. In these situations, the date of the petition continues to determine the eligibility month. The following exceptions apply:

a. If the petition is filed more than six months prior to the child being placed out of home. Under these circumstances the month in which the child is removed determines the eligibility month.

b. If DCF do not have custody of the child/youth at the time of removal, is placed in DCF custody prior to the filing of a petition, the month DCF is awarded custody is the eligibility month.

### C. Determination of AFDC relatedness

1. Age – A child/youth must be under the age of 18 to be Basic Title IV-E eligible.

a. A child/youth can maintain Basic Title IV-E eligibility when they are between the ages of 18 and 19 if they are enrolled in a secondary school or an equivalent training program, continuing in the custody of the State and expected to complete their program of study prior to or in the month of their 19th birthday.

i. Once the youth turns 19 years of age, eligibility ends. Under no circumstance shall eligibility continue beyond the youth's 19th birthday.

ii. If the youth achieves completed status in their program of study prior to the pre-determined graduation date, Basic Title IV-E eligibility will end effective the end of the month in which requirements have been met and notice is received.

iii. If at any time during the youth's 18th year, it is determined the youth will not complete their program of study by the month of their 19th birthday, the youth's Basic Title IV-E eligibility ends effective the date notification is received.

b. Youth turning 18 years of age who is not attending a secondary school or equivalent training is no longer Basic Title IV-E eligible. If the youth continues in the custody of the State, Basic Title IV-E eligibility

shall end at the end of the month in which the youth turns 18 years of age.

2. Citizenship – The child/youth must be a United States citizen by birth, through naturalization or legally admitted for permanent residence to be determined Basic Title IV-E eligible.

a. Acceptable forms of verification

- i. Public Birth Record
- ii. Birth Certificate
- iii. Passport
- iv. Hospital Proof of Birth Letter on Letterhead
- v. Attending Physician statement showing place of birth
- vi. Final Adoption Decree showing child's/youth's name and place of birth
- vii. Citizen Identification Card (I-197 or I-179)
- viii. Naturalization Paperwork

b. U.S. citizenship includes individuals who are:

- i. Born within the United States, regardless of the citizenship of their parents.
- ii. The Child Citizenship Act (CCA) declares children/youth who are younger than 18 years of age and have at least one parent who is a U.S. citizen whether by birth or naturalization, who immigrate to the U.S. with a U.S citizen parent, automatically acquire U.S. citizenship upon entry for lawful permanent residence; or
- iii. Born outside the U.S. of alien parents and has since been naturalized as a U.S citizen. A child/youth born outside the U.S. of alien parents automatically becomes a citizen after birth if his parent(s) are naturalized before the child/youth becomes 16 years of age.
- iv. Qualified Alien – As indicated in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, the term “qualified alien refers to: An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA); An alien who is granted asylum under section 208 of the INA; A refugee who is admitted to the U.S.

under section 207 of the INA; an alien who is paroled into the U.S. under 212(d)(5) of the INA for a period of at least one year; an alien whose deportation is being withheld under section 243(h) the INA as in effect immediately before April 1, 1997, or section 41(b)(3) of the INA; an alien who is Cuban or Haitian entrant; an alien (or the child of parent) who has been battered or subjected to extreme cruelty in the U.S.

- c. Children/youth who are in the United States under a visitor's visa, tourist's visa, or student arrangement are not Basic Title IV-E eligible.
- d. Tribal enrollment card alone is not sufficient to meet the citizenship verification requirement.
- e. If the child/youth is an unaccompanied refugee and has been in the country under 5 years, they cannot be Basic Title IV-E eligible.
- f. A child/youth cannot become Basic Title IV-E eligible upon securing Special Immigrant Juvenile Status (SIJS) if they did not hold this status at the time of each custody episode.

3. Specified Relative/Removal- The child/youth must have lived with a specified relative in the month court proceedings were initiated or within any of the six calendar months prior to the eligibility month to be Basic Title IV-E eligible. Identifying the correct specified relative ensures an accurate determination is made on the removal home and AFDC group members. The specified relative with whom the child/youth most recently lived during the eligibility month or within six months prior, is considered the relative from whom the child was removed.

A specified relative is defined as any relation by blood, marriage or adoption who is within the fifth degree of kinship to the dependent child/youth. This includes great-great-grandparents and first cousins once removed (children of first cousins). When determining Title IV-E eligibility, any otherwise eligible child/youth under age 18 who is removed from the home of a relative and is within the fifth degree of kinship to the child/youth, will be eligible for assistance under Title IV-E. A chart reflecting 5th degree of relationship can be found **in the KEES User Manual T-6 Relationship Chart.**

<http://content.dcf.ks.gov/EES/KEESM/Appendix/T-6RelationshipChart05-17.pdf>

- a. Spouses of any persons listed in the above group are within the scope of these provisions, even though the marriage is terminated by death or divorce.
- b. Specified relative Title IV-E eligibility criteria is met if a newborn child is placed in the State's care and custody directly following birth in a hospital or following birth to an incarcerated prisoner.

c. Practice Clarification: Parent is defined as a biological or adoptive parent whose parental rights have not been terminated or relinquished. A biological or adoptive father or mother whose rights have been terminated or relinquished would be considered a non-parent specified relative and not a parent.

d. A non-related permanent custodian does not meet the specified relative criteria.

4. Removal Home – The child/youth must have been removed from the home to meet Basic Title IV-E eligibility.

a. The eligibility specialist must first consider the initial court document when determining the removal home. The home referenced in the Judicial finding of contrary to the welfare is the home which must be determined as the removal home.

b. If the child/youth is removed from a non-parent specified relative and judicial findings of CTW are not made regarding circumstance in their home, the eligibility specialist must consider the parent with whom the child/youth most recently lived as the removal home. If the child/youth has not lived with a parent in the eligibility month or within six months prior, they cannot be Basic Title IV-E eligible.

c. If the parent lived in the home at any time during the eligibility month, they must be considered in the removal home and AFDC group at determination.

d. The child/youth can be considered removed from the home if the following occurs:

i. Physical Removal: The child/youth has been physically removed by the agency from the home or physical custody of a specified relative. If the specified relative is on the run with the child/youth and the agency is unable to locate the child/youth for removal, there must be concerted efforts documented by the CPS Specialist to find the child. The child's eligibility will not begin until DCF has physical custody of the child.

Constructive Removal: This removal is considered a "paper removal". An example of this is when the agency receives custody of the child/youth, but the agency does not physically remove the child/youth from their current household. In this situation, the eligibility specialist would look back to see if the child/youth had lived with another specified relative in the eligibility month or within the past six months. The specified relative the child/youth lived with prior to the specified relative they are currently residing then

becomes the home in which the child/youth was removed. If judicial findings of CTW do not address the circumstances related to the child's living with the prior specified relative, the child/youth cannot be Basic Title IV-E eligible.

e. Scenarios for meeting removal criteria:

- i. Child/youth removed from a specified relative at the time the petition was filed (eligibility month) with the Court and placed in out of home care. The removal home is the home of the specified relative the agency removed the child from.
- ii. Child/youth removed from a non-specified relative but had lived with a specified relative within six months prior to the petition (eligibility month). The removal home is the most recent specified relative where the child/youth resided within six months prior to the eligibility month.
- iii. The State leaves the child/youth in the home of a non-parent specified relative, but the child/youth had lived with a different specified relative within six months of the petition (eligibility month). The most recent specified relative with whom the child/youth lived in the six months prior to the petition (eligibility month), is the removal home.
- iv. Child/youth has been living with the same specified relative for over six months. The state is granted custody of the child/youth but leaves them in the home of this specified relative. The agency removes the child/youth from this specified relative at some point in the six months following the petition (eligibility month).
  - a. The specified relative with whom the child/youth lived six months prior to the petition (eligibility month), at time of constructive removal, and following.
  - b. If the agency did not remove the child/youth from this specified relative within six months after the petition (eligibility month), the child would not be Basic Title IV-E eligible. If the child enters out of home care, a new eligibility determination is required.
- v. Child/youth removed from a non-parent specified relative and judicial CTW findings are regarding circumstances with this same non-parent specified relative or about the circumstances with parental specified relative with whom the child most recently lived during or within six months prior to the petition (eligibility month).
  - a. The removal home is the home addressed in the judicial findings.

- b. If a finalized adoption disrupts and the child/youth is placed in the agency's custody with placement out of home, the adoptive parents are the removal home.

5. AFDC Group – The AFDC group are the individuals in the household when the petition/complaint (eligibility month) was filed. The income and resources of these individuals must be considered in whether this child/youth meets financial need criteria for Basic Title IV-E eligibility. The eligibility specialist should look at the entire eligibility month regardless of the actual date within the month the petition/complaint (eligibility month) was filed or child/youth was removed. Meaning, if a parent lived in the home at any time during the eligibility month, they and their income and resources must be considered as part of the AFDC group.

- a. When a child/youth is removed from their parent(s) home, the AFDC group includes birth or adoptive parents, the child/youth in custody and any minor siblings (birth, adoptive, half) of the child in custody.
- b. Practice Clarification: Parent is defined as a biological or adoptive parent whose parental rights have not been terminated or relinquished. A biological or adoptive father or mother whose rights have been terminated or relinquished would be considered a non-parent specified relative and not be considered as part of the AFDC group.
- c. A deployed parent serving in the U.S. Military is considered part of the household and part of the AFDC group.
- d. An adoptive sibling receiving adoption assistance is not included in the AFDC group. When the child/youth is removed from the home of a non-parent specified relative, the AFDC group includes the child/youth in custody and any minor siblings (birth, adoptive or half) who were living in the home at any time during the eligibility month.

If the child, whose eligibility is being determined, is receiving adoption assistance, do not count the child's income and resources when determining financial need; however, count the child as a member in the AFDC group size.

- e. Do not Include the stepparent and their children residing in the same household as the child/youth at the time of removal as members in the AFDC group if using Option one for deeming stepparent income. (options explained in section C.8.e.)
- f. Include the stepparent and their children as members of the AFDC group if using option two unless the biological parent is missing. (options are explained in C.8.e.)



g. Individuals in the AFDC group who receive SSI benefits: Household members receiving SSI benefits are not counted as members of the AFDC group. If the child/youth in custody receives SSI, they are still counted in the AFDC group, but their income and resources are not.

h. Guardian/Conservators are not part of the AFDC group and their income is not counted.

6. Deprivation – a child/youth must be deprived of support of one or both parents (married or unmarried, if paternity is established) during the eligibility month. Deprivation exists if one of the following circumstances is present in the removal home during the eligibility month:

a. Parent Deceased

b. Parents separated/divorced (Not living together)

c. Parent's whereabouts are unknown / Parent is absent (If the absent parent is serving in the U.S. Military, deprivation is not met.)

d. Parent is Institutionalized/Incarcerated

e. Parent is incapacitated or disabled.

The parent must be determined disabled or incapacitated for at least 30 days by means of competent medical testimony. If the parent(s) is receiving SSI or SSA payments because of disability or blindness, the incapacitation requirement is met and verification of the SSI or SSA payments shall be included in the record (ex; award letter, copy of check, caseworker documentation). Mental disabilities shall be documented by psychological evaluation and state the mental disability impacts the person's ability to parent.

f. Parental rights have been terminated or relinquished prior to the eligibility month.

g. Both parents live in the removal home, only one parent is working, and their earned income falls below the AFDC needs standard for the group. If both parents are unemployed, the deprivation factor is met.

7. Shared versus Non-Shared - Income of the AFDC group is compared against the prescribed AFDC Need Standard income limits for the group size to determine financial need. The AFDC need standard income limit for the group size can vary by county and by the roles of individuals in the group. To determine the correct needs standard income limit, a shared/non-shared determination is made based on the adults living in the household who are part of the AFDC group.

- a. A stepparent present in the removal home does not determine the household to be shared.
- b. Households with adult SSI recipients:
  - i. If the SSI payment is less than the full payment the AFDC Need Standard is non-shared
  - ii. If the SSI payment is the full amount the AFDC Need Standard is shared
  - iii. A child receiving SSI has no bearing on whether it is shared or non-shared.
- c. AFDC groups which do not include a parent are always considered shared and wages are not counted. Including grandparents, aunt, uncle, related adult, a related permanent custodian.
- d. If the household consists of any other adults, including adult siblings, who are not part of the AFDC group the AFDC Need Standard is shared.

8. Financial Need - The income of the AFDC group is tested against the needs standard income limits. Income is calculated utilizing countable earned and unearned income of the AFDC group.

The following general rules are applicable:

- a. Income must be such that its value can be defined and measured objectively.
- b. Only documented income should be counted (IE; custody court orders, 5410A, DCF systems, employment verification systems WorkNumber).
- c. Income shall be considered available when a member of the AFDC group has a legal interest therein and the legal ability to make it available.
- d. Countable Earned Income – is income in cash or in-kind for which a person performs a service. Examples include:
  - i. Wages, salaries, tips (before taxes)
  - ii. Bonuses
  - iii. In-kind income for work (e.g. shelter received for work)
  - iv. Work study
  - v. Self-employment/farm income
  - vi. Severance pay

e. Countable Unearned Income – is income received by an individual for which no service is performed. Examples include:

- i. Armed forces allotment and receipts from a deployed parent
- ii. Child support/alimony (minus \$50.00): (Child support arrearage payments are counted as unearned income in the month the payment is received.)
- iii. Disability insurance (sick pay)
- iv. Dividend payment
- v. Income for continuation payments
- vi. Income from relatives (Income deemed from stepparents)
- vii. Inheritance payments
- viii. Interest, money payments
- ix. Money from churches, charitable organizations, friends, lodges or unions
- x. Retirement or Pension (union, private or government)
- xi. Social Security payments (non-SSI)
- xii. Lump Sum Payments – is a non-recurring or advance payment not earmarked for a specific purpose. Lump sum payments are counted as income in the month received. Examples of lump sum payments include retroactive SSA benefits, stock dividends, life insurance settlements, etc.
- xiii. Striker's benefits
- xiv. Veteran's benefits
- xv. Worker's compensation
- xvi. Unemployment compensation

f. Exempt Earned and Unearned Income – Examples Include:

- i. Supplemental Security Income (SSI)
- ii. Food programs, such as food stamps, WIC, USDA food surplus
- iii. TANF
- iv. Payments for home energy assistance and rental subsidies

- v. Loans or grants administered by the U.S. Commissioner of Education
- vi. Foster Care payments
- vii. Adoption Assistance payments
- viii. JTPA unearned income
- ix. Earned income of child who is a student
- x. Income tax refunds and earned income tax credit (EITS) payments
- xi. Trust funds not available upon demand
- xii. Case to pay for shared living expenses (from person not in the AFDC group)
- xiii. Loans, including reverse home equity loans, endorsed for repayment
- xix. TANF Tribal allotment
- xv. Income derived from a state's "job training program" (CFR-233.20)
- xvi. Covid relief payments, including extra unemployment from Federal Government sources

g. Converting Income to Monthly Amounts

i. In determining the earned and unearned income of the child's AFDC group, the eligibility specialist will need to convert income payments to a monthly amount for each applicable person.

- a. Bi-weekly (paid every other week) income must be multiplied by 2.15
- b. Semi-monthly (paid twice per month) income must be multiplied by 2
- c. Weekly must be multiplied by 4.3
- d. Quarterly (paid once every three months) must be divided by 3

ii. Whose income shall be included in the financial need determination

- a. Parents (biological, adoptive (rights intact), step (See PPM 5911C.3.a)
- b. Deployed parent

#### h. Deeming Stepparent's Income

i. Option One - Stepparent's AFDC group includes the stepparent, any non-mutual minor children living in or out of the home. Deem the stepparent's income and include in the child's 185% and 100% AFDC group Need Standard Income Test. See the EP Appendix A to determine the amount to be deemed. When you deem the stepparent's income, the stepparent and members of their AFDC group are not counted in the child's AFDC group. Only the deemed income is included. The living arrangement is always non-shared when determining the AFDC Needs Standard Income limit.

ii. Option Two - Include the stepparent and their children (not related to the other parent in the home) residing in the home at the time the child was removed, in the AFDC group. Include their full countable earned and unearned income. Use option 2 when the stepparent has little or no income.

iii. Please see PPS-5410B.1

i. 185% Gross Income Test – If income is less than the Gross Income Limit of 185% of the Federal Poverty Level for the group size, the group meets this income requirement and will move on to the 100% AFDC Need Standard Income test. See PPS-5410B.

j. 100% AFDC Need Standard Income Test – Total Adjusted Income must be less than the AFDC Need Income limit for this AFDC group size, living arrangement and county to be Basic Title IV-E eligible. See PPS-5410B

k. Resources – Defined as “a resource a person possesses or owns”.

i. A resource value is determined by its equity. Equity value is determined by the current market value minus any debts still owed on the resource.

ii. To be eligible for Basic Title IV-E eligibility the child's AFDC group must not exceed the maximum limit of \$10,000.00 in resources.

iii. Countable resources:

a. Bonds

b. Credit union savings

c. Income property

d. Real estate (the home the family resides in is exempt)

e. Savings accounts

f. Stocks

g. Vacation homes

h. Vehicles (Deduct \$1500.00 from total Equity value) (Vehicles seven years and older are valued at \$100.00)

iv. Exempt Resources:

a. Inaccessible trusts (includes per capita tribal payments to foster child)

b. Burial plot (one per AFDC group member)

c. Home of residence and surrounding acreage

d. Funds for relocation (Uniform Relocation Act)

e. Household furnishings and clothing

f. Personal jewelry

g. Farm/Business inventories/tools used to produce income

9. Infants of Teen Mothers

a. An infant of a teen mother in the custody of the agency can be automatically Basic Title IV-E eligible if the following criteria are true:

i. The infant is not in DCF custody

ii. The infant is placed together in the same family foster home or facility as their mother

iii. The child welfare contract management provider is paying for the cost of the infant's care in the placement.

b. If an infant comes into custody of the agency and is directly placed with their teen mother who is also placed out of home, they are not Basic Title IV-E eligible. The child has not been removed from the home and remains with the parent specified relative.

c. When the infant enters custody of the agency and is placed separately from their teen mother initially, the infant and the mother may be Basic Title IV-E eligible as determined individually. The infant's Title IV-E eligibility would be determined based on their teen mother's income and resources.

10. Abandoned Children- An abandoned child whose parents are unknown shall be determined state funded using aid code GA01N-GAB. This does not include a parent who leaves a child with a friend or relative and is unreachable, but the identity of the parent is known. In either scenario, all the IV-E eligibility requirements must be met for a child on whose behalf title IV-E foster care or adoption assistance is claimed.

Determining a child's financial need requires DCF to examine the parents' income and resources. In the case in which the identity of the parents is unknown, including when a child has been abandoned, DCF will not have any financial information on which to make an AFDC eligibility determination. The worker cannot presume that a child would meet the eligibility requirements simply because the child has been abandoned.

## **5912 Title IV-E Determination for Federal Financial Participation – Maintenance Funding**

A child who is eligible for Federal Financial Participation (FFP) is often referred to as being payment or maintenance eligible. A child is eligible for Federal Financial Participation (FFP) in the Federal Title IV-E maintenance program if they are determined Basic Title IV-E eligible, meet specific judicial and placement criteria and are not receiving Supplemental Security Income.

### **A. Judicial Determination**

1. In the first (initial) court hearing authorizing removal, the Judge must find reasonable efforts have been made to prevent the child's removal or an emergency existed making it not possible for reasonable efforts to be made. (45 CFR **1356.21** ~~1355.20~~)
2. Judicial language related to the reasonable efforts finding is separate from findings related to contrary to the welfare.
3. The finding of reasonable efforts to prevent removal and the language documenting this finding must be in the initial court order removing the child. Effective March 27, 2000, Affidavits and Nunc Pro Tunc are not considered the initial court order and the findings and language documented in them do not meet the FFP criteria.
4. The language in reasonable efforts to prevent removal must be documented in the initial court order. If the court order only references the applicable state law absent the language it does not meet FFP criteria. (45 CFR 1356.21)
5. If the initial court order removing the child from home does not include the finding of reasonable efforts to prevent removal language, the child cannot be FFP (maintenance) eligible during this custody episode except when:

A child placed out of home, then reunified in their parental home six calendar months or longer with continuous DCF custody and returned out of home will require a new determination. The six calendar months begins the month following the month the child/youth returns home. In making this determination, there must be a removal order and a new finding of reasonable efforts to prevent removal. If this finding is made and documented in the custody order removing the child from



the home, the child will meet requirements for FFP as it relates to reasonable efforts to prevent removal.

## B. Placement

A child or youth must be placed in an eligible placement to meet criteria for FFP. An eligible placement is contingent upon the type of placement and the licensure status. If a child or youth is continuously placed in a licensed home, they remain FFP eligible for the entire month(s) the home has met full licensing standards. This includes when the home has full licensure only part of the month. FFP eligible placements shall meet DCF standards and be licensed by the agency.

### 1. Placements eligible for FFP:

#### a. DCF Licensed family foster home.

i. If the child's placement is outside of Kansas, their placement must meet licensing standards in the state the home is located.

ii. This includes adoptive homes post signing of APA and up to adoption finalization if the home continues to remain licensed.

#### b. Licensed Relative

#### c. Licensed Kinship Home

#### d. Private Group Home

#### e. Child Care Facility

#### f. Shelter Care Facility

#### g. Secure Care Facility

#### h. Qualified Resident Treatment Program (QRTP) Facility

i. Publicly operated (by a branch of government) childcare facility, licensed for no more than twenty-five children.

#### j. Transitional Living Program (TLP)

#### k. Community Integration Program (CIP)

## 2. Ineligible Placements

- a. Medical Facilities
- b. Psychiatric Residential Treatment Facility (PRTF)
- c. Unlicensed family foster homes
- d. Detention facilities
- e. Forestry camps
- f. Publicly operated childcare group homes with more than twenty-five children.
- g. Training schools
- h. Locked and secured facilities used primarily for detention purposes.
- i. Court ordered placements – where the court directly orders the agency to place the child in a specific placement.
- j. Adoptive placements at finalization - Adoptive placements no longer licensed, post signing of APA.
- k. Independent Living Setting not a TLP or CIP in which youth is living on their own supported by a Child Welfare Case Management Provider and remain in DCF custody.

NOTE: Children coming into out of home care who are placed with a parent whose rights had been previously terminated or relinquished: Title IV-E foster care maintenance payments are available for AFDC-eligible children who have been removed from their own homes and placed in a foster family home or **congregate care facility** ~~child care institution~~. By definition, foster care is provided by someone other than a biological parent. While a termination of parental rights severs the legal ties between the parent and the child, it does not change the biological relationship with the child. A child living with his parents would not be considered to be living in a foster home and, thus, would not be eligible for title IV-E foster care maintenance payments. (Source/Date ACYF-CB-PIQ-89-04 (8/8/89) Legal and Related References Social Security Act - Sections 472 (a)(2)(A) and (C), **Section** 472 (b))

## 3. AWOL

- a. If a child/youth in the custody of DCF runs or is absent from their placement, the Eligibility Specialist shall continue to monitor the child's case for Journal Entries including ongoing agency custody and regular permanency hearings. The state may claim Administrative eligibility and the child remains Basic Title IV-E eligible while on the run if both six-

month periodic review hearings (ongoing agency custody) and permanency hearings occur as required. The child/youth is not Title IV-E FFP (maintenance/payment) eligible while on the run.

#### 4. Respite Care

a. A child or youth remains eligible for Title IV-E FFP when they stay temporarily or short-term in a respite home if the home is an eligible licensed foster home or facility.

#### 5. Relative placements

a. The CWCMP case managers may choose a relative placement for the child/youth. Relatives may choose to **apply to** be approved by DCF, receive TANF or become payee of the child/youth's SSI, if receiving benefits. If the relative placement chooses to be approved by the CWCMP, this does not equate to being a licensed eligible placement. If choosing to become payee for SSI benefits, the case manager will refer the relative to the Social Security office.

### C. Supplemental Security Income (SSI)

A child's basic eligibility does not change if or when they become eligible for SSI. If receiving SSI, the child is no longer FFP eligible. The child is not FFP eligible regardless of who the representative payee is. ~~The monies received on behalf of an SSI eligible child are used to offset their cost of care.~~ DCF contracts with Kansas Legal Services (KLS) to apply for SSI on behalf of disabled children entering foster care and not already receiving SSI. When entering out of home care, the child is referred to a Child Welfare Contract Management Provider. This Provider refers the child to KLS along with needed background information. While ~~the child is~~ waiting for the outcome of ~~their~~ **the child's** SSI eligibility determination, ~~DCF is responsible for their cost of care.~~ **If** the child is not FFP eligible ~~during this time.~~ **to be** SSI eligible, the agency may receive a lump sum benefit on their behalf. A request from DCF to Social Security can be made to request back benefits. ~~be applied to the child's cost of care incurred during the application months.~~ **(See PPM 5927 – 5929 for more information.)**

When a court transfers custody between DCF and **Kansas Department of Corrections (KDOC) – Community Based Services (CBS)** ~~KDOC-JS~~, the Eligibility Specialist shall notify any agency from which the child/youth receives benefits (SSA, VA, etc.) to inform them which agency is now responsible for the child/youth's placement and care. If the child/youth is transferring from DCF to KDOC, the Eligibility Specialist shall provide a copy of this notification to the local ~~KDOC-JS~~ **CBS** agency.

## 1. Psychiatric Residential Treatment Facility (PRTF)

- a. Eligibility Specialist shall notify the Social Security Administration (SSA) when a child is placed in a PRTF, acute psychiatric facility or state hospital.
- b. SSA will calculate potential benefit reductions while child is in this placement, See PPM 5929.

## 2. Payee

- a. In most cases, DCF is the representative payee for SSI benefits on behalf of a child in Foster Care and placed out of the home.
- b. If a third party is acting as payee on behalf of the child, the third party is responsible for completing and submitting the Representative Payee Report to SSA.

## 3. Suspension of SSI Benefits

- a. DCF may request a suspension of the child's SSI benefits for up to one year.
- b. SSA must approved the suspension.
- c. 3rd Party Representative Payees in receipt of SSI on behalf of the child are not considered a suspension of benefits.
- d. During the time benefits are suspended, a child determined basic Title IV- E eligible may resume FFP.

## 5927 WARDS Applying to Be Payee for Outside Benefits

Children and Youth may be eligible for state, federal or nongovernmental benefit payments. For children and youth who may be eligible but are not currently receiving such benefits DCF will assist the child in becoming eligible. For Children and Youth receiving state or federal benefit payments DCF will apply to be the payee for such benefits unless another payee is identified.

Youth who are in the custody of the Secretary and placed out of home may be eligible for various benefits. DCF can initiate procedures with appropriate agencies to help clients receive benefits, and/or request to become payee of said benefits. Benefits are then used to offset the client's cost of care.

When a youth is in receipt of SSA/SSI and is ordered in custody and out of home placement, DCF is to apply to be the Representative Payee either by paper application or by phone interview with your local SSA contact.

### A. Types of Benefits

DCF can request to be payee for the following benefits when a youth is in the custody of the Secretary and placed out of home. The following is a list of benefits for which DCF can request to be payee on a youth in custody and out of home placement. The acronyms starting each benefit type below are the acronyms used in the WARDS system.

1. SSA (Social Security Act benefits, officially named Retirement, Survivors, & Disability Insurance benefits, aka RSDI) is paid to a child based on a parent's retirement, death or disability and is based on the parent's qualifying work history and eligibility. income for the child generated from a disabled, retired, or deceased parent. Children receive primarily SSA survivor and disabled parent benefits. Social Security refers to these benefits as Title II (2) benefits.
2. SSI (Supplemental Security Income) is a need-based benefit paid to a child based on the child's disability. income received for the child due to being financially needy, blind, or disabled including behavioral and emotional disabilities. Social Security refers to these benefits as Title XVI (16) benefits.
3. VA – (Veteran Administration) VA benefits are paid to a child based on their parent's military service, service-connected disability, or death.
4. RR – (Railroad) Railroad retirement benefits are paid to a child based on their parent's history of employment by the railroad or current connection to the railroad.

5. OTH (Other) benefits may include, but are not limited to retirement, disability, or survivor benefits from a private source, or government stimulus checks.

## B. Applying for Benefits

When a child might be eligible but is not currently receiving benefits, PPS or Child Welfare Case Management Provider (CWCMP) staff shall apply for benefits on a child's behalf.

### 1. Applying For SSI.

Children and youth in the custody of the secretary as well as youth and young adults 18-21 receiving Independent Living Services can access assistance from KLS in applying for benefits. CWCMP tasks listed below are completed by IL Specialists for youth and young adults aged 18-21 receiving IL services.

Child Welfare Case Management Provider (CWCMP) staff refers the child to Kansas Legal Services (KLS) for SSI consideration by filling out the Disability Determination referral form, Appendix 5U. The CWCMP staff shall provide a copy of the completed referral form to the PPS Eligibility Specialist. The PPS Eligibility Specialist is responsible for completing questions 1-6 on the referral form, then emailing back to Provider and including KLS ([DCF to KLS EXAMPLE Referral Form](#)).

Each region's Program Administrator has a listing of KLS contacts. The referral should be sent to the KLS office that serves the child's county of jurisdiction, which is not always the same as the county of residence.

- a. CWCMP completes questions 7 to the end of Appendix 5U, Disability Determination Form, and sends the completed form to the PPS eligibility specialist. If the client is IV-E eligible, the PPS Eligibility Specialist, upon receipt of the referral from CWCMP shall change the client's payment eligibility to state funded (AG SSI) effective the date the referral was signed by the CWCMP. Refer to PPM 5912.C for more details.
- b. PPS Eligibility Specialist completes questions 1-6 and forwards Appendix 5U to the CWCMP and the KLS office serving the county where the child's court case is located. The CWCMP staff shall send a completed copy of Appendix 5U to the regional DCF office PPS Eligibility Specialist.

c. PPS Eligibility Specialist, if the child is IV-E eligible, will change the child's payment eligibility to state funded (AG SSI). See PPM 5912.C KLS will obtain the required signatures for the "Authorization of Release of Information" on the Disability Determination referral form, Appendix 5U, and request an appointment to review the file with the CWCMP staff. KLS may request all relevant medical information from the child's case file be mailed to KLS if travel to the file is not possible.

d. CWCMP will provide KLS with necessary documentation and access to the file and relevant medical documentation as requested. KLS submits an application to the Social Security Administration and informs the CWCMP case manager who requested the referral and the PPS Eligibility Specialist of Social Security's decision. If PPS is informed of the decision directly from Social Security, the PPS Eligibility Specialist shall notify KLS and the CWCMP case manager of the decision.

e. PPS Eligibility Specialists will forward any eligibility decision received directly from SSA to KLS and the CWCMP. Appeals for denied SSI applications are also managed by KLS. If KLS determines it is not prudent to pursue an appeal, KLS will notify through e-mail the PPS Eligibility Specialist. The PPS Eligibility Specialist will reply within 30 days as to whether PPS accepts the determination not to pursue an appeal or would prefer KLS continues with an appeal, giving justification for that preference.

f. PPS Eligibility Specialists will review denials of benefits and KLS recommendations for appeal and either accept the recommendation of KLS or provide additional justification for an appeal.

Children and young adults aged 18-21 not in DCF custody eligible for Independent Living Services or Family Services can also be referred to Kansas Legal Services. The PPS Independent Living Coordinator or designee responsible for making the KLS referral shall complete the Appendix 5U form.

## 2. Applying for SSA

If the CWCMP believes a child may be eligible for income generated from Social Security for a disabled, retired, or deceased parent, they shall contact the FC Liaison in the child's region who will have a WARDS worker contact Social Security.

## 3. Applying for Veteran Benefits or Railroad Benefits

DCF does not need to apply to be payee of Veteran's nor Railroad benefits as these type benefits cannot be used to offset expenses.

When a child has a parent with military service, the child may have VA benefits based on that parent's service-connected disability or death. DCF

WARDS Worker should initiate a request to confirm eligibility of the Dependency and Indemnity Compensation (DIC) program by mailing a completed VA Form 21P-534a to:

Department of Veterans Affairs  
Pension Intake Center  
PO Box 5365  
Janesville, WI 53547-5365

#### 4. Applying for Railroad Benefits

For children in custody who have a deceased parent who is a former vested railroad employee, may be eligible for a monthly annuity from the Railroad Retirement Board (RRB). The process to determine eligibility or request to be payee for benefits is to call (877) 772-5772 with the deceased parent's SSN.

Once eligibility is determined, a child does not lose access to benefit eligibility due to a lack of payee. Benefits for eligible children end when they turn 18 or graduate from high school unless they are determined to have been disabled prior to age 22. If they are determined to have been disabled prior to age 22, benefits are permanent.

#### Additional Contact Info:

Richard Bolling Federal Building  
601 East 12th Street, Room G47  
Kansas City, MO 64106

Hours: 9:00 AM - 3:30 PM  
Monday through Friday except Federal Holidays

Telephone: (877) 772-5772  
Fax: (816) 426-5334

#### C. ~~Becoming Payee~~ Representative Payee Recommendation

A representative payee is a person, selected by SSA or another paying agency, to receive and utilize benefits on behalf of the recipient. DCF and CWCMPs may recommend a person be approved as representative payee, however, only SSA or the benefit provider can make the final determination as to the payee. During any time when DCF serves as representative payee for a child in the custody of the Secretary, DCF will conserve the child's or youth's benefits in an appropriate account and make the funds available to address otherwise unmet needs of the child or youth.

~~If a child is receiving benefits and placed into custody and out of home, DCF is to apply to be the payee of those benefits in the following situations: to offset~~



placement related costs and ensure continued eligibility for Social Security Benefits.

DCF will apply to become payee of outside benefits for children who enter custody of the Secretary and who are in out of home placement and remain representative payee until either someone else is appointed by the benefit's provider or the child achieves permanency.

1. CWCMPs and DCF will ~~take steps~~ make inquiries to families and caregivers throughout care to locate other individuals or agencies who would be an appropriate representative payee ~~by providing notice and opportunity to either apply for or identify other appropriate persons with any notice sent regarding federal benefits or conserved benefits.~~
2. DCF will consider the following when a recommendation is requested from Social Security Administration regarding a potential representative payee applicant.
  - a. Has the potential representative payee completed financial management training through the State Treasurers Office or other organization including education about ABLE accounts ~~about the management of an ABLE account if the recipients have funds in an ABLE account?~~
  - b. Is the potential representative payee ~~the~~ a long-term placement (reference PPM 5233) for the recipient or do they have a relationship with the placement ~~for the recipient~~ which supports access of the recipient to their funds in an appropriate manner?
  - c. If the potential representative payee is not the current placement, does the current placement wish to become representative payee?
  - d. If the potential representative payee is not recommended and no other person or agency is identified, will the child, youth, or young adult lose their benefit eligibility? (NOTE: SSI has the potential to be ended if no representative payee is available after 1 year of inactivity.)
3. DCF will generally recommend that the following be approved by SSA as representative payee:
  - a. Long term relative or non-related kin placements existing 2 months or longer.
  - b. Pre-Adoptive homes, Permanent Custodians or SOUL Custody homes.
  - c. Young adults capable of handling their own finances even if they remain in the custody of the Secretary
  - d. Long term Medicaid paid placements or adult residential facilities for individuals living with I/DD.
  - e. Parents or Caregivers when being payee would support reunification efforts. For example, it would be appropriate to recommend the parent if the child was recently removed and is expected to return home within 30 days, or in situations where financial resources are the sole or largest contributing barrier to reintegration.

4. DCF will generally not recommend that the following be appointed by SSA as a representative payee:
  - a. Foster homes that are neither relative nor non-related kin placements. If the recipient's placement provider currently serves as payee, DCF generally will not disrupt this arrangement.
  - b. Congregate care facilities
  - c. Parents or Caregivers who cannot demonstrate how the funds will be used to directly support the recipient.
  - d. Short-Term, Transitional, Overnight, Night-to-Night or Crisis placements as those terms are defined in PPM 5233.

## D. Applying to Become Representative Payee

### 1. Social Security Benefits

By phone: Contact your local Social Security office and provide the child's name, SSN and DOB, and date child began DCF custody. Inform Social Security the client is state funded.

Paper Application: Complete a request to be selected payee applicant.

Benefits are to be made payable to: DCF Children and Family Services for (child's name).

### ~~D. Direct Deposit or Paper Checks~~

~~DCF prefers that benefits are direct deposited, but paper checks can also be received.~~

### 2. Veteran Administration Benefits

A child of a deceased veteran could be receiving a tax-free benefit under the Dependency and Indemnity Compensation (DIC) program. DCF WARDS Worker should initiate a request to be made payee of this benefit by contacting the Lincoln VA Fiduciary Hub at [FIDINQUIRY.VBALIN@va.gov](mailto:FIDINQUIRY.VBALIN@va.gov).

### 3. Railroad Benefits

For children in custody who receive a monthly annuity from the Railroad Retirement Act, DCF should request to be made payee of those benefits. Contact the Railroad Retirement Board office at the phone number below and request to be made payee:

Richard Bolling Federal Building

601 East 12th Street  
Room G47  
Kansas City, MO 64106

Hours: 9:00 AM - 3:30 PM

Monday through Friday except Federal Holidays

Telephone: (877) 772-5772

Fax: (816) 426-5334

## E. Representative Payee Actions

1. **SCRIPTS** - When the DCF PPS Eligibility Specialist is notified DCF will be made payee of a benefit, the worker shall enter the beneficiary's identifying information in **SCRIPTS** WARDS on the **Maintain-Client Transaction** screen. Refer to the WARDS User's Manual, located in the help menu of the WARDS application, for details. Should PPS Administration receive information about a beneficiary before the regional office, the WARDS Accountant **WARDS Administrator** may have already entered the client information; the PPS Eligibility Specialist shall confirm the information entered is correct.
2. Direct Deposit – DCF prefers direct deposits. Have direct deposits go to:

Capitol Federal

Routing # 301171285

Account # (see below ask WARDS Administrator)

There are three accounts managed within WARDS. Each has a different account number. Contact the PPS Administration WARDS System Administrator, the Benefit Payee Program Manager, or WARDS Finance Manager for the actual account numbers. You will need to supply both the routing number and account number to set up direct deposit.

### 2. The three separate bank accounts involved are:

- a. Regular Account – SSI and SSA benefits are deposited into this account.

b. Dedicated Account – Large SSI lump sum deposits that Social Security designated as needing to be deposited into a dedicated account go here.

c. Non-RD (non-Regular or Dedicated) - ~~Previously obtained~~ Veteran Administration, Railroad ~~(DCF no longer requests to be payee of these types of benefits)~~, and all other **types of** benefits **that are not SSI or SSA related** are deposited into this account.

### 3. Paper Checks

**Paper checks shall be mailed to:** ~~mail paper checks to:~~  
(This includes paper benefit checks received in the local DCF office.)  
~~DCF Overland Park Service Center~~  
~~Attn: WARDS Program Administrator~~  
~~8915 Lenexa Dr~~  
~~Overland Park, KS 66214~~  
**DCF Administration Building**  
**Attn: WARDS Mailbox**  
**555 S. Kansas Ave., 5<sup>th</sup> Floor**  
**Topeka, KS 66603**

### 4. Documentation

~~All WARDS documentation is to be categorized within Perceptive Content (ImageNow) under PPS Forms.~~

- a. **Logging Within WARDS – System actions such as approving/disapproving deposits are automatically logged in the WARDS system labeled as an *Activity*. PPS Eligibility Specialist shall use the system's logging function to record other transactions with the WARDS accounts such as telephone calls, reasons for actions taken, or to upload receipts (purchases over \$100 must have a receipt uploaded to the WARDS expense). Log notes do not need to be printed routinely; printing of log notes may be used for audits or the worker's use.**
- b. **Perceptive Content - The DCF PPS Eligibility Specialist shall label and upload all other transactions pertaining to the WARDS accounts within Perceptive Content (KEES) under PPS Forms. Maintaining this file is important to the agency to prove accountability to the child, the Secretary of DCF, and an auditor. The file shall contain, but is not limited to:**
  - i. **All communications from the agency issuing the benefit.**
  - ii. **All communications from DCF, including e-mails, letters, or phone calls to the issuing agency documented in a log note.**

1. **Perceptive Content** – The DCF PPS Eligibility Specialist shall label and upload all transactions pertaining to the WARDS accounts within Perceptive Content (KEES) under PPS Forms. Maintaining this file is important to the agency to prove accountability to the child, the Secretary of DCF, and an auditor. The file shall contain, but is not limited to:

a. All communications from the agency issuing the benefit.

b. All communications from DCF, including e-mails, letters, or phone calls to the issuing agency documented in a log note.

c. **Logging Note Within WARDS** – System actions such as approving/disapproving deposits and expenses are automatically logged in the WARDS system labeled as an *Activity*. PPS Eligibility Specialist shall use the system's logging function, rather than Perceptive Content, to record other transactions with the WARDS accounts such as telephone calls, reasons for actions taken, or to upload receipts (purchases over \$100 must have a receipt uploaded to the WARDS expense). Log notes do not need to be printed routinely; printing of log notes may be used saved for audits or the worker's use.

d. Original or copy of receipts for purchases made with WARDS dollars. Purchases over \$100 must have a receipt in the WARDS file. These receipts can be obtained through the CWCBS contractor.

## 2. **New Payee Data Entry Task**

When the DCF PPS Eligibility Specialist is notified DCF will be made payee of a benefit, the worker shall enter the beneficiary's identifying information in SCRIPTS WARDS on the Maintain | Client Transaction screen. Refer to the WARDS User's Manual, located in the help menu of the WARDS application, for details. Should PPS Administration receive information about a beneficiary before the regional office, the WARDS Accountant SCRIPTS System Administrator may have already entered the client information; the PPS Eligibility Specialist shall confirm the information entered is correct.

## 5928 WARDS Communication and Management of Social Security Benefits

This section deals with managing Social Security benefits. Social Security benefits have special rules and procedures.

### A. Communicating with Social Security Administration

1. [GSO \(Government to Government Services Online\)](#) – Once DCF is payee, communication with Social Security Administration is primarily done through an online system managed by Social Security called [GSO](#).
2. Contact the WARDS Administrator to have an application submitted for a GSO userid and password. The DCF eData Reporting Form (PPS-5928) is the document used to submit information to Social Security through GSO.
3. Telephone - Workers shall telephone Social Security with problems or questions or when the subject is not contained on the DCF eData Reporting Form (PPS-5928).
4. Foster Care Alert Data File – Sent monthly to SSA, contains a listing of placement information for all children who were in custody of the Secretary and out-of-home placement during the previous month.

### B. Mandatory Reporting of Changes to Social Security

When DCF is payee of Supplemental Security Income (SSI) or Social Security Act (SSA) benefits, regional office staff shall contact Social Security, via GSO and form PPS-5928 by the 10th of the following month, when any of the following occur:

The beneficiary:

1. dies;
2. moves (any placement change);
3. marries;
4. starts or stops working
5. has ongoing earned income;
6. has a foster care eligibility funding change;

7. drops out of school;
8. will turn 18 in the next 6 months;
9. is imprisoned;
10. is adopted (adoptive placement agreement signed or finalized);
11. no longer needs a payee; or
12. is released from DCF custody.

### C. Lump Sum Benefits

Lump sum benefits are often received from Social Security for past benefits owed to the child or because the last payee saved some of the benefit they received and returned it to Social Security. ~~There are different ways to handle a lump sum benefit.~~ **Dedicated Account:** Some lump sum benefits will be designated as needing to be put in a dedicated account. Social Security will inform DCF by letter when this is needed. Inform Social Security of the routing and account number for the WARDS Dedicated Account (contact PPS Administration WARDS System Administrator for assistance). Monies placed in the dedicated account do not count toward the child's SSI \$2,000 balance limit. **If a client receives a back payment lump sum not designated as dedicated funds, resources must be brought down below the \$2,000 limit within 9 months.**

~~**Multi-Month Distribution of a Deposit:** Other lump sum amounts not designated as needing to be in a dedicated account can be applied to expenses spanning several months. Since DCF uses the Social Security benefit to reimburse ourselves for the client's cost of care, DCF is seen as a payee and a creditor. A creditor payee must obtain Social Security's approval prior to using lump sum benefits for self-reimbursement. (SSA POM Section GN 00602.030.) The GSO communication system and form PPS-5928, GSO Reporting Form, are used to request a multi-month distribution of a lump sum deposit. See instructions for Form PPS-5928, for details.~~

### D. SSI While in Medical Placements

Youth placed in a State Hospital, Institution, or residential treatment facility (PRTF) receive a reduced SSI payment of \$30.00 per month. The reduced rate starts the first full month in one of these medical placements. The month the client is admitted (a partial month) PPS can receive the entire benefit. The \$30 is provided for the child's incidental expense for the month. Social Security must be notified, using GSO and form PPS-5928, when a youth enters and leaves a medical-type placement so the benefit can be adjusted. When in a medical placement for an entire month, if the SSI benefit is received by DCF at the full amount, the worker shall approve only \$30 of the benefit.

## E. SSI Balance Limits

Client's SSI eligibility is suspended if their resources are over \$2,000. Resources for SSI purposes would include the total of balances, excluding stimulus monies, in their regular and non-RD WARDS accounts. The non-RD account is where non-social security benefits are held. A balance in the dedicated account (lump sum benefits Social Security labels as dedicated are held in the dedicated account) do not count towards the \$2,000 limit. **Resources for a client receiving SSI shall be kept below \$2,000 through a combination of conservation of funds in an ABLE account and spending based on the needs of the client.** ~~If a client's SSI WARDS balance is approaching \$2,000, regional office staff shall reduce the balance by deciding how to spend the money based on the needs of the client. Refer to PPM Section 5929 for information of how benefits can be spent. Refer to PPM Section 5928.E for information on PASS, an option to consider when the SSI client has no unmet needs so benefits cannot be spent down.~~

A report in SCRIPTS WARDS called **Client** Balance Range ~~(Reports | Clients | Client Balance Range)~~ shall be run anytime a worker wants to know the balance of a client. The WARDS Administrator in PPS Administration runs this report monthly for clients who receive SSI and sends a copy to Social Security Administration and to each region.

Note: SSA **benefit only** accounts do not have a resource limit.

## F. Conserving Funds

There are two ways to save Social Security benefits for a need of the beneficiary.

### 1. ABLE (Achieving a Better Life Experience) Account

An ABLE Account allows an SSI recipient to save without losing their eligibility for SSI. ~~Visit Home | Kansas ABLE Savings Plan (savewithable.com) for more information on how to set up an account.~~ Eligible individuals can open the account for themselves, or an authorized individual can open an account on their behalf. There are a few requirements that individuals with disabilities must meet to be able to have an account. DCF shall utilize ABLE accounts to conserve benefits for SSI recipients in custody of the Secretary with account balances over \$1500. See PPM 5929 WARDS – Benefit Management for more information. ~~Contact the WARDS Administrator for approval prior to opening an ABLE Account.~~

### 2. PASS (Plan for Achieving Self-Support) for Clients with SSI Balances

- a. A PASS plan is appropriate when the following conditions are met:



- i. The client receives an SSI benefit; and
- ii. The client has all needs met; and
- iii. Their WARDS balance will exceed the \$2,000 limit within 90 days; and
- iv. The client has a plan for their future (i.e. attend college or start a business).

Money put into PASS is not considered as a resource when determining a client's eligibility for SSI. More information about PASS, and how to apply for it, can be found at [Plan to Achieve Self-Support \(PASS\)](#). The PPS Eligibility Specialist shall initiate discussions regarding a PASS with the DCF IL Coordinator and the CWCMP. The DCF IL Coordinator shall complete the needed form and documentation, making sure the PPS Eligibility Specialist has copies of anything submitted to Social Security.

- b. If the PASS is approved the PPS Eligibility Specialist shall send the request to the WARDS Finance Manager in DCF Payables when the PASS funds are needed by the client for their intended purpose.

~~v. Indicate on the Maintain | Clients screen the approved amount under SSI "Maintain Minimum Balance". This will prevent the WARDS system from using up to that approved amount to reimburse the agency for cost of care.~~

~~vi. Reduce the amount listed on SSI "Maintain Minimum Balance" by the amount of the purchased item.~~

### ~~3. Minimum Balance for Clients with SSA Balances~~

~~Applying a "Maintain Minimum Balance" to a client's SSA account in WARDS means that up to the amount determined for the identified need will not be used to reimburse DCF for expenses incurred while the client is in DCF custody. The reason for conserving funds needs to be carefully evaluated by the PPS Eligibility Specialist and the regional program administrator to determine if this is in the best interest of DCF and the youth in DCF custody.~~

#### ~~a. Qualifying~~

~~i. The client receives Social Security Act (SSA) benefits and no SSI benefits; and,~~

~~ii. This need cannot be met through any other source.~~

## b. Procedures

- i. Documentation – The PPS Eligibility Specialist shall obtain in writing from the region’s program administrator approval to conserve funds in WARDS. This documentation shall be kept in the WARDS financial file.
- ii. Maintain | Client Screen – On the Maintain | Client screen in WARDS, enter the amount to conserve as a “Maintain Minimum Balance” for SSA. DCF will not be reimbursed until this dollar amount is achieved in the WARDS account.
- iii. E-Mail the PPS Administration WARDS Finance Manager with expenses as they are needed for disbursement from the WARDS conserved funds.
- iv. Reduce the amount listed on “SSA Minimum Balance” by the amount of the purchased item.

## G. Annual Accounting to Social Security Administration (Representative Payee Report)

When DCF is payee of a child’s social security benefit, Social Security will mail yearly to DCF a Representative Payee Report which is filled out with the assistance of the Rep Payee Report in **SCRIPTS** WARDS. (refer to the help menu of the WARDS application for instructions on how to run this report). DCF shall use Social Security’s on-line reporting site whenever possible to answer the questions asked on the Payee report. If the site is not available or attachments need to be sent with the report to explain certain answers, the Representative Payee Report shall be mailed in the envelope provided by Social Security.

Social Security’s on-line reporting site can be found at [Internet Representative Payee Accounting Report](#). The PPS Eligibility Specialist completing payee reports shall access Social Security’s on-line reporting site and register for a userid and password. This userid and password are then used on the site to submit answers to Representative Payee Reports.

Please note that the on-line reporting site is different from the GSO account mentioned in PPM 5928.A.1.

## 5929 WARDS - Benefit Management

This section contains information regarding events occurring while DCF is payee of a foster child's benefit. The DCF PPS Eligibility Specialist worker shall be familiar with the following information.

### A. ~~Approving Deposits and Expenses~~ 1. Guidelines for Approving Deposits

DCF is eligible to receive a benefit deposit if the child was in DCF custody in an out of home placement at any time during the month. The following guidelines apply for determining how much of a benefit deposit can be approved.

1. Return Home: ~~Notify Social Security Administration via completion of an Edata Reporting Form (PPS 5928) and upload to GSO Website.~~ **This change in placement is reported in the monthly Foster Care Alert File sent to Social Security.** For the month a child returns home DCF Regional Office staff shall approve the entire benefit deposit for the month. Any benefit deposits received for months following a return home shall be disapproved.
2. APPLA: ~~Notify Social Security Administration via completion of an Edata Reporting Form (PPS 5928) and upload to GSO Website.~~ **This change in placement is reported in the monthly Foster Care Alert File sent to Social Security.** Youth who achieve permanency through APPLA are also released from custody. Any benefit deposits received the month of release shall be completely approved; any benefit deposits received the month after the release from custody shall be disapproved.
3. PRTF or Hospital Stay: ~~Notify Social Security Administration via completion of an Edata Reporting Form (PPS 5928) and upload to GSO Website.~~ **This change in placement is reported in the monthly Foster Care Alert File sent to Social Security.** If a child is placed in a PRTF or Hospital Stay for the entire month, the state is only allowed to approve \$30 of the deposit for an SSI benefit. Other benefit types (SSA, VA, RR, etc.), do not have this limitation.
4. Detention, Missing or absent from placement: ~~Notify Social Security Administration via completion of an Edata Reporting Form (PPS 5928) and upload to GSO Website.~~ **This change in placement is reported in the monthly Foster Care Alert File sent to Social Security.** For SSI and SSA benefits, consult the local Social Security (SS) contact to determine if benefits can continue to be received. In some instances, social security benefits may continue while the child is in detention or is a runaway to be conserved for the child's return.

5. Adoption subsidy pre-finalization: ~~Notify Social Security Administration via completion of an Edata Reporting Form (PPS 5928) and upload to GSO Website.~~ **This change in placement is reported in the monthly Foster Care Alert File sent to Social Security.**
  - a. For SSI benefit with IV-E funded adoption subsidy ONLY: Concurrent receipt of IV-E adoption assistance and SSI is permissible. Social Security will reduce the SSI amount by the monthly subsidy payment. The new adoptive parents may request to be payee.
  - b. For all other benefit types (SSA, VA, RR, OTH): The new adoptive parents may request to be payee of the child's benefit. If they choose to become payee, all Social Security deposits received after their request becomes effective should be disapproved and returned to Social Security or returned to the adoptive parent if the benefit is VA, RR, or OTH. A partial month offset may be approved from the deposit if the request became effective in the middle of a month.
6. Death: In the case of death, an SSI check is payable for the month of death; any SSI checks received following the month of death shall be disapproved. For non-SSI beneficiaries, no check is received for the month of death, even if the child dies on the last day of the month. Disapprove any check received for the month of death or later for non-SSI benefits. Notify Social Security Administration via completion of an Edata Reporting Form (PPS 5928) and upload to GSO Website.

#### ~~7. Guidelines for Approving Expenses~~

- ~~a. All foster care expenses paid out through SCRIPTS shall be approved. This includes adjustments, negative or positive, to previously paid amounts. The system automatically considers whether an expense exceeds the amount of SS benefit for the month in order to allow or disallow the expense to be reimbursed to DCF. The following guidelines apply when approving expenses in WARDS.~~

- ~~b. If no expenses display for the month, consider:~~

~~C. Approving the first deposit of a child's WARDS account allows expenses to be loaded.~~

~~D. If there an approved deposit for the time period in question? Only expenses involved in the service dates of an approved deposit will appear in WARDS.~~

~~E. Do the Rep Payee start/end dates (on the Maintain | Clients screen) include the months missing from the expense page. The Rep Payee start/end dates~~

~~indicate when a case is active; even if a deposit is approved, if the Rep Payee dates do not include the deposit's service month(s), the expenses will not load.~~

~~F. Any minimum balance populated on the Maintain Clients window will need removed so expenses will display.~~

## B. Monitoring Account Balances

DCF shall assure the client does not lose their SSI eligibility due to excess accumulation of income resources.

~~By the 15th of each month, the PPS Eligibility Specialist shall run the following reports to check balances on their cases:~~

1. Duties of the WARDS Administrator – Accounts involving SSI are reviewed monthly by the WARDS administrator for setup of an ABLE account when nearing a \$2,000 balance.
2. Duties of the Eligibility Specialist – The Inactive Client List with Balance This report provides a list of clients and their balances that do not have an open rep payee episode. Workers shall contact the WARDS Accountant [DCF.WARDS@ks.gov](mailto:DCF.WARDS@ks.gov) to close any cases with a balance where DCF is no longer the Representative Payee.
3. ~~Client Balance Range – This report provides a list of client balances falling within the filters applied. To check balances of clients who receive SSI, check the box “Only Clients Receiving SSI Benefits” and apply a filter where total balance is between \$2,000 – \$100,000. If an ABLE balance transfer large enough to reduce the resource balance below \$2,000 will not occur, workers shall look for ways to spend down the balance before the 1st of the next month.~~

## C. ABLE (A Better Life Experience) Account Management

Beneficiaries in the custody of the Secretary who receive SSI are eligible for an ABLE account. ABLE allows SSI recipients to conserve funds without losing their benefit eligibility due to excess income, as funds in the account are exempt from counting towards their resource limit.

1. Establishing ABLE Accounts: The New ABLE Accounts report in SCRIPTS WARDS provides a list of active clients receiving SSI benefits with a resource balance over \$1500. The WARDS Administrator shall complete and submit an ABLE account application for these clients monthly.

Applications and supporting documentation shall be sent via email through Ascensus' secure portal as well as via mail to:

Kansas ABLE Savings Plan  
P.O. Box 219266  
Kansas City, MO 64121

## 2. Continuing ABLE Transfers

Existing ABLE Accounts – This report in SCRIPTS WARDS provides a list of active SSI clients with a resource balance over \$1500 who have an established ABLE account. The WARDS Administrator shall transfer funds exceeding \$1500 from these clients' Personal Needs Accounts to their ABLE accounts monthly via ACH.

DCF will maintain a readily available balance of up to \$1500 for personal needs of clients receiving SSI in the WARDS account.

## 3. Transfer of ABLE Account

When a client is no longer in the custody of the Secretary or it is determined ABLE funds would support reunification, efforts should be made to transfer status as Authorized Individual from DCF to the beneficiary, if over 18, or new responsible individual.

## D. Purchases Made from the WARDS Account

Any qualifying personal item the beneficiary needs can be purchased with money in a WARDS account ~~if once the client's cost of care has been paid (calculated by the WARDS system) and~~ the item is not covered under the Foster Care Reintegration contract.

### ~~1. Waiving Cost of Care Reimbursement~~

~~a. Reimbursing DCF for cost of care can be waived by the WARDS Administrator should an extenuating circumstance exist, such as no other source is available to pay for a needed item. PPS Eligibility Specialist shall journal this exception and approval in the WARDS System. (Refer to 5928.E.2 for details on conserving funds.)~~

## 1. Receipts and Approved Items

Benefits should be used only for items the client can take with them from placement to placement. Following are examples of personal items for which WARDS funds could assist as reflected in the Guide for

Representative Payees **available through the Social Security Website.**  
Receipts for purchased items are required.

- a. clothing – coats, caps, gloves, swimming suits, shoes, or uniforms for school
- b. therapeutic equipment (if recommended by a doctor and not covered by any other source) – hearing aids, glasses, walkers, book holders, or wheelchairs
- c. health and hygiene items – cosmetics, dermatology treatments, or cosmetic dental treatments
- d. room furnishings – rugs, curtains, bedding items, pictures, posters, mirrors, or clothes hamper
- e. transportation – mileage or bus pass to visit family, go to amusement parks, State fairs, or summer camps
- f. hobby items – art supplies, photo albums, or cameras
- g. school items – supplies, class fees, activity tickets, yearbooks, instrument for school band or orchestra
- h. convenience items – tv's, clocks, watches, iPods, Kindles, iPads, or laptops
- i. miscellaneous items – magazine subscriptions, telephone expenses for out-of-town calls, restaurant meals, or reasonably priced holiday present for the child to give.
- j. Items the client cannot take with them when they move, or are not consumed by the client, shall not be purchased with WARDS account money. This would include, but is not limited to, anything built in, such as a wheelchair ramp, a dishwasher, wall-to-wall carpeting, or bus ticket for a family member. Reasonably priced holidays gifts for the client to give are the exception to this rule.

## 2. How to Make a Purchase

Upon receipt from the CWCMP for a purchase request, the PPS Eligibility Specialist worker shall explain to the case manager that the CWCMP may purchase the item(s), and upon submission of the receipt(s), reimbursement will be made only to the CWCMP. The PPS Eligibility Specialist should ensure there is money available in the child's WARDS account prior to making the purchase. **ABLE account funds may be used for approved purchases if there is not enough money in the**



client's WARDS account. Any exceptions to purchases or purchases using ABLE funds must be approved by the WARDS Program Administrator prior to a purchase being made. Documentation of the exception request and approval shall be through e-mail correspondence which will be saved with the completed PPS 5929 WARDS Account Spending Request form.

### 3. Request a Check

To request a check from WARDS, the PPS Eligibility Specialist shall complete the PPS 5929 WARDS Account Spending Request and e-mail the form to the WARDS mailbox at [DCF.WARDS@ks.gov](mailto:DCF.WARDS@ks.gov). Receipts and/or client signatures are required for any purchase request.

- a. ~~NOTE: PPS Eligibility Specialist should impose a 'minimum balance' on the child's account when receiving a request from the case manager to reserve funds for a purchase. (See the WARDS User's Manual, located in the help menu of the WARDS application, for details on how to place a 'minimum balance' on an account.)~~

### E. Youth Over 18 Who Remain in Custody

Youth over 18 who remain in custody and out-of-home placement can become their own payee, but the youth must sign their benefit check over to DCF to be deposited into the WARDS account as recovery of their cost of care. Youth who are not able to manage their own benefit money should not become their own payee. This is a decision to be made by staff at the agency issuing the benefit.

### F. Returning Money Held in WARDS

When a child in DCF custody is no longer in out-of-home placement and DCF should no longer be payee, the client's WARDS account shall be closed, meaning the balance brought to zero. The following are the responsibility of the PPS Eligibility Specialist:

1. Inform Issuing Agency – For Social Security benefits, the client's change in placement status will be reflected in the next month's Foster Care Alert Report. ~~the PPS Eligibility Specialist shall inform Social Security, via GSO and Form 5928, of the child's new placement.~~ For Veterans Administration or the Railroad Board, phone or e-mail your contact of the child's new placement.
2. ~~Last month of expenses – Approve/disapprove all pending deposits. and expenses. Expenses appear in WARDS the month following the month they occur; the PPS Eligibility Specialist will need to wait until the month following the closure month to approve/disapprove all expenses.~~



3. Close Rep Payee Period – Enter a Rep Payee closure date on the ~~Maintain~~ Client **Transaction** screen in **SCRIPTS** WARDS.
4. ~~Notify WARDS Accountant~~ **Close Account** – Send a completed PPS5927B Close Out Worksheet [CLOSE OUT WORKSHEET PPS5927B NEW](#) to the WARDS mailbox at [DCF.WARDS@ks.gov](mailto:DCF.WARDS@ks.gov) ~~with letting them know the~~ **following information:**
  - a. To Whom the check should be made out following these guidelines:
    - i. Social Security benefits – Balances shall be paid to Social Security within 30 days of DCF no longer being payee. Social Security will then review the case and if in agreement, forward that balance to the new payee. Note, SSA does not always agree with the remaining balance due to the youth and in some instances an overpayment may be determined. In special circumstances, Social Security may permit DCF to transfer conserved funds directly to a new payee or to a capable beneficiary, if it serves the best interest of the beneficiary.  
  
The PPS Eligibility Specialist must request approval from the WARDS Administrator and Social Security to transfer the balance directly to a new payee or beneficiary. Social Security will approve such transfers on a case-by-case basis.
    - ii. Veterans, Railroad, and other benefits – Balances shall be sent to the new payee responsible for the child's day-to-day care. **Notify** the WARDS Accountant [DCF.WARDS@ks.gov](mailto:DCF.WARDS@ks.gov):
  - b. Where the check should be sent
  - c. Client's name
  - d. Client's ID#

# 5940 Coordination with the Kansas Department of Corrections - Juvenile Services (KDOC-JS) - Community Based Services about Medicaid

A. Kansas Department of Corrections (KDOC)-JS Community Based Services (CBS) is the designated State agency for serving juvenile offenders in Kansas who have been placed into the custody of the State through a juvenile offender court hearing. ~~are involved with KDOC-JS by the courts. PPS Eligibility Specialists are responsible for determining if juvenile offenders (JOs) in KDOC-JS custody are eligible for Medicaid. Whenever necessary, PPS and KDOC-JS :~~ CBS staff shall communicate and coordinate work related to these cases when necessary.

B. ~~Local KDOC-JS agency Case Managers~~ Community Supervision Officers (Community Corrections) are responsible for the day-to-day management of ~~Jos~~ children/youth who are in KDOC-JS -CBS custody. Some of these ~~JOs~~ children/youth are in out-of-home placement which makes them part of the State's foster care population. ~~JOs Youth may reside in a Family Foster Home, YRC's, PRTFS, Sanction House, TLP, CIP, Juvenile Detention Center, Juvenile Correctional Facility, Secure Care Facility, Emergency Shelter or with relatives.~~ While most of the custodial youth are placed at home some individuals may be placed in an out-of-home placement or in a Juvenile Correctional Facility. Children/Youth in KDOC-JS CBS custody and residing in out of home placements are eligible for Foster Care Medicaid if they meet the eligibility criteria per Section 590018.

~~Youth in KDOC-JS custody and residing in out of home placements are eligible for Foster Care Medicaid if they meet the eligibility criteria per Section 5900.~~

~~KDOC-JS Case Managers~~ C. Community Supervision Officers (Community Corrections) shall forward the following information to the PPS Eligibility Specialists for determining Foster Care Medicaid:

1. Copy of Medical Insurance (if applicable)
2. PPS 5460

D. Youth in KDOC-JS -CBS custody are no longer eligible for Foster Care Medicaid when they reach the age of 21 (last day of the month they turn 21). The PPS Eligibility Specialist shall close the case in KEES.

## **6313 SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Eligibility Determination**

Prior approval from PPS Administration must be obtained before entering into a SOUL Family Legal Permanency subsidy agreement with the residential custodian using the PPS 6302 Soul Family Legal Permanency Subsidy Agreement.

**A. The Child Welfare Case Management Provider shall:**

1. The CWCMP sends the following (items A-C) directly to the DCF Regional Office Contact to initiate approval of SOUL Family Legal Permanency Monthly Subsidy prior to finalization of SOUL Family Legal Permanency
  - a. Completed PPS 6300 SOUL Family Legal Permanency Monthly Subsidy Checklist
  - b. The PPS 6301 SOUL Family Legal Permanency Referral for Payment
  - c. W-9 Statement. The SOUL Family Legal Permanency custodian with whom the youth shall reside will be the payee/listed on the W9 form, that person's SSN, address, and signature are required for this form. (Copy of the SS card for the residential custodian completed the W-9 is needed.)
2. Upon finalization of SOUL Family Legal Permanency, the CWCMP sends the following directly to the DCF Regional Office Contact to initiate payment of SOUL Family Legal Permanency Monthly Subsidy
  - a. The PPS 6302 SOUL Family Legal Permanency Subsidy Agreement
  - b. Appointment of SOUL Family Legal Permanency Journal Entry
  - c. The PPS 6186 SOUL Family Legal Permanency AFCARS data
3. The DCF Regional Office Contact reviews the documents for accuracy, completeness, and saves all documents from section A.1 and A.2 to the SOUL Family Legal Permanency shared drive. Reference the instructions on shared drive for saving. The DCF Regional Office Contact sends notification to CWCMP.
  - a. SOUL Family Legal Permanency Monthly begins the first day of the month of appointment of SOUL Family Legal Permanency by the court.

**B. The CWCMP shall inform the SOUL Family Legal Permanency Custodians;**

1. How to access the Journal Entry with the court date stamp on it.
2. The completed PPS 6302 SOUL Family Legal Permanency Subsidy Agreement with DCF Administration signature.

3. The name and contact information of the regional DCF point-of-contact for questions about payments, returning annual reviews and reporting changes.
  4. Instructions for completing and submitting the PPS 6320 SOUL Family Legal Permanency Change in Status Form.
    - a. Changes in living arrangements, school, child's income, and closures, etc. are to be reported by the family to the regional office.
  5. Instructions for completing and submitting the PPS 6315 SOUL Family Legal Permanency Annual Review. DCF regional offices are to complete annual reviews with the SOUL Family Legal Permanency residential custodian. Failure to complete and return the forms to the regional offices could result in subsidy being stopped. The Soul Family Legal Permanency Monthly Subsidy is not considered income and therefore the agency does not send out a 1099-MISC, Miscellaneous Information, to the I.R.S. reporting the benefit
  6. Accessing information on the DCF Independent Living services for the youth.
- C. The SOUL Family Legal Permanency custodian(s) shall assist the young adult with;
1. The instructions to apply for Aged Out KanCare/Medicaid when the youth turns 18.
  2. A paper Medicaid application for Aged Out Medical.
    - a. The SOUL Family Legal Permanency residential custodian should write AGED OUT Medicaid at the top of the completed application.
  3. Accessing information on the DCF Independent Living services for the youth.

## 7040 Self-Sufficiency Planning

- A. Self-Sufficiency planning is a continuous and ongoing process integral to decision making in partnership with the young adult. Self-Sufficiency planning is based on evidence-based practice and a strengths-based perspective, which include:
1. Engaging young adults in a person-centered service design
  2. Treating young adults with respect
  3. Respecting young adult's privacy
  4. Involving young adult's identified supports and connections as active partners in case planning
  5. Providing services in the most young adult friendly setting possible
  6. Linking young adults to community-based, ~~diverse~~, and comprehensive supports and services
  7. Strengthening the capacity of the young adult to function independently
  - ~~8. Providing culturally sensitive services to young adults~~
- B. All Young Adults receiving Independent Living services from Department for Children and Families (DCF) shall have a PPS 7000 Self Sufficiency Plan
1. The Independent Living Coordinator (ILC) shall review and consider incorporating the court approved PPS 3059A Plan for Successful Adulthood or the PPS 3059B My Adult Services Plan when completing the initial Self-Sufficiency Plan
  2. All subsequent Self-Sufficiency Plans shall incorporate the activities, services and supports of the young adult and be updated at least every 170 days
- C. Young adults shall be actively involved in the development of their Self-Sufficiency Plan. Young adults shall be assisted in assessing and identifying their strengths and needs and in developing realistic and achievable goals. Self-Sufficiency Plans shall:
1. Be relevant to the young adult's current circumstances
  2. Be realistic in terms of the emotional, physical, and intellectual capabilities of the young adult
  3. Be written in language that is clear and understandable to the young adult
  4. Specify the target dates
  5. Have the signature of all Self-Sufficiency Plan participants
- D. Young adults no longer in the custody of the Secretary who receive DCF Independent Living services shall contact the assigned DCF ILC a minimum of one time per month. If the ILC has not had contact with the young adult during the

month, the ILC should make efforts to contact the young adult. Progress towards completion of case plan tasks shall be reviewed with the young adult at least once in between Self Sufficiency Plan dates and documented PPS 1010 Social Services Case Activity Log.

- E. ILC shall enter the following information, for all youth receiving Independent Living services, into the Self-Sufficiency Information System (SSIS) within five (5) working days of the case being opened in FACTS.
1. The young adult's case shall be identified as active.
  2. The young adult's corresponding DCF region of service and assignment of the ILC shall be designated.
  3. The Educational Training Voucher (ETV) plan dates shall be entered, if applicable

## 7050 Monthly Budgeting Plan

The PPS7000A, Independent Living (IL) Monthly Budget Plan assists DCF IL Coordinators (ILC) and young adults receiving independent living services to plan for monthly expenses.

This form is used to document a young adult's financial needs and provide ILCs an opportunity to discuss additional community support options with young adults. ILCs shall consider the young adult's **culture**, background, past experiences, trauma, and other interpersonal and external factors that may impact the young adult's ability to create and manage a budget.

### A. The IL Monthly Budget Plan shall be updated:

1. Every 170 calendar days and submitted with the PPS 7000 Self-Sufficiency Plan and
2. When the young adult's financial circumstances change and
3. As requested by the young adult, ILC, or DCF IL Supervisor.

### B. Income & Resources

1. This section documents a young adult's reported income from employment, and supports such as food assistance, cash assistance, housing assistance, disability benefits, child support, and other financial support.
2. ILCs may indicate that a client is either not eligible or not pursuing those resources at the time of completing the IL Monthly Budget Plan by marking N/A under the specific resource category.
3. ILCs may include information on housing assistance programs that the young adult has either applied for or is receiving.

### C. Expenses

1. This section documents a young adult's monthly expenses. ILCs shall discuss income and resources with young adults to help them understand their finances. These discussions should consider young adult's individual experiences and needs.
2. It is reasonable and expected for young adults to save for an emergency, to purchase a car, or for other reasons. Reasonable amounts for savings may be included in IL subsidy determinations.
3. When budgeting for food and groceries, ILCs shall consider a young adult's specific individual medical and dietary needs, as well as their ability and skill to plan and prepare meals.

- D. The IL Monthly Budget shall be signed by the young adult and ILC on page 2. A copy of this budget should be provided to the young adult and the date the form was provided should be documented under the signatures on page 2 of the form.
- E. Start Up Funds and Vehicle Repair
  - 1. This section is to help young adults who qualify and ILCs plan for start-up or vehicle repair expenses, or both. If young adults have previously received these funds, prior amounts and current requests should be documented. The Start Up Funds and Vehicle Repair section may be signed by the young adult, ILC, and DCF IL Supervisor on page 3 if applicable.
- F. There are many recommendations on best practices for budgeting. The following may be utilized as resources for ILCs to discuss areas of a young adult's budget:
  - 1. Economic Policy Institute Family Budget Calculator
  - 2. Consumer Financial Protection Bureau Education Tools
  - 3. National Foundation for Credit Counseling
  - 4. USDA Monthly Cost of Food Reports
  - 5. Consumer Financial Protection Bureau Debt to Income Ratio
  - 6. Consumer Financial Protection Bureau Savings Rule
  - 7. Consumer Financial Protection Bureau How to Rebuild Credit
  - 8. US Bureau of Labor Statistics 2022 Consumer Expenditures
  - 9. US Department of Health and Human Services Federal Poverty Guidelines



## 7100 Eligibility

Specific eligibility requirements apply to all services and supports offered through the Independent Living (IL) and Self-Sufficiency Program.

Marital status does not impact eligibility for services or supports.

Citizenship status may impact a youth or young adult's ability to receive federally funded supports and services. Only citizens and qualified aliens are eligible for federally funded supports and services, including Basic Chafee, Subsidy, Start-Up Costs, Vehicle Repair and Maintenance, Education & Training Voucher (ETV) and Aged Out Medical.

~~Youth and young adults who do not meet citizenship requirements may be eligible for equivalent supports and services through state funds depending on availability and any restrictions that may be in place.~~

- A. For the purposes of determining eligibility for specific service components, eligible and ineligible placement settings are:

### Eligible out of home placements

1. Resource home
2. Relative and non-related kinship placements
3. Group or residential homes
4. Independent living settings
  - a. Transitional living program (TLP)
  - b. Community Integration Program (CIP)
  - c. Youth living on their own who continue to be supported by a Child Welfare Case Management Provider (CWCMP)
5. Secure care, as a child in need of care
6. Runaway/missing child status

### Ineligible Placements

7. Placement at home with parent(s)
8. Juvenile detention facility

9. Juvenile correctional facility
10. Adult detention facility (jail)
11. Adult correctional facility (prison)

Refer to the specific service components below to determine eligibility.

B. Youth under the age of 18 receiving aftercare services with the CWCMP shall have any IL services coordinated through the CWCMP case manager and the Department for Children and Families (DCF) Independent Living Coordinator (ILC).

### C. Service Component Eligibility Criteria

#### 1. Basic Chafee

Youth and young adults who were in an eligible out of home placement in the custody of DCF, Kansas Department of Corrections-Community Based Services (KDOC-CBS) or Tribal Authority for any length of time on or after their 14th birthday are eligible for Basic Chafee.

a. Youth and young adults who achieved permanency through permanent custodianship or guardianship or who were adopted before the youth's 16th birthday are eligible for Basic Chafee and Vehicle Repair and Maintenance only.

b. Eligibility for Basic Chafee ends when the young adult attains 21 years of age.

#### 2. Subsidy

a. Young adults who were released from the custody of the Secretary, KDOC-CBS, or Tribal Authority, and from an eligible out of home placement, on or after their 18th birthday are eligible for Subsidy.

b. Young adults who achieved permanency through SOUL Family Legal Permanency are eligible for IL Subsidy. SOUL Family Legal Permanency Monthly Subsidy to the residential custodian must be terminated prior to issuance of IL Subsidy to the young adult.

c. Young adults who were in an eligible placement on their 18th birthday but in an ineligible placement on the date of release from custody may be eligible for Subsidy, with the approval of the IL Program Manager or designee and the Youth Programs Deputy Director or designee.

d. Young adults who were in Kansas through ICPC and in an eligible placement on their 18th birthday may be eligible for Subsidy, with the approval of the IL Program Manager or designee and the Youth Programs Deputy Director or designee.

e. Youth or young adults who have not been released from KDOC- CBS custody and are not receiving room and board assistance from KDOC-CBS may be eligible for Subsidy.

f. Youth or young adults still under the responsibility of the CWCMP or Tribal Authority are not eligible for Subsidy.

g. Eligibility for Subsidy ends when the young adult attains 21 years of age.

### 3. Start-Up Costs

a. Young adults who were released from the custody of DCF, KDOC-CBS, or Tribal Authority, and from an eligible out of home placement, on or after their 18th birthday are eligible for Start-Up Costs. Young adults who were in an eligible placement on their 18th birthday but in an ineligible placement on the date of release from custody may be eligible for Start-Up Costs, with the approval of the IL Program Manager or designee and the Permanency Program Administrator or designee.

b. Young adults who achieved permanency through SOUL Family Legal Permanency are eligible for Start-Up Costs. SOUL Family Legal Permanency Monthly Subsidy to the residential custodian must be terminated prior to issuance of start-up funds to the young adult.

c. Youth and young adults who were in Kansas through ICPC and in an eligible placement on their 18th birthday may be eligible for Start-Up Costs, with the approval of the IL Program Manager or designee and the Youth Programs Deputy Director or designee.

d. Youth who are still under the responsibility of DCF, KDOC-CBS, or Tribal Authority, and are likely to attain 18 years of age while in an eligible out of home placement, are eligible for Start-Up Costs.

e. Young adults who are still under the responsibility of DCF, KDOC-CBS, or Tribal Authority and have already attained 18 years of age while in an eligible out of home placement are eligible for Start-Up Costs.

f. Youth and young adults who meet the above criteria and are receiving Education Training Voucher (ETV) support continue to be eligible for Start-Up Costs.

g. Eligibility for Start-Up Costs ends when the young adult attains 21 years of age.

### 4. Vehicle Repair and Maintenance

- a. Young adults who were in an eligible out of home placement in the custody of DCF, KDOC-CBS or Tribal Authority for any length of time on or after their 14th birthday are eligible for Vehicle Maintenance and Repair.
- b. Young adults who achieved permanency through SOUL Family Legal Permanency are eligible for Vehicle Maintenance and Repair. SOUL Family Legal Permanency Monthly Subsidy to the residential custodian must be terminated prior to use of Vehicle Maintenance and Repair.
- c. Young adults who were in Kansas through ICPC and in an eligible placement at age 14 or older may be eligible for Vehicle Repair and Maintenance, with the approval of the IL Program Manager or designee and the Youth Programs Deputy Director or designee.
- d. Eligibility for Vehicle Repair and Maintenance ends when the young adult attains 21 years of age.
- e. Young adults who meet the above criteria and are receiving ETV payments are still eligible to receive Vehicle Repair and Maintenance costs.

## 5. Education & Training Voucher (ETV)

- a. ETV services are available to youth and young adults served by the following: DCF, KDOC-CBS, or Tribal Authority.
- b. Youth and young adults who left a foster care placement subject to permanent custodianship or guardianship or who were adopted before the youth's 16th birthday are not eligible for ETV.
- c. Youth and young adults who are eligible for ETV have earned a high school diploma or GED, are enrolled in a post-secondary education that is a pre-accredited, accredited, or certified training program, and the youth meets one of the following:
  - i. in the custody of DCF, KDOC-CBS, or Tribal Authority and in a foster care placement on the date the youth attained 18 years of age; or
  - ii. left a foster care placement subject to a permanent custodianship or guardianship under chapter 38 or 59 of the Kansas Statutes Annotated on or after the youth's 16th birthday; or
  - iii. adopted from a foster care placement on or after the youth's 16th birthday; or

iv. in an eligible out of home placement for any length of time on or after the 14th birthday, unless an adoption, permanent custodianship, or guardianship is finalized prior to the youth's 16th birthday.

d. Youth and young adults who achieved permanency through SOUL Family Legal Permanency on or after age 16 are eligible for ETV.

e. Young adults are eligible until they turn 26 years of age if they are enrolled in a post-secondary education or training program and are making satisfactory progress, as determined by the program guidelines, toward completion of that program.

f. Youth and young adults who have received acceptance or conditional acceptance notice from a post-secondary education or training program and who have or will meet one of the above eligibility requirements for ETV, may receive funding for deposits and expenses, as approved based on the PPS 7001. ETV may be used to pay for dorm fees due prior to youth or young adult completing secondary education or GED for an ETV eligible youth or young adult with an acceptance notice from a post-secondary education institution.

g. Youth and young adults who continue to be under the responsibility of the CWCMP, KDOC-CBS, or Tribal Authority and meet the above criteria may receive ETV supports prior to the release of custody with completion of the PPS 7001 and associated tasks on the PPS 3050 series, to include custody planning documents utilized by KDOC-CBS and Tribal Authority. Tribal case managers, KDOC-CBS case managers and CWCMP case managers shall coordinate services for youth and young adults eligible for ETV and still in their care in custody through communication with the regional DCF ILC. A new FACTS case or intake is not required for youth and young adults requesting ETV services who are served by the CWCMP.

h. Youth and young adults may only participate in the ETV program for a total of five years, which do not need to be consecutive.

#### 6. SOUL Post-Secondary/Certified Training (PSCT) Assistance

a. Youth and young adults who are eligible for SOUL PSCT have earned a high school diploma or GED, are enrolled in a post-secondary education that is pre-accredited, accredited, or certified training program and achieved permanency through SOUL Family Legal Permanency on or after age 16. SOUL Family Legal Permanency Monthly Subsidy to the residential custodian must be terminated prior to the use of SOUL PCST Assistance.

b. Young adults are eligible until they turn 26 years of age if they are enrolled in a post-secondary education or training program and are making satisfactory progress, as determined by the program guidelines, toward completion of that program.

c. Youth and young adults may only participate in the SOUL PSCT program for a total of five years, which do not need to be consecutive.

#### 7. Kansas Foster Child Education Assistance (Tuition Waiver)

a. Youth and young adults who are eligible to apply for the Kansas Foster Child Educational Assistance Act are enrolled in a Kansas educational institution and meet one of the following:

i. in the custody of DCF and in a foster care placement on the date the youth attained 18 years of age; or

ii. released from custody of DCF prior to attaining 18 years of age, after having graduated from high school or fulfilled the requirements for a GED while in foster care placement and the custody of DCF; or

iii. adopted from a foster care placement on or after the youth's 16th birthday; or

iv. left a foster care placement subject to a permanent custodianship or guardianship under chapter 38 or 59 of the Kansas Statutes Annotated on or after the youth's 16th birthday.

b. To remain eligible for participation in the program, youth and young adults shall remain in good standing at the Kansas educational institution where the youth is enrolled and shall make satisfactory progress toward completion of the requirements of the educational program in which the youth or young adult is enrolled.

c. Eligibility for Kansas Foster Child Education Assistance service component ends at the conclusion of the semester during which the young adult attains 23 years of age.

d. Youth and young adults eligible for the tuition waiver through the Kansas Foster Child Assistance Act must have been in the custody of the Secretary of DCF.

#### 8. Aged Out Medical

a. Aged Out Medical is available to eligible young adults starting at age 18 until the last day of the month the young adult turns age 26. Eligibility for coverage may be granted for 3 months prior to the application date, if requested on the application, per Kansas Department of Health and Environment (KDHE).

i. Young adults who were in the custody of DCF, KDOC-CBS, or Tribal Authority and were in any out of home placement on their 18th birthday are eligible for Medicaid coverage through the Aged Out Medical Program.

ii. Young adults who achieved permanency through SOUL Family Legal Permanency are eligible for Medicaid coverage through the Aged Out Medical Program from age 18 to age 26.

iii. Young adults who were in Kansas through ICPC and in any out of home placement on their 18th birthday are eligible for Aged Out Medical.

iv. Young adults who turned age 18 on or after January 1, 2023, while in any state are eligible for Medicaid coverage through the Aged Out Medical Program (Substance Use-Disorder Prevention that Promotes Opioid Recover and Treatment for Patients and Communities for Patients and Communities [Support] Act).

b. No income or resource testing is required for eligibility.

c. Proof of citizenship and identity must be provided by uploading through the KanCare portal. This may be done by DCF eligibility staff or the young adult.

d. Young adults must have Legal Permanent Resident status for a minimum of five years before they are eligible for Aged Out Medical.

e. The ILC shall inform the young adult they are responsible for keeping KanCare informed of their current address by calling 1-800-792-4884 whenever their address changes.

f. Termination of eligibility for this program occurs when one of the following happens:

i. the young adult turns 26 years of age (last day of the month they turn 26).

ii. the young adult is no longer a resident of Kansas.

iii. the young adult is an inmate in a public institution.

iv. the young adult fails to complete and return the required annual review.

The young adult will be notified by KDHE prior to the closure of the medical card.



## 7213 Life Skills Services and Supports

- A. Youth and young adults receive life skills services provided by Child Welfare Case Management Providers during out of home placement. Young adults no longer in placement may have continued needs after the transition as identified in the young adult's court approved PPS 3059A My Plan for Successful Adulthood or PPS 3059B My Adult Services Plan for youth who are on the I/DD waiver or waitlist. DCF shall assess and provide identified life skills services to youth **and young adults**. All life skills services and tasks shall be documented on the Self Sufficiency Case Plan PPS 7000. See PPM 3000. Life skills services may include but are not limited to the following domains:
1. Communication
  2. Daily Living
  3. Home Life
  4. Housing
  5. Money Management
  6. Self-Care
  7. Social Relationships
  8. Work Life
  9. Employment Skills
  10. Study Skills
  11. Career Planning
- B. Life skills supplemental assessments for parenting infants and parenting young children may be used as resources in working with young parents.
- C. Youth and young adults will be provided information regarding all aspects of health care and information regarding avoidance of unsafe health practices included but not limited to;
1. Use of tobacco, products, drugs and alcohol;
  2. Sexually transmitted diseases or unplanned pregnancies;
  3. Factual information on how and when to seek medical care;
  4. Basic first aid training;
  5. Discussions on health insurance;

6. Specific information for any youth or young adult who has special medical needs.

## 7220 Independent Living Subsidy

Youth may request subsidy from the state if they need short term assistance to achieve an independent living education or employment goal and are willing to work with the agency to achieve that goal.

Independent living subsidy is a time limited financial plan between a youth leaving foster care and DCF. The financial plan includes expectations from both the youth and the agency. The youth is expected to be working to achieve specified self-sufficiency outcomes requiring an education or employment plan and to meet regularly with ~~his or her mentor (if assigned), and~~ agency staff. Agency staff are expected to work with the youth to help them locate resources necessary to achieve the outcomes and to provide needed training and encouragement.

Subsidy does not provide full financial support. Youth who receive subsidy are most likely lacking a current support system to adequately provide for their financial needs, struggling financially, unemployed or underemployed but actively searching for employment and have exhausted other resources. It is expected that the youth will assume increasing responsibility for meeting his or her own needs while receiving subsidy.

Subsidy is not a general entitlement program and is based on a youth's identified goal to achieve independence and willingness to enter into a contract and cooperate with the agency to work toward that goal

## 7221 Secondary Education Plan

To be eligible for Independent Living Subsidy or Foster Care Transition Support services, youth shall be working on completion of secondary education, or the equivalent via an accredited institution. An education plan that details the completion of the education or equivalent is required for the youth to receive Foster Care Transition Support services or subsidy. Youth with educational plans must attend class on a regular basis, complete assignments and maintain passing grades. The plan shall be formally reevaluated by the Independent Living Coordinator (ILC), **and the youth,** ~~and his or her mentor (if assigned),~~ at a minimum of every six months. The youth must be enrolled in the educational program specified in the plan and passing to continue to receive subsidy or Foster Care Transition Support services. Documentation of each reevaluation shall be attached to the plan.

A. An education plan is written into the Self-Sufficiency Plan and may include the following:

1. Documentation of enrolled status in identified educational program;
2. Completed housing plan which includes the address of the residence, names of all household members occupying the residence, and copy of signed lease or rental agreement, and landlord's name and telephone number if applicable;
3. Completed monthly budget plan PPS 7000A which includes documentation of all resources and projected needs. This budget plan should specify the amount and source (e.g. savings, job) of the youth's income, and projected expenses including first month start-up security deposits (e.g. housing, utility, telephone), and on-going utilities, furniture/ household, transportation, food, and school/work needs;
4. Documentation of regular attendance and a copy of grades. shall be attached to the plan at the end of each semester of study, if requested by the ILC;
5. Documentation of employment or active pursuit of employment included in the youth's or young adult's Self-Sufficiency Plan;
6. Educational Advocate if appropriate.

B. The ILC and youth shall review the educational plan at least every 170 days or more frequently, if indicated

C. The board of education of a Kansas school district must award a high school diploma to any person requesting a diploma if such person:

1. Is at least 17 years of age;

2. Is or has been a child in the custody of the Department for Children and Families (DCF) / (SRS) Secretary or KDOC-JS Secretary (JJA Commissioner) at any time on or after such person's 14th birthday; and
  3. Has achieved 21 minimum high school graduation requirements adopted by the Kansas State Board of Education that shall include the following:
    - a. Four units of English language arts, which shall include reading, writing, literature, communication, and grammar.
    - b. Three units of history and government, which shall include world history; United States history; United States government, including the Constitution of the United States; concepts of economics and geography
    - c. Three units of science, which shall include physical, biological, and earth and space science concepts and which shall include at least one unit as a laboratory course
    - d. Three units of mathematics, including algebraic and geometric concepts
    - e. One unit of physical education, which shall include health and which may include safety, first aid, or physiology
    - f. One unit of fine arts, which may include art, music, dance, theatre, forensics, and other similar studies selected by a local board of education
    - g. Six units of elective courses
  4. Students should be allowed to participate in all graduation activities.
  5. Students should be awarded a regular high school diploma.
- D. Youth who have completed secondary education and who are enrolled in post-secondary education and/or certified training programs are not eligible for regular subsidy, but may be eligible for Foster Care Transition Support services. Youth participating in post-secondary education and/or certified training programs may receive room and board assistance through the Education and Training Voucher program (ETV).

## 7222 Employment Plan

If the youth is to receive subsidy as a part of an employment plan, there must be a reasonable expectation of completion of the plan. Youth with employment plans must be working with the agency on job readiness skills and actively seeking employment. All youth who apply for subsidy must have a signed employment plan. Subsidy is available to youth who are unemployed or underemployed but are actively searching for employment. Documentation is required to verify the youth's efforts toward becoming employed and the youth's willingness to accept part-time employment while seeking a full-time job. Staff and the mentor (if assigned) will verify that the youth is working with employment services and following up on job possibilities. Funds should be used to support the employment search needs of the youth.

A. An employment plan is written into the Self-Sufficiency Plan and may include the following:

1. Completed job search plan, which includes the development of a weekly log of a specified number of employment opportunities where the youth will apply for employment and will document the name of the contact person for the job
2. Completed Independent Living Monthly Budget Plan PPS 7000A, which includes documentation of all resources and projected needs. This budget plan should specify the amount and source (e.g. savings, job) of the youth's income; the projected expenses, including first month start-up security deposits (e.g. housing, utility, telephone); and on-going utilities, furniture/ household, transportation, food, and school/work needs;
3. Referral to formal employment services, as determined appropriate by the Independent Living Coordinator (i.e. Vocational Rehabilitation, Pre-Employment Transition Services, Workforce Center, etc.).

B. The Independent Living Coordinator and youth shall review the youth's employment plan at least every 170 days or more frequently if the youth's circumstances change.

## 7224 Subsidy Payment Procedures

- A. The youth, ~~mentor (if assigned),~~ or young adult and the DCF Independent Living Coordinator (ILC) ~~will~~ shall complete the PPS 7000 and PPS 7000A IL Monthly Budget, listing the youth's young adult's income and expenses to plan for monthly expenses and demonstrate a financial need for monthly subsidy. The completed PPS 7000A shall be attached to the PPS 7000 Self-Sufficiency Plan.
- B. ~~Staff~~ The DCF ILC ~~will~~ shall complete the PPS 7210 Independent Living Subsidy Payment Unit Notification or the PPS 2833 Client Services Agreement ~~form~~ and send it to the DCF Regional payment unit or fiscal services team as appropriate. The approved PPS 7210 or PPS 2833 shall be put into the youth or young adult's file. Subsidy payments will be disbursed monthly (e.g. December payments will be paid in early December). There may be a delay in payment if the ILC has not received all required documentation or if the youth or young adult has not made contact during the month. ~~with the youth on an education or employment plan. Subsidy payments may also be made directly to the youth if this arrangement is agreed upon by the youth, DCF ILC, and mentor. This arrangement will accommodate youth in making room/board payments in instances when mentors are not located in the same geographic area of the state or in other instances where this arrangement is more accommodating to the youth. Good judgment must be applied in using this procedure as not all youth may be capable of making good decisions regarding payment of their room/board upon transition to adulthood.~~
- C. IL Subsidy payments are generally paid directly to the youth, but in certain circumstances payments may be sent to a specific vendor (e.g. landlord or utility company). Any such arrangement must be discussed in detail with the youth or young adult and be approved by the regional DCF Independent Living Supervisor.

## **7252 Procedures for ETV Post-Secondary Funding (ETV and SOUL PSCT)**

~~A. The DCF Independent Living Coordinator or designee and youth shall complete the Self-Sufficiency Plan PPS 7000 and the Education and Training Voucher Program Plan PPS 7001 must have an identified education or training plan, along with all required information on the form. All youth participating in Post-Secondary Education and Training plans must be actively involved in all stages of the plan.~~

A. All youth or young adults enrolled in a post-secondary education program must have a completed PPS 7000 Self-Sufficiency Plan and the PPS 7001 Education and Training Voucher (ETV) Program Plan. The DCF Independent Living Coordinator (ILC) shall complete both plans alongside the youth or young adult. The youth or young adult must be actively involved in all stages of the plan.

ETV Plans should not be used while the youth or young adult is being served by one of the Child Welfare Case Management Providers (CWCMP), unless approval is provided by IL Program Manager or designee.

~~B. The Self-Sufficiency Plan PPS 7000 and the Education and Training Voucher Program Plan PPS 7001 shall have verification of eligibility for Chafee Foster Care Independence Program (CFCIP) and/or Education and Training Voucher Program (ETV) approved by DCF Independent Living Coordinator and DCF Independent Living (IL) Supervisor or designee.~~

B. The DCF ILC shall verify and document the youth or young adult's eligibility for ETV and/or SOUL Post-Secondary Education or Certified Training (PSCT) assistance on both the PPS 7000 Self-Sufficiency Plan and the 7000B IL Eligibility forms. All client eligibility shall be reviewed and approved by the regional DCF Independent Living (IL) Supervisor.

C. Youth and young adults shall complete the Free Application for Federal Student Aid (FAFSA) and provide confirmation of completed application or copy of financial aid award letter to their assigned DCF ILC prior to applying for receiving ETV or SOUL PSCT funds.

D. Youth or young adults shall provide a copy of their class schedule each semester. Youth and young adults shall provide grades at the end of each semester they receive ETV and/or SOUL PSCT funds.

~~G.E.~~ Documentation to support all identified costs allowable expenses for the year associated with Education and/or Training Plan shall be attached to the PPS 7001 Education and Training Voucher ETV Program Plan PPS 7001. In addition, documentation of all Federal or State financial awards, scholarships, and loans associated with the Education and/or Training ETV Plan must also be attached. (i.e. Pell



Grant and Scholarships) All youth applying for ETV funds shall complete a minimum of three (3) scholarship applications with proof of documentation at the time of completing the PPS 7000 and PPS 7001 ETV Plan. An exception may be granted when there aren't scholarships available for the planned educational track. An exception to the scholarship requirement must be approved by the DCF IL Supervisor or designee on the PPS 7001.

D. F. The Education and Training Voucher Program ETV Plan PPS 7001 shall be signed by the youth or young adult, DCF Independent Living Coordinator ILC, Case Manager/Social Worker for contractor staff if youth is still served by the contractor, and the DCF IL Supervisor or designee. For any youth or young adult served by the CWCMP who has IL Program Manager approval for an ETV plan, the CWCMP case manager and supervisor shall also sign the approved ETV plan.

E. All ETV plans shall begin July 1 and end June 30 of each year. The initial ETV plan year shall be entered into the Self Sufficiency Information System (SSIS) within five working days of opening.

G. Tracking for ETV and SOUL PSCT semesters is done through SSIS and documented on the PPS 7001.

1. The DCF Independent Living Coordinator must track the number of years a youth participates in the ETV program. A year For purposes of ETV and SOUL PSCT may be a year is divided into two six-month periods from July 1 to December 31 and January 1 to June 30. A youth Youth and young adults may not participate for more than five years, or ten six-month periods, whether or not the years or six-month periods are consecutive which do not need to be consecutive. Participation is defined as a payment having been made within, or for, the year or one of the six-month periods.

2. The DCF ILC shall enter every semester of an approved ETV plan into SSIS within 10 working days of supervisor approval or payment request. If no expenditures are made for that semester, the ILC shall delete the semester to preserve the eligibility youth or young adult.

F.3. The DCF Independent Living Coordinator ILC shall ensure the total ETV and/or SOUL PSCT expenditures must track all expenses so that the total shall do not exceed the maximum allowable funds per year or the total cost of attendance for the per-youth or young adult.

G. The DCF Independent Living Coordinator must track the number of years a youth participates in the ETV Program. A year may be divided into two six-month periods from July 1 to December 31 and January 1 to June 30. A youth may not participate for more than five years, or ten six-month periods, whether or not the years or six-month periods are consecutive. Participation is defined as a payment having been made within, or for, the year or six-month period.

- H. All youth or young adults with current ETV plans shall be notified within at least thirty (30) calendar days prior to of a change in their ETV plan. The DCF ILC Staff shall work explore additional resources with youth or young adults receiving ETV and/or SOUL PSCT funding to maximize assistance for post-secondary education. to make sure all avenues for funding for post-secondary education/ or certified training options are explored.
- I. Services and supports through ETV and SOUL PSCT are subject to funding availability.

## **7253 SOUL Post-Secondary Education/ Certified Training (PSCT) Assistance**

SOUL Post-Secondary Education/Certified Training (PSCT) Assistance is available to eligible youth and young adults for assistance, based on need, with post-secondary education and certified training programs.

A. PSCT funds may be used for costs associated with post-secondary education and/or training only and cannot exceed \$5000, or the total financial need identified on the ETV Program Plan (PPS 7001, Section 3.C.), including any amount awarded for Education Training Voucher (ETV), for that youth or young adult per plan year, whichever is less. All youth must have an open service case to receive PSCT. Youth and young adults may only participate in the PSCT program for a total of five years, which do not need to be consecutive. SOUL PSCT funding should be used prior to ETV funding. If there is still a remaining need once SOUL PSCT funding has been identified on the ETV plan, then ETV funding can be used.

B. Youth and young adults may elect to attend post-secondary education, certified training programs or both, either inside or outside of Kansas and may use PSCT for this purpose. If a youth or young adult is receiving PSCT and attending post-secondary education and/or certified training outside of Kansas, all requirements still apply for case planning purposes. The DCF Independent Living Coordinator (ILC) and youth may need to use phone or e-mail for regular contacts. Other states have no obligation to recognize SOUL PSCT and Kansas is responsible for administering SOUL PSCT benefits.

C. Youth and young adults must reapply for PSCT funds on a yearly basis, as it coincides with the youth or young adult's education or training plan. All plans shall be for a twelve-month period between July 1 and June 30th. If a youth or young adult finds themselves unsuccessful in completing their education or training plan, the youth or young adult may reapply at any time until they are no longer eligible for the program. The IL Coordinator shall use good judgment in working with youth and young adults who have received PSCT in the past and who have not been successful in continuing in their education or training plan. It is foreseeable and acceptable that the youth or young adult may make changes in their education or training plans as they move into different stages of their adult lives. These changes should not be used to deny a youth or young adult in accessing PSCT unless a pattern is established of the youth or young adult being unable to complete education or training goals. Assistance should be provided to the youth or young adult to keep motivation towards completing their education or training goals.

D. PSCT shall only be used at post-secondary educational institutions or certified training programs that meet all three of the following criteria:

1. Admits as regular students only persons with a high school diploma or equivalent; or admits as regular students persons who are beyond the age of compulsory school attendance; and
2. Public, Private, or Non-Profit; and
3. Accredited or pre-accredited and is authorized to operate in that state.

E. Youth and young adults who have not completed high school or GED requirements and who are beyond the age of compulsory school attendance may be eligible for PSCT services and supports at post-secondary institutions or certified training programs that accept students under these criteria.

F. Refer to PPM 7251 ETV Services and Supports and PPM 7252 Procedures for ETV for additional guidance in administering SOUL PSCT. SOUL PSCT expenses and awards shall be documented on the PPS 7001 ETV Program Plan.

## 7260 Kansas Foster Child Education Assistance Act (Tuition Waiver)

- A. The Kansas Foster Child Educational Assistance Act (K.S.A. 75-53,111-120) applies to eligible young people who enroll in a post-secondary education or certified training program at a Kansas Board of Regents public educational institution which leads to the award of a certificate, diploma or degree upon satisfactory completion of course work requirements. ~~This program will waive tuition and required fees at Kansas educational institutions to include any vocational school, area vocational technical school, community college, Washburn University and state educational institution or technical college.~~ For complete list of individual schools please consult the Kansas Board of Regents website for their accessible list of universities, community colleges, and certified technical programs. <http://www.kansasregents.org/>
- B. ~~The waiver~~ This program will cover waives tuition and certain required fees only for undergraduate enrollment of eligible youth young adults through the semester the eligible youth young adult attains 23 years of age. Tuition will not be waived for any course repeated or taken in excess of the requirements for completion of educational program in which such eligible youth young adult is enrolled. Youth or young adults eligible for the Foster Child Educational Assistance Act may also be eligible for assistance for other costs associated with completing their post-secondary education of higher education through the DCF Independent Living Education and Training Voucher (ETV) Program.
- C. Procedures for Kansas Foster Child Educational Assistance Act (Tuition Waiver)
- ~~1. Prevention and Protection Services Administration staff will verify the applicant's eligibility.~~
  - ~~2. The FACTS code ED04N shall be used to record the date of High School Graduation or GED completion to aid in verification of eligibility for the Kansas Foster Child Educational Assistance Act.~~
  - ~~3. If a youth is interested in the Kansas Foster Child Educational Assistance Act Program, applications may be obtained from educational institutions in Kansas or by contacting your local DCF office. See PPS 7260 Application for Foster Child Education Assistance Program. All applications are submitted by the student to the Registrar's office at the educational institution. The Registrar's office will fax the application to the Department for Children and Families (DCF) Administration for verification of eligibility and signature of the statewide Independent Living Coordinator or designee.~~
1. Youth or young adults shall complete sections one (1) and two (2) of the PPS 7260 Application for Foster Child Education Assistance Program and submit

- the form directly to the post-secondary educational institution's registrar or financial aid office.
2. The post-secondary educational institution will email the application to Department for Children and Families (DCF) at [DCF.tuitionwaiver@ks.gov](mailto:DCF.tuitionwaiver@ks.gov) for verification of eligibility and signature of Statewide DCF Independent Living Program Manager or designee.
  3. DCF IL administration staff shall review and verify eligibility of all applicants.
  4. The FACTS code ED04N shall be used, if available, to ~~record~~ confirm the date of ~~H~~high ~~S~~school ~~G~~graduation or GED completion to aid in verification of eligibility for the Kansas Foster Child Educational Assistance Act.
  - ~~4. Within 30 days of enrollments, all accepted applicants are required to notify their DCF Independent Living Coordinator (ILC), as applicable, of their current enrollment status and intended program of study.~~
  5. If accepted applicants are open for DCF IL services, they shall notify their assigned DCF Independent Living Coordinator (ILC) of their current enrollment status and intended program of study within 30 days of enrollment.

## 7913 Other Payments for IL Youth and Young Adults

Payments may be made to support IL youth in their educational and training plan as determined by the Case Plan. Payments may also be made to support Independent Living (IL) youth and young adults in their educational and employment plan(s), and mentors who receive a \$50.00 per month mentor fee, as determined by the Case Plan PPS 7000 Self Sufficiency Plan. For program information about mentors see PPM 7280.

There are some instances where payments for these services and/or goods will be made directly to the youth or young adult. When payments are made directly to the youth or young adult for services and/or goods, the youth or young adult shall provide a receipt of purchase or payment with a copy of the receipt to be kept in the DCF IL file for documentation. Purchase of Foster Care Transition Support services shall be accompanied by a written lease between the youth or young adult and foster family, specifying the beginning and end date of the service and agreement of the family to give the youth or young adult 30 days' notice before terminating the lease. See PPM 7212.

These payments shall be generated using the case and client numbers from a youth's or young adult's KEES case. Payments shall be made using the vendor payment process (see the Handbook for Client Purchases for details on purchasing procedures). Payments shall be made using the following accounting codes:

1. IL Chafee Expenses and Mentor Fees: Speedchart ISD27812 and the appropriate INF45 code.
2. IL Subsidy Expenses: Speedchart ISD27813 and the appropriate INF45 codes.
- 2.3. Education and Training Voucher (ETV) Program Expenses: Speedchart ISD27821 and the appropriate INF45 codes.
4. SOUL Post-Secondary and Certified Training (PSCT) Program Expenses: Speedchart ISD27824 and the appropriate INF45 codes.

An INF45 code listing can be found in the instructions for the PPS 2833 Client Purchase Agreement form. Definitions for INF45 codes can be found on the DCF intranet webpage under Operations and then clicking Finance and then the Reports tab. DCF IL staff can also reach out to their regional fiscal unit for the list of definitions. for Youth IL Chafee Program Code 27812 and Youth IL ETV Program Code 27821 can be found at <http://dcfnet.dcf.ks.gov/Ops/FM/Pages/INF45.aspx>. Click on PPS Definitions.

For ETV, there is a \$5,000 all limitation case planning year on expenses. Youth and young adults who receive ETV or SOUL PSCT are eligible for a maximum \$5,000 per fiscal year for each funding source. Monthly tracking and reporting of individual youth or young adult expenses may be found on the Self-Sufficiency Information System (SSIS)

and at the PPS SharePoint web site in the PPS Finance and Allocations section. Eligible ~~students~~ youth or young adults may receive ETV or SOUL PSCT funds for a maximum of five years, ~~whether or not the years are~~ which do not need to be consecutive. Youth or young adults are who are eligible for ETV and SOUL PSCT may receive funds until they turn 26 years of age or utilize the maximum number of semesters, whichever comes first.

~~All youth applying for the Foster Care Tuition Waiver Program shall submit their application directly to the educational institution (financial aid department or registrar). See PPM 7260 Foster Child Education Assistance Act for program details.~~



## 9620 Procedures for Kansas Children Moving to Another State (Kansas as the Agreement State)

Upon notification that a Kansas Child with a Kansas Adoption Assistance Agreement is moving to another state, the DCF Regional Interstate Compact on Adoption and Medical Assistance (ICAMA) Specialist shall:

**A. Compile an ICAMA referral packet consisting of the following forms:**

1. PPS 9110 (ICAMA 7.01) Notice of Medical Eligibility/Case Activation form.
2. PPS 9115 (ICAMA 7.02a) Letter to Family, and attach PPS 9116 (ICAMA 7.02b) Important Information for Families.
3. PPS 6130, Adoption Assistance Agreement
4. The Decree of Adoption, if the adoption has been finalized.
5. PPS 9120 (ICAMA 7.03) Report of Change in Child or Family Status
6. PPS 9121 (ICAMA 7.5) Information Exchange
7. PPS 9122 (ICAMA 7.5) Additional Information

**A. Procedures to be completed: Complete new referral.**

1. New ICAMA Referral: not a current open ICPC case: Regional Office ICAMA Specialist prepares the PPS 9110 (ICAMA 7.01) and attaches a copy of the PPS 6130, shall make the ICAMA referral in eCare vault and attach the adoption assistance agreement, and sends to DCF ICAMA Compact Administrator. Kansas requires written confirmation of enrollment. The Residence State is to complete the ICAMA 7.05 – will update eCare vault when enrollment is complete, and send it back to the Kansas ICAMA Compact Administrator. When the all information is on the 7.05, the Kansas ICAMA Compact Administrator shall send it to the Regional Office ICAMA Specialist. The Regional Office ICAMA Specialist shall notify the Kansas ICAMA Administrator if not received within 3 weeks. A notification will automatically generate and the regional office ICAMA specialist and Kansas ICAMA administrator will be notified.

b. New Referral which is also a current open ICPC case: Regional Office ICAMA Specialist shall prepare the PPS 9110 (ICAMA 7.01), attached the PPS Adoption Assistance Agreement and send to the Kansas ICAMA Compact

~~Administrator. The same tracking for confirmation of enrollment shall be followed as described in B, 1, above. This is the Initial ICAMA Referral.~~

~~e.~~ **B. Upload decree.**

1. When **adoption** finalization occurs, the **R**egional ICAMA **S**pecialist shall ~~prepare the PPS 9121 (ICAMA 7.5) and attach a copy of the D~~ecree of **A**adoption, and send to the DCF ICAMA Compact Administrator **in eCare vault**. This documents the finalization for ICAMA purposes and ~~also is required to have the child's name updated per the D~~ecree. ~~There is no form required back from the Receiving State.~~

~~d.~~ **C. Yearly R**review.

1. The **R**egional **O**ffice ICAMA **S**pecialist shall send the PPS 6135 **A**adoption **A**ssistance **R**review annually to the family. ~~When it is completed, then it shall be sent to the DCF ICAMA Compact Administrator.~~

~~e. The DCF ICAMA Compact Administrator shall process this and forward to the Residence State. When complete, it shall be then sent to the Residence State.~~

~~f.~~ **D. Changes to case.**

1. A variety of changes can happen during an ICAMA case, examples are family moves within the **R**esidence **S**tate, parents' divorce, child stays in **H**igh **S**chool past age 18, and etc. When notified of these changes, the **R**egional **O**ffice ICAMA **S**pecialist shall ~~prepare the PPS 9121, and PPS 9122 if needed (ICAMA 7.5), attach relevant information, and forward to the DCF ICAMA Compact Administrator. After documentation is complete, it is then sent to the Residence State.~~ **update eCare vault with relevant update.**

~~g.~~ **E. Case C**losures.

1. When the **R**egional ICAMA **S**pecialist becomes aware of changes which necessitate the case being closed, ~~that shall be reported on the PPS 9120 (ICAMA 7.03) Report of Change in Child or Family Status, and forwarded to the DCF ICAMA Compact Administrator. After processing, the form and documentation, the DCF ICAMA Compact Administrator shall forward this to the Residence State.~~ **case closure shall be entered in eCare vault.**

~~a.~~ **F. For any specific payment information, see section 9970.**

## 9630 Procedures for Out-of-State Children Moving to Kansas (Kansas as the Residence State)

When a child moves from another state into Kansas and is covered under **Interstate Compact on Adoption and Medical Assistance** (ICAMA), the following procedures shall be followed:

- A. **Upon receiving an ICAMA referral in eCare vault from another state indicating a child is moving to Kansas** ~~The Kansas ICAMA Compact Administrator shall upon receiving an ICAMA referral from another state indicating that a child is moving to Kansas, process and~~ **add** ~~forward the ICAMA referral to the DCF Regional ICAMA Specialist where the family resides.~~
- B. The DCF **R**egional ICAMA **S**pecialist shall facilitate the medical card approval and the issuance of a medical card for the child. The subsidy agreement signed in the other state is the basis for eligibility and no other determination is required.
- C. When the Kansas medical card has been ~~opened~~ **issued**, the DCF **R**egional ICAMA **S**pecialist shall forward the PPS 9120 (ICAMA 7.03) Report of Change in Child or Family Status form to the PPS ICAMA Compact Administrator to confirm that the Kansas medical card has been issued. **shall open the case in eCare vault, which will generate a notification to the sending state notifying of case opening.**
- D. ~~The PPS ICAMA Compact Administrator shall forward a copy of the Kansas PPS 9120 (ICAMA 7.03) Report of Change in Child or Family Status form to the originating state's ICAMA Compact office to confirm that the Kansas medical card has been issued and the originating state can close their medical card case.~~
- E. **D.** If later the adoption is finalized, the sending state shall send a copy of the **D**ecree along with the PPS 9121 (ICAMA 7.5) Information Exchange for a name change to the PPS ICAMA Compact Administrator for processing and referral to the Regional ICAMA Specialist. **the child's updated name in eCare vault.** This will help assure the child's medical card in the receiving state is updated with the adoptive name.

# 10210 Contacts During the Investigation

## A. Reasonable Efforts to Determine Safety

1. K.S.A. 39-1433(a)(2) requires a face-to-face visit with the Involved Adult (IA). Telephone or letter contact is not sufficient. The face-to-face visit shall be made within the assigned response time to assess the Involved Adult's safety. Reasonable effort is made if the APS Protection Specialist attempted to contact the Involved Adult in a location where it is reasonable to expect the Involved Adult to be found. If the APS Protection Specialist is able to locate the Involved Adult, the face-to-face visit shall be made within the assigned response time. The APS Protection Specialist shall attempt at least two (2) times to locate the Involved Adult. The two (2) attempts must be made in person and within the assigned response time. Reasonable efforts are made if the APS Protection Specialist attempts to contact the Involved Adult in person, at a location where the Involved Adult would reasonably be expected to be, on at least two occasions during the assigned response time.

## B. Allowable Reasons to Not Determine Safety within Required Response Time

1. There may be instances when it is not possible to determine the safety of the Involved Adult within the assigned response time. If contact is **not** made in the assigned response time, notify the APS supervisor. Allowable reasons include:

- 1) a. Unable to locate Involved Adult;
- 2) b. Involved Adult has left the state;
- 3) c. Referred to Law Enforcement and APS Protection Specialist has been directed by law enforcement or the county/district attorney not to proceed;
- 4) d. After two unsuccessful face-to-face attempts to locate the Involved Adult, APS shall mail the PPS 10231 Involved Adult Interview Request letter.

i. A Closure After Assignment (CAA) may be requested ten (10) calendar days after the PPS 10231 Involved Adult Interview Request letter has been mailed. Document all attempts in KIPS.

- 5) e. If the Involved Adult refuses contact and/or refuses to cooperate.
- 6) f. Involved Adult fails to keep scheduled appointments:

- 7) g. Natural or man-made disasters which that create conditions that make making it unsafe to get to contact the Involved Adult. The Attempts to contact the involved adult shall resume as soon as conditions allow permits. If the immediate safety of the adult needs to be assessed, contact law enforcement to request assistance;
- 8) h. The Involved Adult is deceased.

#### C. Initial Contact/Safety Determination of the Involved Adult

1. Initial contact with the Involved Adult shall be made within the time frame assigned on the intake and in accordance with KSA 39-1433(a)(2)(A)-(C) KSA 39-1433(a). During the interview with the Involved Adult the APS Protection Specialist shall:

1. a. Gather information in regard to regarding the allegations contained in the report;
2. b. Assess the safety of and risk to safety/risk of the Involved Adult;
3. c. Obtain information regarding any current services the Involved Adult is receiving from community agencies or more informal providers, such as family or friends;
4. d. Advise the Involved Adult the APS Protection Specialist is required to contact law enforcement if the APS Protection Specialist suspects a crime has occurred. If contacting law enforcement may increase the risk to the Involved Adult, discuss options with the supervisor prior to notifying law enforcement.
5. e. Provide the Involved Adult with the Client Rights brochure, PPS 10205, if the allegation is self-neglect, or the PPS 10208 for all other allegations and document in KIPS.
  - i. If APS Protection Specialist did not provide the appropriate brochure during the initial face-to-face contact, the brochure can be mailed, using the reported address or last known address of the Involved Adult or provided to them on a subsequent visit
  - ii. If the APS Protection Specialist is not able unable to make face-to-face contact with the Involved Adult and the address of the Involved Adult was provided in the report, the appropriate Client Rights brochure shall be mailed to the Involved Adult at that address.
  - iii. If the reporter did not provide the address for the Involved Adult and the APS Protection Specialist has not been able to obtain an address, this information shall be documented in KIPS as the reason the Client Rights brochure was not provided to the Involved Adult.

iv. If the Involved Adult has a guardian and the identity and contact information for the guardian is available, the appropriate Client's Rights brochure shall be provided to the guardian, rather than to the Involved Adult.

#### D. Use of Authorized Collaterals for Safety Determination

1. On rare occasions, with supervisory approval, information gathered from authorized collaterals may be used to ascertain safety. The date of the in-person visit by the authorized collateral shall be entered into KIPS as the initial face-to-face date.

a. Authorized collateral may be any one of the following:

1. i. Another DCF Protection Specialist
2. ii. A law enforcement officer
3. iii. Director of Nursing, Charge Nurse, or Licensed Social Worker where the Involved Adult is currently located, for reports of abuse, neglect, and exploitation occurring when an Involved Adult is residing in a long-term facility.
4. iv. Director of Nursing, Charge Nurse, or Licensed Social Worker for reports of abuse, neglect, and exploitation when the Involved Adult has been admitted to the hospital and/or a psychiatric hospital.

2. Once safety has been ascertained by one of the above collaterals, the assigned APS Protection Specialist shall interview follow up with the Involved Adult as soon as possible.

#### E. A. Contacting the Guardian/Conservator

1. If the APS report indicates the Involved Adult has a guardian/conservator, the APS Protection Specialist shall make diligent efforts to contact the guardian/conservator to coordinate contact with the Involved Adult.

1. a. If the guardian/conservator is named as the alleged perpetrator, the APS Protection Specialist shall contact their supervisor or legal for advice on how to proceed.
2. b. If the APS Protection Specialist is unable to make contact with the guardian/conservator after making reasonable diligent efforts, and further efforts to do so would will cause the initial contact with the Involved Adult to not not to be made within the required time frame; the APS Protection Specialist shall may proceed with face-to-face contact with the Involved Adult. If the guardian/conservator was not able to be contacted prior to the initial contact with the Involved Adult, the APS Protection Specialist

shall continue to make **reasonable** diligent efforts during the course of the investigation to contact the guardian/conservator.

3. **c.** If the APS Protection Specialist does not ~~find out~~ **learn** until after contact is made with the Involved Adult there is a guardian/conservator; the guardian/conservator shall be notified **as soon as possible** after initial contact.
4. **c.** ~~If the guardian/conservator is named as the alleged perpetrator, the APS Protection Specialist shall contact their supervisor or legal for advice on how to proceed.~~

**F. B.** Notification from KPRC of associated intakes that have been screened out due to a current open investigation.

**1.** APS Protection Specialist shall:

1. **a.** Review the associated intake for additional information and address any new concerns ~~not investigated in the original investigation~~.
2. **b.** Document activities in the investigation record.
3. **c.** Review the associated intakes(s) with supervisor or designee at case finding.

**G. C.** Death of Involved Adult during Investigation

**1.** ~~When an Involved Adult dies following an assignment~~ **When a report has been assigned and the Involved Adult dies following assignment of the report of abuse, neglect, or financial exploitation, the investigation shall be continue if d in the following instances:**

1. **a.** The death may be related to the allegation, and the allegation was not self-neglect;
2. **b.** Collaterals or ~~A~~ **Alleged P** ~~perpetrator~~ were interviewed by APS or law enforcement ~~(or both)~~ and a finding can be made;
3. **c.** Documentation (e.g. law enforcement, medical, banks) was obtained and a finding can be made or;
4. **d.** The ~~A~~ **Alleged P** ~~perpetrator~~ was in a position of trust to the Involved Adult (e.g. Power of Attorney, Durable Power of Attorney, and Guardian/ or Conservator) or is employed as a caregiver.

**2.** The APS Protection Specialist shall also follow procedures for reporting critical incidents (PPMS 10212) upon learning of the death of the Involved Adult for reasons which could be related to **abuse, neglect, financial exploitation** ~~abuse/neglect~~ at any time following case assignment.





# 10216 Closure After Assignment

A. Factors to consider when requesting approval for closure after assignment include, but are not limited to:

1. The Involved Adult ~~(IA)~~ does not meet the definition in K.S.A. 39-1430(b)(1) - (2)(a);
2. The allegations do not meet the definitions for Abuse, Neglect, Financial Exploitation (ANE) in K.S.A. 39-1430(b),(c),(d),(e);
3. The report is a consumer-to-consumer incident in a CDDO or affiliate and there is no indication of neglect by staff. ~~(Forward a copy of the PPS 10100 and 10110, to the [KDADS.CSSPRC@ks.gov](mailto:KDADS.CSSPRC@ks.gov) mailbox.)~~
4. The incident has been previously investigated or is currently being investigated. Include the KIPS ID number of assigned case in the CAA basis; ~~(The KIPS ID number shall be included in the basis);~~
5. DCF does not have the statutory authority to investigate ~~and/or report is responsibility of another agency~~ ~~(The report shall be forwarded to that agency);~~
6. Reports indicating a need for guardianship ~~and/or~~ conservatorship and there are no concerns of abuse, neglect (including self-neglect), and/or financial exploitation ~~that meet the criteria based on K.S.A. 39-1430(a)(c),(d),(e) reference in number 21. above;~~
7. Reports indicating a need for guardianship or conservatorship for youth in DCF custody. Send PPS 10100 and PPS 10110 to the APA in the region where the youth resides. See PPM 10630 Guardianship and/or Conservatorship Services for Youth in DCF Custody. ~~Reports that indicate a need for a guardianship and/or conservatorship for youth in DCF custody that are 18 years of age or are within twelve months of turning 18 years of age. (Send the PPS 10100 and PPS 10110 to the APA in the region where the youth is residing. See PPS 10630 for guidance on these reports.);~~
8. The Involved Adult passed away prior to date of report and the report does not meet the criteria for a Critical Incident ~~per PPM 10212 Critical or Significant Incident Notification Procedures~~ or the ~~IA~~ Involved Adult was not a consumer receiving services from a KDADS licensed community-based facility or agency. ~~(excludes reports of ANE in facilities licensed under K.S.A. 39-923 75-3307B);~~
9. The Involved Adult passed away ~~prior to~~ before face-to-face contact, and the reported allegation is self-neglect.

10. The youth/adult is under 21 years of age and in DCF Custody as a CINC. (These are investigated by Child Protective Services PPS child-side per PPMS 1385 Reports Involving Adults Under 21 Years of Age and in Custody of the Secretary of DCF.);
11. The alleged incident occurred in another state, DCF will screen out due to no jurisdiction to investigate;
12. The Involved Adult has left the state, with no plans to return;
13. The Alleged Perpetrator (ALP) is a law enforcement officer (See policy PPMS 10200 Conducting an Investigation F E for guidance.)
14. Unable to locate Involved Adult. Reasonable attempts to determine safety as defined in PPM 10210 Contacts During the Investigation were made to locate the Involved Adult.
15. Report is the responsibility of another agency. The report shall be forwarded to that agency.

## B. Process for Requesting Closure After Assignment

If the intake and/or initial face-to-face contact information indicates the investigation could be closed after assignment the following process shall occur:

1. Closure after assignment may be requested prior to or following the initial face-to-face contact with the Involved Adult. If the initial face-to-face visit has been made or the Involved Adult is unable to be located, t
  - a. The request for closure after assignment shall be made within five (5) working days from date of initial face-to-face contact or date of second (2) unsuccessful attempt or 10 calendar days after the PPS 10231 Involved Ault Interview Request letter has been mailed.
  4. b. If the request for closure after assignment is made prior to the initial face-to-face contact due date, the request shall be made in time to allow timely face-to-face contact with the Involved Adult if the request is denied by APS Supervisor, APS APA, or KPRC Supervisor.
  - c. If the APA or KPRC Supervisor approves closure after assignment within the required initial face-to-face contact time frame for the allegation(s), a face-to-face contact is not required.
  - d. If the APA or KPRC determination Supervisor approval/denial comes after the required time frame for initial face-to-face contact, the APS Protection Specialist shall have made a face-to-face visit or have made at least two (2) reasonable attempts within the required timeframe.

2. The APS Protection Specialist shall complete the PPS 10216 and consult with APS Supervisor to determine whether CAA is appropriate. The APS Protection Specialist shall complete the PPS 10216 in KIPS and consult with the APS Supervisor to determine if further assessment is needed. The investigation shall continue when there is an indication contacts are needed with caregivers, family members, or other collateral witnesses to obtain additional information regarding the allegations of abuse, /neglect, /or financial exploitation or to sufficiently assess the risk and/or safety concerns of the Involved Adult.

a. The investigation shall continue if;

i. There is an indication contacts are needed with caregivers, family members, or other collateral witnesses to obtain additional information regarding the allegations of abuse, neglect, or financial exploitation.

ii. Additional information is needed to assess risk or safety concerns.

3. b. The APS Protection Specialist and supervisor shall review the report and additional information gathered under a. If CAA is appropriate the supervisor shall forward to the APS APA. Upon review of the additional information gathered by APS the Specialist and APS Supervisor, if it is recommended the investigation need not proceed, the APS Supervisor shall forward the request for closure after assignment to the APA. Additional information shall be documented in KIPS. completed PPS 10216 and consult with the APS APA. The APS Specialist shall document in KIPS the information which was obtained and reviewed to make the determination to request closure after assignment.

4. c. The APS APA shall determine make a determination whether to continue on with the investigation or request CAA from KPRC. refer back to the KPRC Supervisor to make a final determination to either continue on with the investigation or close after assignment.

i. The APS APA shall submit the closure after assignment request form in SharePoint for KRPC's review and final determination.

ii. KPRC will complete the closure after assignment request form in SharePoint and an auto generated email from SharePoint is sent to the requestor with the final determination.

a. If the closure after assignment request is approved, KPRC shall document in KIPS and set the investigation to complete. KPRC staff shall forward the intake report to the appropriate agency or to the appropriate CSSPRC or MHPRC mailbox, if applicable and document in the investigation record in KIPS.

c. If the closure after assignment request is denied, KPRC shall document the denial in KIPS.

## 2. Closure after assignment of only one allegation if there are multiple allegations assigned.

a. The APA or Supervisor shall submit a request to the PRC Supervisor mailbox [DCF.PRCSups@ks.gov](mailto:DCF.PRCSups@ks.gov) and indicate the request for closure after assignment is for one allegation only and the investigation will remain open under the other allegation(s). The APA or Supervisor shall document in KIPS.

~~g. If the APS APA concurs the investigation should be closed after assignment, the APA shall submit the the PPS 10216 request to the Kansas Protection Report Center supervisor's email address: [DCF.PRCSUPS@ks.gov](mailto:DCF.PRCSUPS@ks.gov). The subject line of the email shall indicate an APS Closure After Assignment request. The APA shall also enter a Case Management Activity note in KIPS, with the description of: Closure After Assignment Request, providing this information.~~

~~h. If the closure after assignment request is denied by either the APS APA or KPRC, the reason shall be documented in the Kansas Intake/Investigation Protection System (KIPS) and the investigation shall proceed.~~

## C. APA or KPRC Tasks to Approve/Deny Closure after Assignment Request

~~1. The APA or a KPRC supervisor shall determine whether the documentation submitted meets the criteria to override the Initial Assessment Decision.~~

~~2. Upon review of the information, the APA or KPRC supervisor may request additional information from the Supervisor or APA.~~

~~3. Upon determining the submitted information is sufficient, the APA or KPRC supervisor shall make a decision by the end of the next working day. The APA or KPRC supervisor shall attempt to make a decision in time to allow the worker to meet this contact requirement.~~

~~4. The APA or KPRC supervisor shall add documentation in KIPS the PPS 10110 supporting the decision to either close after assignment or continue with the investigation. The original basis statement indicating acceptance of the report shall not be deleted.~~

~~5. Upon final review by the APA or KPRC Supervisor and the final determination is to close after assignment, the APA or KPRC Supervisor sets the intake to "complete" in the Kansas Intake/Investigation Protection System (KIPS).~~

6. The APA or KPRC Supervisor shall make a note of their decision in KIPS Notes in the Intake and Investigation Chapters for the APS APA and APS Supervisor. The PPS 10216 shall be attached to this note. The APS Protection Specialist, APS Supervisor and APA will be notified from the KIPS note.

7. The APA or KPRC Supervisor shall change the status of the case in the Investigation and Allegation Chapters to Close After Assignment and set to complete.

#### D. Procedure When Investigation is the Responsibility of Another Agency or DCF Does Not Have Authority to Investigate

##### 1. Request Made Prior to the Initial Face to Face Contact:

1. 2. When the information provided by the reporter clearly identifies this the report being one which is the responsibility of another agency or one which DCF does not have authority to investigate, regional staff shall follow the process in PPMS 10216 B to request closure after assignment.

3. The APA or KPRC staff shall follow the process in PPMS 10216 (C) to approve closure after assignment. The APA

or KPRC staff shall forward the intake to the appropriate agency or to the appropriate CSSPRC or MH mailbox, if applicable. See PPM 10112 10110 (G).

##### 4. Request Made Following Initial Face to Face Contact:

a. When the request for closure after assignment is made following the initial face to face contact, the regional APS APA shall request closure after assignment following the process in PPMS 10216 (B). The APA or KPRC staff shall follow the process in PPMS 10216 (C) to approve closure after assignment.

b. The APS Protection Specialist shall forward the intake to the appropriate agency or to the appropriate CSS or MH mailbox, if applicable, regardless of whether the information from the reporter clearly identified this report being one which is the responsibility of another agency or one which DCF does not have authority to investigate. See PPM 10110 (G).

c. Regional APS staff shall document these activities in the notes section of the investigation chapter of the KIPS record and check to ensure closure after assignment has been entered by the APA or KPRC staff as the closure reason on the investigation page and in the allegation chapter.

# 10320 Required Documentation for Case Findings

The APS Protection Specialist shall review all abuse, neglect, and financial exploitation, and fiduciary abuse findings with the supervisor or designee. Once a finding is reviewed, the APS Protection Specialist shall complete all necessary documentation in the Kansas Intake/Investigation Protection System (KIPS) notes section within 5 working days.

## A. Notes Section Documentation

~~The necessary documentation shall include the following information:~~

1. The APS Protection Specialist, in consultation with the supervisor and/or designee, shall make the finding decision. The finding decision and its rationale shall be documented by the APS supervisor and/or designee in KIPS as a Meeting/Case Conference note type.
  - a. ~~The minimum six elements are required in finding note~~ The finding note required elements include, but not limited to:
    - i. A Summary of allegations and information about the involved adult, including, but not limited to, vulnerability, cognitive status, and if applicable legal representative.
    - ii. A Summary of the interview with the Involved Adult (IA).
    - iii. Documentation of Interview for Decisional Abilities (IDA) and a brief summary of the outcome of the IDA.
    - iv. Collateral information which helps that supports the finding
    - v. A Summary of the interview or explanation of attempts to interview the Alleged Perpetrator (ALP).
    - vi. A Finding determination is based on evidence that meets or does not meet the clear and convincing evidence and the definition of standard of proof Abuse, Neglect, or Financial Exploitation.

~~2. A Notice of Agency Decision note type including documentation of recipients of the notices.~~

## B. Notice of Agency Decision(s)

1. The PPS 10300 Notice of Agency Decision shall be sent to the alleged perpetrator on all findings, excluding self-neglect, within five (5) working days of making the finding.
  - a. The Notice of Agency Decision shall include a brief explanation of the allegation, basis for the finding, and the Prevention and Protection

of Services Policy and Procedure Manual (PPM) reference for the definition substantiated or unsubstantiated.

b. The following language shall be used in PPS 10300 Notice of Agency Decision.

i. On DATE, DCF received a report alleging ALLEGATION of VICTIM. Based on the information gathered during the investigation there (is/is not) clear and convincing evidence to determine ALLEGATION has occurred as defined by K.S.A. 39-1430.

c. The PPS 10300 Notice of Agency Decision shall not be sent to the Involved Adult.

2. The PPS 10320A Notice of APS Case Closure - For Self Neglect Cases and PPS 10320B Notice of APS Case Closure – Non-Self Neglect Cases shall be sent to the involved adult or, if applicable, his/her guardian, shall also be notified, including closure of a self-neglect investigation. The APS Protection Specialist shall use professional judgment based on interaction with the involved adult and his/her understanding as to whether notification is made by personal visit, telephone, or letter. If notification is in written form, the PPS 10320A form letter shall be used for self-neglect assessments, and the PPS 10320B form letter shall be used for investigations of all other allegations.

a. The APS Protection Specialist may delay sending the PPS 10320A or PPS 10320B until after all allegations in a case have a finding.

i. The PPS 10320A or PPS 10320B shall be sent within five (5) working days after all case allegations following all allegations in a case have a finding.

ii. If the guardian is the alleged perpetrator, the PPS 10320B shall not be sent to the guardian, as they receive notice of the agency decision by receiving the PPS 10300 Notice of Agency Decision.

iii. When there are allegations of both self-neglect and another one of the other allegation type(s), the involved adult shall be sent only the PPS 10320B.

3. The APS Protection Specialist shall consult with the supervisor, and if necessary, the regional attorney, if there are concerns of notification of a finding to the involved adult and/or alleged perpetrator might jeopardize the safety of the involved adult. If the involved adult lives with the alleged perpetrator and notifying the alleged perpetrator of the unsubstantiated finding may result in safety concerns an exception to sending the PPS 10300 Notice of Agency Decision may be made. If the decision is not to send a PPS 10320B Notice of APS Case Closure Non Self-Neglect or PPS 10300 Notice of Agency Decision, the reason



shall be documented in KIPS. In all substantiated cases, the alleged perpetrator shall be notified.

#### C. Notification to Law Enforcement, County/District Attorney

1. If the finding is substantiated, a copy of the PPS 10350 shall be forwarded to the appropriate law enforcement agency within five (5) working days of the finding date and, if appropriate, the county/district attorney's office.

#### D. Notification to Economic and Employment Services (EES) Regarding APS Finding

1. If the finding is the result of an EES referral for misappropriation of funds, provide the PPS 10300 to the EES worker who made the referral within five (5) working days of the finding date.

#### E. Memo Notifications to Community-Based Facility Regarding APS Finding(s) (PPS 10340)

1. The Memo Notification to the community-based facility regarding the APS finding shall be sent to the Chief Administrative Officer of the KDADS licensed community-based facility in the following situations:

a. The abuse, neglect or financial exploitation (ANE) occurred in the facility (residential, day services, etc.) or

b. The alleged perpetrator of abuse, neglect, or financial exploitation is an employee of the KDADS licensed community-based facility, and the facility is providing in-home services to the involved adult.

2. The PPS 10340 shall be sent within five (5) working days of the finding decision. The memo shall not include the name of the perpetrator's name.

3. See PPM 1011 10.A.2.a (B)(1)(b) for examples of community-based facilities licensed by KDADS.

4. If the allegation is self-neglect, do not send a PPS 10340.

#### F. Notification to Quality Management Specialists (QMS) Regarding APS Finding

1. The QMS shall be notified of the investigation outcome by sending the PPS 10100, 10110, and 10300 or 10320A (as applicable) to the [KDADS.CSSPRC@ks.gov](mailto:KDADS.CSSPRC@ks.gov) mailbox for adults on a waiver or to the [KDADS.MHPRCReports@ks.gov](mailto:KDADS.MHPRCReports@ks.gov) mailbox for adults receiving services from a



**Certified Community Behavioral Health Clinics (CCBHC)** ~~Community Mental Health Center~~ within five (5) working days of the finding date.

2. The QMS shall also be sent the **PPS 10340** Memo Notification to Community Based Facility Regarding APS Finding (~~PPS 10340~~) for all cases in which the PPS 10340 is sent to the Chief Administrative Officer of the KDADS licensed community-based facility, per PPM 10320(E).

3. The subject line of the email shall contain specific information necessary to identify the type of report for KDADS. **The subject line shall not include the involved adult's name:**

a. Finding: Substantiated or Unsubstantiated

i. **HCBS** Waiver Type: FE, PD, IDD, BI, etc. or name of ~~Community Mental Health Facility~~ **Certified Community Behavioral Health Clinics (CCBHC)**

ii. County where the facility is located: Two letter code

iii. An example for the subject line of the e-mail shall read:

Unsubstantiated PD JO

Substantiated Pawnee Mental Health **Services** ~~Center~~ RL

4. If additional information is obtained during the investigation which **that** was not fully described on the PPS 10100, PPS 10110, or PPS 10340 the **Protection Specialist** ~~social worker~~ may provide a summary in the email notification.

G. Notification to the **Attorney General's** Abuse, Neglect, and Exploitation (ANE) Unit.

1. The following shall be ~~faxed or~~ e-mailed to the ANE Unit of the Attorney General's office within ten (10) working days of the date of finding if the finding is substantiated:

a. ~~1.~~ A copy of the PPS 10300, Notice of Agency Decision, except self-neglect;

b. ~~2.~~ Notification **s** to Law Enforcement: PPS 10120 **A** and PPS 10350;

c. ~~3.~~ **A** **The APS** Closure Summary **document** ~~of finding~~ printed from KIPS Documentation Chapter ~~Notes Section~~;

d. ~~4.~~ **The** PPS 10100 and PPS 10110;

e. 5. The PPS 10370 Coversheet located in the forms section of the Manual. If there is a delay in making a finding, the reason for the delay shall be included on the cover sheet.

f. 6. The ANE Unit prefers the documents be faxed, but if e-mailing, include in the subject line shall include the following wording: "New Finding" and "encrypt". E-mail documents to the following address [ANE@ag.ks.gov](mailto:ANE@ag.ks.gov)

#### H. Notification to the Attorney General's Medicaid Fraud Control Unit (MFCU)

1. The following shall be faxed or e-mailed to MFCU the Medicaid Fraud Unit within (10) working days of the date of finding if the finding is substantiated:

1. A copy to of all reports submitted to Law Enforcement regarding alleged criminal activity to MFCU. The following forms will be sent to [MFCU@ag.ks.gov](mailto:MFCU@ag.ks.gov); PPS 10100, 10110, 10120a, 10300, 10350, Closure Summary.

a. A copy of the PPS 10300, Notice of Agency Decision, except self-neglect;

b. Notifications to Law Enforcement: PPS 10120A and PPS 10350;

c. The APS Closure Summary document printed from KIPS Documentation Chapter;

d. The PPS 10100 and PPS 10110;

e. In the MFCU Unit e-mail, include in the subject line the wording "New Finding" and "encrypt". E-mail documents to the following address: [MFCU@ag.ks.gov](mailto:MFCU@ag.ks.gov)

#### I. Reports to State Regulatory Authority from Adult Protective Services Regarding Finding of Abuse, Neglect, or Exploitation (PPS 10360)

1. At the conclusion of the appeal period, the APS Protection Specialist or designated staff shall, within five (5) working days forward the substantiated finding involving providers of services licensed, registered, or otherwise authorized to provide services in this state to the appropriate state authority, using the PPS 10360. K.S.A. 1433(4)(b).

#### J. Notification to PPS Administration of Substantiated Finding on Person who Works, Resides, or Volunteers in a childcare facility (foster or group homes) regulated by DCF Licensing or KDHE

1. When a substantiated finding is made ~~on~~ regarding an alleged perpetrator who works, resides, or volunteers in a childcare facility regulated by DCF Licensing or KDHE, PPS Administration shall be notified of the substantiated finding.

The steps are as follows:

~~1.~~ a. The APS Protection Specialist notifies the supervisor

~~2.~~ b. The APS Supervisor informs the APS Assistant Program Administrator (APA).

~~3.~~ c. The APA will complete the PPS 10212 Critical Incident Form and send it, along with the copy of PPS 10100, 10110 and the 10300 to Assistant Regional Director, Regional Attorney, APS Program Administrator, and the DCF Critical Incident mailbox by close of business on the next working day after finding made:

i. In the subject line of the e-mail, indicate this is a substantiated finding on a person who works, resides, or volunteers in a childcare facility regulated by DCF Licensing or KDHE.

2. Review of the substantiated finding and providing additional information shall follow PPS 10212 C-E.

# Meetings with Families

## Four Types:

1. Initial Team Decision Making (TDM) Meeting
2. Family Meeting (FM)
3. Family Preservation Initial Family Meeting (FP IFM)
4. Initial Family Meeting (IFM) for Out of Home Services

## 1. Initial Team Decision Making (TDM) Meeting

Criteria (DCF Facilitator):

- a. The behavior (action or inaction) of a parent(s)/primary caregiver(s)
- b. Is threatening a child's safety, and
- c. DCF is considering separating the child from the parent(s)/ primary caregiver(s).

❖ Please see PPM Appendices OD-OM for Initial TDM Protocol, Guidance, & Referral Forms.

## 2. Family Meeting (FM)

An FM is available when:



Practitioner has spoken with relevant family members, consulted with a supervisor, and concluded that **there is NOT a caregiver action/inaction that is threatening the child's safety**; however, there are risk factors related to the child's/family's wellbeing that the family must lessen.

The Family, the practitioner, and the practitioner's supervisor agree to bring everyone together as a team to determine what the best next steps are to increase the child's/family's wellbeing and functioning.

Below are some examples that **\*may\*** indicate the need for a Family Meeting. However, this list does not automatically rule out holding a TDM related to the concerns. Critically thinking through TDM criteria and consultation with one's supervisor should guide the determination of whether meeting is necessary and if so, which type of meeting (Initial TDM or Family Meeting).

- Child with Behavior Problems (*suicidal, danger to self-and/or self-harming behaviors, out of control, sexually acting out, aggressive behaviors, criminal activities, or gang involvement*)
- Child is repeatedly running away
- Child is truant
- Child is refusing to come home
- Caregiver is refusing to allow child to come home
- Wanting to explore service options
- Helping a family to re-engage with services
- Addressing identified complicating factors
- Child may need out of home treatment (acute, PRTE, etc.)

### The Following can Facilitate Family Meetings:

1. **Primary practitioner working with the family, or their supervisor**
2. **Neutral facilitator** (*team member not directly working with the family*)
3. **TDM Facilitator**
  - a. **TDM Facilitators should facilitate sparingly, when there is a high need for neutrality in the family meeting.**
  - b. **Initial TDM Meetings will take priority for TDM Facilitators.**

### How to Schedule a Family Meeting:

- ❖ When the primary practitioner/supervisor/neutral team member is facilitating the meeting, a referral form is unnecessary.
  - **The primary practitioner** (*person calling the meeting*) **is responsible for setting the date/time/location of the meeting and inviting everyone to attend.**
- ❖ If the primary practitioner is requesting an Initial TDM for the Family Meeting, they will fill out and submit their region's "Family Meeting Scheduling Form" to their region's TDM scheduler.
  - A region may choose to allow their scheduler to assist with meeting invitations; It is at their discretion. If they are not assisting, the primary practitioner is responsible for communicating the meeting details and inviting everyone to attend.

### The Framework for Facilitating Family Meetings Includes:

1. **The Facilitator of the Family Meeting shall map/chart the conversation using either:**
  - a. PPS2019 DCF Conversation Note (Three Columns Map) **OR**
  - b. Appendix OP Family Meeting Map
2. **Staff will not enter any data collected on Family Meetings in the TDM database.**

### Family Meeting Summaries

1. The Facilitator of the Family Meeting shall **provide a copy** of the mapped conversation at the end of the meeting to all of those in attendance.
2. The Primary Practitioner should upload a copy of the mapped conversation in the file **uploaded to KIDS.**

## 3. Family Preservation Initial Family Meeting (IFM)

The Family Preservation Initial Family Meeting (IFM) initiates the partnership between the family, DCF staff and service providers. This team shall share responsibility for ensuring the family receives services and supports required to maintain the child(ren) safely in the home and prevent future maltreatment.

**The purpose of the IFM is to discuss the reasons for the referral to Family Preservation Services, discuss the safety and/or risk concerns of all parties, including the family, and reach a consensus with the family.** The CPS Specialist and the FPS providers shall clarify their roles with the family. They shall develop a Family Preservation Initial Service Plan alongside the family, with the goal of maintenance at home. This plan outlines activities to complete prior to the Family Case Plan using the PPS 3048.

- ❖ *Please see PPM 4215 & 3048 for additional meeting details and requirements.*

#### 4. Initial Family Meeting (IFM) for Out of Home Services

The role of the Case Management Provider (CWCMP) is to facilitate the Initial Family Meeting (IFM). They organize, plan, and schedule the IFM in conjunction with DCF staff. The CWCMP shall contact the family the same day as the referral to introduce themselves and to plan for the IFM.

During the IFM for Out of Home Services, the CWCMP shall complete the Foster Care Initial Service Plan (ISP). The purpose of the Foster Care ISP is for DCF to introduce the family to the CWCMP. The DCF Child Protection Specialist shall explain to the parent(s)/caregiver(s) what to expect in the next 30 to 45 days while they work with the CWCMP. The ISP shall include immediate next steps for reintegration to address the safety and risk factors. The ISP shall also include a visitation plan coordinated with the CWCMP and parent(s)/caregiver(s).

❖ *Please see PPM 5220, 5223, 2751, & 3031 for additional meeting details and requirements.*



## Meeting Information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Location

## Contact Information

\_\_\_\_\_  
Your Case Manager

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Case Manager Supervisor

\_\_\_\_\_  
Supervisor Phone

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## Remember:



This meeting is your opportunity to speak about the safety of your child.



You may invite key people who you think will be supportive to you, your children, and your family to this meeting.



Please let your DCF worker know who you are inviting so we can provide adequate space.



Please also advise your DCF worker if anyone you are inviting requires special accommodations including child care, transportation, interpretation service, or any other assistance that will make involvement in the TDM meeting possible.



**EVIDENT  
CHANGE**  
Inform Systems. Transform Lives.



## What is Team Decision Making?

Team Decision Making is a structured meeting called to make a decision about where your child can safely reside.



You are the **expert** on your own family.



## What is the purpose?

The purpose of the TDM approach is to allow you, your family and your supports, as well as DCF staff, and other community service providers to have an honest discussion about identified threats to the safety of your child, and the possibility of your child being separated from you.

This team approach allows the entire group to share their ideas to make the **best possible safety decision** for your child.

## When should a TDM be scheduled?

A TDM should occur when a child's safety is in question and they may need to be separated from their parent or caregiver. The meeting should occur **before** the child is separated.



### EMERGENCY



In an emergency, the child should first be kept safe, and then a TDM held as soon as possible.

## Who will attend?

You decide!

You may invite anyone you feel can be a support to your family: **family members, friends, neighbors, community supports**, etc.

Children age 10+ are encouraged to attend this meeting or provide input in another way so they can **share their voice**.

Your DCF worker and their supervisor will also be present. Other community supports or professionals may be present to help grow your support network.



## TDM Meeting Guidelines

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### Privacy



All participants will respect your family's right to privacy.

### Equity



All participants reserve the right to contribute their voice to the meeting.

### Respect



All participants will show one another respect by listening actively, calmly navigating disagreements and reserving judgment.

### Honesty



All participants are encouraged to share freely and honestly without fear of blame or negativity.

### Collaboration



All participants are encouraged to contribute to the meeting in order to collaboratively arrive at the best decision for your family.



## Meeting Information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Location

## Contact Information

\_\_\_\_\_  
Your DCF Worker

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
DCF Supervisor Name

\_\_\_\_\_  
Supervisor Phone Number  
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## Remember:



This meeting is to determine what the best next steps are to increase the child or family's wellbeing and functioning.



You may invite key people who you think will be supportive to you, your children, and your family to this meeting.



Please let your DCF worker know who you are inviting so we can provide adequate space.



Please also advise your DCF worker if anyone you are inviting requires special accommodations including child care, transportation, interpretation service, or any other assistance that will make involvement in the family meeting possible.

# Family Meetings



# What is a Family Meeting?



A Family Meeting is a meeting where everyone comes together as a team to determine what the best next steps are to increase the child’s or family’s wellbeing and functioning.



## What is the purpose?

The purpose of this approach is to allow everyone an opportunity to have an honest discussion about the challenges every family experiences from time to time. With assistance from parents, family members, community members and other professionals, the team will collaborate to create solutions to make the best plan for your family.



## Who will attend?

You decide!

You may invite anyone you feel can be a support to your family: *family members, friends, neighbors, community supports*, etc.



Children age 10+ are encouraged to attend this meeting or provide input in another way so they can *share their voice*.

Your DCF worker and their supervisor will also be present. Other community supports or professionals may be present to help grow your support network.

# Family Meeting Guidelines

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Privacy	
All participants will respect your family’s right to privacy.	
Equity	
All participants reserve the right to contribute their voice to the meeting.	
Respect	
All participants will show one another respect by listening actively, calmly navigating disagreements and reserving judgment.	
Honesty	
All participants are encouraged to share freely and honestly without fear of blame or negativity.	
Collaboration	
All participants are encouraged to contribute to the meeting in order to collaboratively arrive at the best decision for your family.	



# Kansas Intake Guidance Policy and Procedures Manual ~~January 2025~~ July 2025

*\*\*While this manual draws on some concepts from Structured Decision Making®, it is not a Structured Decision Making manual and Evident Change did not participate in the creation of this work.\*\**



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## INITIAL ASSESSMENT

### INITIAL ASSESSMENT OF EMA, PHN, MEN, LOS, ABD, AND FINA

#### A. REPORTS THAT DO NOT REQUIRE AN INITIAL ASSESSMENT

**1. Reports that do not require an initial assessment or Department for Children and Families (DCF) action beyond intake.**

- ☐ Alleged victim is 18 years or older (or was at time of incident) and not currently in the custody of the Secretary OR 21 years or older
- ☐ No Kansas connection to incident or child
- ☐ Subsequent reports of the same allegation with no additional concerns (PPM 1430 and 1310 (D))
- ☐ Incident occurred in an institution operated by Kansas Department for Aging and Disability Services (KDADS)
- ☐ Incident occurred in an institution operated by Kansas Department of Corrections (KDOC)
- ☐ Incident occurred on Fort Riley Army base, AND child resides on base

**2. Reports that require DCF action but not a full initial assessment**

- ☐ Independent living referral
- ☐ Interstate compact request
- ☐ Courtesy interview for another state
- ☐ Courtesy interview for law enforcement

**IF ANY ITEM IN SECTION A IS SELECTED, THE KANSAS INTAKE ASSESSMENT IS COMPLETE. NO FURTHER ASSESSMENT IS REQUIRED.**

**1. Abuse or Neglect***Physical abuse**Physical injury*

- ☐ Non-accidental physical injury
- ☐ Suspicious physical injury
- ☐ Child injured during family violence
- ☐ Female genital mutilation
- ☐ Forced ingestion resulting in harm

If any injury, note severity of most serious injury:

- ☐ Life threatening
- ☐ Requires medical treatment
- ☐ Does not require medical treatment
- ☐ Superficial

*No known injury in reported incident*

- ☐ Excessive physical force
- ☐ Confinement or restraint
- ☐ Misuse of medical treatment or therapy (factitious disorder by proxy)

*Trafficking*

- ☐ Labor trafficking
- ☐ Sex trafficking

*Sexual abuse*

- ☐ Sexual abuse

*Emotional abuse*

- ☐ Parental actions endanger child's emotional well-being
- ☐ Moral
- ☐ Observable and detrimental effects on the child, AND parental actions endanger child's emotional well-being

☐ Abandonment

### *Neglect*

- ☐ Physical neglect (select all that apply)
  - ☐ Clothing/hygiene or lack thereof that causes harm to the child
  - ☐ Lack of food or nutrition
  - ☐ Hazardous or no shelter
- ☐ Non-organic failure to thrive
- ☐ Lack of supervision
- ☐ Caregiver is absent
  - ☐ Caregiver is inattentive
  - ☐ Selection of temporary caregiver is not safe
  - ☐ Caregiver does not protect child from harm by others
  - ☐ Dangerous actions near child
- ☐ Medical neglect
- ☐ Substance affected infant
- ☐ No abuse or neglect criteria met

Who is the reported person causing harm? (Consider all that apply)

- ☐ Family
  - ☐ Parent or legal guardian
  - ☐ Other adult living in the home (relative or non-relative)
  - ☐ Minor in household age 10 and older who is not a parent
  - ☐ Relative in a caregiving capacity (adult or age 10 and older)
  - ☐ Relative not in a caregiving capacity (adult or age 10 and older)
- ☐ Facility
- ☐ Non-relative or unregulated caregiver
- ☐ Unknown

## **2. Non-Abuse or Neglect**

Family in Need of Assessment (FINA) (Refer to PPM 1431 if child in custody)

Caregiver

- ☐ Caregiver substance use
- ☐ Caregiver unable or unavailable to provide care

- ☐ Child under age 10 committing an offense
  - ☐ Runaway child
  - ☐ Child substance use
  - ☐ Truancy
  - ☐ Child with behavior problems not listed above
  - ☐ Positive drug screen for infant or mother of infant, AND family requests or appears in need of service (automatic same-day response)
- 
- ☐ Pregnant woman using substance (PWS) other than nicotine
  - ☐ No FINA or PWS criteria are met

**3. What is your initial thought about how this report should be assessed based on the allegations you selected.**

- ☐ Not assigned for further assessment
- ☐ Assigned for Abuse/Neglect Investigation
- ☐ Assigned for FINA
- ☐ Assigned for PWS

## **C. ASSESSMENT MAP**

### **1. Current and Past Harm**

Considering information provided by the reporter as well as information available in DCF records, describe the current and past alleged harm, including:

- **Seriousness:** What are the most worrying actions or inactions by a caregiver?
- **Frequency:** How often have the worries reportedly happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been negatively impacted (physically and emotionally; immediately and cumulatively)?

Enter your answer.

### **2. Current and Past Safety**

Considering information provided by the reporter as well as information available in DCF records, describe the Current or Past safety and protection.



- **Significance:** What are the best things caregivers or natural supports have done to protect the children?
- **Frequency:** How often have the protective actions happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been positively impacted (physically and emotionally; immediately and cumulatively)? Or are these children as safe as typical children in the community?

Enter your answer.

### 3. Complicating Factors

What barriers is this family facing that make it more challenging for them to provide safety and care for their children?

Enter your answer.

### 4. Community or Natural Resources

- Natural Resources: Who or what does this family have around them that might help maintain the children's safety? Who are the strongest connections for this family and their children?
- What community resources does the family have around them that might help maintain the child's(ren's) safety?
- What is the reporter's ability or willingness to connect or provide the family with resources?
- What is the caregiver aware of or what is their ability to seek out resources on their own?

Enter your answer.

### 5. Worst Realistic Fear

Based on what you know so far, what is the worst realistic thing likely to happen to the child if nothing changes?

Enter your answer.

### 6. Safe Enough

What would need to change for you to be confident the children will be as safe as typical children in the community?

Enter your answer.

## 7. Lasting Safety and Well-being Scale

Where would you rate this situation today on a scale from 0 to 10?

- 10 is the worries for this family are no more serious than for a typical family in our community and everyone is confident the kids will grow up safe enough and well enough in their current situation without CPS involvement.
- 0 is things are so bad for these children that everyone is really worried they are likely to be hurt or suffer lasting/serious negative effects if something doesn't change.

0	1	2	3	4	5	6	7	8	9	10
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## D. ASSESSMENT DECISION

*Worker override to not assign for further assessment.*

- ☐ PWS is receiving Temporary Assistance for Needy Families (TANF) cash benefits and no children in the home.
- ☐ Person causing harm is non-family/unregulated caregiver, AND law enforcement is investigating
- ☐ An employee of DCF or KDADS is person causing harm, or employee's child is a reported victim
- ☐ Child resides on Native American reservation, AND tribe does not request DCF assistance.
- ☐ Inability to locate child or family
- ☐ Reported abuse occurred in the past, AND there are no children who are likely being maltreated now, AND an investigation is unlikely to reach a case finding

### Assessment Decision

- ☐ Not assigned for further assessment
- ☐ Assigned for further assessment
  - ☐ Abuse or neglect investigation
  - ☐ FINA
  - ☐ PWS
- ☐ Worker override to not assign

## INITIAL ASSESSMENT

## A. REPORTS THAT DO NOT REQUIRE AN INITIAL ASSESSMENT

**1. Reports that do not require an initial assessment or Department for Children and Families (DCF) action beyond intake.*****a. Alleged victim is 18 years or older (or was at time of incident) and not currently in the custody of the Secretary OR 21 years or older.***

At the time of the reported incident, the reported victim was either:

- I. Age 21 or older
- II. Age 18, 19, or 20 and not in the custody of the DCF Secretary

**PRACTICE GUIDANCE**

Speak with your supervisor to review whether circumstances require one or more of the following:

- Referral to law enforcement
- Referral to adult protective services
- Consider if other children under the age of 18 may also be victims.

***b. No Kansas connection to incident or child.***

All incidents being reported occurred outside the state of Kansas, AND all reported child victims are not residents of Kansas at this time AND cannot be found in Kansas.

Requires further an initial assessment if:

- I. Any incident occurred within Kansas, even if other incidents occurred outside of Kansas.
- II. At least one child has a residence in Kansas, even if that child is temporarily outside of Kansas.
- III. Child can currently be located in Kansas.

**PRACTICE GUIDANCE**

- Complete initial assessment if a child from another state is in police protective custody.
- If an infant was born in Kansas but lives with his/her family in Missouri; refer to internal procedures or speak with your supervisor.
- If it is unknown where the incident occurred, and the child does not reside in Kansas, speak with your supervisor for further guidance.

***c. Subsequent reports of the same allegation with no additional concerns.***

There are no new abuse/neglect or FINA concerns different than from the initial intake.

**PRACTICE GUIDANCE**

- If it is unclear whether the report contains a new incident, consult with supervisor.
- If there is a current open case, notify assigned worker of subsequent report.

**d. Incident occurred in an institution operated by Kansas Department for Aging and Disability Services (KDADS).**

Reported child abuse or neglect occurred in an institution operated by KDADS. Complete initial assessment if a child resides in a KDADS-operated institution but reported harm occurred while child was on a home visit.

- I. Kansas Neurological Institute
- II. Parsons State Hospital and Training Center
- III. Larned State Hospital
- IV. Osawatomie State Hospital

**PRACTICE GUIDANCE**

Forward to law enforcement.

**e. Incident occurred in an institution operated by Kansas Department of Corrections (KDOC).**

Reported child abuse/neglect occurred in an institution operated by KDOC (i.e., Kansas Juvenile Correctional Complex, Topeka).

**PRACTICE GUIDANCE**

Forward to Attorney General and KDOC.

**f. Incident occurred on Fort Riley Army base, AND child resides on base.**

The reported incident occurred on the base at Fort Riley, AND at least one reported child victim resides on the base.

Complete initial assessment if child has been placed in police protective custody.

**PRACTICE GUIDANCE**

Follow Fort Riley notification procedure.

## 2. Reports that require DCF action but not a full initial assessment.

**a. Independent living referral**

Youth is age 18–25, has aged out of DCF custody, experienced DCF custody and was in an out of home placement on or after their 14 birthday, and requests services for independent living.

**PRACTICE GUIDANCE**

- Independent living referrals will typically come from the independent living worker.
- The independent living worker may send referral when youth is *approaching* age 18. Complete initial assessment even though youth is under age 18.

If the youth calls requesting independent living services, contact the regional independent living administrator to determine if youth qualify.

**b. Interstate compact request**

Formal request from another state for services under the interstate compact.

**PRACTICE GUIDANCE**

- If request comes from a Kansas Interstate Compact on the Placement of Children (ICPC) specialist, assign per policy.
- If request from another state is not a formal ICPC request, refer caller to follow caller's state policy and procedure as it relates to ICPC requests. If caller does not intend to complete a formal ICPC request, review based on the "courtesy interview for another state" criteria.

**c. Courtesy interview for another state**

Another state requests DCF assistance to conduct an interview. If the other state is conducting an investigation that requires an interview of a person who is currently in Kansas, and it is not feasible to delay the interview until it can be done in or by the other state.

**PRACTICE GUIDANCE**

Department for Children and Families (DCF) can conduct a courtesy interview if:

1. There are required interviews as part of an ongoing investigation or
2. It is required to make a finding. Courtesy interviews do not include ~~walk-throughs~~ **walkthroughs** only to determine placement or visitations.

Note: If the caller cannot provide this information, it is unlikely that the request is for a courtesy interview. Refer caller to caller's state ICPC protocols. If in doubt, consult with your supervisor.

**d. Courtesy interview for law enforcement**

A law enforcement agency requests DCF assistance to conduct an interview if they are conducting an investigation that requires an interview of a child who may be a victim of a non-relative, non-regulated caregiver.

**PRACTICE GUIDANCE**

Abuse/Neglect allegations involving Non-Family/Unregulated ~~Care Giver~~ **caregiver** alleged perpetrators that are known to be investigated by law enforcement will not be assigned.

*1. ABUSE OR NEGLECT*a. PHYSICAL ABUSE

Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered.

**I. PHYSICAL INJURY**

Use these abuse types when the reporter knows that the child has a physical injury.

PHYSICAL INJURY means visible or suspected damage to a child's body.

*1. Non-accidental physical injury*

A person caused the injury with intent to harm OR with intent to carry out a disciplinary action that resulted in harm even if the intent was not to harm. Also include reckless actions that resulted in harm.

Examples include:

- Hitting, kicking, punching, pushing, or throwing
- Biting (adult)
- Deliberately pulling child's hair, causing injury or bald spots

**PRACTICE GUIDANCE**

- If the reporter does not know how an injury was caused, consider "suspicious injury."
- If the reporter knows of a person's actions toward a child but does not know whether the child was injured, or knows that a child was not injured, consider "excessive physical force."
- Not all marks are injuries (e.g., bug bites are not injuries).

**REMINDER ABOUT MINORS CAUSING HARM**

- An injury caused by a minor under age 10 is not marked as physical abuse. Evaluate the situation and determine whether a parent was neglectful or abusive in a way that contributed to the situation. If not, assess for FINA, child behavior concerns.
- An injury caused by a minor age 10 or older—that otherwise meets the definition—only applies if the minor causing the injury was in a caregiving role for the victim or is substantially older.
- An injury caused by a minor age 10 or older who is of similar age as the victim does not meet criteria for physical abuse. Evaluate the situation and determine whether a parent was neglectful or abusive in a way that contributed to the situation. If not, assess for FINA, child behavior concerns.

*2. Suspicious physical injury*

The child has a reported injury, and the reporter does not know how it was caused, AND the injury itself suggests that it is non-accidental. Include all injuries that a medical professional describes as consistent with abuse.

Examples include the following:

- Injuries to child who is not mobile.
- Severe injury with no explanation, an explanation that is not consistent with the injury, or conflicting explanations.
- Injuries on protected surfaces or areas of soft tissue of the body. Injuries to the thighs, calves, genitals, buttocks, cheeks, earlobes, lips, neck, and back.
- Multiple injuries in various stages of healing.
- Patterned injuries, even if the object used cannot be determined.

### 3. *Child injured during family violence*

One adult is physically violent toward a partner or other adult, and the child is injured during the incident.

#### **PRACTICE GUIDANCE**

Also, assess for emotional abuse. If no abuse or neglect items apply, assess for FINA.

### 4. *Female genital mutilation*

A person circumcises or removes the whole or any part of the female genitalia on a child under 18 years of age, AND the procedure is not a medically necessary procedure ordered by and performed by a physician.

### 5. *Forced ingestion resulting in harm*

A person forces a child to ingest something or intentionally gives child something to ingest that causes harm. Harm includes poisoning, burning, internal injury, or alteration in bodily function (e.g., suppressed breathing or heart rate or altered consciousness). Do NOT include ingestion of medicine as prescribed for child or unpleasant taste.

#### **PRACTICE GUIDANCE**

If any physical injury item is identified, indicate severity of the most severe reported injury. Identify injury severity based on the following:

1. Life Threatening: The injury resulted in death, or child was in serious condition in a medical setting due to the injury.
2. Requires Medical Treatment: The injury required professional medical treatment to repair (e.g., admitted to hospital; required stitches, cast, or splint). Do not include injuries that were medically evaluated and led to preventative treatment only (e.g., antibiotics to prevent infection; treatment could have been provided at home, such as aspirin or self-adhesive bandage) or were determined to require no treatment.
3. Does Not Require Medical Treatment: The injury is more than superficial but does not require medical treatment.
4. Superficial: The injury is limited to the top surface of skin AND caused no pain or only brief, minimal pain). Examples include the following.
  - a. Tiny scratch that does not bleed
  - b. Redness that goes away quickly
  - c. Tiny bruise with no pain

## **II. NO KNOWN INJURY IN REPORTED INCIDENT**

Use these abuse types when there is no injury, or the reporter does not know whether there is an injury.

† **1. Excessive physical force**

Caregiver actions toward the child have led or could lead to a child's physical injury even if an injury is not reported at this time.

Examples include the following:

- Hitting child's body in a vulnerable location that could easily result in an injury (e.g., eyes, genitals, abdomen).
- Hitting child with object (e.g., buckle of belt, switch near eye) in a way that is likely to cause physical injury.
- Throwing or pushing a child with a high degree of force. Consider practice guidance below.
- Shaking a child under age 2.
- Choking or strangulation.

**PRACTICE GUIDANCE**

Elicit information that reveals how discipline is being administered (what object a caregiver is using for the purposes of discipline and where on the child's body they are discipling).

When throwing or pushing a child

- Consider how much force was used when pushing the child. Was the child pushed near an object that could result in an injury?

When a Minor Uses Excessive Physical Force

- If a minor under age 10 is using excessive physical force, evaluate the situation and determine whether a caregiver was neglectful or abusive in a way that contributed to the situation. If not, assess for FINA, child behavior concerns.
- If the minor age 10 or older is using excessive physical force while in a caregiving role for the victim or is substantially older, assess for physical abuse.
- If a minor age 10 or older using excessive physical force and is a similar age to the victim, evaluate the situation and determine whether a caregiver was neglectful or abusive in a way that contributed to the situation. If not, assess for FINA, child behavior concerns.

‡ **2. Confinement or restraint**

A person applies a measure of confinement or restraint that is likely to result in physical harm to the child or that is for purposes other than protection or correction, to the extent that the child's health is endangered.

Examples include the following:

- Child may be physically injured from a restraint device such as rope tied around wrists or neck or use of chains or handcuffs.
- Child may be harmed due to body position or condition, such as being curled up without moving in a dog crate, or confined to a space that is dangerously hot or cold.
- Child may be harmed due to impeded safety, such as being confined in a way that child cannot escape in case of fire or natural disaster.



- Child may be harmed due to being confined without food or water causing prolonged hunger pain, prolonged thirst, or dehydration. If child is malnourished, also review for physical neglect: food.

### ~~##~~ **3. Misuse of medical treatment or therapy (factitious disorder by proxy)**

Caregiver causes or fakes illness in child to obtain medical tests or treatment. As a result, child experiences pain, adverse side effects, or becomes ill.

## **b. TRAFFICKING**

Human trafficking is the recruitment, harboring, transportation, provision, or obtaining of a child for the purpose of labor or sex.

Examples include the following.

- Causing or threatening to cause physical injury to any person if child does not comply.
- Physically restraining or threatening to physically restrain child.
- Abusing or threatening to abuse the law or legal process to gain child's cooperation.
- Threatening to withhold food, lodging, or clothing if child does not comply.
- Taking away a passport or other legal papers for identification to prevent child from leaving.

### **I. Labor trafficking**

The definition for trafficking is met, AND the purpose is to obtain the labor or services of the child.

Examples include the following.

- A child exchanges labor for food, a place to stay, clothing, or anything the child needs or wants.
- A child makes money or is required to earn a quota for "controller" or "manager."
- A child is forced to work to have basic needs met.
- A child is held in servitude in satisfaction of a debt owed the person who is holding such the child.

### **II. Sex trafficking**

The definition for trafficking is met, AND the purpose is to engage the child in sexual actions.

Examples include the following.

- A child/youth exchanges sex for food, a place to stay, clothing, or anything the child/youth needs/wants.
- A person exchanges anything for a child to engage in a sex act.
- A child makes money or is required to earn a quota for a "boyfriend"/ "pimp"/ "controller"/ "manager"/ "daddy."
- A person posts sexually explicit pictures of the child on the Internet (Backpage, Craigslist, etc.) for the purpose of making money.

- If child is disclosing labor or sex trafficking.
- If law enforcement or medical professionals report suspicion of labor or sex trafficking.

### **c. SEXUAL ABUSE**

Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person.

Sexual abuse includes at least one of the following contact and non-contact interactions with a child.

#### **PRACTICE GUIDANCE**

Does not meet criteria if victim child is age 16 or older unless:

- Child was incapable of consent; OR
- The person causing harm:
  - Used force or coercion; OR
  - Is a teacher engaged in consensual sexual relations with a 16- or 17-year-old who is enrolled at the school where the perpetrator is employed; refer to law enforcement, but accept for investigation if law enforcement does not investigate (K.S.A. 21-3502) K.S.A. 21-5512(a)(9) Unlawful sexual relations. It is a level 5 felony offense if a teacher or person in authority, employed at the school where student is enrolled, engages in consensual sex/touching. This applies to youth 16 yoa+; OR
  - Is a relative or caregiver OR
  - Is in any other position of power.

Does not meet criteria if a child age 10 or older is the perpetrator unless:

- The child used force or coercion; OR

#### ***i. Sexual contact with child***

Sexual contact with a child is defined as an adult or child age 10 or older has contact with, a child's genitals, causes a child to touch the genitals of another person, or has other physical contact with child for the purpose of sexual stimulation. This is based on at least one of the following:

1. Child statement
  - a. Child makes a statement with sufficient detail to include a specific act and a specific person.
  - b. Child makes a statement about sexual contact or depicts sexual contact, even though the statement is vague or ambiguous.
2. Medical findings (based on medical professional assessment)
  - a. Medical findings are confirmatory for conditions such as pregnancy.
  - b. Findings are strongly suggestive of sexual abuse.
3. Findings (or other causes) indicate sexual abuse, but there is no other plausible history.
4. Other
  - a. Sexual contact is documented by photograph, video, etc.
  - b. Person causing harm confessed to sexual contact with a child.
  - c. Sexual contact was witnessed.

#### ***ii. Non-contact sexual abuse***

For non-contact sexual abuse of a child, though no sexual contact is reported, an adult or child age 10 or older, seeks sexual stimulation in a way that involves a child, with or without the child's knowledge.

Examples include the following:

- Exposing self to child for sexual stimulation.
- Observing the child for sexual stimulation.
- Photographing, filming, or otherwise depicting the child for the sexual stimulation of the adult.
- Causing the child to view live or depicted sexual images for sexual stimulation.
- Getting one child to act sexually with another child.
- Having contact with a child through social media to discuss or solicit sex.
- Discovery of images, texts, or other documentation of child engaged in sexual actions.

#### **PRACTICE GUIDANCE**

When a Minor Initiates a Sexual Act

- A minor under age 10 who initiates a sexual act does not meet criteria for sexual abuse. Evaluate the situation and determine whether a caregiver was neglectful or abusive in a way that contributed to the situation. If not, assess for FINA, child behavior concerns.
- A minor age 10 or older who otherwise meets the definition for sexual contact or using a child for sexual stimulation will meet criteria if the minor initiating the act used force, coercion, or intimidation or is substantially advanced developmentally. A minor age 10 or older who is of similar development, and where the sexual act was mutual, does not meet criteria for sexual abuse. Evaluate the situation and determine whether a caregiver was neglectful or abusive in a way that contributed to the situation. If not, assess for FINA, child behavior concerns.
- Refer to [APPENDIX B: TYPICAL AND ABUSIVE SEXUAL BEHAVIOR](#)

#### **d. EMOTIONAL ABUSE**

Infliction of mental or emotional harm or the causing of a deterioration of a child, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional well-being is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning. (Refer to [APPENDIX D: PSYCHOLOGICAL IMPACT ON CHILD](#))

##### ***I. Parental actions endanger child's emotional well-being***

Caregiver's actions toward or around child are emotionally harmful and are severe OR follow a pattern of behaviors that could impact the child's emotional health or well-being.

Examples include the following but are not limited to the following.

- Caregiver has communicated or demonstrates that they do not want to care for the child.
- Caregiver is providing alcohol/drugs to or using alcohol/drugs with the child.
- Caregiver or other household member is responsible for creating a traumatic event (one that poses a threat of serious injury or death to oneself or others and elicits feelings of intense fear, helplessness, or horror). The action can be serious, severe, or complex (i.e., multiple serious events).

- Caregiver blames the child for negative situations the caregiver, siblings, or other family members are experiencing. This includes making the child take the blame for actions of others.
- Caregiver uses vengeful and vindictive discipline toward the child.
- Caregiver antagonizes or belittles a child to the point that they are self-harming.

#### **PRACTICE GUIDANCE**

Reports frequently include caregiver actions that may be troubling but would not typically meet the above definitions. Examples include the following:

- Caregiver uses foul language. Unless the language is hostile toward child, foul language in general would not meet the definition.
- Arguments between caregiver and child. Unless, for example, arguments become so persistent, or the child experiences significant fear of harm, arguments would not meet the definition.
- Fighting among siblings or peers. Unless, for example, the caregiver instigates fighting that causes fear or terror for one or more children, fighting among peers or siblings would not meet the definition.
- Temporary fluctuations in child's behavior or moods (i.e.g., child crying after receiving behavior correction by parent) does not meet criteria.
- Domestic violence in and of itself does not meet criteria.

### **II. *Observable and detrimental effects on the child, AND parental actions endanger child's emotional well-being.***

The definition for "parental behavior endangers child emotional well-being" is met, AND child is experiencing significant emotional harm.

Examples of significant emotional harm include:

- Diagnosed mental health condition, such as anxiety, depression, or PTSD; OR
- Substantial impairment of child's ability to function daily (e.g., unable to attend school regularly; school performance radically fluctuates; shows visible signs of violence; self-harming behaviors; and suicide attempts or plans).

### **III. *Moral***

Corrupting a child by teaching or rewarding the child for unlawful, antisocial, or sexually mature behavior.

Examples include:

- Indication of harm or consequence resulting in significant harm or impact to the child.
- The caregiver is having the child participate in criminal activity that could or has resulted in criminal charges.
- The caregiver is/has encouraged a sexually mature relationship or behavior. This goes beyond the caregiver allowing the relationship. Also consider sexual abuse or lack of supervision.

**PRACTICE GUIDANCE**

Reports frequently include caregiver actions that may be troubling but would not typically meet the above definitions.

Examples include the following.:

- Concerns that challenge reporter or personal bias, but do not indicate immediate or future harm.
- Consider age, frequency, and impact when a caregiver is providing alcohol to a child at home.
- Caregiver uses foul language. Unless the language is hostile toward the child, foul language in general would not meet the definition.
- Fighting among siblings or peers. Unless, for example, the caregiver instigates fighting that causes fear or terror for one or more children, fighting among peers or siblings would not meet the definition.

**e. ABANDONMENT**

Caregiver stopped providing care for the child without making appropriate provisions for substitute care, AND there is no indication that caregiver intends to resume care.

Examples include the following.

- Following a planned time during which caregiver arranged for a substitute caregiver for the child, the caregiver did not return as planned. The caregiver has made no further provisions for the child's care, and there is no indication that the caregiver will return. The substitute caregiver is unable or unwilling to continue providing substitute care for the child.
- There is evidence that the caregiver will not assume further responsibility for the child, or the caregiver did not intend for the child to survive (e.g., infant left in a dumpster).
- The caregiver left a child in the full-time care of an adult knowing that the adult is unwilling or unable to meet the needs of a child.
- The caregiver refuses to let a child return to the home following an alternative living arrangement. However, if the caregiver refuses because of fear of child's behavior, or belief that he or she cannot protect the child from the child's own behavior (e.g., suicidal, running away, self-harming, being trafficked), assess for FINA.

**PRACTICE GUIDANCE**

Do not assign if an infant is surrendered in accordance with the Kansas Newborn Infant Protection Act. K.S.A. 38-2282 (Safe Haven Law). Safe Haven Law may be applied if the infant is 45 days old or younger and was left at a hospital or fire station.

**f. NEGLECT****I. Physical neglect**

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child or presenting a likelihood of harm and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian.

### 1. *Clothing/hygiene or lack thereof that causes harm to the child*

The child's clothing and/or hygiene is likely to result in their daily activities being adversely impacted or in medical consequences (e.g., sores, infection, physical illness, serious harm, hypothermia, or frostbite). Neglect is not due solely to the caregiver's limited or lack of financial means or other resources.

Examples include but are not limited to:

- The child expresses frustration and shows signs of dysregulation due to the lack of essentials.
- The caregiver does not provide the necessary clothing or hygiene products to meet the child's minimal needs, except for financial reasons, and this has resulted in harm to the child that required medical attention.
- Parents are aware of the ongoing hygiene concerns (including chronic lice infestation) and are not following through with the treatment or not addressing the concerns, which results in harm.

#### **PRACTICE GUIDANCE**

Consider the available resources in the community, cultural practices, and caregiver's attempts to seek out resources that negate the concerns or situation.

### 2. *Lack of food or nutrition*

Caregiver refuses to provide or is withholding food or nourishment to the extent that the child is likely to have or to develop malnutrition. Neglect is not due solely to the caregiver's limited or lack of financial means or other resources.

- a.** The child is malnourished as assessed by a medical professional, OR
- b.** The child appears substantially undernourished (i.e., unexplained weight loss or other physical symptoms); OR
- c.** The child experiences severe hunger that interferes with their functioning (e.g., unable to concentrate in school or participate in activities).

### 3. *Hazardous or no shelter*

A child is in physical danger due to the conditions of the shelter provided, and caregiver refuses to remove the child from the situation. Neglect is not due solely to the caregiver's limited or lack of financial means or other resources. Examples of conditions that may be considered hazardous include the following.

- The home is lacking utilities that are required to prevent illness or injury (e.g., heat, water, electricity).
- Broken windows or stairs, unprotected wiring, open window on an upper floor, or exposure to excrement has led or could lead to a child's injury.
- Bug or rodent infestation to the point that the child is suffering from an illness carried by pests that requires medical treatment, or food is infested.
- Child may be dangerously exposed to vermin, human, or animal excrement.

- Shelter can take on many forms. Tents, cars, homeless shelters, and living with family and friends can be considered shelter. Consider a FINA based on potential impact to the child and the caregiver's willingness to take action.
- Physical neglect concerns solely due to lack of financial resources should be considered as FINA.
- Consider whether the caregiver is unintentionally keeping their child in a dangerous situation. If caregiver is making efforts to resolve the problem (e.g., seeking out landlord, filing a complaint with housing, treating bug infestations or requesting that their landlord treat them), consider assigning as FINA.

## **II. *Non-organic failure to thrive***

A medical professional diagnosed child with non-organic failure to thrive, AND caregiver's parenting is consistent with known contributory factors for non-organic failure to thrive.

Examples include the following.

- o Caregiver does not hold, touch, or interact with the child either physically or verbally.
- o Caregiver does not respond to child's cries.
- o Caregiver does not allow the child to sleep (intentionally or due to activity).

## **III. *Lack of supervision***

Caregiver refuses to provide supervision of a child or refuses to remove a child from a situation that requires judgment or actions beyond the child's abilities and that results in bodily injury or a likelihood of harm to the child. Not due to lack of financial means or cultural practices.

Examples include the following.

### **1. *Caregiver is absent***

- a.** Child, under age 7, is left home alone for any amount of time.
- b.** Child, age 7 or older, is left alone longer than child can safely manage (refer to [APPENDIX C: SUPERVISION LEVELS](#))

### **2. *Caregiver is inattentive***

- a.** Caregiver is aware of threats to child safety and are refusing to take action. (e.g., deadly weapon that is not securely locked, access drugs and paraphernalia, pattern of child eloping from the home).

### **3. *Selection of temporary caregiver is not safe***

- a.** Caregiver is aware and knowingly leaves a child with a temporary caregiver who is likely to cause harm and refuses to seek out a safe alternative.
- b.** A person under the influence that impacts their ability to provide sufficient supervision for that child's maturity and abilities.
- c.** The older sibling previously harmed the younger sibling.

### **4. *Caregiver does not protect child from harm by others***

- a.** Caregiver has knowledge a person is a registered sex offender who is prohibited from contact with children and allows unsupervised contact.

- b.** Child discloses to caregiver about abuse and caregiver does nothing to protect.

#### 5. *Dangerous actions near the child*

A child is nearby, person's actions are dangerous, and caregiver is not taking steps to protect child. Examples include the following.

- a.** Child is taken along when person is involved in violent crime.
- b.** Person disregards safety when handling firearms around child.
- c.** Person co-sleeps with child under age 2 while person is intoxicated or high.
- d.** Person repeatedly drives recklessly or under the influence with child in the car.

#### **PRACTICE GUIDANCE**

- When a caregiver is taking protective action, but the harm continues, do not assign.
- If the concern is regarding ongoing domestic violence and the caregiver is not removing the child from it, consider the dynamics of the relationship that may prevent the non-offending caregiver from taking protective actions.

Reports frequently include concerns that a child is not being supervised to a level the reporter believes to be sufficient. However, the concerns may not meet the definition.

For Example:

- A child home alone between the end of school and caregiver's return home. If there are facts to support that a particular child cannot manage particular circumstances in a way that meets the definition.
- Caregivers cannot be reached. Consider if the child is in a circumstance that meets the definition, it is not based solely on ability to contact the caregiver.
- Drugs, guns, or dangerous items in the home. The definition is met if the child has already become ill or injured, or if the caregiver has not put in place sufficient protections for the child.

#### **IV. Medical Neglect**

The child is experiencing medical concerns **AND** the treatment would make the child feel more comfortable, reduce pain, **OR** prevent the condition from worsening **AND** the caregiver is failing to provide the treatment. The acts or omissions are not due solely to the lack of financial means of the child's caregiver or other custodian. Medical treatment includes dental; vision; mental health; and therapies such as physical, occupational, and speech.

Failure to use resources available to treat a diagnosed medical condition if such treatment will make a child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening. A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall, not for that reason, be considered a negligent parent; however, this exception shall not preclude a court from entering an order pursuant to K.S.A. 38-2217(a)(2), and amendments thereto.

Examples of not providing medical care include but are not limited to the following:

- Not providing urgently needed assessment or treatment: Child has an illness or injury that requires immediate assessment or treatment, AND caregiver knows or should know that immediate assessment or treatment is required but is not providing it.



- Missing crucial appointments: Child has a diagnosed condition requiring ongoing treatment, and caregivers have missed enough appointments so that the child is or will be harmed (as defined above). Include appointments for evaluation or treatment.
- Not learning or following techniques to care for child's medical needs: Child has a condition requiring care provided by the caregiver for which the caregiver must be trained, AND caregiver refuses instruction, does not participate in instruction, or does not apply learned techniques as instructed.
- Not providing needed medication, medical supplies, or equipment when the caregiver is aware of child's need and can access the necessary items, AND there is a significant risk of physical harm or deterioration.
- Not providing urgently needed mental health intervention: Child has current plans to harm self or others, has access to a means to harm, and the caregiver is refusing to seek treatment.

#### PRACTICE GUIDANCE

- When there was a delay in treatment, but the delay did not result in the condition worsening or additional harm to the child, do not assign.
- Consider whether a caregiver who delays medical care may be in fear of citizenship status and/or have cultural reasons for the delay.
- Consider the parental choice to maintain well-child visits or immunizations.
- Examples of situations that would not meet this definition but should be assessed for FINA include lack of care due to:
  - Caregiver cognitive difficulty or communication struggles; and
  - Failure to treat ADHD with prescription medication. Consider whether caregiver is attempting to address through alternative ways or interventions. Are there educational resources available to address behaviors at school? If caregiver is not accessing them, consider FINA.

#### ~~V. Substance affected infant~~

~~A medical professional determined that a child from birth to his/her first birthday has one of the following, regardless of drug screen results for mother or newborn.~~

- ~~1. Neonatal Abstinence Syndrome/withdrawal.~~
- ~~2. Compromised health or well-being related to mother's substance use during pregnancy.~~

~~This may include:~~

- ~~• Irritability;~~
- ~~• Irregular and rapid changes in state of arousal;~~
- ~~• Low birth weight;~~
- ~~• Prematurity;~~
- ~~• Difficulties with feeding due to a poor suck;~~
- ~~• Irregular sleep-wake cycles;~~
- ~~• Decreased or increased muscle tone;~~
- ~~• Seizures or tremors;~~
- ~~• Physical, developmental, cognitive, or emotional delay; and~~
- ~~• Facial characteristics of fetal alcohol syndrome.~~

**Who is the person causing harm?**

**1. Family**

The person reported to cause harm is a parent of the child, an adult living in the same home as the child, or a sibling or relative.

**a. Parent or legal guardian**

A biological or adoptive parent or legal guardian. Include minor parent.

**b. Other adult living in the home (relative or non-relative)**

A person over age 18 who lives in the same home as the child. This person may be related or not.

**c. Minor in household age 10 or older who is not a parent**

A person between the ages of 10 and 18 who is a sibling or other relative but not a parent

**d. Relative in a caregiving capacity (adult or child age 10 or older)**

A person related by blood, marriage, or adoption who is acting in a caregiving capacity. Include minor relatives ages 10 or older.

**e. Relative not in a caregiving capacity (adult or age 10 or older)**

A person related by blood, marriage, or adoption who is NOT acting in a caregiving capacity. Include minor relatives ages 10 or older

**2. Facility**

An entity that is subject to regulation. This includes:

**a.** Family foster homes

**b.** Group homes

**c.** Residential childcare facilities

**d.** Detention

**e.** Secure care

**f.** Attendant care facilities

**g.** Daycare homes or centers

**h.** Psychiatric residential treatment facilities (PRTF) licensed by the Kansas Department for Aging and Disability Services

**i.** Any other entity subject to regulation

**3. Non-relative or unregulated caregiver**

A person over age 10 who is not a parent or legal guardian and does not live with the child. Does not include facility staff or other residents of a facility.

- a.** Teachers, administrators, or other employees of a school, other than a home school
- b.** Employees and administrators of recreational and/or character-building organizations
- c.** Babysitters
- d.** Acquaintances of the family
- e.** Strangers

#### **4. Unknown**

The reporter does not know the identity of the person causing harm.

## **2. NON-ABUSE OR NEGLECT**

### *Family in Need of Assessment (FINA)*

#### **a. Caregiver**

##### **i. *Caregiver substance use***

Caregiver is using substances and there is an indication the use is impacting parenting capacity or skills.

#### **PRACTICE GUIDANCE**

Factors to consider when a caregiver is using substances:

- Another caregiver is able protect the child.
- The caregiver is involved in services.
- The age of the child.
- How dependent the child is on their caregiver meeting their needs.
- The pattern of caregiver usage or how often the caregiver is using.
- How the caregiver acts while using.
- Are they using a substance that causes impairment to an extent that the result of the use is often impaired judgement, agitation, stupor, or organizing life around.

##### **b. *Caregiver unable or unavailable to provide care***

Caregiver unable or unavailable to provide care. The situation does not meet criteria for abuse or neglect, but one of the following situations is present.

- I.** The caregiver is incapable, unable, or unwilling to seeking out necessary services to maintain the child's health and safety.

**OR**

- II. Extenuating circumstances (e.g., hospitalization, incarceration, death, deployment) prevent caregiver from providing care AND no safe alternative caregiver has been identified. The caregiver plans to resume care of the child as soon as possible.

Examples include but are not limited to the following.

- Caregiver lacks the ability to manage or maintain the child's health and safety due to mental/physical disabilities, cognitive delays, and/or lack of knowledge or resources to care for the child and meet their needs. Consider immediate and lasting safety of the child/ren.

#### **PRACTICE GUIDANCE**

Consider not assigning if one or more of these apply:

- Family is engaged with natural supports and/or community resources.
- Natural support and/or community resources are available to mitigate the worry.
- Reporter is willing and able to connect or provide the family with resources.
- Caregivers is aware and able to seek out resources on their own.

#### **b. [Child](#)**

##### **I. *Child under age 10 committing an offense***

A child who is less than 10 years of age commits any act that if done by an adult would be considered a felony or misdemeanor. Exclude any offense that meets another FINA category. As defined by K.S.A. 2015 Supp. 21-5102, and amendments thereto.

##### **II. *Runaway child***

A child leaves a home or facility without permission AND is likely to experience harm while on the run.

Examples include the following:

- Child has been identified as being in the company of individuals who may harm child.
- Child has been identified as is being at risk for being trafficked or sexually assaulted.
- Child has been identified as being reckless or taking extraordinary risks with his/her life or safety.
- Child repeatedly runs away for extended periods of time and the location of the child is unknown during the time they are missing.
- Child has been identified as having a special need, or other vulnerabilities that would impact their ability to maintain their safety.

##### **III. *Child substance use***

A child is using alcohol or illegal drugs or is abusing prescription or over-the counter drugs. Substance use is negatively impacting the child or family functioning.

Examples include the following:

The substances used by the child is causing impairment to an extent that and the result of use is often impaired judgment, agitation, stupor, or organizing life around using.

- Caregivers' awareness and ability to seek out resources on their own.

#### **PRACTICE GUIDANCE**

Consider Caregivers response to the identified concerns and :

- Family's engagement with natural supports and/or community resources
- Natural support and/or community resources are available to mitigate the worry.
- Reporter's ability to connect or provide the family with resources.

Consider Abuse/Neglect if:

- If caregiver is providing alcohol or drugs to child, review whether an item in Emotional Abuse applies.
- If caregiver is aware of the problem but not attempting to intervene, review whether neglect: lack of supervision applies.

#### **IV. Truancy**

Child is not attending school, as required by law.

- Child is between the ages of 7 and 12 years and is unenrolled or enrolled and is truant.
- Children under the age of 7 and enrolled and is truant.

Truancy means that the number of unexcused absences is at least:

- Three days in a row;
- Five days in a semester; or
- Seven days in a school year.

#### **PRACTICE GUIDANCE**

- Follow County guidelines for specific truancy procedures.
- Attending a registered home school homeschool is considered enrolled.
- If the reporter has the name of the homeschool and the name of the children and parent, PRC can call KSDE and verify if such a homeschool is registered. This will not 100% confirm it's the same parents and children associated to the homeschool, but it is reasonable to assume it's the same and could likely screen out.
- If the reporter does not have the name of the homeschool, PRC will need to assign.

#### **V. Child with behavior problems not listed above**

Child with behavior problems not listed above, and child's actions negatively impact family or child functioning.

Examples include the following:

- Child is suicidal or self-harming.
- Child is homicidal, harming other people or animals, or destroying property, or has a pattern of dangerous and reckless behaviors.
- Child's sexual behavior is problematic, but there are no other indicators of sexual abuse. Refer to appendix B, table B.
- Child has symptoms of distress (e.g., sleep or eating disturbance, mood swings, phobias).

## PRACTICE GUIDANCE

Consider caregiver response to the identified concerns and:

- Family's engagement with natural supports and/or community resources
- Natural support and/or community resources are available to mitigate the worry.
- Reporter's ability to connect or provide the family with resources.
- Caregivers' awareness and ability to seek out resources on their own.

### VI. ~~Positive drug screen for infant or mother of infant, AND family requests or appears in need of service~~ **Infant Positive for Substances**

An infant (birth to age 1) with a positive drug screen or a medical professional has determined the infant is substance affected or having withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance.

1. A medical professional reports an infant had a positive drug screen ~~or the mother~~ had a positive drug screen, AND at least one of the following situations exists.

a. 1. The family requests being contacted by DCF for assessment and possible services.

b. 2. The substances used by the caregiver (e.g., heroin, meth) are highly addictive or their use is causing impairment to an extent that and the result of use is often impaired judgment, agitation, stupor, or organizing life around using.

c. 3. The family appears in need of assessment and possible services.

Examples include:

- Caregiver health will make caring for child difficult and there are no other resources.
- Caregiver does not know how to care for infant or does not know how to care for a high-risk or special needs infant.
- Caregiver does not have essential supplies for infant and has no family support.
- Caregiver is not spending time with infant, cuddling, cooing, organizing with infant.
- Relationship between caregivers is strained, such as significant arguing.

2. A medical professional determined that a child from birth to his/her first birthday has one of the following, regardless of drug screen results for newborn **AND** the parent, guardian, or person responsible for the care of a substance affected infant is unwilling or unable to use resources available to meet the needs of such infant (health and substance use disorder treatment, etc.).

a. Neonatal Abstinence Syndrome/withdrawal.

b. Compromised health or well-being related to mother's substance use during pregnancy.

This may include:

- Irritability;
- Irregular and rapid changes in state of arousal;
- Low birth weight;
- Prematurity;
- Difficulties with feeding due to a poor suck;
- Irregular sleep-wake cycles;

- Decreased or increased muscle tone;
- Seizures or tremors;
- Physical, developmental, cognitive, or emotional delay; and
- Facial characteristics of fetal alcohol syndrome.

**VII. Pregnant woman using substance (PWS) other than nicotine,**

A woman is currently pregnant; aware of the pregnancy; AND using alcohol or illegal substances or abusing prescription medication. Exclude nicotine.

Indicators of use include:

- o Mother had a positive drug screen during pregnancy.
- o Disclosure of use by mother.
- o Pregnant woman was observed using.
- o Pregnant woman appeared under the influence.

**PRACTICE GUIDANCE**

- If other children are in the home, review for a FINA initial assessment: caregiver substance use.
- If a mother in late stages of pregnancy used early in pregnancy and has not used since, do not assign.

Consider caregiver's response to the identified concerns and:

- Family's engagement with natural supports and/or community resources.
- Natural support and/or community resources are available to mitigate the worry.
- Reporter's ability to connect or provide the family with resources.
- Caregiver's awareness and ability to seek out resources on their own.

**VIII. No FINA or PWS criteria are met**

Concerns reported do not meet definitions for any FINA type and does not meet definition for PWS.

**C. What is your initial thought about how this report should be assessed based on the allegations you selected.**

- ☐ Not assigned for further assessment
- ☐ Assigned for Abuse/Neglect Investigation
- ☐ Assigned for FINA
- ☐ Assigned for PWS

### 1. Current and Past Harm

Considering information provided by the reporter as well as information available in DCF records, describe the current and past alleged harm, including:

- **Seriousness:** What are the most worrying actions or inactions by a caregiver?
- **Frequency:** How often have the worries reportedly happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been negatively impacted (physically and emotionally; immediately and cumulatively)?

### 2. Current and Past Safety

Considering information provided by the reporter as well as information available in DCF records, describe the Current or Past safety and protection.

- **Significance:** What are the best things caregivers or natural supports have done to protect the children?
- **Frequency:** How often have the protective actions happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been positively impacted (physically and emotionally; immediately and cumulatively)? Or are these children as safe as typical children in the community?

### 3. Complicating Factors

What barriers is this family facing that make it more challenging for them to provide safety and care for their children?

### 4. Community or Natural Resources

- **Natural Resources:** Who or what does this family have around them that might help maintain the child's(ren's) safety? Who are the strongest connections for this family and their children?
- What community resources does the family have around them that might help maintain the child's(ren's) safety?
- What is the reporter's ability or willingness to connect or provide the family with resources?
- What is the caregiver aware of or what is their ability to seek out resources on their own?

### 5. Worst Realistic Fear

Based on what you know so far, what is the worst realistic thing likely to happen to the child if nothing changes?



## 6. Safe Enough

What would need to change for you to be confident the child/ren will be as safe as typical children in the community?

## 7. Lasting Safety and Well-being Scale

Where would you rate this situation today on a scale from 0 to 10?

- 10 is the worries for this family are no more serious than for a typical family in our community and everyone is confident the kids will grow up safe enough and well enough in their current situation without CPS involvement.
- 0 is things are so bad for these children that everyone is really worried they are likely to be hurt or suffer lasting/serious negative effects if something doesn't change.

## E. ASSESSMENT DECISION

*Worker override to not assign for further assessment.*

### **1. Person causing harm is non-family/unregulated caregiver, AND law enforcement is investigating.**

All abuse or neglect types identified have a person causing harm who is not a household member. The worker notified law enforcement, and law enforcement confirms that they will investigate the concern and do not require DCF assistance.

#### **PRACTICE GUIDANCE**

Note the law enforcement departments and officer's name in the basis. The report will be not assigned for abuse and neglect. The report MAY be forwarded to a region for a courtesy interview to assist law enforcement if requested.

### **2. An employee of DCF or KDADS is person causing harm, or employee's child is a reported victim.**

All abuse or neglect types identified have a person causing harm who is an employee of DCF or KDAD; OR an employee of DCF or KDAD is the parent of any reported victim.

### **3. Child resides on Native American reservation, AND tribe does not request DCF assistance.**

Child resides on a reservation of one of the four Kansas tribes (Sac and Fox, Prairie Band Potawatomie, Kickapoo, or Iowa), AND tribe agrees to take the case with no further DCF assessment. Does not apply for an incident that occurred on a reservation if the child does not live on the reservation.

**PRACTICE GUIDANCE**

When a report is assigned for abuse or neglect that involves a child who resides on the reservation of one of the four Kansas tribes\*, worker will:

- Send a preliminary inquiry to the contact for the tribe.
- Based on tribe's response the worker will do the following.
  - If the tribe takes the case and does not request further DCF assistance, do not assign and send the report to the designated tribal contact.
  - If the tribe requests DCF assistance, continue the initial assessment.

\*If the child lives in Brown, Doniphan, or Jackson County, confirm whether the child lives on a reservation.

**4. Inability to locate child or family**

All reasonable efforts to locate the child and family have been pursued, and the family cannot be located.

**PRACTICE GUIDANCE**

Document efforts to locate in the basis.

**5. Reported abuse occurred in the past, AND there are no children who are likely being maltreated now, AND an investigation is unlikely to reach a case finding**

Based on the reported concerns and context, it is unlikely that the same child or other children are currently being maltreated or are likely to be maltreated, AND it is unlikely that an investigation would be able to reach a determination.

Examples include the following.

- o The reported victim is now an adult or has no further contact with person causing harm, AND no other children are likely to be current or future victims of the same person causing harm
- o The reported person causing harm is deceased.

**PRACTICE GUIDANCE**

- If the reported victim is an adult and there are other children who may be victims of the same person causing harm, assess for abuse or neglect based on those children as victims. The adult is not considered a victim but may be considered a reporter or witness.
- A report to law enforcement may be indicated.

**Assessment Decision**

- ☐ Not assigned for further assessment
- ☐ Assigned for further assessment
  - ☐ Abuse or neglect investigation
  - ☐ FINA
  - ☐ PWS
- ☐ Worker override to not assign

**A. IF ONE OF THE BELOW APPLY, RESPONSE TIME IS SAME DAY. NO FURTHER RESPONSE PRIORITY ASSESSMENT REQUIRED.**

**1. ABUSE/NEGLECT CONCERNS AND THE ALLEGED VICTIM IS UNDER AGE 1**

A child who is an alleged victim of abuse or neglect has not reached their first birthday.

**2. ABUSE/NEGLECT CONCERNS AND THERE IS A CURRENT LIFE-THREATENING SITUATION**

A child who is an alleged victim of abuse or neglect and currently in, or within the next 24 hours is expected to be in, a situation posing threat to child's life.

**3. CHILD IS IN PROTECTIVE POLICY CUSTODY**

A law enforcement officer has taken the child into protective police custody.

**4. ABUSE/NEGLECT CONCERNS AND THE CHILD FEARS FURTHER ABUSE OR NEGLECT UPON RETURNING HOME OR REMAINING HOME**

A child who is an alleged victim of abuse or neglect and expresses fear or appears fearful related to the likelihood of being further abused or neglected. If the child is not home, the child fears returning home. If the child is home, the child fears staying home.

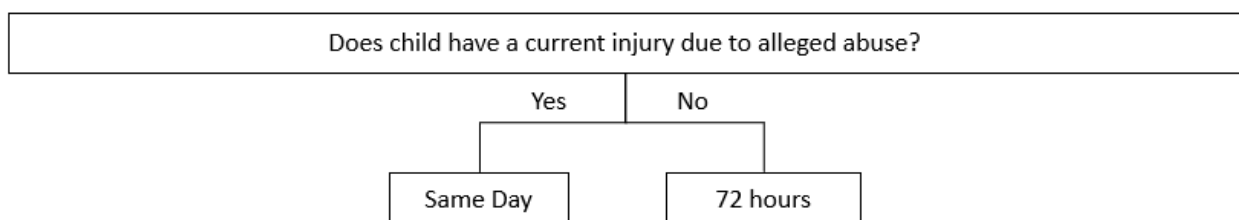
Examples include the following.

- o Child states or expresses that the abuse or neglect may be repeated.
- o The person reported to be causing harm or another caregiver has threatened to harm child if child tells someone about the abuse or neglect.
- o Child has severe behavioral indicators of fear (e.g., trembling, crying, severe anxiety).

**B. DECISION TREES**

**1. ABUSE/NEGLECT**

**a. Physical Abuse**



**i. *Does the child have a current injury due to alleged abuse?***

**“Yes”** if the child is currently injured and one of the following applies:

The reporter has seen the injury, OR, if not, the reporter believes there is a current injury based on one or more of the following.

1. Child told the reporter of a current injury that the reporter would not reasonably see (e.g., reporter is not in the same location as child, or injury is located under clothing).
2. An internal injury is suspected based on child's symptoms (e.g., loss of consciousness, altered consciousness, abdominal pain, limping, or inability to use an arm or hand).

### Assign Same Day

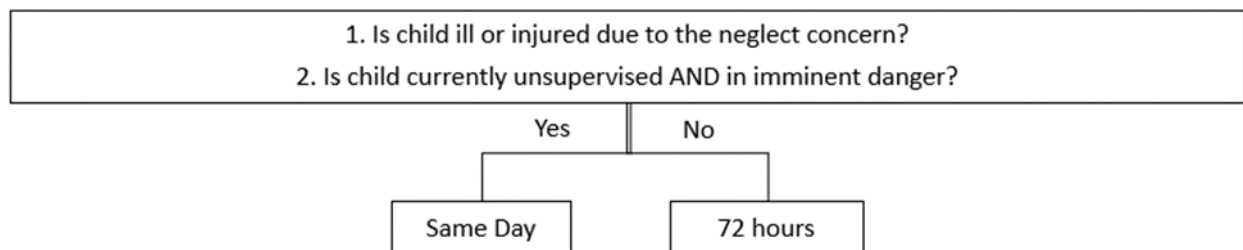
**"No"** if any of the following applies:

1. The child was not injured.
2. The injury is fully healed.
3. The reporter has no knowledge of a current injury.

### Assign 72 hours

#### **b. Neglect**

Use for physical, medical, and educational neglect; lack of supervision; and abandonment.



#### ***i. Is the child ill or injured due to the neglect concern?***

**"Yes"** if the assigned neglect concern surfaced one or more of the following for the child.

Child is injured or the child has a neglect related illness that requires immediate medical attention.  
 AND  
 The caregiver is failing to take the necessary measure to address the concern.

### Assign Same Day

**"No"** if the child does not have an injury or does not have serious illness placing them at imminent risk of harm, condition, or injury.

### Assign 72 hours

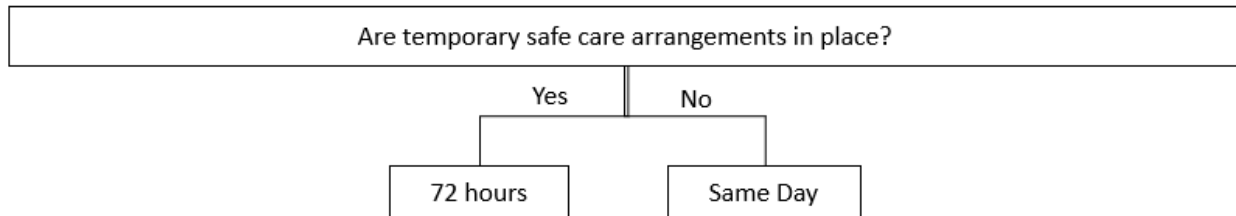
#### ***ii. Is child currently unsupervised AND in imminent danger?***

**"Yes"** if the child is not receiving sufficient supervision from his/her caregiver, AND the *current* situation is likely to result in serious harm to the child.

- *Caregiver is unavailable, unable, or unwilling to provide care, and child is in imminent*

**Assign Same Day**

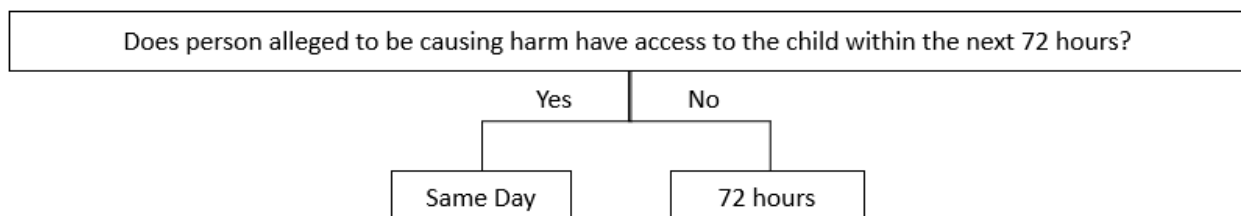
**“No”** if the child is receiving supervision from his/her caregiver to the extent that the child’s immediate safety is not of concern.

**Assign 72 hours****c. Abandonment****i. *Is the caregiver unavailable, unable, or unwilling to provide care, and child is in imminent danger?***

**“Yes”** if the caregiver is unavailable, unable, or unwilling to provide care, and child is in imminent danger.

**Assign Same day**

**“No”** if there are current temporary care arrangements for the child for the next 72 hours.

**Assign 72 hours****d. Sexual Abuse and Trafficking****i. *Does person alleged to be causing harm have access to the child within the next 72 hours?***

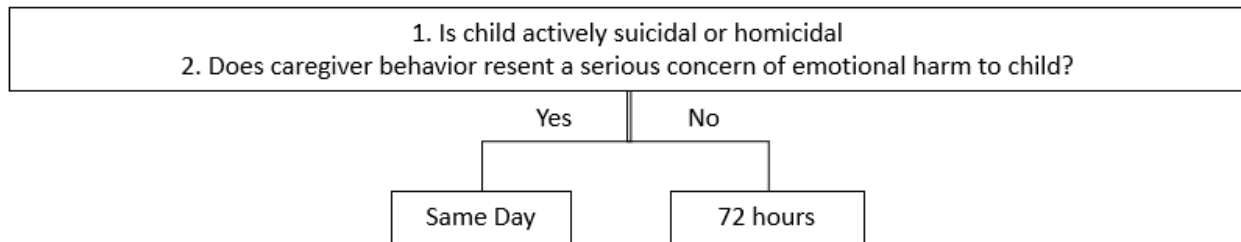
**“Yes”** if information is provided to suggest that the child is having any form of ongoing contact (face-to-face, phone, or electronic) or will be having any form of contact with the alleged person causing harm within the next 72 hours.

**Assign Same day**

**“No”** if the alleged person causing harm will have no access and no contact with the child within the

**Assign 72 hours**

**e. Emotional Abuse**



**i. *Is child actively suicidal or homicidal?***

**“Yes”** if at least one of the following is true.

1. Child has symptoms of severe psychological distress or fear (e.g., suicidal, homicidal) that require immediate intervention.

**Or**

2. Child requires an immediate crisis response from the police due to extremely violent behavior resulting from emotional harm (e.g., using knives, fire setting, or cruelty to animals).

**Or**

3. Child requires immediate psychiatric treatment due to emotional harm as determined by a medical/mental health professional.

**AND**

The caregiver is failing to take the necessary measure to address the concern.

**Assign Same day**

**“No”** if the child is not actively suicidal or homicidal.

**Assign 72 hours**

**ii. *Is the child expressing fear of returning home or being in the home?***

**“Yes”** if the child is expressing, they will likely be injured, sexually abused, or emotionally harmed upon returning home.

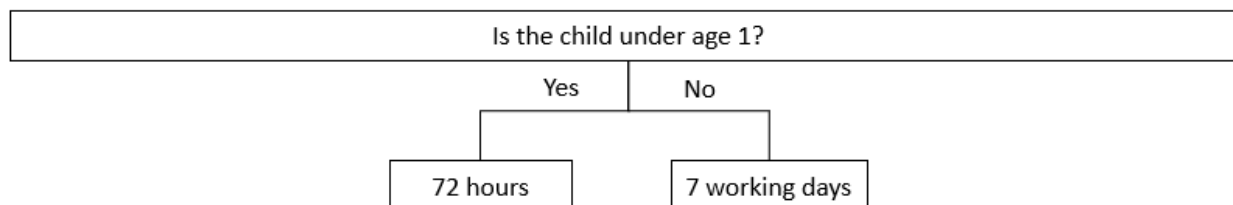
**Assign Same day**

**“No”** if the fear is not based on concern of being injured, sexually abused, or emotionally harmed upon returning home.

**Assign 72 hours**

## 2. NON-ABUSE OR NEGLECT

### FINA



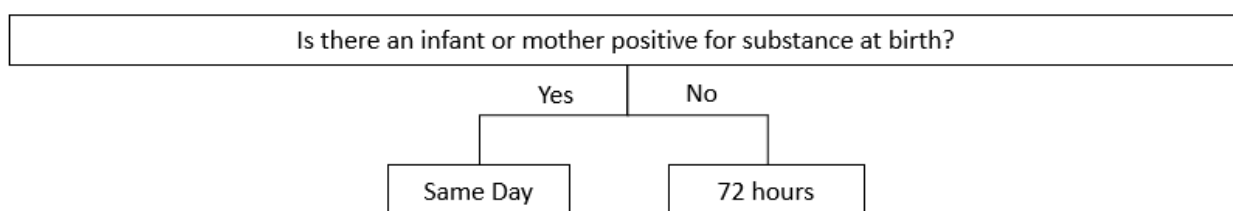
#### b. *Is child under age 1?*

**“Yes”** if the child has not reached their first birthday.

**Assign 72 hours**

**“No”** if the child is age 1 or older.

**Assign 7 working days**



#### c. *Is there an infant or mother positive for substance at birth?*

**“Yes”** if a medical professional reports a positive drug screen at birth for the infant or mother, AND family requests or appears in need of service.

**Assign Same day**

**“No”** if the infant or mother’s drug screen was negative.

**Assign 72 hour**

#### PRACTICE GUIDANCE

If the infant was affected by substances, the report will have been assigned in as neglect.

#### d. IL and ICPC Response Times (PPM 1672)

Assign 20 working day



The purpose of the initial assessment is to assess whether a report meets agency criteria for a DCF response and, if so, to determine how quickly to respond.

Decisions made at intake are vital. The right decision means that families needing intervention get it, and families who do not require intervention are not needlessly disrupted. For the system, correct intake decisions help make the best use of agency resources.

Intake work is also the face of DCF most Kansans will know. Their experience when they call to express concern about a child or family shapes their view of the child protection system and influences whether they will call again should they have concerns about another child.

### WHICH CASES

This document may be used to support the worker's critical thinking and decision-making process for all reports but shall be used for the following: Physical Neglect, Medical Neglect, Lack of Supervision, Emotional Abuse, and Family in Need of Assessment allegations. Truancy concerns meeting the 3/5/7 rule shall be assigned.

### WHO

Intake Protection Specialist or Protection Specialist.

### WHAT

When taking a report by phone or gathering additional information on a web or fax the best approach is to invite the reporter to explain their worries about the child and family in their own words. While listening, the worker can be scanning the assessment guide to begin to hone in on the assessment criteria closest to the reporter's concerns. Looking at the definition during the call can help track what information the worker has and what information the worker still needs to make a decision.

To elicit the specific information the worker requires, based on the definitions they are reviewing, they may begin with targeted open-ended questions such as, "What has happened to the child physically or emotionally as a result of the worrisome behaviors?" Follow up questions based on the answer can continue as needed. Often, solution-focused questions can help gain the reporters perspective. For example, "What are your best hopes about the difference it would make for DCF to intervene?" A scaling question should also be used to get the reporter's view of safety. For example, "On a scale of 0–10, 10 is, you're confident the child(ren) will be safe enough staying where they are. 0 is things are so bad for these children that you worry they are likely to be seriously hurt if they stay in their current situation even for tonight. Where would you rate it?" Remember that the follow-up question is most important: "What made you say 6 and not 7 (or 6 and not 5)?"

When the worker has heard the concerns of the reporter sufficiently to determine whether criteria are met, it is important for the worker to ask about exceptions and things that are working well. For example, "What has happened (or is in place) that has provided some protection to the child/ren in relation to the worries?" Another question should involve current supports. For example, "What support or services is this family receiving or have they received through other agencies, organizations, or programs. If not engaged in services, how willing or able are they to access these services?"

When the worker has heard the concerns of the reporter sufficiently to determine whether assessment criteria is met, consider whether there is additional information that will be useful for the responding worker.

## WHEN

The Kansas Intake Assessment Tool is completed as soon as possible when processing the report—no later than the end of the next half workday from the time the report is received. If additional information is needed, the worker will complete a preliminary inquiry that will end no later than the 3rd working day after the report was received.

## DECISIONS

The Kansas Intake Assessment Tool guides whether a report requires a response, the type of response, and how quickly contact must occur.

# COMPLETION INSTRUCTIONS

After processing the report in KIPS, create the "1001" document in KIPS and proceed with the assessment process.

This document may be used to support the worker's critical thinking and decision-making process for all reports but shall be used for the following: Physical Neglect, Medical Neglect, Lack of Supervision, **Abandonment**, Emotional Abuse, and Family in Need of Assessment allegations. Truancy concerns meeting the 3/5/7 rule shall be assigned.

## INITIAL ASSESSMENT

### A. REPORTS THAT DO NOT REQUIRE AN INITIAL ASSESSMENT

Consider the list of possible exemptions and identify any that apply. If you select any of the exemptions, you do not need to complete the remainder of the tool.

Consult practice guidance, policy, or seek supervisor guidance for additional clarification.

### B. ALLEGATION TYPE

#### 1. Abuse or Neglect

Based on the definitions, identify each type of abuse or neglect being reported. You may identify more than one if more than one allegation is being reported and meets definition.

Based on the definitions, identify each type of person reported to have caused harm. You may identify more than one if more than one type of person causing harm.

If no criteria are met, move to section 2 "Non-abuse or neglect"

#### 2. Non Abuse or Neglect

Do not consider FINA items will not be available if:

- An item is met in Part A1
- A child abuse or neglect item is met in Part B1

Based on the definitions, identify each type of FINA that applies. You may identify more than one if more than one allegation is being reported and meets definition.

If no FINA criteria are met AND no PWS criteria are met, move to section 3 “Initial Thoughts”.

### 3. Initial Thought

The initial thought will be completed based on what is identified in parts B1 and B2.

The available assessment decisions are “not assigned for further assessment” and “assigned for further assessment.” If it is assigned, the type of assignment will also be identified based on what criteria was met per policy and definitions.

## C. ASSESSMENT MAP

### 1. Current and Past Harm

Considering information provided by the reporter as well as information available in DCF records, briefly describe the current and past alleged harm, including:

- **Seriousness:** What are the most worrying actions or inactions by a caregiver?
- **Frequency:** How often have the worries reportedly happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been negatively impacted (physically and emotionally; immediately and cumulatively)?

#### Guidance

This information can be found:

1. Reporters current and past concerns
2. Prior HX in KIPS
3. FACTS
4. KEES
5. KIDS

Consider the caregivers actions or inactions resulting in harm.

### 2. Current and Past Safety

Considering information provided by the reporter as well as information available in DCF records, briefly describe the Current or Past safety and protection.

- **Significance:** What are the best things caregivers or natural supports have done to protect the children?
- **Frequency:** How often have the protective actions happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been positively impacted (physically and emotionally; immediately and cumulatively)? Or are these children as safe as typical children in the community?

#### Guidance

This information can be found:

1. Reporters current and past concerns
2. Prior HX in KIPS
3. KEES
4. KIDS

Consider the caregivers actions or inactions and natural supports resulting in safety.

What is the caregiver's willingness to provide safety and protection?

### 3. Complicating Factors

Briefly document what barriers is this family facing that make it more challenging for them to provide safety and care for their children?

#### Guidance

Barriers:

- Financial
- Lack of available resources
- Lack of education
- Community/environment safety
- Natural Supports

### 4. Community Resources

Briefly identify any current natural or community resources the family is current accessing or has access to or can be provided to the family.

#### Guidance

Consider:

- Natural Resources: Who or what does this family have around them that might help maintain the child's(ren's) safety? Who are the strongest connections for this family and their children?
- What community resources does the family have around them that might help maintain the child's(ren's) safety?
- What is the reporter's ability or willingness to connect or provide the family with resources?
- What is the caregiver aware of or what is their ability to seek out resources on their own?

This information can be found:

1. Reporters current and past concerns
2. Prior HX in KIPS
3. FACTS
4. KEES
5. KIDS

### 5. What is your worst Realistic Fear?

Based on what you know so far, briefly document the worst realistic thing likely to happen to the child if nothing changes?

#### Guidance

Who else shares your concern for the child(ren)?

**Critical Analysis:**

- Who's worried?
- What might happen?
- Possible (-) impact?

## **6. Safe Enough**

Based on what you know so far, briefly describe what would need to change for you to be confident the child(ren) will be as safe as typical children in the community?

**Guidance**

**Critical Analysis:**

- Endgame
- Needs to be happening differently in the care of the child
- Anticipated positive impact.

## **7. Lasting Safety and Well-being**

Using the information gathered, rate your confidence the kids will grow up safe enough and well enough in their current situation without CPS involvement.

**Guidance**

- 10 is the worries for this family are no more serious than for a typical family in our community and everyone is confident the kids will grow up safe enough and well enough in their current situation without CPS involvement.
- 0 is things are so bad for these children that everyone is really worried they are likely to be hurt or suffer lasting/serious negative effects if something doesn't change.

## **D. ASSESSMENT DECISION**

The assessment decision will be completed based on what is identified in parts B and C.

The available assessment decisions are "not assigned for further assessment" and "assigned for further assessment." If it is assigned, the type of assignment will also be identified based on what criteria was met and the consideration of available family/child services, supports, and resources.

**Guidance**

Overrides can be applied when the initial assessment decision was to assign as an abuse or neglect investigation or FINA; however, there are policies that warrant a different assessment decision. Review all override options and consider all that apply. If an override is applied, the final assessment decision will be "not assigned for further assessment."

- Person causing harm is non-family/unregulated caregiver, AND law enforcement is investigating.
- An employee of DCF or KDADS is person causing harm, or employee's child is a reported victim.
- Child resides on Native American reservation, AND tribe does not request DCF assistance.
- Inability to locate child or family.
- Reported abuse occurred in the past, AND there are no children who are likely being maltreated now, AND an investigation is unlikely to reach a case finding.

## APPENDICES Tables

### APPENDIX TABLE A: GLOSSARY

#### Caregiver

An adult who provides care for a child in the absence of, or in conjunction with, the child's parent or guardian.

***In this manual, the term caregiver will include parent.***

#### Child

A person under the age of 18 or any adult under the age of 21 who is in the custody of the DCF Secretary.

*Only a child as defined above may be classified as a victim of child abuse and/or neglect.*

#### Household

Assessments are household based. A household includes the victim child, the child's parents, and all adults and minors who reside with the child and function as a household.

Examples of functioning as a household include:

- Sharing meals
- Spending time together
- Sharing responsibilities
- Sharing child care

If a child's parents do not reside together, the child may be a member of more than one household.

#### Parent

A person required by law to maintain, care, and support the child. Includes biological or adoptive parent and legal guardian. Include a minor parent.

#### Person Causing Harm

A person identified in the initial report or during the investigation as a person suspected of harming a child (synonymous with Alleged Perpetrator).

Table A B contrasts examples of “typical” sexual behaviors with what is considered “abusive” sexual behavior for different age groups. For assessment purposes, presume against in assigning reports of relatively minor incidents (e.g., unwanted kissing, inappropriate touching, or self-exposure between peers) where it appears to be a one-off incident and caregivers of both the perpetrator and victim are responding appropriately.

Table B	
Age-Typical Sexual Behaviors Versus Abusive Sexual	
Typical Sexual Behaviors	Abusive Sexual Behaviors
<b>Ages 0-5</b>	
<ul style="list-style-type: none"> <li>• Masturbation as self-soothing behavior</li> <li>• Touching self or others in exploration or due to curiosity</li> <li>• Sexual behavior without inhibition</li> <li>• Intense interest in bathroom activities</li> </ul>	<ul style="list-style-type: none"> <li>• Curiosity about sexual behavior becomes obsessive preoccupation</li> <li>• Exploration becomes re-enactment of specific adult sexual activity</li> <li>• Behavior involves injury to self or others</li> <li>• Behavior involves coercion, threats, secrecy, violence, aggression, or developmentally inappropriate acts</li> </ul>
<b>Ages 6-10</b>	
<ul style="list-style-type: none"> <li>• Fondling/touching own genitals and masturbation</li> <li>• More secrecy regarding self-touching</li> <li>• Interest in others’ bodies expressed as game playing rather than exploratory curiosity (e.g. “I’ll show you mine if you show me yours.”)</li> <li>• Boys comparing penis size</li> <li>• Extreme interest in sex, sex words, and dirty jokes</li> <li>• Seeking information or pictures that explain bodily functions</li> <li>• Touching that involves stroking or rubbing</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual penetration</li> <li>• Genital kissing</li> <li>• Oral sex</li> <li>• Simulated intercourse</li> <li>• Behavior involves coercion, threats, secrecy, violence, aggression, or developmentally inappropriate acts</li> </ul>
<b>Ages 11-12</b>	
<ul style="list-style-type: none"> <li>• Continuation of masturbation</li> <li>• Focus on establishing relationships with peers</li> <li>• Sexual behavior with peers, such as kissing and fondling</li> <li>• Primarily heterosexual activity but not exclusively</li> <li>• Interest in others’ bodies, particularly the opposite sex, that may take the form of looking at photos or other published material</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual play with younger child (e.g., inappropriate touching of private areas or exposure of private areas to others)</li> <li>• Any sexual activity between youth of any age that involves coercion, bribery, aggression, or secrecy or involves a substantial peer or age difference</li> </ul>
<b>Ages 13-17</b>	
<ul style="list-style-type: none"> <li>• Masturbation in private</li> <li>• Mutual kissing</li> <li>• Sexual arousal</li> <li>• Sexual attraction to others</li> <li>• Consensual sexual activity among peers</li> <li>• Behavior that contributes to positive relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Masturbation causing physical abuse or distress to self and others</li> <li>• Public masturbation</li> <li>• Unwanted kissing</li> <li>• Voyeurism, stalking, sadism (gaining sexual pleasure from others’ suffering)</li> <li>• Non-consensual groping or touching of others’ genitals</li> <li>• Coercive sexual intercourse/sexual assault</li> <li>• Coercive oral sex</li> </ul>

	<div>Page 348 of 517</div> <ul style="list-style-type: none"> <li>Behavior that isolates youth and is destructive of his/her relationships with peers and family</li> </ul>
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REFERENCES

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- Boyd, C., & Bromfield, L. (2006, December). Young people who sexually abuse: key issues (NCPC Practice Brief #1). Australian Institute of Family Studies.
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<b>TABLE C</b>	
<b>EXAMPLES OF CIRCUMSTANCES AND APPROPRIATE SUPERVISION LEVELS</b>	
<b>OLDEST CHILD'S AGE/ DEVELOPMENTAL AGE</b>	<b>SAFE CIRCUMSTANCES</b>
Ages 0–3	<p>A child up to age 3 should not be left without adult supervision for any length of time.</p> <p>Visual observation should be maintained, with minimal interruption, other than times child is asleep in a safe situation.</p>
Ages 4–6	<p>A 4- to 6-year-old child should not be left without adult supervision for any length of time.</p> <p>Supervision may become increasingly indirect, with the adult at least within hearing range. Visual observation may become less frequent if child is in a safe situation (e.g., sleeping, safely playing indoors). During waking hours, visual observation of child by a responsible adult should occur within 15 minutes of last sighting.</p>
Ages 7–9	<p>A 7- to 9-year-old may be left alone for up to about several hours if:</p> <ul style="list-style-type: none"> <li>• Child has demonstrated ability to be left alone safely for shorter periods of time;</li> <li>• Child demonstrates ability to follow safety instructions when adult is nearby, but not directly supervising child;</li> <li>• Child knows how to make emergency phone calls;</li> <li>• Child is not responsible for other children (more than one child may be together, but each is responsible only for him/herself);</li> <li>• Child is not a danger to self or others; AND</li> <li>• Backup responsible adult is available to child who can be physically present if needed, within minutes.</li> </ul>
Ages 10–12	<p>A 10- to 12-year-old may be left alone all day or several hours in the evening if:</p> <ul style="list-style-type: none"> <li>• Child has demonstrated ability to be left alone safely for shorter periods of time;</li> <li>• Child knows how to manage emergencies;</li> <li>• Child has been given instructions and demonstrated ability to follow instructions related to safety;</li> <li>• Child is not responsible for other children (more than one child may be together, but each responsible only for themselves);</li> <li>• Child is not a danger to self or others; AND</li> <li>• Backup responsible adult is accessible, on call, and able to assist child for periods up to two hours.</li> </ul>

## EXAMPLES OF CIRCUMSTANCES AND APPROPRIATE SUPERVISION LEVELS

OLDEST CHILD'S AGE/ DEVELOPMENTAL AGE	SAFE CIRCUMSTANCES
Ages 13–15	<p>A 13- to 15-year-old may be left alone for increasing lengths of time, up to about 18 hours (but not overnight) if:</p> <ul style="list-style-type: none"> <li>• Child has demonstrated ability to be left alone safely for shorter periods of time;</li> <li>• Child knows how to manage emergencies;</li> <li>• Child knows how to handle daily routines that occur during the time child is alone;</li> <li>• Child has been provided with meals within child's capability of preparing;</li> <li>• Child has been given instructions and demonstrated ability to follow instructions related to safety;</li> <li>• Child is not a danger to self or others; AND</li> <li>• Backup responsible adult is available and accessible to child.</li> </ul>
Ages 16–17	Assess safety based on child's capacity to live independently.
Child with a disability	Assess safety based on the level of disability and the nature of the child's care needs.

The following tables are guides. Consider consultation with a professional with expertise in child mental health if you are uncertain. Select the age group that best fits the child's age; or if the child has developmental delays, consider the approximate developmental level of the child. ~~If uncertain, follow your organizational consultation practice procedures.~~

TABLE D1			
EXAMPLES OF PSYCHOLOGICAL HARM INDICATORS			
INFANT	TODDLER	SCHOOL AGE	TEEN
<ul style="list-style-type: none"><li>• Not responding to cuddling</li><li>• Not smiling or making sounds</li><li>• Losing developmental milestones already achieved</li><li>• Inconsolable</li><li>• Head banging</li><li>• Slow weight gain</li></ul>	<ul style="list-style-type: none"><li>• Regression in toilet training, language, or other skills</li><li>• Head banging</li><li>• Regressive behavior</li><li>• Difficulties sleeping</li></ul>	<ul style="list-style-type: none"><li>• Bed wetting</li><li>• Significant behavior changes</li></ul>	<ul style="list-style-type: none"><li>• Involved in violent relationships</li><li>• Difficulty maintaining long-term significant relationships</li></ul>
<ul style="list-style-type: none"><li>• Upset by loud noises and quick movements; displays startle response.</li><li>• Withdrawn, not playful, or play imitates violence between parents.</li><li>• Unusually extreme separation anxiety or no separation anxiety.</li></ul>		<ul style="list-style-type: none"><li>• Self-harming/suicidal/social isolation.</li><li>• Constant worry about violence/dangers.</li><li>• Desensitization to violence.</li><li>• Decline in school performance.</li><li>• Feels worthless about life and self.</li><li>• Unable to value others or show empathy.</li><li>• Lacks trust in people.</li></ul>	
NOT APPLICABLE	<ul style="list-style-type: none"><li>• Loss of interest in previously pleasurable activities (not merely moving on to an interest in a new activity).</li><li>• Poor school attendance.</li><li>• Extreme anxiety, such as inability to sit still that is <i>not</i> related to ADHD/insecure/attention seeking.</li><li>• Lacks interpersonal skills necessary for age-appropriate functioning.</li><li>• Extreme insecurity.</li><li>• Takes extreme risks; is markedly disruptive, bullying, or aggressive, particularly with female teachers.</li><li>• Avoids adults or is obsessively obsequious or submissive to adults.</li><li>• Highly self-critical.</li><li>• Feelings of hopelessness, misery, despair.</li><li>• Significant change in child’s personality or behavior (stopped all social activities, a new pattern of getting involved in fights, failing in school despite history of good performance, becoming involved in offenses).</li><li>• Alcohol or other drug abuse.</li><li>• Unusual attachment to an adult other than caregiver.</li></ul>		

TABLE D1			
EXAMPLES OF PSYCHOLOGICAL HARM INDICATORS			
INFANT	TODDLER	SCHOOL AGE	TEEN
<ul style="list-style-type: none"> <li>More than occasional difficulty sleeping or eating, (e.g., losing weight, becoming obese, or having an eating disorder such as eating compulsively, anorexia, or bulimia).</li> <li>Episodes of physical complaints for which there is no known physical cause (e.g., stomach aches, headaches).</li> <li>Flat affect (i.e., e.g., rarely smiles or cries).</li> </ul>			

TABLE D2	
AGE/DEVELOPMENTAL AGE OF CHILD	SIGNIFICANT ADVERSE EFFECTS (EXAMPLES)
All	Recurrent episodes of serious, unintentional injury or harm in circumstances where supervision has been an issue.
Infant/Toddler	<ul style="list-style-type: none"> <li>Symptoms of non-organic failure to thrive.</li> <li>Delays reaching developmental milestone, and no medical reasons for delay are identified.</li> <li>Child does not seem attached to caregiver.</li> <li>Injuries and accidents related to lack of appropriate supervision.</li> </ul>
Preschool	<ul style="list-style-type: none"> <li>Language delays with no other explanation.</li> <li>Child is not learning age-appropriate self-care such as brushing teeth; cannot assist in dressing self.</li> </ul>
5–9 years	<ul style="list-style-type: none"> <li>Child is not developing social skills.</li> <li>Child is frequently out of control.</li> <li>Child is extremely clingy with other adults.</li> </ul>
10–13 years	<ul style="list-style-type: none"> <li>Child is getting involved in dangerous, risky, or illegal behaviors.</li> <li>School refusal.</li> </ul>
14–17 years	<ul style="list-style-type: none"> <li>Illegal behavior, high-risk sexual activity, alcohol or drug abuse, and self-harm.</li> <li>Disengagement from education or training.</li> </ul>

TABLE D3	
AGE/DEVELOPMENTAL AGE OF CHILD	MODERATE ADVERSE EFFECTS (EXAMPLES)
All ages	<ul style="list-style-type: none"> <li>Reduced interest in previously pleasurable activities (i.e., e.g., not merely moving on to interest in a new activity).</li> <li>Declining school attendance.</li> <li>Mild anxiety.</li> <li>Below-average interpersonal skills necessary for age-appropriate functioning.</li> <li>Less secure than peers.</li> <li>Trouble relating to adults or unusually compliant with adults.</li> <li>Somewhat self-critical.</li> <li>Feelings of sadness.</li> <li>Noticeable change in child's personality/behavior.</li> <li>Seeks closeness to an adult other than caregiver.</li> <li>Occasional difficulty sleeping or eating.</li> </ul>

TABLE D3	
AGE/DEVELOPMENTAL AGE OF CHILD	MODERATE ADVERSE EFFECTS (EXAMPLES)
Infant/toddler	<ul style="list-style-type: none"> <li>• Play consistently imitates demeaning behavior between parents.</li> <li>• Occasional or mild separation anxiety or no separation anxiety.</li> <li>• Difficulty self-soothing.</li> <li>• Less interested in play.</li> <li>• More timid or more aggressive than peers.</li> </ul>
School age	<ul style="list-style-type: none"> <li>• Some difficulty concentrating.</li> <li>• Unusually withdrawn.</li> </ul>

# Is Your Child Ready to Be Home Alone?

Rev. JUL-25



The majority of children are developmentally ready to be home alone around the age of 12 or 13. Each child's maturity and abilities can be different, so use your own judgement when deciding if your child is ready to be home alone. Kansas does not have regulations or laws about when a child is considered old enough to stay at home alone, but here are some guidelines to help you make this important decision.



## Ages 7-9

Children ages 7-9 may be left alone for short periods of time during the day. They should not be responsible for other children in the home.  
*\*Children under age 7 should never be left without adult supervision.*



## Ages 10+

Children ages 10 and older may be left alone, depending on factors such as length of time, time of day and their maturity level.

The first time your kids stay home alone, it should be for a short time and you should be nearby. Only leave your child home alone if they feel comfortable and are mature enough to follow safety and ground rules that you have established.

### When you feel your child is ready, it's important to set them up for success.



**Stay Connected:** Your child needs access to a phone that's fully charged, and a list of numbers to call or text in case of questions or emergencies. If possible, include a neighbor or other trusted adult nearby.



**Teach Them When to Call 9-1-1:** Talk about different reasons they might need to call 9-1-1 and teach them their street address to let emergency responders know where to go.



**In Case of Fire:** Make sure they know the sound of the smoke and carbon monoxide alarm and practice two ways out of each room. Remind them to get out as quickly as possible, and don't go back in the house for items or pets.



**Severe Weather:** Teach them the sound of weather alerts or sirens and practice going to your designated tornado shelter.



**Lock the Doors:** Remind them not to answer the door or tell anyone over the phone or online that they are home without an adult.



**First Aid:** Show them where to find the first aid kit and teach them basic first aid, such as how to treat cuts and burns.



**Avoid Cooking:** Have ready-to-eat snacks and meals so kids don't have to cook or use knives. If an older child is cooking or using the microwave, remind them never to leave the stove unattended and be cautious when removing items from the microwave to prevent serious scalds and burns.



**The Pool is Closed:** Don't allow children to be in or near a swimming pool without adult supervision.



**Safe Storage:** Safely store any weapons, medication or potential poisons. Teach kids not to play with lighters or matches, and don't burn candles when adults are not home. Do not take any medicine without permission from a parent.



**Put It in Writing:** Fill out the other side of this handout or keep a notebook with information and rules so your child knows what to do. You can add any additional house rules/chores/expectations you may have.

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## Emergency Contact Numbers:

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Parent or guardian (name and number) \_\_\_\_\_

2nd Parent or Relative (name and number) \_\_\_\_\_

Neighbor (full name and number) \_\_\_\_\_

Police/Fire/EMS: **9-1-1**

The Poison Center Hotline: **800-222-1222**

My street address (if I need to call 9-1-1): \_\_\_\_\_

What time is your parent/guardian expected to return home? \_\_\_\_:\_\_\_\_am/pm

- ✓ Do not tell anyone over the phone or on social media you are home alone.
- ✓ Lock doors and do not open the door for strangers.
- ✓ Know the sound of a smoke and CO alarm and practice your home fire drill – 2 ways out of every room. Identify a safe meeting space outside and go directly there before calling for help.
- ✓ Know the sound of a tornado siren and where to shelter during severe weather.
- ✓ Know where to find the first-aid kit.
- ✓ Learn basic first aid to treat a cut or a burn.
- ✓ Do not use knives or heat to cook and be cautious when getting hot items out of the microwave.
- ✓ No swimming in pools if an adult is not home.
- ✓ Do not take any medication without permission from a parent/guardian.
- ✓ Do not touch firearms or other weapons in the house.
- ✓ Complete homework and chores.

## Chores I am expected to complete (Homework, clean room, feed pet, fold laundry, etc):

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## House Rules (TV, computer or video games, having friends over, etc.)

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For more information and prevention tips, visit [safekids.org](http://safekids.org).



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Best Practice Suggestions for Writing the Basis for Case Finding

This practice guide is developed to provide PPS Practitioners with suggestions for assessment and decisions.



## Assessments

The following check list of activities may be used by PPS practitioners to support assessment activities (the following are suggestions and should not be considered a complete list of possible activities):

### History and Other Searches

- ☐ Did we gather sufficient information during the assessment to determine whether the history is relevant or impacts the family's current situation? Is further information needed?
- ☐ How is the family currently functioning in relation to the history (past safety concerns or risks)?
- ☐ Are there worries for the child based on the Past Harm?
- ☐ What Current & Past Safety is identified along with support network, Family Resources does the family have to mitigate Current Harm and worries for Past Harm and/or Future Danger?
- ☐ Is the new information gathered during the assessment relevant to the family's current situation?
- ☐ Have we utilized systems available to search for the parent(s) who resides away from the child?
- ☐ Have we utilized systems available to search for any maternal or paternal relatives?

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### Interviews

- ☐ Review PPM 2110 to check whether all required parties were interviewed?
  - If not, remember to document the reason per PPM 2110/2310/2703 (*exception, allowable or non-allowable reason*).
  - If unable to locate, check whether we exhausted reasonable resources to locate? For example, searching systems used by PPS- KIDS, KIPS, FACTS and KEES; contacting the reporter, if known, attempting to locate through current address via mail or landlord, school records, employment, known friends or relatives, utility departments, etc.
  - If parent/caregiver refused to cooperate or refuses access to the child:
    - Evaluate safety and risk concerns
    - Brainstorm other possible engagement strategies
    - Are there other possible locations for an interview of an alleged victim of abuse/neglect the family would be more comfortable with?
    - Do the circumstances of the case justify contacting law enforcement?
    - Do the circumstance or the case justify contacting the County/District Attorney?
- ☐ Has the parent(s) who resides away from the child been located and interviewed? Have we exhausted all resources?
- ☐ Has a medical professional been consulted, specifically for reports assigned for MEN per 2110 A. 6.; or for other types of reports would a medical opinion assist with the assessment?
- ☐ Are there other persons who may have relevant information?
- ☐ Does the documentation of the interviews provide sufficient details for a person unfamiliar with the case to understand the assessment?
- ☐ Are there sufficient details to evaluate the plausibility of the explanations for the harm to the child?
- ☐ Do the stories make sense? Does the explanation match the injury/harm to the child?
- ☐ Have we gathered enough evidence to clearly understand what happened?
- ☐ Do any of the persons interviewed have motives for being untruthful?
- ☐ Have we explored all other alternate hypotheses (other ways the incident could have

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happened, other persons responsible, etc.)

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### Investigative Information Gathered (observations, reports, etc.)

- ☐ Have we gathered all possible reports, data, information needed to provide sufficient facts?
- ☐ After reviewing all reports, data, information etc. collectively, are the facts of the case clear?
- ☐ Is other information needed?
- ☐ Are medical reports or consultation with medical professionals needed?
- ☐ Are there any possible alternate hypotheses?
- ☐ Brainstorm tentative conclusions about whether the abuse/neglect occurred.

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### Subsequent Reports Not Assigned for Further Assessment

- ☐ Were all subsequent reports not assigned for further assessment by KPRC addressed in the open case? Is follow-up needed?
- ☐ Were subsequent reports not assigned for further assessment by KPRC on a family receiving Family Services, Family Preservation Services, or Foster Care services forwarded to the CFSP/CWCMP provider and supervisor within 3 working days for the provider to address in the open case? Is follow-up needed?

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### Immediate Safety (refer to PPS 2019 and Appendix 2H Immediate Safety Tips Sheet)

This section may be used to determine whether a safety staffing is needed with your PPS Supervisor.

- ☐ What is the Immediate Safety rating on the PPS 2019? (consider a staffing when ratings are somewhere below 6)

#### Consider your CONFIDENCE/CLARITY RATING

*On a scale of 0-10, where 10 is you have full confidence/clarity about how to move forward and 0 is you have absolutely no clue how to even begin taking the next step with this family, where would you rate it? What would you need from your conversation with your supervisor to move you up even a little bit on this scale?*

0	1	2	3	4	5	6	7	8	9	10
0: Absolutely no clue how to even begin taking the next step with this family						10: Full confidence/clarity about how to move forward with this family				

*TIP: The Immediate Safety rating and Confidence/Clarity rating may help with determining whether to request a safety staffing for cases not already required. If your safety scale rating is high and your confidence is high, you may not need a staffing; and vice versa you might request a staffing.*

- ☐ Have additional danger concerns been identified since the immediate safety determination?
- ☐ Are complicating factors identified?
- ☐ Is the danger concern imminent? (Either currently present, or will occur in the next few days)
- ☐ Is the child vulnerable?
- ☐ What the degree of harm (*injury/child's condition; worry for current and part harm*) to the child as a result of the caregiver's action or inaction; or what is the imminent threat of danger to the child (*caregiver's action or inaction which has the potential to cause serious harm*) of harm to the child?
- ☐ Is immediate medical care needed or medical care which has already occurred.
  - ☐ Do we have the records?
  - ☐ What follow-up is needed?
- ☐ Consider Current & Past Safety - Is there a safety network and caregiver with protective

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capacity? (*Refer to Appendix 2J to consider Caregiver Protective Capacity*)

- ☐ If considering removal, have we considered the parent(s) who resides away from the child as a resource for placement to prevent removal?
- ☐ Have we considered any relatives as a resource for placement to prevent removal?
- ☐ What interventions or protective actions have been taken, if applicable?
- ☐ Are other interventions or protective actions needed?
- ☐ What are the Family's Resources mitigating danger concerns? Has the parent(s) who resides away from the child been considered as a resource, if appropriate? Have we considered any relatives as a resource for placement to prevent removal?
- ☐ What are the Complicating Factors directly related to the Current Harm and worries for Future Danger? (i.e. use of substances caused the parent/caregiver to leave child unsupervised- parent was passed out while toddler got out of the house and was found wandering in the street. The use of substances may be the Complicating Factor, but if they use substances because they are depressed due to a recent loss, this may also be considered as a Complicating Factor).
- ☐ What is the Current and Past Safety, Lasting Safety rating and What services are needed, or have taken place?
- ☐ What are the immediate and lasting safety ratings?
- ☐ Is a Team Decision Making meeting (where available) required? Refer to Appendix OD PPS TDM Protocol.
- ☐ Does Claire and Lola's law per PPM 0255 apply? Does the parent/caregiver possess a letter to verify cannabidiol treatment preparation? If this law applies, ensure the department has not initiated proceedings to remove a child from the home of the child's parent or guardian (request police protective custody or an order for protective custody) or initiated any child protection action (safety planning) or proceeding based solely upon the parent or guardian or the child's possession or use of cannabidiol treatment preparation.
- ☐ Ensure documentation shows services have been offered to families with children under age 1 included but not limited to Parent Skill Building, Infant Toddler Services, or Family First Prevention Services.

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### Immediate Safety Plan, If Applicable

- ☐ If on the balance of information, an immediate threat to any child's safety was identified (i.e. the Immediate Safety Scale ratings were low), was an Immediate Safety Plan – PPS 2021 developed with the family and their network?
- ☐ Review PPM 0255 Claire and Lola's law to ensure requirements are met. Immediately terminate the safety plan if it is based solely on cannabidiol treatment preparation and the parent/caregiver has the letter to verify.
- ☐ Are the actions needed (tasks) documented, sufficient to address the worries for danger?
- ☐ Is the safety plan temporary, short-term while more permanent safety provisions are put in place?
- ☐ Is the next step included?
- ☐ Have we involved the parent(s) who resides away from the child in the safety plan, if appropriate? Have we involved relatives/caregivers in the safety plan, if appropriate?
- ☐ PPM 2462 Family Safety Planning may be used to review and discuss the PPS 2019 Immediate Safety Plan.

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### Plan of Safe Care, If Applicable

- ☐ ~~For Pregnant Woman Using Substances and FINA assigned as Infant Positive for Substances, WPC to assess for a substance-exposed infant, w~~ Was a determination made per PPM 2050 regarding whether a Plan of Safe Care was required?
- ☐ ~~Substance Affected Infant and Infant Positive for Substances was a determination per PPM 2050 regarding whether a Plan of Safe Care completed?~~
- ☐ If a Plan of Safe Care was not initially required, review additional case information to determine whether a Plan of Safe Care may be needed.
- ☐ If the Plan of Safe Care criteria is met, does case documentation indicate whether the PPS 2008 was provided and explained to the family?
- ☐ Was a Plan of Safe Care PPS 2007 completed with the family?
- ☐ Review whether the outcome of services recommended and provided, to ensure requirements per PPM 2050 are met.
- ☐ Ensure documentation shows services were offered to families with children under age 1 included but not limited to Parent Skill Building, Infant Toddler Services, or Family First Prevention Services.

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### Behavior Problems (FINA)

- ☐ What engagement strategies have been used to help the family connect with services and supports?
- ☐ Consider the risk of reoccurrence.
- ☐ For a Child with Sexual Behavior Problems: Determine if the child/youth is at high risk for future sexual behavior problems? Consider these factors:
  - Has the child/youth take responsibility for his/her behaviors?
  - Whether the minor alleged perpetrator has prior substantiated or affirmed sexual abuse;
  - Are there allegations of multiple incidents?
  - Did this involve a serious or advanced/mature sexual behavior?
  - Was there a significant difference in age with the alleged victim?
  - What is the parent/caregiver's response? Have they agreed to a safety plan, if needed? Have they agreed to participate in services, if needed?
  - Was the referral made for services?

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### Case Action/Initial Service Plan

- Refer to PPS 2030F and PPM 2740*
- ☐ Consider all the decisions (Immediate and Lasting Safety, case finding) and conclusion; Current Safety and Family Resources mitigating worries for Current & Past Harm, Complicating Factors and Future Danger. *See general guidelines below.*
  - ☐ What is the logical conclusion for the Case Action/Initial Service Plan?
  - ☐ What level of service is needed, if any? See PPM 2740 D. for Family Service criteria and 2723 Family Preservation Criteria.
  - ☐ If considering removal, have we considered the parent(s) who resides away from the child as a resource for placement to prevent removal?
  - ☐ Have we considered relatives for placement to prevent removal?
  - ☐ Have we ensured Claire and Lola's law per PPM 0255 does not apply?
  - ☐ Ensure documentation shows services offered to families with children under age 1 included

but not limited to Parent Skill Building, Infant Toddler Services, or Family First Prevention Services.

The following general guidelines may be used to consider all decisions comprehensively to help determine whether services may be needed, and the level of intervention needed.

- ☐ Case Finding PPS 2011, for Abuse/Neglect investigations. If there are multiple finding decisions associated with a report, the highest level of finding will be indicated as the case finding.
- ☐ Is there a safety plan in place?
- ☐ Is the child(ren) at risk from being separated from their parent(s)/Legal caregiver(s)?
- ☐ Are the parent(s)/Legal caregiver(s) willing to participate in services?
- ☐ The Family Preservation Screen PPS 2030F Section III may assist in determining if the family meets criteria for a referral for Family Preservation Services per PPM 2723.
- ☐ Do the Current & Past Safety, and Family Resources mitigate any of the Current & Past Harm, Complicating Factors and Future Danger worries? What are the family's needs identified?
- ☐ Has the family specifically requested services to address an issue which is not solely based on a financial need?
- ☐ Consider other assessment tools used such as genograms, eco-maps, UNCOPE, and timelines should be considered.

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## Decisions

Definitions, Questions to Consider and Suggestions for Documenting the Case Finding Decisions (organized by maltreatment type):

### Physical Abuse Case Finding Decision

Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered. K.S.A. 38-2202

Female genital mutilation as defined by K.S.A. 21-5431, see PPM 0160 may be considered physical abuse.

#### **Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated or substantiated**

- ☐ Is there physical harm or the causation of a child's deterioration to the child? Refer to PPM 2502.
- ☐ Is the physical harm or deterioration sufficiently documented?
- ☐ Is the physical harm or deterioration plausible with explanation provided?
- ☐ Is the physical harm or deterioration consistent with explanation provided?
- ☐ Did the perpetrator(s) cause the physical harm or deterioration to the child?
- ☐ From the assessment, what else could reasonably explain the physical harm or deterioration?
- ☐ Did the perpetrator(s) cause imminent danger threatening serious harm to the child?
- ☐ Does the physical harm or deterioration meet the criteria of PPM 2502 indicating the perpetrator should not be permitted to reside, work, or regularly volunteer in a KDHE or DCF Licensing regulated childcare facility?
- ☐ Does the perpetrator or care giver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- ☐ What information from your assessment supports that these factors contributed to the risk to the child (mental illness, drug and alcohol abuse, physical limitations)?
- ☐ What in your assessment did you learn related to Current and Past Safety that shows protective factors from the parents/network members (i.e. what has been done in the past/present to keep the child(ren) safe?)

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- ☐ If Female Genital Mutilation, consider an unsubstantiated case finding when it is determined by a physician the procedure was medically necessary, and such procedure was performed by a physician.
- ☐ If allegation is regarding the parent/caregiver providing the child with marijuana, does the parent/caregiver possess a letter meeting all the requirements per PPM 0255 to verify cannabidiol treatment preparation? If yes, and no other abuse/neglect concerns or FINA concerns are present, request an override per PPM 1700.

**Suggestions for Elements to Include in the Basis of Finding. . .**

- ... provide a detailed description and location of the physical harm or deterioration if any?
- ... describe the cause of the physical harm or deterioration?
- ... describe how the cause of the physical harm or deterioration was determined?
- ... describe how the identity of the alleged perpetrator was determined?
- ... describe how the action or inaction of the perpetrator(s) directly resulted in physical harm or deterioration or presented an imminent danger threatening serious harm?
- ... include all facts or elements considered to make the case finding decision?
- ... identify when the incident occurred, if known?
- ... identify where the incident occurred, if known?
- ... addresses disputes learned during assessment?
- ... explain what was learned in the assessment that support different explanations related to the physical harm or deterioration occurring?
- ... provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- ... link the conditions/incident to the physical harm or deterioration experienced by the child?
- ... give the child's age? current condition? any special needs?
- ... document the child's reaction to the incident, if significant to the decision made?
- ... provide a detailed description of any additional physical evidence found?

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## Sexual Abuse Case Finding Decision

**Sexual Abuse** Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person. Sexual abuse shall include, but is not limited to, allowing, permitting, or encouraging a child to:

- A. Be photographed, filmed, or depicted in obscene or pornographic material; or
- B. be subjected to aggravated human trafficking, as defined in K.S.A. 2014 Supp. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6416 or 21-6422, and amendments thereto. K.S.A. 38-2202

(See Appendix 2A for Kansas Statutes Annotated references).

Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity, or coercion. K.A.R. 30-46-10(i)

**Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated or substantiated**

- ☐ Did the act result in sexual stimulation to the child, perpetrator(s) or another person?
- ☐ Does the child's disclosure provide enough detail to identify the perpetrator(s)?
- ☐ Are there any details that might support that the concerns stem from something other than abusive behavior?
- ☐ Is there any medical and/or physical evidence of sexual abuse?
- ☐ Is there any evidence to corroborate the child's disclosure?
- ☐ Is there a disclosure from the perpetrator?

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☐ Is there evidence to discredit the perpetrator's dispute?

**Suggestions for Elements to Include in the Basis of Finding ...**

document the act resulting in sexual stimulation to the child, perpetrator(s) or another person?

... describe how the identity of the alleged perpetrator was determined?

... include all facts or elements considered to make the case finding decision?

... explain any details that might support that the concerns stem from something other than abusive behavior?

... provide the perpetrator's disclosure?

... provide evidence that discredits the perpetrator's dispute?

... provide adequate information for a person unfamiliar with the case to make the same case finding decisions?

... identify when the incident occurred, if known?

... identify where the incident occurred, if known?

... give the child's age? current condition? any special needs?

... provide a detailed description of any additional physical evidence found?

... provide an explanation for any contradictory evidence?

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## Emotional Abuse Case Finding Decision

**Mental or Emotional Abuse** Infliction of mental or emotional harm or the causing of a deterioration of a child and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning. This term may include the following:

terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child

or toward others in the child's presence that demonstrates a flagrant disregard for the child;

emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child, or failing to provide adequate nurturance of the child; and

corrupting a child, by teaching or rewarding the child for unlawful, antisocial, or sexually mature behavior.

K.S.A. 38-2202 and K.A.R. 30-46-10

**Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated or substantiated**

☐ What is the harm to the child emotionally or the deterioration of the child emotionally?

☐ What is the evidence that the actions or inactions of the perpetrator(s) have caused emotional harm or deterioration to the child?

☐ Is it clear in the documentation through behaviorally specific actions or inactions how the emotional harm or deterioration occurred?

☐ Is there an additional source (therapist, schools, etc.) to corroborate the emotional damage or deterioration to the child?

☐ What actions or inaction of the perpetrator(s) caused harm or deterioration to the child?

☐ Does the perpetrator or care giver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?

☐ What information from your assessment supports that these factors contributed to the risk to the child (mental illness, drug and alcohol abuse, physical limitations)?

**Suggestions for Elements to Include in the Basis of Finding...**

... provide a detailed description of the emotional harm or deterioration to the child?

... describe the cause of emotional harm or deterioration to the child?

... describe how the cause of the emotional harm or deterioration to the child was determined?

... describe how the perpetrator(s) caused emotional harm or deterioration to the child?

... include all facts or elements considered to make the case finding decision?

... identify when the incident occurred, if known?

... identify where the incident occurred, if known?

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... explain contradictory information?  
... explain any details that might support that the concerns stem from something other than abusive behavior  
... provide adequate information for a person unfamiliar with the case to make the same case finding decisions?  
... link the conditions/incident to the emotional harm or deterioration to the child experienced by the child?  
... give the child's age? current condition? any special needs?  
... document the child's reaction to the incident, if significant to the decision made  
... provide a detailed description of any additional evidence found?  
... document the information from additional sources that verify emotional damage or deterioration to the child?

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### Physical Neglect Case Finding Decision

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include but shall not be limited to: Failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child. K.S.A. 38-2202

#### Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated or substantiated

- ☐ What is the harm to the child?
- ☐ If no current harm, what harm was reasonably expected to occur? What was the likelihood of harm?
- ☐ What circumstances or conditions present harm or likelihood of harm to the child?
- ☐ What is the evidence that the actions or inactions of the perpetrator(s) caused the harm to the child? Or the likelihood of harm?
- ☐ Does the perpetrator or care giver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- ☐ What information from your assessment supports that these factors contributed to the risk to the child (mental illness, drug and alcohol abuse, physical limitations)?
- ☐ Any disputed information or statements have sufficient information to clarify or verify the evidence?

#### Suggestions for Elements to Include in the Basis of Finding...

- ... provide a detailed description of the harm to the child?
- ... describe how the harm was caused?
- ... describe how the harm to the child was determined?
- ... describe how the action or inaction of the perpetrator(s) directly resulted in the harm?
- ... adequately explain the harm that is reasonably expected to occur, if there isn't current harm?
- ... include all facts or elements considered to make the case finding decision?
- ... identify when the incident occurred, if known?
- ... identify where the incident occurred, if known?
- ... provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- ... link the conditions/incident to the harm or likelihood of harm experienced by the child?
- ... give the child's age? current condition? any special needs?
- ... document the child's reaction to the incident, if significant to the decision made?

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### Medical Neglect Case Finding Decision

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to: failure to use resources available to treat a diagnosed medical condition if the treatment will make the child substantially more comfortable, reduce pain and suffering, correct or substantially diminish a crippling condition, lengthen the life span, or prevent the condition from worsening. K.S.A. 38-2202

#### Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated or substantiated

- ☐ What is the diagnosed medical condition of the child?
- ☐ Would the diagnosed medical condition left untreated result in: additional pain or suffering to the child?
- ☐ If treated would result in: correct or substantially diminish a crippling condition? lengthen the child's life? or prevent the condition from worsening?
- ☐ What is the treatment required for the diagnosed medical conditions?
- ☐ What is the evidence the perpetrator(s) knew the medical treatment was required or available for the child's condition?
- ☐ What is the evidence the perpetrator(s) knew the likely results or consequences of the child not getting medical treatment?
- ☐ What circumstances or conditions prevented the perpetrator(s) from providing the medical treatment?
- ☐ Is there a statement or evidence from a medical professional that lack of treatment produced pain or suffering, worsened a crippling condition, shortened the child's life span or caused a condition to worsen?
- ☐ Does the perpetrator or care giver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- ☐ What information from your assessment supports that these factors contributed to the risk to the child (mental illness, drug and alcohol abuse, physical limitations)?
- ☐ Any disputed information or statements have sufficient information to clarify or verify the evidence?

#### Suggestions for Elements to Include in the Basis of Finding...

- ... provide a detailed description of the diagnosed medical condition?
- ... describe the result of the child not received the medical treatment?
- ... document the perpetrator(s) were aware of the child's medical condition, the treatment needed, and the results of not getting the treatment?
- ... provide the statement or evidence from a medical professional?
- ... include all facts or elements considered to make the case finding decision?
- ... provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- ... give the child's age? current condition? any special needs?
- ... document the child's reaction to the incident, if significant to the decision made?

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### Lack of Supervision Case Finding Decision

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to: failure to provide adequate supervision of a child or to remove a child from a situation

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that requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that result in bodily injury or a likelihood of harm to the child. K.S.A. 38-2202

**Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated or substantiated**

- ☐ Was the child left unsupervised in circumstances which caused the child harm?
- ☐ If no current harm, what harm was reasonably expected to occur? What was the likelihood of harm?
- ☐ What is the evidence the perpetrator(s) left the child alone?
- ☐ Could the harm to the child have been prevented or reduced if the perpetrator(s) had been present?
- ☐ Did the child have adequate self care skills for the situation?
- ☐ Was the child left in a situation requiring judgments or actions beyond the child's level of maturity, physical condition or mental abilities?
- ☐ What circumstances or conditions present harm or likelihood of harm to the child?
- ☐ What is the evidence that the actions or inactions of the perpetrator(s) caused the harm on the child? Or the likelihood of harm?
- ☐ Does the perpetrator or care giver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- ☐ What information from your assessment supports that these factors contributed to the risk to the child (mental illness, drug and alcohol abuse, physical limitations)?
- ☐ Any disputed information or statements have sufficient information to clarify or verify the evidence?

**Suggestions for Elements to Include in the Basis of Finding...**

- ... provide a detailed description of the harm to the child?
- ... describe how the harm to the child was determined?
- ... describe how the action or inaction of the perpetrator(s) directly resulted in the harm?
- ... provide evidence the perpetrator(s) left child without supervision?
- ... provide the details regarding the length of time or the frequency child is left alone?
- ... provide information the child lacked the self-care skills or judgment for the situation?
- ... adequately explain the harm that is reasonably expected to occur, if there isn't current harm?
- ... include all facts or elements considered to make the case finding decision?
- ... provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- ... when did the incident occur?
- ... where did the incident occur?
- ... link the conditions/incident to the harm or likelihood of harm experienced by the child?
- ... give the child's age? current condition? any special needs?
- ... document the child's reaction to the incident, if significant to the decision made?

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**Neglect of a Substance Affected Infant Case Finding Decision**

**Neglect of a Substance Affected Infant:** Failure of a parent, guardian, or person responsible for the care of a substance affected infant to use resources available to meet the health and substance use disorder treatment needs of such infant. Neglect has the meaning specified in K.S.A. 38-2202 (see definitions for physical neglect, medical neglect and lack of supervision). A substance affected infant is defined as the birth of an infant (birth to 1 year of age) who is identified as being affected by or having withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance (K.A.R. 30-46-10).

**Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated or substantiated**

- ☐ Has a medical professional determined the infant was born affected by substances?

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- ☐ Has a medical professional predicted long term physical harm, or developmental/cognitive delays of an infant (birth to 1 year of age), due to prenatal substance abuse?
- ☐ What actions have the parent/caregiver(s) taken to address the health and substance use disorder treatment needs of the infant? mother's prenatal substance abuse? What was the parent(s)/caregiver(s) reaction?
- ☐ What is the impact/harm to the infant due to the failure of a parent, guardian, or person responsible for the care of a substance affected infant to use resources available to meet the health and substance use disorder treatment needs of such infant?
- ☐ If no current harm, what harm was reasonably expected to occur? What was the likelihood of harm?
- ☐ What is the evidence that the actions or inactions of the perpetrator(s) caused the harm on the child? Or the likelihood of harm?
- ☐ Is substance use a contributing factor in the parents' ability to meet the needs of the infant? What substances have caused the harm? When was the mother's last use? What was the frequency, duration and quantity of use? Were other caregivers using? (frequency, duration and quantity)
- ☐ Did the mother make efforts to stop use when she found out she was pregnant?
- ☐ What is the history of substance abuse; and what treatment has the parent/caregiver(s) participated in? Has the treatment been successful? What are the barriers to successful treatment?
- ☐ Were the parent/caregiver(s) prepared for the birth of the infant? Was there prenatal care?
- ☐ Was the lack of preparation, prenatal care, and treatment due to the lack of financial means?
- ☐ Any contradictory information or statements have sufficient information to clarify or verify the evidence?

**Suggestions for Elements to Include in the Basis of Finding:**

- ... provide a detailed description of the harm to the child.
- ... describe how the harm to the child was determined by a medical professional.
- ... describe how the action or inaction of the perpetrator(s) directly resulted in the harm.
- ... provide evidence/details the harm to the infant is due to the prenatal substance use.
- ... include all facts or elements considered to make the case finding decision.
- ... provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- ... give the child's age? current condition? any special needs.

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**Abandonment Case Finding Decision**

**Abandonment:** Forsake, desert or cease providing care for the child without making appropriate provisions for substitute care. K.S.A. 38-2202

**Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated or substantiated** Have the perpetrator(s) given up, forsaken or deserted the child?

- ☐ Have the perpetrator(s) stated they would not return to the child?
- ☐ What is the length of time since the last contact with the perpetrator(s)?
- ☐ Have the perpetrator(s) been gone long enough to indicate they do not intend to return?
- ☐ Have the perpetrator(s) been located?
- ☐ Has there been a reasonable effort to locate the parents?
- ☐ Did the perpetrator(s) fail to make arrangements for alternate care of the child?
- ☐ Were the substitute care givers unwilling or unable to assume responsibility for the child?

**Suggestions for Elements to Include in the Basis of Finding**

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- ... provide evidence the perpetrator(s) have given up, forsaken or deserted the child?
- ... document the perpetrator(s) statement not to resume the relationship?
- ... provide sufficient evidence the perpetrator(s) does not intend to resume the relationship?
- ... document the perpetrator(s) failed to make arrangement for alternative care of the child?
- ... verify the substitute care givers were unwilling or unable to assume responsibility for the child?
- ... identify when the incident occurred, if known?
- ... identify where the incident occurred, if known?
- ... include all facts or elements considered to make the case finding decision?
- ... provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- ... link the conditions/incident to the harm or likelihood of harm experienced by the child?
- ... give the child's age? current condition? any special needs?
- ... document the child's reaction to the incident, if significant to the decision made?

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### Best Practice Suggestions

Suggestions for Writing the Basis for Case Finding on PPS 2011/Assessment Map (Suggestions from the Case Finding Peer Review Process with Practitioners and Supervisors):

#### General Recommendations

- ☐ Write the finding in past tense rather than present tense as the events have already occurred.
- ☐ Use separate paragraphs.
- ☐ Present information in chronological order, if possible.
- ☐ Use people's names and the names of places and agencies.
- ☐ Do not identify the reporter.
- ☐ Be concise, use correct grammar, spelling and syntax

#### Things to Avoid

- ☐ General terms and buzzword, such as "all parties interviewed", "clean and appropriate", "safe"
- ☐ DCF/Professional/Local acronyms and abbreviations (examples: LOS, PHA, SB, MO, ALP)
- ☐ Opinions and Irrelevant Information (Service referrals, Removal of the perpetrator)
- ☐ The reporter's identity
- ☐ Copying and pasting from logs.

#### Organization of Information

- ☐ The first paragraph "Sets the Stage" and includes
- ☐ A summary of the allegations,
- ☐ Date of incident
- ☐ The child's age
- ☐ Relate relevant parties to the assessment, including what agencies were involved in the assessment (DCF, law enforcement, health department, DCF Licensing)
- ☐ The following paragraphs provide a summary of the assessment, including:
- ☐ Key interviews and information gathered which is determined relevant to the case finding decision and supports/covers the key elements for each allegation type ([See Suggestions for Case Findings](#)) and other suggestions include:
- ☐ Description of the impact to the child as it relates to the allegation (Worries, Current and Past Harm)
- ☐ Detailed description and location of child's bruises/marks/injury/harm (or absence of)

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- ☐ How it was determined the alleged perpetrator caused the injury (behaviorally specific, action or inaction of the parent/caregiver, as applicable)
  - ☐ Child and perpetrator disclosures related to the alleged incident(s),
  - ☐ Additional information to establish preponderance standard of evidence.
  - ☐ Detailed description of physical evidence relevant to the decision; and other evidence including information from official reports (medical, law enforcement)
  - ☐ For a 'Substantiated' decision: State child harm; Identify perpetrator; Connect evidence with the Preponderance standard
  - ☐ Dates of interviews and where the interview took place, if relevant
  - ☐ Who was interviewed and their relationship to the child/family
  - ☐ Observations
  - ☐ In the conclusion/rationale include:
  - ☐ The rationale, "the why" of the case finding decision. Tie everything together.
  - ☐ The finding decision for each allegation type for each alleged victim and alleged perpetrator (separate paragraphs may be needed for multiple allegations)
  - ☐ Relate the information to the definition of abuse or neglect.
- Supervisor's Review**
- ☐ The Supervisor reviews the Basis for Finding and then asks questions to help identify missing information.

## Screening Tool for Federal Benefits

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Client ID: \_\_\_\_\_

Case Head: \_\_\_\_\_ FACTS #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

CWCMP: \_\_\_\_\_ Case Manager: \_\_\_\_\_

DCF IV-E Specialist: \_\_\_\_\_ Initial Screen ☐ Bi-Annual Screen ☐

### Screening Questions

#### *Social Security Death Benefits, Railroad, Veterans Affairs, and Retirement Benefits*

#	Question	Yes	No	Unk
1.	Have the biological and/or adoptive parents indicated that the child or the child's biological and/or adoptive parent is receiving Supplemental Social Security Income or other federal benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are any of the child's biological or adoptive parents disabled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are any of the child's biological or adoptive parents deceased?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have any of the child's biological or adoptive parents ever been employed by the railroad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have any of the child's biological or adoptive parents ever been a service member in any branch of the U.S. Military?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above are answered yes, is this child already receiving a federal benefit as a result? Yes ☐ No ☐

If yes, which benefit(s): \_\_\_\_\_

If any of the above are answered yes, please send this completed tool to the below mailbox. If benefits are not already established, the Kansas Department for Children and Families will apply for benefits on behalf of the child and determination will be sent to Child Welfare Case Management Provider upon receipt.

Kansas City- [DCF.WyFCLiaison@ks.gov](mailto:DCF.WyFCLiaison@ks.gov)

Douglas- [DCF.DGFCLiaison@ks.gov](mailto:DCF.DGFCLiaison@ks.gov)

Atchison- [DCFAtFCLiaison@ks.gov](mailto:DCFAtFCLiaison@ks.gov)

Leavenworth- [DCF.LVFCLiaison@ks.gov](mailto:DCF.LVFCLiaison@ks.gov)

Wichita- [DCF.WICLiaison\\_DL@ks.gov](mailto:DCF.WICLiaison_DL@ks.gov)

Johnson- [DCF.JOLiaison@ks.gov](mailto:DCF.JOLiaison@ks.gov)

Northwest and Southwest- [DCF.WERLiaison@ks.gov](mailto:DCF.WERLiaison@ks.gov)

Northeast- [DCF.SNLiaison@ks.gov](mailto:DCF.SNLiaison@ks.gov)

Southeast- [dcf.sefcado@ks.gov](mailto:dcf.sefcado@ks.gov)

## ***Child Social Security Income***

#	Question	Yes	No	Unk
1.	Does the child have a disorder considered a presumptive disability? <a href="http://www.SSA.gov/compassionateallowances">Compassionate Allowance Conditions</a> <a href="http://www.SSA.gov/compassionateallowances">www.SSA.gov/compassionateallowances</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the child ever met criteria for Serious Emotional Disturbance (SED) by a Community Mental Health Center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the child have a history of psychiatric in-patient hospitalization of greater than one month at a time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the child currently on the waitlist for a psychiatric residential treatment facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the child have a history of less intensive mental health treatment? Such as acute hospitalization or Qualified Residential Treatment Programs (QRTP). <i>Exclude general therapy such as family therapy or individual therapy without presence of additional criteria indicating higher need.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is the child currently on a psychotropic medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does the child have serious physical or mental health conditions which limits their ability to do the following in an age-appropriate way: * Attend to and complete tasks, * Interact and relate to others, * Move and manipulate objects, * Care for self, such as toileting and bathing, * Acquire and use information (IQ of 70 or below, learning disabilities, severe speech problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Has the child been hospitalized or require ongoing medical treatment for a medical disability that has lasted or can be expected to last 12 months or result in death?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does the child have a cognitive disability or traumatic brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the child require adaptations or assistive devices to function in daily life, such as hearing aids, orthopedic devices, and alternative communication devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does child receive special services, such as OT, PT, or other specialized services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Does the child have an Individualized Education Plan (IEP), 504 plan, have a pending IEP, or is being assessed for these services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Does the child have a functional impairment in the school setting? This can include chronic absenteeism due to a health condition or behavioral problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Is there any other reason the child may be eligible for disability benefits? If so, explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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If any of the above Child Social Security Income questions are answered yes, is this child already receiving Social Security as a result?  
 Yes ☐ No ☐

If any of the above are answered yes and benefits are not already established, please send this completed tool along with SSI application to **Kansas Legal Services**.

Please copy the regional Foster Care Liaison on referral:

<b>Kansas City-</b> <a href="mailto:DCF.WyFCLiaison@ks.gov">DCF.WyFCLiaison@ks.gov</a>	<b>Douglas-</b> <a href="mailto:DCF.DGFCLiaison@ks.gov">DCF.DGFCLiaison@ks.gov</a>
<b>Atchison-</b> <a href="mailto:DCF.AtFCLiaison@ks.gov">DCF.AtFCLiaison@ks.gov</a>	<b>Leavenworth-</b> <a href="mailto:DCF.LVFCLiaison@ks.gov">DCF.LVFCLiaison@ks.gov</a>
<b>Wichita-</b> <a href="mailto:DCF.WICLiaison_DL@ks.gov">DCF.WICLiaison DL@ks.gov</a>	<b>Johnson-</b> <a href="mailto:DCF.JOLiaison@ks.gov">DCF.JOLiaison@ks.gov</a>
<b>Northwest and Southwest-</b> <a href="mailto:DCF.WERLiaison@ks.gov">DCF.WERLiaison@ks.gov</a>	
<b>Northeast-</b> <a href="mailto:DCF.SNLiaison@ks.gov">DCF.SNLiaison@ks.gov</a>	<b>Southeast-</b> <a href="mailto:dcf.sefcado@ks.gov">dcf.sefcado@ks.gov</a>

Comments:


Name of person completing form: \_\_\_\_\_ Date \_\_\_\_\_





## ICPC Supervision Report

☐ 30 day ☐ 90 day

Date of Report:     /     /

Name of Child(ren):

Name of  
Caretaker(s):

Address of  
Placement:

Courtesy

Caseworker :  
(Receiving State)

Phone  
number:     (     )     -

Reporting Period:

Dates and locations of Face-to-Face Contact:

Discuss child(ren)'s current circumstances, addressing child(ren)'s safety in current placement and child(ren)'s well-being:

Child(ren)'s school performance, if applicable: *(Attach copies of report card, IEP, evaluations, if applicable.)*

Child(ren)'s health & medical status, including dates of medical and dental appointments and names of service providers, if applicable: *(Attach records, evaluations, therapy reports if applicable)*

Child(ren)'s health & medical status, including dates of appointments and names of service providers, if applicable: *(Attach records, evaluations, therapy reports if applicable)*

Permanent plan status: What progress has been made toward a permanent goal? Has the goal changed? Are there any recommendations?

List any unmet needs, and recommendations to meet those needs: *(Sending State is responsible for case planning and for funding)*

**Recommendation:**

- Continue placement. ☐  
Continue supervision. ☐  
Terminate supervision. ☐

**Receiving State concurs with:**

- Continue with current permanency goal. ☐  
Return custody to parent, terminate jurisdiction. ☐  
Establish guardianship. ☐  
Finalize adoption. ☐  
Other (specify): ☐

**SIGNATURE OF SOCIAL WORKER COMPLETING THIS REPORT** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICIAL INTERSTATE COMPACT OFFICE USE ONLY:**

The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist concurs with this recommendation. ☐

The Receiving state Compact Administrator/Deputy Compact Administrator/ICPC Specialist does not concur with this recommendation. ☐

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_



# ~~ICPC Supervision Report~~

## ~~30 day~~

~~Date of Report: / /~~

~~Name of Child(ren):~~ \_\_\_\_\_

~~Name of Caretaker(s):~~ \_\_\_\_\_

~~Address of Placement:~~ \_\_\_\_\_

~~Courtesy Caseworker :~~ \_\_\_\_\_  
~~(Receiving State)~~

~~Phone Number: ( ) - -~~

~~Reporting Period:~~ \_\_\_\_\_

~~Dates and locations of Face-to-Face Contact:~~ \_\_\_\_\_

~~Briefly discuss child(ren)'s current circumstances, addressing child(ren)'s safety in current placement and child(ren)'s well-being:~~

~~List any unmet needs, and recommendations to meet those needs: (Sending State is responsible for case planning and for funding)~~

### ~~Recommendation:~~

- ☐ ~~Continue placement.~~
- ☐ ~~Continue supervision.~~
- ☐ ~~Terminate supervision.~~

### ~~Receiving State concurs with:~~

- ☐ ~~Continue with current permanency goal.~~
- ☐ ~~Return custody to parent, terminate jurisdiction.~~
- ☐ ~~Establish guardianship.~~
- ☐ ~~Other (specify):~~

~~SIGNATURE OF SOCIAL WORKER COMPLETING THIS REPORT~~

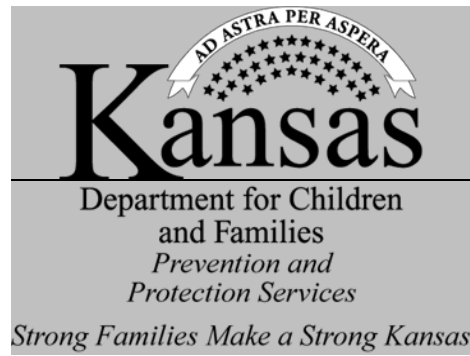
~~Printed Name~~ \_\_\_\_\_ ~~DATE~~ \_\_\_\_\_

### ~~OFFICIAL INTERSTATE COMPACT OFFICE USE ONLY:~~

- ☐ ~~The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist concurs with this recommendation.~~
- ☐ ~~The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist **does not** concur with this recommendation.~~

\_\_\_\_\_  
\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



Case Head:	Case Number:	Event Number:
Worry Statement:		
To prevent the worries from starting we will:		
If the worries do start, we will respond by:		
Who will monitor this immediate safety plan? What method of contact will they use to monitor the safety plan? How often will they monitor the safety plan?		
Our Safety Network includes these are our safe and supportive people:(names and phone numbers)		

My signature indicates I agree, We understand and agree to follow the safety plan.

Parent/Caregiver:	Date:	Parent/Caregiver:	Date:
Child:		Child:	
Family member:		Safety Network Member: Support Person	
DCF Worker:		Other:	

<b>Case Head:</b>	<b>Case Number:</b>	<b>Event Number:</b>
<b>Future Worries:</b> <i>What makes a safety plan necessary?</i>		
<b>Future Goals:</b> <i>What does the safety plan need to accomplish?</i>		
<b>Signs Things are Going Well:</b> <i>How will people know the worries are less or completely gone?</i>		
<b>Stressors/Triggers:</b> <i>What causes the worries to start?</i>	<b>Prevention Plan:</b> <i>Who will do what to keep the worries from starting?</i>	
<b>Warning Signs:</b> <i>How will people know the worries are starting?</i>	<b>Response Plan:</b> <i>Who will do what to keep the children safe when the worries are happening?</i>	

**Safety Network***Who helped make this plan or is helping to put this plan into action?*

My signature indicates I understand and agree to follow the safety plan.

Parent/Caregiver:	Date:	Parent/Caregiver:	Date:
Child:		Child:	
Family member:		Safety Network Member:	
DCF Worker:		Other:	

**(Child's Name) Permanency Plan**

**Section 1 Demographics**

Child Name:		DOB:		Court Case #:		CO:	
FACTS Case #:				FACTS Client ID:			
Mother's Name:		Father's Name:		Other Caregiver Name:			
Local DCF Office:			Assigned DCF Staff:				
Provider:			Assigned Provider Staff:				
Case Planning Conference Date:							

**Section 2 Assessment Information (Initial and on-going. Update each at every case planning conference.)**

Summary of Assessments (Initial and On-going)

Family/Individual Strengths and Resources:

Safety Concerns/Reason Child Cannot Return Home:

Risk Concerns:

Permanency Goal (check one of the following):

<input type="checkbox"/>	Maintain at home	<input type="checkbox"/>	Reintegration	<input type="checkbox"/>	Adoption	<input type="checkbox"/>	Permanent Custodianship <input type="checkbox"/> with relative <input type="checkbox"/> with non-relative	<input type="checkbox"/>	SOUL Family Legal Permanency	<input type="checkbox"/>	APPLA		
Concurrent Plan (if applicable and Reintegration also goal):						<input type="checkbox"/>	Adoption	<input type="checkbox"/>	Permanent Custodianship	<input type="checkbox"/>	SOUL Family Legal Permanency	<input type="checkbox"/>	APPLA

**Section 3 Objectives and Activities (Include at least one and no more than 3 permanency objectives, incorporating family strengths.)**

Permanency Objective # \_\_\_\_\_

What behavioral change is expected:

Activity #	Measurable Short-Term Activity to Achieve Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date
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**(Child's Name) Permanency Plan**


Permanency Objective # \_\_\_\_\_

What behavioral change is expected:

Activity #	Measurable Short-Term Activity to Achieve Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date

Permanency Objective # \_\_\_\_\_

What behavioral change is expected:

Activity #	Measurable Short-Term Activity to Achieve Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date

**Section 4 Interaction/Visit Plans Family Time Schedule – Attached in PPS 3053 and 3054**

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**Section 5 Appropriateness of Placements**

Attach print out of current placement and all placements since last case plan. For each placement, document if it was safe, meets the needs

**(Child's Name) Permanency Plan**

of the child, least restrictive, consistent with the best interest of the child, in close proximity to parents (if reintegration is the CP goal), and how proximity to home school and appropriateness of the child's educational setting was considered.

Place ment #/ Date	Is/Was Placement Safe?	Does/Did Placement Meet the Needs of the Child?	Is/Was Placement Least Restrictive?	Is/Was Placement In Close Proximity to Parents?	Is/Was Placement In Close Proximity to School?	Is/Was Educational Setting Appropriate?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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Explanation For Any No Answers:						
Reason for Moves and Child's Reactions to Move:						
How maternal and paternal relatives were considered for placement since the last case plan:						
Note specific recommendations for placement (such as Qualified Residential Treatment Program [QRTP], placement in substance use disorder facility with parent):						
If the child has been assessed for or placed in a QRTP, attach the PPS 3060 QRTP Case Plan Requirements.						

**Section 6 Child/Youth Well-Being Plan**

(Child's Name) Permanency Plan

Summary of how child is doing since last Case Plan (include authorization for sleepovers, self-care, physical restraint, driving, or high risk activities when applicable.). Note child's opportunities to engage in age and developmentally appropriate activities.

Need					Description	Response/Service to Address	Received Timely Treatment on this date
Medical	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Dental	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Vision	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Mental Health	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Developmental Disability	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Alcohol/Drug Treatment	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Social and Emotional	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Educational	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Placement	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
ICWA Determination	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			

**Section 7 Prevention Plan for Pregnant/Parenting Foster Youth**

☐ NA

Foster care prevention strategy for any child, not in custody, born to the youth (check one):

☐ Safely maintain the child with the foster youth ☐ Live temporarily with a kin caregiver ☐ Live permanently with a kin caregiver

Service needs (check all that apply): ☐ Mental Health ☐ Substance Use ☐ Parent Skill Building ☐ Kinship Navigation

List the specific services or programs to be provided to the youth to ensure the youth is prepared (if pregnant) or able (if parenting) to be a parent.

**Section 8 Case Plan Participation**

Participants' Signatures/Dates (For non-family participants, information shared is confidential and shall not be released.)

**Child Signature:** For a child under the age of 10, a copy of the PPS 5138 Foster Care Bill of Rights shall be provided to the child and to the parent / foster parent / relative / kinship caregiver. If age 10 or older, my signature means I was provided a copy of the PPS 5138 Foster Care Bill of Rights. If age 14 or older and placed out of home, I acknowledge I was explained my health rights and provided a copy of my annual credit check.

**Child's Input/Comments:**

	Printed Name	Signature	Participation Code	Date Signed
Child				

Participation Codes: IP – participated in person, BP – participated by phone, NI – provided input

**(Child's Name) Permanency Plan**

Potential Consequences of Nonparticipation in Case Plan Objectives and Activities:

**Parent Signatures:** I have participated in the development of this plan. I understand this signed case plan may be released to participants in this plan and they may share information among the participants necessary to implement the plan. If my child is under the age of 10, I have been provided a copy of the PPS 5138 Foster Care Bill of Rights on their behalf.

**Parents' Input/Comments:**

	Printed Name	Signature	Participation Code	Date Signed
Parent				
Parent				
Parent				
Parent				

Participation Codes: IP – participated in person, BP – participated by phone, NI – provided input

**Other Participant Signatures:** Indicate Name, Agency, Title, and Participation Codes.

Printed Name	Signature	Agency	Title (Note if 3 <sup>rd</sup> party)	Date Signed	Participation Codes
Table of Contents					

	Participation Codes: IP – participated in person, BP – participated by phone, NI – provided input				



**Parent/Child Interaction Family**  
**Time Schedule**

Note: This is a stand alone document that can be updated between case planning conferences. Each visit shall be documented on a visit log and an encounter code submitted to DCF.

Child's Name: \_\_\_\_\_ FACTS Case # \_\_\_\_\_ Parent(s) Name: \_\_\_\_\_

Parent-Child Interaction Frequency: **No less than 1 x week if Reintegration is the goal**

**RESTRICTIONS:**

1. Effective Date: \_\_\_\_\_ ☐ Supervised ☐ Unsupervised ☐ Other (specify below)

Arrangements: (transport, location, time, duration)

If interactions are not occurring (i.e. deceased, PRT, therapeutic, court order) or are not in person (i.e. by phone, mail electronic) explain why:

If interactions are supervised provide explanation and indicate what would need to occur to move to unsupervised:

Parent(s) Name: \_\_\_\_\_

Parent-Child Interaction Frequency: **No less than 1 x week if Reintegration is the goal**

**RESTRICTIONS:**

2. Effective Date: \_\_\_\_\_ ☐ Supervised ☐ Unsupervised ☐ Other (specify below)

Arrangements: (transport, location, time, duration)

If interactions are not occurring (i.e. deceased, PRT, therapeutic, court order) or are not in person (i.e. by phone, mail electronic) explain why:

If interactions are supervised provide explanation and indicate what would need to occur to move to unsupervised:

**Parent/Child Interaction Family**  
**Time Schedule**

This stand-alone form may be updated at any time. This form supports a shared understanding of the frequency, scheduling details, and any restrictions for family time. When family time occurs, the case management provider will log the details of those connections separately. See DCF PPM 3237 Family Time and Sibling Connections for more information.

**Child Information**

Name:

FACTS Case #:

**Updates**

Date this form was completed or updated:

Which schedule was updated and why?:

**Family Time**

(See PPM 3237 Family Time and Siblings Connections)

Use one section when parents have family time together. If arrangements differ, record each parent separately.

**Parent Name:**

Effective Date of this Family Time Schedule:

Restrictions: ☐ Supervised ☐ Unsupervised ☐ Other(specify below)

Arrangements: (transport, location, time, duration, other restrictions)

If Family Time is not occurring weekly or is not occurring in-person, explain why:

If Family Time requires supervision, describe the risk to the child if they were allowed unsupervised time with their family:

Provide the case plan task(s) associated with addressing this risk so visits may progress to requiring less supervision:

Name of second parent  
when Family Time  
occurs together:

**Parent Name:**

## Family Time

(See PPM 3237 Family Time and Siblings Connections)

**Parent Name:**

**Effective Date of this Family Time Schedule:**

**Restrictions:** ☐ Supervised ☐ Unsupervised ☐ Other(specify below)

**Arrangements:** (transport, location, time, duration, other restrictions)

**If Family Time is not occurring at all or is not occurring in-person, explain why:**

**If Family Time requires supervision, describe the risk to the child if they were allowed unsupervised time with their family:**

**Provide the case plan task(s) associated with addressing this risk so visits may move to unsupervised:**

## Sibling Connections

(See PPM 3237 Family Time and Siblings Connections)



## Sibling Connections

☐ Not Applicable

☐ Siblings Placed  
Together

**Effective Date** of this Sibling Connection schedule: \_\_\_\_\_

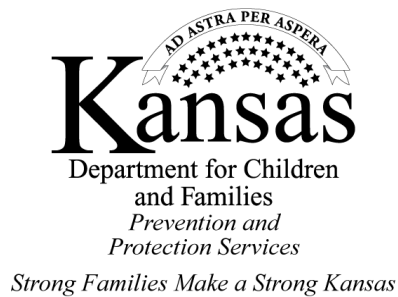
**Number of connections** occurring each **month**: \_\_\_\_\_

**Who will participate in the child-sibling contact:**

Arrangements: *(transport, location, time, duration, other restrictions)*

If interactions are not occurring two times per month or are not in-person explain why:

This form shall be provided to all affected parties, DCF Foster Care Liaison, and GAL after every update.



## Permanency Plan Checklist

Child's Name:		FACTS Client ID #:	
Case Management Provider:		Case Manager:	
DCF Region:		DCF CPS Specialist	
Case Plan Date:		Date DCF Received Case Plan:	
		Date DCF Returned Case Plan:	

This checklist shall be utilized by the assigned DCF CPS Specialist responsible for review and approval of Permanency plans for custody children/youth served by a Child Welfare Case Management Provider. The review and approval is required for all custody case plans, including those in which the DCF CPS Specialist participated in the case planning conference.

Yes No N/A

### Review Items

<input type="checkbox"/>	<input type="checkbox"/>		1. Child's permanency goal is identified on PPS 3051 and DCF approves of the goal
<input type="checkbox"/>	<input type="checkbox"/>		2. The Child Protection Objective is addressed by at least one objective.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. The safety concerns are addressed by at least one activity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. The risk concerns are addressed by at least one activity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Child/youth (for those children old enough to have task assigned) and parent(s) have at least one task assigned on PPS 3051 which will assist in meeting at least one case plan objective(s)
<input type="checkbox"/>	<input type="checkbox"/>		6. Progress toward achieving permanency goal and activities is clearly documented on the PPS 3051.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Explanation shall be provided for any no answers in Section 5 of the PPS 3051.
<input type="checkbox"/>	<input type="checkbox"/>		8. Services to address the child/youth's education/physical/dental/mental health needs are identified on the PPS 3051.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. For child in OOH, PPS 3053 and PPS 3054 are completed. accurately for Parent/Child interactions, sibling visitation, worker/parent and worker/child contacts.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. For child <b>not</b> in OOH, PPS 3054 is completed accurately for worker/parent and worker/child contacts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. For children age 14 and older in an OOH placement, there are Independent Living Services checked on the PPS 3057 and at least one task is identified.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. A PPS 3059 transition plan is initiated, updated and/or completed for youth age 14 and older and in out of home placement.
<input type="checkbox"/>	<input type="checkbox"/>		13. The PPS 3051 includes the printed name, signature, date and participation code of all case planning participants.

**If the answer to any of these review items is "no", the case plan shall not be approved. Only approved case plans shall be submitted to the Court.**

The Child Welfare Case Management Provider shall provide the completed case plan documents (PPS 3051, 3052, 3053, 3054, 3057, 3059, if applicable, and invitation letters) to DCF within 3 business days of the case planning conference. The assigned DCF CPS Specialist shall review the case plan and, if all review items are scored "yes", return the approved case plan to the Child Welfare Case Management Provider within 3 business days of receipt of the case plan.

If the DCF CPS Specialist is unable to approve the case plan due to the required information not being included in the case planning documents, the case plan shall be returned to the Child Welfare Case Management Provider along with the unsigned PPS 3058 which shall reflect the information that is missing. Child Welfare Case Management Provider is responsible to take the steps needed to make the needed corrections and provide the corrected case plan to DCF for review within 3 business days. DCF staff shall review the revised case plan and return the approved case plan to the Child Welfare Case Management Provider within 3 business days of receipt of the revised case plan.

Comments:

Approved by DCF CPS Specialist:		Date of approval:	
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**Purpose:** The PPS 3059A, My Plan for Successful Adulthood, serves as the formal transition plan document required by federal and state policy, in accordance with the Family First Prevention Services Act of 2018 for all youth and young adults who are 14 or older, regardless of case plan goal. For youth and young adults who are on the I/DD waiver or waiting list, case teams should utilize PPS 3059B. This form is to be used as a tool to help CWCMP staff and supportive adult(s) guide youth and young adults in formulating plans for their transition into adulthood by assessing their strengths and needs while also addressing adults. any current or future challenges. It is crucial that workers understand that transition planning with youth and young adults is a process that only successful with authentically engaged youth and young

*See section 3214 of the KS DCF PPM for more information*

**Guidelines for Completion:** Youth and young adults shall be involved in developing the My Plan for Successful Adulthood. Planning must be guided by the youth or young adult's goals, wishes, hopes, and dreams. This plan shall be collaboratively created by the youth or young adult, the case management team, and supportive adults in the youth or young adult's life. Supportive adults may include parents, birth family, foster parents, residential caregivers, kinship connections, mentors or other adults identified by the youth or young adult and case management team.

This plan should be utilized over time to focus on the long-term goals of the youth or young adult by creating short term goals and tasks that lead to successful completion of long-term goals. Case teams should use the information gathered from completing this form to guide case plan tasks. This form is updated prior to each case plan or whenever there is any new relevant information.

Based upon the youth or young adult's age and maturity level, the plan is designed to be to guide discussions during monthly visits with the youth or young adult. Introducing the sections over time allows the youth or young adult to become familiar and comfortable with the plan. Some sections are not required to be completed at ages 14 and 15, may be used with youth of sufficient age or maturity. The form utilizes personalized wording such as "My Education Plan" and "I need support as I continue..." to encourage youth ownership in the planning process.

This form shall be forwarded to the court and attached to each case plan. This form also needs to be sent to the DCF Foster Care Liaison and the DCF Independent Living Coordinator with the case plan invitation. The form must be reviewed at each case planning conference. The case manager shall document on the form which sections of the plan were not discussed during the current review period. The form must be completed, reviewed, and updated in its entirety 90 days prior to the youth or young adult's exit interview. This document is expected to change leading up to adulthood. It is appropriate for this document to serve as a historical tracking tool, to assist the youth or young adult in documenting and observing their growth, progress, and achievements towards transition into adulthood.

- The top of the PPS 3059A is identifying information about the youth or young adult.
- Each section includes space for case teams to document identified case plan tasks based on the information provided in the section.
- The "Summarize goal progress since the last transition plan update" is intended to reflect ongoing progress for the youth or young adult. The summary of progress after initial completion shall include all previous updates to the plan and concerns about the plan, indicated by date with the top entry as the most recent, and shall specify the first and last name of the case manager or family support worker updating the plan. The summary shall reference the sections the information is updating.

- My Plan for Successful Adulthood shall be signed and dated each time transition planning occurs.

### **Section 1: Getting to Know you (Required for all youth or young adults ages 14 and older)**

This section focuses on the important details of the youth or young adult's specific interests, culture, concerns, strengths, abilities, needs and preferences. This section is intended to be youth-driven and empower their voice and participation in the planning process for their transition into adulthood by personalizing the transition plan to the specific youth or young adult.

### **Section 2: My Support Network (Required for all youth or young adults ages 14 and older)**

DCF understands the importance of stable and healthy long lasting relational supports for youth or young adults as they transition into adulthood. This section is used to document and support connecting youth and young adults to their identified support network outside of their case team. Youth and young adults should be given the opportunity to participate in a mentorship or supportive adult relationships and the case team shall assist in facilitating the resources to do so. Each youth or young adult should be given the opportunity to invite their support network to their transition and case planning processes.

### **Section 3: My Identifying Documents (Required for all youth or young adults ages 14 and older)**

*(PPM 5259, 3214) (Section 475 of the Social Security Act) (Section 603(d) Fair Credit Reporting Act)*

Section 3 focuses on the youth or young adult's identifying documents. It is important that the youth or young adult is assisted in obtaining their identifying documents. These documents are required upon release from custody and provide the youth or young adult with the essential documents needed to secure employment, housing, mental health and medical treatment, continued education, as well as a historical reference of their identity from their childhood. Having these documents in the youth or young adult's possession upon release is essential to their successful transition.

Progress shall be noted at each subsequent update following the initial plan development. The status of each personal document shall be checked including information about where the documents are physically located. For documents that have not been obtained or are missing, detailed steps to obtain these documents should be included on the form. Youth and young adults shall be provided these documents upon leaving care. Youth, case managers, and other supportive adults should plan for a secure place for keeping these documents upon release of custody.

### **Section 4: Life Skills (Required for all youth and young adults ages 14 and older)**

This section is intended to assess the basic skills needed to successfully live independently as an adult. The categories are broken down for the youth or young adult, case worker, and supportive adult(s) to assess the youth's skill set in each domain using a Likert Scale from 1-5. By assessing the youth or young adult's competency in these essential life skills at age 14, the youth is given additional time and support to develop competency in these areas prior to transitioning into adulthood.

Case teams can explore specific life skills with youth and utilize the case plan to add tasks to develop these identified skills. Case teams may use scaling questions and tools such as asking a youth or young adult to identify why they scored them at that specific age while also disclosing to the youth or young adult why the case team/supportive adult(s) selected the score they did.

### **Section 5: Youth Advocacy (Required for all youth or young adults ages 14 and older)**

Section 5 is an evaluation of the youth or young adult's awareness of regional and statewide councils and assesses interest in those councils or any other youth lead advocacy. The youth or young adult shall be provided with information on the Kansas Youth Advisory Council (KYAC) and the Regional Youth Advisory Councils (RYAC) to ensure that the youth has been given the opportunity to participate in

advocacy groups and to promote youth normalcy. Case teams should explore additional youth advocacy opportunities for youth/young adults outside of KYAC and RYAC such as Kansas Youth Empowerment Academy (KYEa), YLinK, school groups, etc.

#### **Section 6: My Education Plan (Required for all youth or young adults ages 14 and older)**

This section is an opportunity for case teams to assist youth or young adults with their plans for completing their secondary education, which may include an alternative educational program or GED. Plans for post-secondary education shall be addressed by indicating if the youth or young adult plans to attend a certified technical program, community college, or university. If the youth or young adult is receiving special education services, the IEP or 504 plan accommodations should be documented in this section. There is an option for youth or young adults to indicate if they would like to be accessed for any services or supports.

If it is identified the youth or young adult is behind in attainment of their secondary education, the case manager shall assist the youth or young adult in checking for missing secondary education credits. The youth or young adult shall also be assisted in checking to see if KSA 38-2285 applies. This statute allows youth in foster care to graduate with the state required 21 core credit hours.

#### **Section 7: My Health and Well-Being (Required for all youth/young adults ages 16 and older)**

Section 7 addresses provision of youth or young adult's health needs. This section includes information on providers and payment mechanisms. Case teams should explain Kansas Medicaid eligibility to the youth or young adult during the transition planning process. If the youth or young adult is receiving mental health services or taking medication, plans for the continued assessment of need, provision of the prescriptions necessary, and payments shall be made. Youth and young adults shall be given the opportunity to discuss if they find their providers, medications, or both helpful and if they have any concerns with their providers or medications.

#### **Section 8: My Employment and Financial Plan (Required for all youth and young adults ages 16 and older)**

Section 8 creates a plan for employment and financial literacy. Vocational training and support, self-employment, supported employment and Working Healthy options shall be explored. Youth and young adults shall be assisted in accessing their local Workforce Center's Youth Education, Employment, & Training Programs via the Workforce Investment Opportunities Act (WIOA). Tasks to add to case plan shall address what has been check marked underneath the heading "I would like more information..." The worker shall assess if the youth or young adult has a disability and refer the youth or young adult to Vocational Rehabilitation, Pre-ETS, or other appropriate services, if it is determined that the youth or young adult may be eligible for these supports.

#### **Section 9: My Transportation Plan (Required for all youth and young adults ages 16 and older)**

Section 9 is used to for address the youth or young adult's transportation needs. This section shall provide a sustainable plan for transportation upon transition into adulthood. Transportation options may include walking, bicycling, bus rides, arrangement of rides with friends, plans purchasing a car, or completing driver's education. Youth and young adults shall be supported in determining the cost of their intended transportation plan and ways the youth or young adult can realistically achieve their goals.

#### **Section 10: My Housing Plan (Required for all youth and young adults ages 17 and older)**

Section 10 works with the youth or young adult to develop an achievable plan for housing after release of custody. Housing options include living in their own apartment, with supportive adult(s), relatives, dormitories, or other settings. Back up housing plans shall be explored with all youth and young adults

regardless of their original housing plans. There is a statement at the top of the page for youth/young adults to indicate if they understand that DCF Independent Living does not provide physical placement or housing to young adults once they are released from custody. While some young adults may be eligible for financial assistance for housing, DCF Independent Living does not have physical structures to place young adults. It is vital that youth and young adults have a clear understanding of the housing resources available, as well as the potential barriers to obtaining housing once they are released from custody.

The PPS 7000A Independent Living Monthly Budget Plan can be utilized to assist the youth or young adult in planning housing options. This section shall describe the youth or young adult's plan for housing and where the youth or young adult will go if their housing plan were no longer safe or viable. For youth or young adults who are utilizing dormitories the plan should include where the youth or young adult will go during college breaks when dormitories are not available. It is important to list the contact information for housing plans if the youth or young adult has those details available to them. If the youth or young adult does not have a safe or viable housing plan, efforts shall be documented that show resources have been provided to the youth or young adult about safe housing options to avoid homelessness. A safety plan shall be documented to show the youth or young adult has access to emergency shelter and food within the community where they will be living once released from custody.

**Section 11: Legal (Required for all youth or young adults ages 14 and older who have current or pending charges and/or past convictions)**

Section 11 addresses legal matters for youth or young adults who have current or pending charges or past convictions. Case teams and youth or young adults should include information in this section on the specific counties the charges or convictions are from. They should also include specific contact information for the court services or probation officers as well as contact information for the youth or young adult's criminal defense attorney. Youth and young adults should be guided in a discussion on their plans for fulfilling court orders and paying fines and fees. Case teams should help youth and young adults connect with resources and develop plans for completing court orders and paying fines or fees prior to the youth or young adult being released from custody. The case team should also guide the youth or young adult in a discussion on how their charges, or convictions may impact them in adulthood. Case teams should help youth and young adults connect to resources to address and potentially resolve these barriers.

## My Plan for Successful Adulthood

<b>First Name:</b>	<b>Last Name:</b>	<b>Date of Birth:</b>	<b>Age:</b>
<b>FACTS Case Number:</b>	<b>Projected Release from Custody (ROC):</b>	<b>Date Completed:</b>	<b>Pronouns:</b>

*This plan shall be collaboratively created by the youth or young adult, the case management team, and supportive adults in the youth or young adult's life. Supportive adults may include parents, birth family, foster parents, residential caregivers, kinship connections, mentors or other adults identified by the youth or young adult and case management team.*

*Creation of a plan for successful adulthood is based on steps needed to achieve the youth or young adult's future goals and plans.*

### Section 1: Getting to Know Me

*Required for all youth ages 14 and older, attach additional pages or expand sections as needed.*

**What I would like people to know about me:**  
*Examples: interests/hobbies, what you like to do for fun, likes/dislikes, etc.*

**What I would like people to know about my culture background and things that are important to me:**  
*What holidays do you celebrate? Do you attend church? If so, which one? What other events or values are important to you?*

**My greatest strengths and talents are:**  
*Examples: get along well with others, study hard in school, create art/music, express feelings in a healthy way, etc.*

**The top three things that I need most right now are:**  
*What help/support do I need right now?*  
*Examples: clothing, visits, medical/mental health appointments, contacting my Guardian Ad Litem (GAL) etc.*

- 1.
- 2.
- 3.



<b>Section 2: My Support Network</b> <i>Required for all youth ages 14 and older.</i>	
<i>Who could you call for issues related to money, job, transportation, school, housing, physical or emotional health?</i> <i>Who could you call for general/everyday support when you need it?</i>	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Email:</b>
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No    I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Email:</b>
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No    I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Email:</b>
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No    I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Email:</b>
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No    I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Email:</b>
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No    I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Email:</b>
<b>Tasks to add to case plan to help build my support network</b> <i>(family finding, set up visits/phone calls, refer to mentor or support program- examples: Big Brothers Big Sisters, Boys and Girls Club, etc.)</i>	
1.	
2.	
3.	

Section 3: My Identifying Documents		
Required for all youth ages 14 and older		
These important documents are critical for your transition to adulthood and are required for you to have before you leave care. What documents do you have and what do you still need before you leave care?		
Per DCF Policy, copies of third-party information may not be released without written permission from the originating source.		
Personal Documents	Current Document Status	Where is the document located?
An Official or Certified Copy of Birth Certificate	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Social Security Card issued by SSA	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Valid State-Issued Photo Identification	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Valid State-Issued Permit	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Valid State-Issued License	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Educational History: Copies of transcripts, report cards, names and addresses of schools attended, etc.	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Immunization Records	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Medical History: Including current medical treatment, current providers, and medications	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Copy of Medical and Genetic Information	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Social History: Including release of allowable records from time in custody	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Updated:	
Life Book	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Updated:	
Additional documents for young adults 18 and older		
Copy of Consumer Credit Report	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Medicaid Card/Health Insurance information	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Voter Registration	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
DCF Custody Verification Letter	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Tribal Enrollment Card/Tribal Documentation	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Selective Service Registration	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Citizenship/Immigration Documents	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Healthcare Proxy or Medical Power of Attorney	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Do you have a safe place to keep your important documents when you are released from custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tasks to add to case plan to obtain my identifying document(s): (update life book, request social history, apply for birth certificate, Social Security Card, State ID/Driver's License, register for selective service, etc.)		
1.		
2.		
3.		

<b>Section 4: Life Skills</b> <i>Required for all youth ages 14 and older</i> <i>On a scale of 1 to 5, with 5 being I am completely prepared and able to complete these tasks without assistance and 1 being I am not prepared or able to complete these tasks without assistance, where would you rate yourself on the following?</i>									
<b>Self-Care/Hygiene:</b> <i>(bathing, shaving, caring for your teeth, nail and hair care, use of deodorant and other hygiene products, exercise, healthy stress management, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
<b>Laundry</b> <i>(washing, drying, folding, stain removal, ironing, separating colors before washing, frequency of washing clothes and bedding, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
<b>Healthy Living Environment:</b> <i>(dusting, mopping, dishes, vacuuming, understanding household chemicals, using the A/C and heater, pet care, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
<b>Grocery Shopping</b> <i>(understanding sales and coupons, making healthy meal choices within a budget, buying ingredients for a recipe, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
<b>Cooking/M Meal Preparation</b> <i>(preparing meals with multiple ingredients, basics of cooking, kitchen safety, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
<b>Communication Skills:</b> <i>(making appointments and keeping a schedule, setting up an e-mail, and communicating in a professional manner)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
<b>Money Management and Budgeting:</b> <i>(saving money, budgeting for bills and groceries, understanding the pros and cons of student or car loans, credit cards, payday loans, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
<b>Accessing Community Resources and Public Transportation</b> <i>(bus or taxi services; emergency resources for food, clothing, and shelter; crisis or emergency services, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
<b>Have you completed a Casey Life Skills Assessment (CLSA)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure									

**Some additional life skills I would like to learn or work on before I become an adult are:**

**Worker/Supportive Adult(s) specific suggested areas of life skill development include:**

*What would the youth/young adult need to increase their number? What would you need to see to increase your number?*

**Tasks to add to case plan to help develop my life skill(s):**

1.

2.

3.

**Section 5: Youth Advocacy**  
*Required for all youth ages 14 and older*  
**“Nothing About Us, Without Us!”**

**Kansas Youth Advisory Council & Regional Youth Advisory Council** *(check below)*

I have been to a Regional Youth Advisory Council (RYAC) event: ☐ Yes ☐ No ☐ Unsure

I have been to Kansas Youth Advisory Council (KYAC) event: ☐ Yes ☐ No ☐ Unsure

I am interested in KYAC, RYAC, or both: ☐ Yes ☐ No ☐ Unsure

I would need help getting rides to KYAC, RYAC or both meetings: ☐ Yes ☐ No ☐ Unsure

KYAC Contact:

RYAC Contact:

Other Youth Advocacy Organizations: *ex: Kansas Youth Empowerment Academy (KYE), Youth Leaders in Kansas (YLinK), student groups, etc.*

<b>Section 6: My Education Plan</b> <i>Required for all youth ages 14 and older</i> <i>Plans for your educational and career goals.</i>			
<b>Current or Most Recent School Attended:</b>		<b>Current Grade Level:</b>	<b>Highest grade completed:</b>
<b>Vocational Supports:</b> <i>Do you have any of the following? (check below)</i>			
<b>An Individualized Education Plan (IEP)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<b>504 Plan</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>An Education Advocate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <i>If yes, what is their name?</i>			
<b>Visual Impairment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<b>Deaf or Hard of Hearing</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>Use of an Alternative Device for Learning</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<b>Other Disability</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>Would you like to be evaluated for any of these services or supports?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
<b>Specific IEP/504 Plan Accommodations:</b>			
<u>If you are under 16, please go to page 11</u>			
<b>I intend to complete my (check below): (Ages 16 and older)</b>			
<input type="checkbox"/> <b>HS diploma at (name of school):</b>		<b>Number of Credits Earned:</b>	
<input type="checkbox"/> <b>GED at (name of institution/program):</b>		<b>Number of Tests Passed:</b>	
<input type="checkbox"/> <b>Obtain a Vocational Certificate at (name of school):</b>			
<input type="checkbox"/> <b>Post-secondary training/degree at (name of school):</b>			
<b>Highest Level of Education Completed (check below all that apply): (Ages 16 and older)</b>			
<input type="checkbox"/> <b>HS diploma at (name of school):</b>			
<input type="checkbox"/> <b>GED at (name of institution/program):</b>			
<input type="checkbox"/> <b>College Credits (name of institution and major):</b>		<b>Number of Credits Earned:</b>	
<input type="checkbox"/> <b>Technical/Trade Training (name of institution and program):</b>			
<b>I would like more information about the following:</b>			
<input type="checkbox"/> A-OK Program	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Tuition Waiver	<input type="checkbox"/> First-Aid/CPR
<input type="checkbox"/> Contacting My School Counselor	<input type="checkbox"/> Applying for an Education Program	<input type="checkbox"/> College Campus Tours	<input type="checkbox"/> Military Enlistment
<input type="checkbox"/> Choosing Classes	<input type="checkbox"/> Applying for Scholarships	<input type="checkbox"/> Feeling Alone on Campus	<input type="checkbox"/> Bullying/Anti-Bullying
<input type="checkbox"/> Credit Recovery	<input type="checkbox"/> FAFSA Application	<input type="checkbox"/> TRIO/Upward Bound	<input type="checkbox"/> Sports/School Activities
<input type="checkbox"/> Dual Credit Classes	<input type="checkbox"/> Understanding Student Loans and Financial Aid	<input type="checkbox"/> Pre-Employment Transition Services ( <i>Pre-ETS</i> )	<input type="checkbox"/> Kansas Kids at GEAR UP (KKGU)
<input type="checkbox"/> IEP/504 Plan	<input type="checkbox"/> Test Preparation ( <i>ACT/SAT</i> )	<input type="checkbox"/> Educational Counseling	<input type="checkbox"/> Other:
<input type="checkbox"/> Senate Bill 23 (Graduation requirements for youth in foster care) KS Statute #38-2285	<input type="checkbox"/> Obtaining Education with a Disability ( <i>federal WIOA H.R. 803 Section 422</i> )	<input type="checkbox"/> Vocational Rehabilitation (VR) Services	
<b>Tasks to add to case plan to address my educational goals and needs:</b> ( <i>Enroll, submit FAFSA application, talk to an advisor, scholarships, placement exams meet with school counselor, pick my elective classes, purchase materials, pay registration fees etc.</i> )			
1.			
2.			
3.			



<b>Section 7: My Health/Well-Being</b> <b>Required for all youth ages 16 and older</b> <i>Taking care of yourself is important. Without health insurance, you could end up with large bills for having to see a doctor.</i>		
<b>My Medicaid or other health insurance provider is: (check below)</b>		
<input type="checkbox"/> United <input type="checkbox"/> Sunflower <input type="checkbox"/> Healthy Blue <input type="checkbox"/> Other:		
My Primary Care Doctor is:		Phone:
My OB/GYN Doctor is:		Phone:
My Eye Doctor is:		Phone:
My Mental Health Provider is:		Phone:
My Preferred Pharmacy is:		Phone:
My Dentist is:		Phone:
My Other Provider is:		Phone:
My Other Provider is:		Phone:
<b>Are you comfortable with the listed providers?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you find these services helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>I know how to: (check below)</b>		
<input type="checkbox"/> Schedule Appointments <input type="checkbox"/> Fill Prescriptions <input type="checkbox"/> Take Medications as Prescribed <input type="checkbox"/> Obtain and Use Birth Control <input type="checkbox"/> Ask for Help <input type="checkbox"/> Other:		
<b>I take the following medications: (list all medications and the reason they are prescribed): or</b> <input type="checkbox"/> <b>I am not taking medications</b>		
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
<b>Do you have any concerns with the medications you are taking?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you understand the short-term and/or long-term effects of the medications you are taking?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you plan to continue taking your prescribed medications after being released from custody?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If No, please work with your case manager to set up an appointment for medical guidance from a professional.</i>		
<b>I would like more information on: (check below)</b>		
<input type="checkbox"/> Changing Doctors	<input type="checkbox"/> Communicating with my Doctors	<input type="checkbox"/> Sobriety Support
<input type="checkbox"/> Scheduling Appointments	<input type="checkbox"/> Applying for Medical Insurance	<input type="checkbox"/> <b>LGBTQIA2S+ Supports</b>
<input type="checkbox"/> Filling Prescriptions	<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Physical Health
<input type="checkbox"/> Taking Medications as Prescribed	<input type="checkbox"/> Mental/Emotional Health	<input type="checkbox"/> Domestic Violence Resources
<input type="checkbox"/> Healthy Relationships	<input type="checkbox"/> Abstinence/Sexual Health	<input type="checkbox"/> Renewing Health Insurance
<input type="checkbox"/> Obtaining/Using Birth Control	<input type="checkbox"/> Tobacco/Vape Use and Quitting	<input type="checkbox"/> Weight Management
<input type="checkbox"/> Healthy Habits	<input type="checkbox"/> Connecting to Community Resources	<input type="checkbox"/> Other:

<b>Tasks to add to case plan to address my overall health and well-being:</b> <i>(scheduling appointments, refilling prescriptions, obtain medication, talking with doctor(s), changing providers, etc.)</i>		
1.		
2.		
3.		
<b>Section 8: My Employment and Financial Plan</b> <i>Required for all youth ages 16 and older</i>		
<b>My Current Employment Status</b> <i>(Check all that apply):</i> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteering <input type="checkbox"/> Student <input type="checkbox"/> Active Job Search <input type="checkbox"/> Internship/Work Study <input type="checkbox"/> Unable to Work <input type="checkbox"/> No Work History <input type="checkbox"/> Other:		
If employed, where do you work?	How long have you had your current job?	
<b>I would like more information about the following topics:</b>		
<input type="checkbox"/> Job/Career Fairs	<input type="checkbox"/> Opening a Checking/Savings Account	<input type="checkbox"/> Understanding My Credit
<input type="checkbox"/> Interviewing	<input type="checkbox"/> Completing Job Applications	<input type="checkbox"/> Credit Reports/Identity Theft
<input type="checkbox"/> Finding a Job with Criminal History	<input type="checkbox"/> Creating a Resume/Cover Letter	<input type="checkbox"/> Saving Money for My Future
<input type="checkbox"/> Vocational Rehabilitation <i>(VR)</i>	<input type="checkbox"/> Finding a Job	<input type="checkbox"/> Taxes and W-2s
<input type="checkbox"/> Jobs for America's Graduates-Kansas <i>(JAG-K)</i>	<input type="checkbox"/> Pre-Employment Transition Services <i>(Pre-ETS)</i>	<input type="checkbox"/> Joining the Military
<input type="checkbox"/> Job Corp	<input type="checkbox"/> Online Banking/Bill Pay	<input type="checkbox"/> Job Shadowing
<input type="checkbox"/> Applying for/Understanding Social Security Benefits <i>(SSI/SSDI)</i>	<input type="checkbox"/> Obtaining Employment with a Disability	<input type="checkbox"/> Other:
<b>What are some jobs or careers that interest you?</b> <i>What level of education and/or experience do you need to obtain that job/career?</i>		
<b>Financial Awareness:</b>		
Do you have a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who has access to your account(s)?		
Would you like to open a checking/savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who can help you set up a banking account?		
Do you understand fees that are associated with a bank and/or debit card? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any credit cards or loans? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you interested in budgeting classes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has someone talked to you about running an annual credit report to check your credit score? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I have \$____ saved	My goal is to save \$____ per ____ (week/month) for ____ (6 months, year, etc.)	
Where will you get the money from for your savings?		
Who will have access to the money that you are saving? <i>(if different from who will access your bank accounts)</i>		
<b>Tasks to add to case plan to address my employment and financial goals:</b> <i>(Open checking/savings account, create a budget, take budgeting classes, create resume, apply for jobs, interview prep, understanding taxes, etc.)</i>		
1.		
2.		
3.		

<b>Section 9: My Transportation Plan</b> <i>Required for all youth ages 16 and older</i>	
<b>I currently have the following transportation available to me</b> <i>(check all that apply):</i>	
<input type="checkbox"/> Family/Friends <input type="checkbox"/> Placement/Caseworker <input type="checkbox"/> I have my own car <input type="checkbox"/> I borrow a car <input type="checkbox"/> Paid Ride Service/Taxi <input type="checkbox"/> Bike <input type="checkbox"/> Walk <input type="checkbox"/> Bus <input type="checkbox"/> Other:	
<b>I need transportation to:</b> <i>(check all that apply)</i>	
<input type="checkbox"/> School <input type="checkbox"/> Employment <input type="checkbox"/> Recreation <input type="checkbox"/> Appointments <input type="checkbox"/> Complete My Restricted License <input type="checkbox"/> Other:	
<b>My Legal Driving Status:</b> <i>(check all that apply)</i>	
<b>I currently have a:</b> <input type="checkbox"/> Valid Driver's License <input type="checkbox"/> Valid Restricted Driving Permit <input type="checkbox"/> Valid Learning Permit <input type="checkbox"/> Expired License/Permit <input type="checkbox"/> No Permit/License <input type="checkbox"/> Suspended License <input type="checkbox"/> Other:	
<b>If you have a valid license, when does it expire?</b>	
<b>I am interested in getting my:</b> <input type="checkbox"/> Driver's License <input type="checkbox"/> Restricted Driving Permit <input type="checkbox"/> Learner's Permit <input type="checkbox"/> Taking Driver's Education <input type="checkbox"/> Completing Driving Hours <input type="checkbox"/> Practicing the Permit Test <input type="checkbox"/> Other:	
<b>Barrier(s) to obtaining my license:</b>	
<b>Has a referral been made to We Kan Drive (WKD)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I know how to keep my car in working order by:</b> <i>(gas, regular maintenance, change a tire, pick the correct gas, change my oil etc.)</i>	
<b>I would like to learn how to perform regular car upkeep/repair:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>If you own a vehicle:</b>	
Who is on the title? <i>(If someone else is the primary person on the title please explain if and when that will transfer to the youth)</i>	
Who is it registered to? <i>(List all names on registration)</i>	
Vehicle Tag (Registration) Expiration:	Insurance company name:
Insurance policy number:	Insurance policy expiration:
Drivers listed on the policy:	
<b>Tasks to add to case plan to address my transportation goals:</b> <i>(enroll in driver's education, referral to We Kan Drive, go to DMV, save for vehicle, purchase vehicle, explore auto insurance rates, etc.)</i>	
1.	
2.	
3.	





If you are under 17, please go to page 12

**Section 10: My Housing Plan**  
*Required for all youth ages 17 and older*

I understand that DCF Independent Living does not provide physical placement or housing after release of custody ☐ Yes ☐ No

**Where I currently live:**

☐ Foster Home ☐ Relative ☐ Non-Relative ☐ Group Facility ☐ Shelter ☐ Detention ☐ Secure Care ☐ Other:

**My options for housing, once I am released are: (select all that apply)**

<input type="checkbox"/> Relative	<input type="checkbox"/> Friend/Non-Relative	<input type="checkbox"/> Current Placement	<input type="checkbox"/> College Dorm*
<input type="checkbox"/> Supportive Adult	<input type="checkbox"/> Transitional Living Program	<input type="checkbox"/> Military Housing	<input type="checkbox"/> Unsure Where I will Live
<input type="checkbox"/> Residential Community Setting	<input type="checkbox"/> Sober Living/Halfway House	<input type="checkbox"/> Apartment/House <i>If so, are you on the lease?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other:

**Who I plan to live with:** (name, relationship, and address, if applicable):

Have you talked with them about household rules, financial expectations, etc.? ☐ Yes ☐ No

Do you need help talking about household expectations? ☐ Yes ☐ No

**What is your plan if this housing option does not work out?**

*\*If you are planning on living in the dorms, where will you stay during breaks?*

**I would like more information regarding:**

☐ Locating Housing ☐ Applying/Budgeting for Housing ☐ Signing a Lease ☐ Public Housing ☐ Section 8 Vouchers  
☐ Foster Youth to Independence (FYI) Vouchers ☐ Utility Deposits and Costs ☐ Other:

**I have completed the following to develop my housing plan:**

<input type="checkbox"/> Researched apartment listings	<input type="checkbox"/> Applied for apt/house	<input type="checkbox"/> Secured a co-signer, if needed
<input type="checkbox"/> In person apartment or house hunting	<input type="checkbox"/> Approved for apt/house <i>If so, has a lease been signed?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Secured deposits, if needed
<input type="checkbox"/> Applied for affordable housing (FYI, HUD Section 8 or income-based housing)	<input type="checkbox"/> I have budgeted and am able to pay my monthly expenses	<input type="checkbox"/> Developed solid plans with potential roommates or family members

☐ Other:

The estimated cost of my housing plan is: \$ \_\_\_\_\_ per ☐ month ☐ semester ☐ year (check one)

I understand which utilities I will be responsible for and about how much they will cost me each month ☐ Yes ☐ No

What utilities will you have to pay each month?

Where will you get the money to pay for your housing and utilities?

Who will have access to your money to pay bills?

What resources do you plan to use if you don't have enough money to pay rent or bills?

**Tasks to add to case plan to secure housing prior to release:** (search/apply for housing, apply for public housing, talk with housing resource about household expectations, apply for dorms, etc.)

1.

2.

3.



If this section does not apply, please go to page 12 <span style="float: right;"><input type="checkbox"/> N/A</span>	
<b>Section 11: Legal</b>	
<i>Required for all youth ages 14 and older who have current or pending charges, convictions, or both.</i>	
<b>Next Court Date:</b>	<b>Type of Hearing:</b>
<b>Current charges:</b>	
<b>Pending charges:</b>	
<b>Past convictions:</b>	
<b>Counties charges/convictions are from:</b>	
<b>Court Services Officer:</b>	<b>Email/Phone:</b>
<b>Probation Officer:</b>	<b>Email/Phone:</b>
<b>Attorney:</b>	<b>Email/Phone:</b>
<b>Do you know how to contact these people?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>When is your next meeting with your court services/probation officer?</b>
<b>Court Orders:</b>	
<b>Court Fines and Fees Owed:</b>	
<b>What are your plans for completing court orders and paying fines or fees?</b> <i>(If no identified plan, please include tasks below to address creating a plan)</i>	
<b>How do your current or past charges and court orders create barriers to your transition into adulthood?</b> <i>What supports/resources can be explored to address these barriers?</i>	
<b>Tasks to add to case plan to address current and pending charges and/or convictions:</b> <i>(paying fines, community service hours, seeking out expungement resources, talk to GAL about charges/convictions impact on transition, etc.)</i>	
1.	
2.	
3.	

**This Section to be Completed by Case Worker:**

*Summarize progress made since last transition plan meeting (required).*

*List any concerns that you have regarding the youth's plan to transition into adulthood.*

**Each entry shall include the name of the staff member completing the update and the date.**

Transition Plan for Successful Adulthood: Participant Signatures & Date of Completion	
<i>Youth feedback:</i> <i>(comments)</i>	<i>Concerns about your plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Youth/Young Adult Signature:</b>	<b>Date:</b>
<i>Case Manager feedback:</i> <i>(comments)</i>	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CWCMP Case Manager Signature:</b>	<b>Date:</b>
<i>DCF IL Coordinator feedback:</i> <i>(comments)</i>	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DCF IL Coordinator Signature:</b>	<b>Date:</b>
<i>Supportive Adult feedback:</i> <i>(comments)</i>	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Youth or Young Adult Selected Supportive Adult Signature:</b>	<b>Date:</b>
<i>Supportive Adult feedback:</i> <i>(comments)</i>	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Youth or Young Adult Selected Supportive Adult Signature:</b>	<b>Date:</b>
<b>Other Attendee Signature:</b>	<b>Date:</b>
<b>Other Attendee Signature:</b>	<b>Date:</b>

## My Adult Services Plan

First Name:	Last Name:	Date of Birth:	Age:
FACTS Case Number:	Projected ROC:	Date Completed:	Pronouns:

### Section 1: Getting to Know Me

*Required for all youth ages 14 and older who are on an I/DD waiver or waitlist. Youth or young adults who meet these criteria are not required to complete the 3059A.*

*(Attach additional pages or expand sections as needed)*

#### What I would like people to know about me:

*Examples: interests/hobbies, what you like to do for fun, likes/dislikes, etc.*

#### What I would like people to know about my culture and things that are important to me:

*What holidays do you celebrate? Do you attend church? If so, which one? What other events or values are important to you?*

#### My greatest strengths and talents are:

*Examples: get along well with others, study hard in school, create art/music, express feelings in a healthy way, etc.*

#### The top three things that I need most right now are:

*What help/support do I need right now?*

*Examples: clothing, visits, medical/mental health appointments, contacting my Guardian Ad Litem (GAL) etc.*

1.

2.

3.

<b>Section 2: Social Security, Payee, Guardian, and Waivers</b> <i>Required for all youth ages 14 and older</i>		
<b>Psychological Exams and Social Security</b> <span style="float: right;"><input type="checkbox"/> N/A</span>		
Date of last Psychological Exam:	Assessor:	IQ Results:
Date of next Psychological Exam, if applicable:	Assessor:	
Currently Receiving SSI/SSDI: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Applied to Adult SSI/SSDI:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
If denied, has an appeal been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Appealed:	Results:
<b>Case Manager Notes:</b>		
<b>Payee</b> <span style="float: right;"><input type="checkbox"/> N/A</span>		
Does a payee for after release of custody need to be appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has an application for a payee been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date applied:
Payee after ROC :	Phone:	
Relationship:	Email:	
<b>Case Manager Notes:</b>		
<b>Adult Guardian</b> <span style="float: right;"><input type="checkbox"/> N/A</span>		
Is there a statement from a designated professional (per K.S.A. 59-3064) stating that the individual lacks capacity <b>and</b> a guardian needs to be appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does a referral need to be sent to the Kansas Guardianship Program*? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*please see PPM 10630</i>	Date referral packet sent to DCF Adult Protective Services:	
Proposed Adult Guardian Name:	Phone:	
Relationship:	Email:	
<b>Case Manager Notes:</b>		

Home and Community Based Services (HCBS) Waivers		
<b>Brain Injury (BI) ages 0-64</b>		<input type="checkbox"/> N/A
<b>Aging and Disability Rights Center (ADRC): 1-855-200-ADRC (2372)</b>		
Local ADRC:	Address:	
Contact:	Phone/Email:	
Date of Functional Eligibility Assessment:	Results:	
Has a BI Program Eligibility Attestation been completed by a medical professional: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date sent to ADRC:
Medical Professional:	Phone/Email:	
<b>Case Manager Notes:</b>		
<b>Intellectual/Developmental Disability (I/DD) ages 5+</b>		<input type="checkbox"/> N/A
Local CDDO:	Address:	
CDDO Contact:	Phone/Email:	
Date Applied for I/DD Waiver:	Results:	
Does a crisis exception to the I/DD waiver need to be made <input type="checkbox"/> Yes <input type="checkbox"/> No		
if yes, is there a task in their case plan that say they will transition to Adult Residential and Day Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Targeted Case Management Provider:	Address:	
TCM Case Manager:	Phone/Email:	
Medicaid MCO:	Number:	
MCO Care Coordinator:	Phone/Email:	
<b>Case Manager Notes:</b>		





<b>Section 3: My Support Network</b> <i>Required for all youth ages 14 and older</i>	
<i>Who could you call for issues related to money, job, transportation, school, housing, physical or emotional health?</i> <i>Who could you call for general/everyday support when you need it?</i>	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Email:</b>
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No    I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Email:</b>
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No    I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Email:</b>
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No    I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Email:</b>
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No    I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Email:</b>
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No    I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Email:</b>
<b>Tasks to add to case plan to help build my support network</b> (family finding, set up visits/phone calls, refer to mentor/support program- examples: Big Brothers Big Sisters, Boys and Girls Club, etc.)	
1.	
2.	
3.	

Section 4: My Identifying Documents		
<i>Review for all youth ages 14 and older</i>		
<p><i>These important documents are critical for your transition to adulthood and are required for you to have before you leave care.</i></p> <p><i>What documents do you have and what do you still need before you leave care?</i></p> <p><i>Per DCF Policy, copies of third-party information may not be released without written permission from the originating source.</i></p>		
Vital Personal Documents	Current Document Status	Where is the document located?
An Official or Certified Copy of Birth Certificate	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Social Security Card issued by SSA	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Valid State-Issued Photo Identification	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Valid State-Issued Permit	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Valid State-Issued License	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Educational History: <i>Copies of transcripts, report cards, names and addresses of schools attended, etc.</i>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Immunization Records	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Medical History: <i>Including current medical treatment, current providers, and medications</i>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Copy of Medical and Genetic Information	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Social History: <i>Including release of allowable records from time in custody</i>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Updated:	
Life Book	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Updated:	
<b>The documents below are needed as youth attains age 18.</b>		
Copy of Consumer Credit Report	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Medicaid Card/Health Insurance information	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Voter Registration	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
DCF Custody Verification Letter	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
Tribal Enrollment Card/Tribal Documentation	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Selective Service Registration	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Citizenship/Immigration Documents	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Healthcare Proxy or Medical Power of Attorney	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
Do you have a safe place to keep your important documents when you are released custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tasks to add to case plan to take to obtain my identifying document(s): <i>(update life book, request social history, apply for birth certificate, Social Security Card, State ID/Driver's License, register for selective service, etc.)</i>		
1.		
2.		
3.		

<p align="center"><b>Section 5: Life Skills</b>  <i>Required for all youth ages 14 and older</i>  <i>What skills have you already learned and what areas you would like to strengthen?</i></p>
<p align="center"><i>Case teams may attach a copy of an assessment completed within the last 6 months by a CDDO or other waiver service agency that addresses the youth or young adult's life skills. (The CLSA does NOT meet this requirement)</i></p>
<p align="center"><b>Self-Care/Hygiene:</b>  <i>(bathing, shaving, caring for your teeth, nail and hair care, use of deodorant and other hygiene products, selecting and putting on clothes, exercise, etc.)</i></p>
<p><b>Youth/Young Adult Input:</b></p>
<p><b>Worker/Supportive Adult(s) Assessment:</b></p>
<p align="center"><b>Laundry</b>  <i>(washing, drying, folding, stain removal, ironing, separating colors before washing, frequency of washing clothes and bedding, etc.)</i></p>
<p><b>Youth/Young Adult Input:</b></p>
<p><b>Worker/Supportive Adult(s) Assessment:</b></p>
<p align="center"><b>Healthy Living Environment:</b>  <i>(making bed, dusting, mopping, dishes, vacuuming, understanding household chemicals, using the A/C and heater, pet care, etc.)</i></p>
<p><b>Youth/Young Adult Input:</b></p>
<p><b>Worker/Supportive Adult(s) Assessment:</b></p>

<b>Grocery Shopping</b> <i>(buying ingredients for a recipe, understanding sales/coupons, making healthy meal choices within a budget, etc.)</i>
<b>Youth/Young Adult Input:</b>
<b>Worker/Supportive Adult(s) Assessment:</b>
<b>Cooking/M Meal Preparation</b> <i>(feeding oneself, preparing meals that do not require cooking, preparing meals with ingredients, basics of cooking, kitchen safety, using stove and other kitchen appliances, etc.)</i>
<b>Youth/Young Adult Input:</b>
<b>Worker/Supportive Adult(s) Assessment:</b>
<b>Communication Skills:</b> <i>(understanding 1 and 2 step directions, asks simple questions, asking for help, knowing who to ask, active listening, etc.)</i>
<b>Youth/Young Adult Input:</b>
<b>Worker/Supportive Adult(s) Assessment:</b>

<p align="center"><b>Accessing Community Resources/Public Transportation</b> <i>(do you know who to ask for help with transportation, how to ride public transportation, obtain food, going to the doctor, etc.)</i></p>
<p><b>Youth/Young Adult Input:</b></p>
<p><b>Worker/Supportive Adult(s) Assessment:</b></p>
<p>Have you completed a Casey Life Skills Assessment (CLSA)? <input type="checkbox"/> Yes <b>Date:</b> <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
<p align="center"><b>Section 6: Youth Advocacy</b> <i>Required for all youth ages 14 and older</i> <b><u>"Nothing About Us, Without Us!"</u></b></p>
<p><b>Kansas Youth Advisory Council &amp; Regional Youth Advisory Council</b></p>
<p>I have been to a Regional Youth Advisory Council (RYAC) event: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
<p>I have been to Kansas Youth Advisory Council (KYAC) event: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
<p>I am interested in KYAC and /or RYAC: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
<p>I would need help getting rides to KYAC and/or RYAC meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
<p>KYAC Contact:</p>
<p>RYAC Contact:</p>
<p>Other Youth Advocacy Groups: <i>ex: Kansas Youth Empowerment Academy (KYE), Youth Leaders in Kansas (YLinK), student groups, etc.</i></p>

<b>Section 7: My Education Plan</b> <i>Required for all youth ages 14 and older</i> <i>Plans for your educational and career goals.</i>			
<b>Current or Most Recent School Attended:</b>		<b>Current Grade Level:</b>	<b>Highest grade completed:</b>
<b>Vocational Supports:</b> <i>Do you have any of the following? (check below)</i>			
<b>An Individualized Education Plan (IEP)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<b>504 Plan</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>An Education Advocate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <i>If yes, what is their name?</i>			
<b>Visual Impairment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<b>Deaf or Hard of Hearing</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>Use of an Assistive Device for Learning</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<b>Other Disability</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>Specific IEP/504 Plan Accommodations:</b>			
<b>Are you participating in Pre-ETS?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<i>if no, does a referral need to be made?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If you are under 16, please go to page 14.</b>			
<b>I intend to complete my (check below): (Ages 16 and older)</b>			
<input type="checkbox"/> <b>HS diploma at (name of school):</b>		<b>Number of Credits Earned:</b>	
<input type="checkbox"/> <b>GED at (name of institution/program):</b>		<b>Number of Tests Passed:</b>	
<input type="checkbox"/> <b>Obtain a Vocational Certificate at (name of school):</b>			
<input type="checkbox"/> <b>Post-secondary training/degree at (name of school):</b>			
<b>Highest Level of Education Completed (check below all that apply): (Ages 16 and older)</b>			
<input type="checkbox"/> <b>HS diploma at (name of school):</b>			
<input type="checkbox"/> <b>GED at (name of institution/program):</b>			
<input type="checkbox"/> <b>College Credits (name of institution/program):</b>		<b>Number of Credits Earned:</b>	
<input type="checkbox"/> <b>Technical Training (name of institution/program):</b>			
<b>I would like more information about the following:</b>			
<input type="checkbox"/> A-OK Program	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Tuition Waiver	<input type="checkbox"/> First-Aid/CPR
<input type="checkbox"/> Contacting My School Counselor	<input type="checkbox"/> Applying for an Education Program	<input type="checkbox"/> College Campus Tours	<input type="checkbox"/> Military Enlistment
<input type="checkbox"/> Choosing Classes	<input type="checkbox"/> Applying for Scholarships	<input type="checkbox"/> Feeling Alone on Campus	<input type="checkbox"/> Bullying/Anti-Bullying
<input type="checkbox"/> Credit Recovery	<input type="checkbox"/> FAFSA Application	<input type="checkbox"/> TRIO/Upward Bound	<input type="checkbox"/> Sports/School Activities
<input type="checkbox"/> Dual Credit Classes	<input type="checkbox"/> Understanding Student Loans and Financial Aid	<input type="checkbox"/> Pre-Employment Transition Services (Pre-ETS)	<input type="checkbox"/> KU Transition to Postsecondary Education
<input type="checkbox"/> IEP/504 Plan	<input type="checkbox"/> Test Preparation (ACT/SAT)	<input type="checkbox"/> Educational Counseling	<input type="checkbox"/> Kansas Kids at GEAR UP
<input type="checkbox"/> Senate Bill 23 (Graduation requirements for youth in foster care) (KS Statute #38-2285)	<input type="checkbox"/> Obtaining Education with a Disability (Federal WIOA H.R. 803 Section 422)	<input type="checkbox"/> Vocational Rehabilitation Services (VR)	<input type="checkbox"/> Other:
<b>Tasks to add to case plan to address educational goals and needs:</b> <i>(Enroll, submit applications, talk to an advisor, scholarships, placement exams meet with school counselor, pick elective classes, purchase materials, pay registration fees, explore post-secondary education programs etc.)</i>			
1.			
2.			
3.			



<b>Section 8: My Health/Well-Being</b> <i>Required for all youth ages 16 and older</i> <i>Taking care of yourself is important. Without health insurance, you could end up with large bills for having to see a doctor.</i>		
<b>My Medicaid or other health insurance provider is:</b> <i>(check below)</i>		
<input type="checkbox"/> United <input type="checkbox"/> Sunflower <input type="checkbox"/> Healthy Blue <input type="checkbox"/> Other:		
My Primary Care Doctor is:	Phone:	
My OB/GYN Doctor is:	Phone:	
My Eye Doctor is:	Phone:	
My Mental Health Provider is:	Phone:	
My Preferred Pharmacy is:	Phone:	
My Dentist is:	Phone:	
My Other Provider is:	Phone:	
My Other Provider is:	Phone:	
My Other Provider is:	Phone:	
<b>Are you comfortable with the listed providers?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you find these services helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>I know how to:</b> <i>(check below)</i>		
<input type="checkbox"/> Schedule Appointments <input type="checkbox"/> Fill Prescriptions <input type="checkbox"/> Take Medications as Prescribed <input type="checkbox"/> Obtain/Use Birth Control <input type="checkbox"/> Ask for Help <input type="checkbox"/> Other:		
<b>I take the following medications:</b> <i>(list all medications and the reason they are prescribed):</i> or <input type="checkbox"/> <b>I am not taking medications</b>		
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
<b>Do you have any concerns with the medications you are taking?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you understand the short-term and/or long-term effects of the medications you are taking?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you plan to continue taking your prescribed medications after being released from custody?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, please work with your case manager to set up an appointment for medical guidance from a professional.</i>		

<b>I would like more information on:</b> <i>(check below)</i>		
<input type="checkbox"/> Changing Doctors	<input type="checkbox"/> Communicating with my Doctors	<input type="checkbox"/> Sobriety Support
<input type="checkbox"/> Scheduling Appointments	<input type="checkbox"/> Applying for Medical Insurance	<input type="checkbox"/> LGBTQIA2S+ Supports
<input type="checkbox"/> Filling Prescriptions	<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Physical Health
<input type="checkbox"/> Taking Medications as Prescribed	<input type="checkbox"/> Mental/Emotional Health	<input type="checkbox"/> Domestic Violence Resources
<input type="checkbox"/> Healthy Relationships	<input type="checkbox"/> Abstinence/Sexual Health	<input type="checkbox"/> Renewing Health Insurance
<input type="checkbox"/> Obtaining/Using Birth Control	<input type="checkbox"/> Tobacco/Vape Use and Quitting	<input type="checkbox"/> Weight Management
<input type="checkbox"/> Healthy Habits	<input type="checkbox"/> Connecting to Community Resources	<input type="checkbox"/> Other:
<b>Tasks to add to case plan for my health/well-being:</b> <i>(scheduling appointments, refilling prescriptions, obtain medication, talking with doctor(s), changing providers, etc.)</i>		
1.		
2.		
3.		
<b>Section 9: My Transportation Plan</b> <i>Required for all youth ages 16 and older</i>		
<b>I currently have the following transportation available to me</b> <i>(check all that apply):</i>		
<input type="checkbox"/> Family/Friends <input type="checkbox"/> Placement/Caseworker <input type="checkbox"/> I have my own car <input type="checkbox"/> I borrow a car <input type="checkbox"/> Paid Ride Service/Taxi <input type="checkbox"/> Bike <input type="checkbox"/> Walk <input type="checkbox"/> Bus <input type="checkbox"/> Other:		
<b>I need transportation to:</b> <i>(check all that apply)</i>		
<input type="checkbox"/> School <input type="checkbox"/> Employment <input type="checkbox"/> Recreation <input type="checkbox"/> Appointments <input type="checkbox"/> Complete My Restricted License <input type="checkbox"/> Other:		
<b>My Legal Driving Status:</b> <i>(check all that apply)</i> <span style="float: right;"><input type="checkbox"/> N/A</span>		
<b>I currently have a:</b> <input type="checkbox"/> Valid Driver's License <input type="checkbox"/> Valid Restricted Driving Permit <input type="checkbox"/> Valid Learning Permit <input type="checkbox"/> Expired License/Permit <input type="checkbox"/> No Permit/License <input type="checkbox"/> Suspended License <input type="checkbox"/> Other:		
<b>If you have a License, when does it expire?</b>		
<b>I am interested in getting my:</b> <input type="checkbox"/> Driver's License <input type="checkbox"/> Restricted Driving Permit <input type="checkbox"/> Learning Permit <input type="checkbox"/> Taking Drivers Education <input type="checkbox"/> Completing Driving Hours <input type="checkbox"/> Practicing the Permit Test <input type="checkbox"/> Other:		
<b>Case manager notes:</b> <i>Please explain the transportation plans for the youth/young adult for their transition into adulthood</i>		
<b>Tasks to add to case plan to address my transportation goals:</b> <i>(enroll in driver's education, referral to We Kan Drive, go to DMV, explore public transportation, walk through how to use medical card to request transportation, save for vehicle, explore auto insurance rates, etc.)</i>		
1.		
2.		
3.		



Section 9: My Employment/Financial Plan <i>Required for all youth ages 16 and older</i>	
<b>My Current Employment Status</b> ( <i>Check all that apply</i> ): <input type="checkbox"/> Day School <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteering <input type="checkbox"/> Student <input type="checkbox"/> Active Job Search <input type="checkbox"/> Internship/Work Study <input type="checkbox"/> Unable to Work <input type="checkbox"/> No Work History <input type="checkbox"/> Other:	
<b>If employed, where do you work?</b>	<b>How long have you had your current job?</b>
<b>What are some jobs or careers that interest you?</b> <i>What level of education and/or experience do you need to obtain that job/career?</i>	
<b>Are you interested in any of the following programs:</b>	
<input type="checkbox"/> DCF Vocational Rehabilitation (VR) Services	<input type="checkbox"/> DCF Pre-Employment Transition (Pre-ETS) Services
<input type="checkbox"/> KANSASWORKS Ticket to Work	
<b>Financial Awareness:</b>	
<b>Are you interested in learning how to budget your money?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>Do you have a checking account?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<b>Do you have a savings account?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>If yes, who has access to your account(s)?</b>	
<b>Would you like to open a checking/savings account?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>Who can help you set up a banking account?</b>	
<b>Do you understand fees that are associated with a bank and/or debit card?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>Do you know how to check your credit report?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<i>Please describe the young adult's financial plans for adulthood:</i>	
<b>Tasks to add to case plan to address my employment and financial goals:</b> ( <i>Open checking/savings account, referral to Pre-ETS or Vocational Rehabilitation Services, create a budget, take budgeting classes, create resume, apply for jobs, interview prep, understanding taxes, etc.</i> )	
1.	
2.	
3.	



If you are under 17, please go to next section.

### Section 10: My Housing Plan

*Required for all youth ages 17 and older*

I understand that DCF Independent Living does not provide placement/housing after release of custody ☐ Yes ☐ No

Where I currently live:

☐ Foster Home ☐ Relative ☐ Non-Relative ☐ Group Facility ☐ Shelter ☐ Detention ☐ Secure Care ☐ Other:

My options for housing, once I am released are: (select all that apply)

<input type="checkbox"/> Relative(s)	<input type="checkbox"/> Friend/Non-Relative	<input type="checkbox"/> Current Placement	<input type="checkbox"/> Unsure Where I will Live
<input type="checkbox"/> Supportive Adult	<input type="checkbox"/> Transitional Living Program	<input type="checkbox"/> Shared Living	<input type="checkbox"/> Other:
<input type="checkbox"/> Adult Residential Community Setting	<input type="checkbox"/> Sober Living/Halfway House	<input type="checkbox"/> Apartment/House <i>If so, are you on the lease?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

What area(s) of the state/country would I like to live?

Who I plan to live with: (name, relationship, and address, if applicable):

Have you talked with them about household rules, financial expectations, etc.? ☐ Yes ☐ No

Do you need help talking about household expectations? ☐ Yes ☐ No

What is your plan if this housing option does not work out?

What steps have been taken to secure housing?

*Applying for adult residential, touring adult residential/apartments, applying for low-income housing, purchased/obtained household items, signed housing related paperwork*

Tasks to add to case plan to secure housing prior to release: (search/apply for housing, apply for public housing, tour facility, secure household items, etc.)

1.

2.

3.



If this section does not apply, please go to next section <input type="checkbox"/> N/A	
<b>Section 11: Legal</b> <i>Required for all youth ages 14 and older who have current or pending charges and/or convictions.</i>	
Next Court Date:	Type of Hearing:
Current charges:	
Pending charges:	
Past convictions:	
Counties charges/convictions are from:	
Court Services Officer:	Email/Phone:
Probation Officer:	Email/Phone:
Attorney:	Email/Phone:
Do you know how to contact these people? <input type="checkbox"/> Yes <input type="checkbox"/> No	When is your next meeting with your court services/probation officer?
Court Orders:	
Court Fines and Fees Owed:	
<b>What are your plans for completing court orders and paying fines?</b> <i>(If no identified plan, please include tasks below to address creating a plan)</i>	
<b>How do your current/past charges and court orders create barriers to your transition into adulthood?</b> <i>What supports/resources can be explored to address these barriers?</i>	
<b>Tasks to add to case plan to address current and pending charges and/or convictions:</b> <i>(paying fines, community service hours, seeking out expungement resources, talk to GAL about charges/convictions impact on transition, etc.)</i>	
1.	
2.	
3.	

**This Section to be Completed by Case Worker:**

*Summarize progress made since last transition plan meeting including narratives on progress towards obtaining adult social security, waiver services, guardianship, housing, and any other information needed for their transition into adulthood (required).*

*List any concerns that you have regarding the youth's plan to transition into adulthood.*

**Each entry shall include the name of the staff member completing the update and the date.**

Transition Plan for Successful Adulthood: Participant Signatures & Date of Completion		
<i>Youth feedback:</i> <i>(comments)</i>	<i>Concerns about your plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Discussed concerns with team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Youth/Young Adult Signature:</b>		<b>Date:</b>
<i>Case Manager feedback:</i> <i>(comments)</i>	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CWCMP Case Manager Signature:</b>		<b>Date:</b>
<i>DCF IL Coordinator feedback:</i> <i>(comments)</i>	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DCF IL Coordinator Signature:</b>		<b>Date:</b>
<i>Supportive Adult feedback:</i> <i>(comments)</i>	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Youth or Young Adult Selected Supportive Adult Signature:</b>		<b>Date:</b>
<i>Supportive Adult feedback:</i> <i>(comments)</i>	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Youth or Young Adult Selected Supportive Adult Signature:</b>		<b>Date:</b>
<b>Other Attendee Signature:</b>		<b>Date:</b>
<b>Other Attendee Signature:</b>		<b>Date:</b>

Resources	
<b>Kansas Disability Rights Center (DRC):</b> DRC has attorneys and advocates who provide free advocacy and legal services for Kansans with disabilities.	<b>Website:</b> www.drckansas.org <b>Phone:</b> 785-273-9661 <b>Address:</b> 214 SW 6 <sup>th</sup> Ave Ste 100 Topeka, KS 66603
<b>Social Security Administration (SSA):</b> SSA administers retirement, disability, survivor, and family benefits, and enrolls individuals in Medicare.	<b>Website:</b> www.ssa.gov/agency/contact/ <b>Phone:</b> 1-800-772-1213
<b>Kansas Guardianship Program:</b> The Kansas Guardianship program is a volunteer-based model that provides guardianship or conservatorship services for vulnerable adults.	<b>Website:</b> www.ksgprog.org <b>Phone:</b> 785-587-8555 <b>Address:</b> 3248 Kimball Ave Manhattan, KS 66503
<b>Kansas Department for Aging and Disability Services Home and Community Based Services (HCBS):</b> HCBS provides oversight for a system of community-based supports and services for persons in Kansas with disabilities. Through this program, the state of Kansas is able to provide different services that allow those who need care to receive services in their homes or communities.	<b>Website:</b> www.kdads.ks.gov <b>Phone:</b> 785-368-6246 <b>Address:</b> 503 S. Kansas Ave Topeka, KS 66603 <b>Web Search:</b> KDADS HCBS Access Guide
<b>Kansas Association of Centers for Independent Living:</b> The Kansas Association of Centers for Independent Living (KACIL), is a member organization comprising eight (7) Centers for Independent Living (CILs) spanning the state. Centers provide services to people with all types of disabilities of all ages and all income levels through grant funded and fee for service programs.	<b>Website:</b> www.kacil.net/member-cil-directory <b>Phone:</b> 785-215-8048 <b>Address:</b> 214 SW 6 <sup>th</sup> Ave Topeka, KS 66603
<b>DCF Vocational Rehabilitation/Pre-ETS:</b> Services for Kansans with disabilities to become gainfully employed and self-sufficient. PRE-ETS provides job exploration, counseling, and other services to help young people (16-21) prepare for employment and self-reliance.	<b>Website:</b> www.dcf.ks.gov/services/RS/Pages/Employment-Services.aspx

## My Exit Plan

<b>First Name:</b>	<b>Last Name:</b>	<b>Date of Birth:</b>	<b>Age:</b>
<b>FACTS Case Number:</b>	<b>Projected Release from Custody (ROC):</b>	<b>Date Completed:</b>	<b>Pronouns:</b>

**This form must be completed within 90 days prior to release from custody.**

**If the exit plan is unable to be completed within 90 days prior to release of custody due to extenuating circumstances and exception has been granted per PPM 0100 the exit plan shall be completed as soon as possible and no later than 45 days after release from custody.**

**This plan is to be completed with the youth, or young adult, case manager, aftercare case manager, DCF independent living coordinator, and any other identified support.**

*Revisions should ensure the youth or young adult's transition plan reflects accurate post-release information. Federal requirements are listed below and shall be addressed and finalized prior to release from custody.*

**After release, my contact information will be as follows: (Please fill in the information below.)**

Address:

Email:

Phone:

Social Media:

**If this plan falls through, the information for my back up plan is: (Please fill in the information below.)**

Address:

Email/Phone:

Alternative Email or Social Media Contact:

Do you have any children? ☐ Yes ☐ No If yes, how many?

Are you currently expecting a child? ☐ Yes ☐ No If yes, how many?

*If you have children or are expecting a child, what services are you receiving to assist you and your children? (list below)*

**Check the box(s) for documents you have in your possession:**

<input type="checkbox"/> State Photo Identification	<input type="checkbox"/> Medical Card	<input type="checkbox"/> Citizenship/Immigration Documents
<input type="checkbox"/> Life book	<input type="checkbox"/> Social Security Card ( <i>not a copy</i> )	<input type="checkbox"/> Driver's License ( <i>currently valid</i> )
<input type="checkbox"/> Copy of Immunization Records	<input type="checkbox"/> Educational Records	<input type="checkbox"/> Diploma/GED
<input type="checkbox"/> Medical Power of Attorney, if requested		<input type="checkbox"/> Letter Verifying Custody
<input type="checkbox"/> Copy of the PPS 5340 Medical and Genetic Information for Child		
<input type="checkbox"/> Original or Certified Copy of Birth Certificate		

If planning to finish your high school diploma or GED, have you enrolled in classes? ☐ Yes ☐ No ☐ N/A

If planning to attend college or other training program, have you enrolled in classes? ☐ Yes ☐ No ☐ N/A

If planning to work, are you employed? ☐ Yes ☐ No ☐ N/A

*If yes, where do you work?*

<b>List the name, address, and phone number of people who would know how to contact you after release from custody. Please add additional pages if needed</b>		
(By providing emergency contact information, I agree to allow DCF to contact these individuals in efforts to locate me. I understand that DCF will not release any information about my case to these contacts.)		
1. Name:	Phone:	
Relationship:	Email:	
2. Name:	Phone:	
Relationship:	Email:	
3. Name:	Phone:	
Relationship:	Email:	
4. Name:	Phone:	
Relationship:	Email:	
5. Name:	Phone:	
Relationship:	Email:	
<b>The National Youth in Transition Database (NYTD) helps Kansas measure success in preparing youth for the transition from foster care to adult living by surveying youth at 17, 19, &amp; 21 years of age.</b> <i>You may be contacted at age 19 and 21 and asked to complete a survey by DCF Independent Living staff.</i> If you have any NYTD questions, please email: <a href="mailto:KS.NYTD@dcf.ks.gov">KS.NYTD@dcf.ks.gov</a>		
<b><u>Medical Power of Attorney: (Federal Reg. 475(1) F)</u></b> <i>It is important that you choose a trusted adult to support you in case there is an emergency and you become unable to make medical decisions for yourself. Having a Medical Power of Attorney will protect you in emergency situations. This adult would make decisions for you only if you were seriously injured, critically ill, or became unable to speak regarding medical treatment. If you do not have a formal Medical Power of Attorney, then you risk having someone that you may not trust making these decisions for you.</i> <i>When you select a trusted adult for this document, we can help you obtain the needed document.</i>		
<b>Have you selected a trusted adult to make important decisions regarding emergency medical treatment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I would like more information		
<b>Do you have documentation for your selected Medical Power of Attorney?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I would like more information		
<b>The person who I would like to list as my "Medical Power of Attorney":</b>		
Name:	Phone:	Email:
<b><u>Living Will:</u></b> <i>A living will is a document that outlines your wishes for medical care if you are terminally ill or permanently unconscious. It can include instructions for life-sustaining treatments, resuscitation, feeding tubes, and assisted breathing. A living will can also include your religious or philosophical beliefs. A living will only apply while you are alive but incapacitated and ends when you die.</i>		
<b>Are you interested in obtaining a living will?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I would like more information		



<input type="checkbox"/> N/A <b>Legal</b>	
<b>Do you have past criminal charges?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<b>Do you have current criminal charges?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
<b>Details on past, current, and pending charges and/or convictions:</b>	
<b>Court Orders:</b>	
<b>Court Fines Owed:</b>	
<b>What are your plans for completing court orders and paying fines?</b>	
<b>Court Services Officer:</b>	<b>Email/Phone:</b>
<b>Probation Officer:</b>	<b>Email/Phone:</b>
<b>Attorney:</b>	<b>Email/Phone:</b>
<b>What services/supports are you interested in receiving after release, if eligible? Check all that apply:</b>	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Life Skills</div> <div style="width: 33%;"><input type="checkbox"/> Aged Out Medical Card</div> <div style="width: 33%;"><input type="checkbox"/> Independent Living Subsidy</div> <div style="width: 33%;"><input type="checkbox"/> Case Management</div> <div style="width: 33%;"><input type="checkbox"/> Accessing Medical Services</div> <div style="width: 33%;"><input type="checkbox"/> Start Up Assistance</div> <div style="width: 33%;"><input type="checkbox"/> Food Assistance</div> <div style="width: 33%;"><input type="checkbox"/> Accessing Mental Health</div> <div style="width: 33%;"><input type="checkbox"/> Post Secondary Education</div> <div style="width: 33%;"><input type="checkbox"/> Childcare Assistance</div> <div style="width: 33%;"><input type="checkbox"/> Employment Services</div> <div style="width: 33%;"><input type="checkbox"/> Education and Training Vouchers (ETV)</div> <div style="width: 33%;"><input type="checkbox"/> Community Resources</div> <div style="width: 33%;"><input type="checkbox"/> Pre-ETS/Voc. Rehab Services</div> <div style="width: 33%;"><input type="checkbox"/> Tuition Waiver</div> <div style="width: 33%;"><input type="checkbox"/> Crisis Care Information</div> <div style="width: 33%;"><input type="checkbox"/> Mentor Program Referral</div> <div style="width: 33%;"><input type="checkbox"/> Other:</div> <div style="width: 33%;"><input type="checkbox"/> Section 8/FYI/Public Housing Referral</div> <div style="width: 33%;"><input type="checkbox"/> High School/GED Completion</div> </div>	
<b>Exit Plan Participant Signatures &amp; Date of Completion</b>	
<b>Youth's Signature</b>	<b>Date</b>
<b>Case Manager's Signature*</b>	<b>Date</b>
<b>Aftercare Case Manager's Signature*</b>	<b>Date</b>
<b>DCF IL Coordinator or Designee's Signature</b>	<b>Date</b>
<p style="text-align: center;"><b>CWCMP after exit interview is completed:</b></p> <p>Send the Final PPS 3059 My Plan for Successful Adulthood forms along with the completed Exit Plan to the DCF Independent Living regional email for the region where the youth will be located or has requested services, along with the DCF NYTD email (<a href="mailto:KS.NYTD@dcf.ks.gov">KS.NYTD@dcf.ks.gov</a>).</p> <p><b><u>Upon exit from care, all provider shall attach copies of the following as applicable: the young adult's identifying documents, PPS 3050 series, PPS 3059C and send to regional DCF IL teams. If a young adult is transitioning out of foster care to live in another state after release, case teams shall include documentation that Medicaid has been applied for and IL services have been obtained.</u></b></p>	

*\*by signing this, I confirm that information for any services and supports marked interested in after release have been provided to the young adult prior to or during this exit interview meeting*

Resources after Release of Custody (ROC)	
<i>To be completed by CWCMP and provided to the young adult prior to release of custody</i>	
<b>CWCMP Aftercare Contact Information:</b>	
Name:	Office Location:
Phone:	Email:
Aftercare Emergency Contact Line:	
<b>DCF Independent Living Coordinator Contact Information:</b>	
Name:	Office Location:
Phone:	Email:
Regional Group Email:	
<b>Local Resources:</b>	
Emergency Shelter(s):	
Food Resource(s):	
Community Mental Health Center(s):	
Rental and Utility Assistance:	
Other Crisis Resource(s):	
Other Local Resource(s):	
Other Local Resource(s):	
<b>State/National Resources:</b>	
<b>Mobile Crisis Helpline</b> Available for all Kansans 20 years old or younger, including anyone in foster care or formerly in foster care to find resources and support.	<b>Call:</b> 833-441-2240
<b>United Way</b> Call, text, or search United Way website to find food, shelter, parenting, and other resources across the country	<b>Call:</b> 211 <b>Text:</b> Your zip code to 898-211 <a href="https://211kansas.myresourcedirectory.com/">https://211kansas.myresourcedirectory.com/</a>
<b>National Suicide Prevention Lifeline</b> The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones.	<b>Call or Text:</b> 988 <a href="https://988lifeline.org/chat/">https://988lifeline.org/chat/</a>
<b>Parent Helpline</b> Kansas Children's Service League (KCSL) provides judgement-free parenting support 24/7 in English and Spanish as well as 200 additional languages.	<b>Call:</b> 1-800-CHILDREN (1-800-244-5373) <b>Text or Email:</b> <a href="mailto:1800children@kcs.org">1800children@kcs.org</a>
<b>Trevor Lifeline</b> Leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning youth	<b>Call:</b> 1-866-488-7386 <b>Text:</b> Text 'Start' to 678-678 <a href="https://www.thetrevorproject.org/get-help/">https://www.thetrevorproject.org/get-help/</a>
<b>Kansas and National Domestic Violence Hotline</b> Advocates are there to listen without judgement and help you begin to address what's going on in your relationship. Services are always free and available 24/7	<b>Call:</b> 1-800-799-7233 (National) <b>Call:</b> 1-888-363-2287 <b>Text:</b> 'START' to 88788 <a href="https://www.thehotline.org/">https://www.thehotline.org/</a>
<b>National Human Trafficking Resource Center Hotline</b> Hotline for situations involving all forms of sex and labor trafficking.	<b>Call:</b> 1-888-373-7888 (888-3737-888) <b>Text:</b> INFO' or 'HELP' to BeFree (233-733) <a href="https://humantraffickinghotline.org/en/chat">https://humantraffickinghotline.org/en/chat</a>

**If you are having a life-threatening medical or mental health emergency, please call 9-1-1 or go to the nearest emergency room.**

**Family First Prevention Plan and Service  
Referral/Case Status Form**

<b>SECTION I: Identifying Information – Completed by CPS/FC Liaison/IL Coordinator</b>			
Case Head Name:	Case Head Client ID:	FACTS Case #:	FACTS Event #:
Date of Intake Assignment: Click or tap to enter a date.			
Address of Family: City, State, Zip: County where family resides:		Phone number: Best way to contact family (phone, text, person, other):	
Non-custodial Parent(s) Name: Address: City, State, Zip:		Phone: Best way to contact family (phone, text, person, other):	
Is there a reason to believe that any family member is a member or eligible to be a member of a recognized Tribe, and the Indian Child Welfare Act (ICWA) applies? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list Tribal Affiliation): Name of Enrolled Family Member(s):			
Referring DCF CPS/ Foster Care Liaison/IL Coordinator:  Email: Phone number(s): Supervisor:  Family First Regional Email (check one below): <b>Northwest Region</b> <input type="checkbox"/> DCF.WERFFLiaison@ks.gov <b>Southwest Region</b> <input type="checkbox"/> DCF.WERFFLiaison@ks.gov <b>Wichita Region</b> <input type="checkbox"/> DCF.WROFF@ks.gov <b>Northeast Region</b> <input type="checkbox"/> DCF.NortheastFamilyFirst@ks.gov <b>Southeast Region</b> <input type="checkbox"/> DCF.SoutheastFamilyFirst@ks.gov <b>KC Region</b> <input type="checkbox"/> DCF.KCRegionFamilyFirst@ks.gov  DCF Office: List any other DCF division or employee actively involved with the family if applicable (Name/role):		Is there a current CINC case: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Court Number: Next Court Hearing/Division:  Any child in the family in DCF custody: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name:  <b>Answer the following *FACTS CODES in parentheses:</b> <b>Is this referral due to a Juvenile Offender case?</b> <input type="checkbox"/> Yes <b>(JO01N)(PSW)</b> <input type="checkbox"/> No  <b>Is the referral for a pregnant youth in foster care?</b> <input type="checkbox"/> Yes <b>(FC01N)(FGC)</b> <input type="checkbox"/> No If yes, Name:  <b>If the referral is for a parenting youth in foster care is their child:</b> <input type="checkbox"/> Not in custody <b>(FC02N)(FGC)</b> <input type="checkbox"/> In custody of the Secretary <b>(FC03N)(FGC)</b> Name of parenting youth: Child's name:	

<b>Section II: Candidacy for Care Determination – Completed by CPS/FC Liaison/IL Coordinator – Determine if the child meets criteria as a candidate for care.</b>			
<b>Child Name</b> (List all children in the home)	<b>Age</b>	<b>Candidate for Care</b>	<b>Reason for candidacy determination</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for imminent risk of removal:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for imminent risk of removal:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for imminent risk of removal:

Family First Prevention Plan and Service  
Referral/Case Status Form

		<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for imminent risk of removal:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for imminent risk of removal:
Indicate if any children above have, within approximately a year, participated in mental health treatment, or if any child is on a psychiatric residential treatment facility (PRTF) waitlist. This will assist in service coordination.			
Name of child/youth	Agency delivering service	Name of past/current therapist or case manager	
Is any child/youth listed above on a PRTF waitlist? <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes. If yes, add name of child:			

Section III: Prevention Plan – Completed by CPS /FC Liaison/IL Coordinator

A prevention plan expires after 12 months of being open. The prevention plan date will match the start date of the service referral (Section IV). Select one of the following below:

<b>1A. Complete for initial prevention plan (most common)</b>	OR	<b>1B. Complete when services extend beyond 12 months of previous prevention plan</b>
<input type="checkbox"/> This is an initial prevention plan		<input type="checkbox"/> This is an extension of an active prevention plan/that follows an expired prevention plan
Enter the start date for this plan/referral: Click or tap to enter a date. Enter the end date (12 months from start date): Click or tap to enter a date.		Enter the start date (use end date from previous plan): Click or tap to enter a date. Enter the end date (12 months from start date): Click or tap to enter a date.
<b>1C:</b> Is this a revision to an open prevention plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for revision:	
<b>Has this family been actively engaged in conversations about Family First services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Prevention Strategy</b> (Check one): <input type="checkbox"/> Maintain the child safely in the home <input type="checkbox"/> Live temporarily with a kin caregiver until the child can safely return to their parent(s)/caregiver(s), or <input type="checkbox"/> Live permanently with a kin caregiver.		

**\*FACTS:** When entering an extension for a Prevention plan (Section III. 1B.) on RESP Screen:

- Close previous Prevention Plan
- Close Candidacy for Care related to previous Prevention Plan
- Close all open Family First Services using the code (SD) in the RespStatus field
- Add new Candidacy for Care for this Prevention Plan
- Re-Add Family First Services that were closed for extension, use the extension Prevention Plan Start date in the AchDt field. RespInDt of service must match the start date of the extension Prevention Plan.

**Family First Prevention Plan and Service  
Referral/Case Status Form**

**Section IV: Family First Prevention Service Referral – Completed by CPS/FC Liaison/IL Coordinator** – Check the appropriate service box to identify the service the family agrees to receive available in the county where the family resides.

**\*NOTE FOR FACTS STAFF:** Service is added to all family members.

<b>Kinship Navigator (FK01N)</b>	<b>Mental Health (FM01N)</b>	<b>Parent Skill Building (FI01N)</b>	<b>Substance Use Disorder (FS01N)</b>
<input type="checkbox"/> Kids 2 Kin – Kansas Legal Services (NIT)	<input type="checkbox"/> MST – Multisystemic Therapy – Community Solutions (MST)	<input type="checkbox"/> Bright Futures Program – KPATA (PAT)	<input type="checkbox"/> START – DCCCA (STA)
<b>Other Services (FP01N)</b>	<input type="checkbox"/> Functional Family Therapy – Cornerstones (FFT)	Healthy Families America <input type="checkbox"/> KVC (HFB)	<input type="checkbox"/> Parent Child Assistance Program, PCAP – Kansas Children’s Service League (PCA)
<input type="checkbox"/> Community Support Specialist – Sedgwick Co. Sheriff’s Dept. (CSP)	<input type="checkbox"/> Parent Child Interaction Therapy – TFI Family Services (PCI)	<input type="checkbox"/> Kansas Children’s Service League (HFA)	<input type="checkbox"/> Seeking Safety – Saint Francis (SES)
<b>*NOTE FOR FACTS STAFF: (FACTS CODES)</b>		<input type="checkbox"/> Family Mentoring – CAPS (NPP)	<input type="checkbox"/> Strengthening Families – KVC (SFA)
		<input type="checkbox"/> Fostering Prevention – FAC (FSP)	
		<input type="checkbox"/> Family Centered Treatment – Saint Francis (FCT)	

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List all family members/relatives, including any minor children, and non-related kin, in or out of the household who will participate in the service.

Family Member / Role	Is this a new service or a service added to an already existing prevention plan?	Add the date only if this is an additional service.
	<input type="checkbox"/> New <input type="checkbox"/> Additional service	Click or tap to enter a date.
	<input type="checkbox"/> New <input type="checkbox"/> Additional service	Click or tap to enter a date.
	<input type="checkbox"/> New <input type="checkbox"/> Additional service	Click or tap to enter a date.
	<input type="checkbox"/> New <input type="checkbox"/> Additional service	Click or tap to enter a date.
	<input type="checkbox"/> New <input type="checkbox"/> Additional service	Click or tap to enter a date.
	<input type="checkbox"/> New <input type="checkbox"/> Additional service	Click or tap to enter a date.
	<input type="checkbox"/> New <input type="checkbox"/> Additional service	Click or tap to enter a date.
	<input type="checkbox"/> New <input type="checkbox"/> Additional service	Click or tap to enter a date.
	<input type="checkbox"/> New <input type="checkbox"/> Additional service	Click or tap to enter a date.

State of Kansas  
Department for Children and Families  
Prevention and Protection Services

**Family First Prevention Plan and Service  
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**SECTION V: Family First Referral Opening – Completed by CPS/FC Liaison/IL Coordinator**

**Reason for Referral** (Describe what brought the family to the attention of the agency, why is the family being referred for specified services, and historical involvement with agency):

**Required attachments for Family First Prevention Services:**

- ☐ A/N referrals; PPS 1000, PPS 2020 Kansas DCF Assessment Map
- ☐ FINA referrals; PPS 1000, PPS 2020 Kansas DCF Assessment Map
- ☐ All cases; PPS 2021 Immediate Safety plan – if applicable
- ☐ Attach and email all forms to the grantee/provider, regional Family First mailbox and your region’s FACTS mailbox

*(End DCF responsibility, Grantee portion begins next page)*

DCF Distribution: Case File, Family First Provider, FACTS

**GRANTEE: Acknowledge receipt of referral within 24 hours.**

State of Kansas  
Department for Children and Families  
Prevention and Protection Services

### Family First Prevention Plan and Service Referral/Case Status Form

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**SECTION VI: Timely engagement – Completed by Grantee – Assessment and/or review of prevention plan** **Contact** with family to occur within 2 business days of referral. Provide initial contact date below and submit to emails listed at the end of this form for the appropriate region within 5 business days of initial contact.

Use the email subject line: FF\_county abbreviation\_Lastname\_Firstname\_4311\_Initial Contact

<b>Name of Grantee:</b>  <b>Date of Initial contact with Family:</b> Click or tap to enter a date.		<b>Referred Service Category:</b> <input type="checkbox"/> Kinship Navigator <b>(FK01N)</b> <input type="checkbox"/> Mental Health <b>(FM01N)</b> <input type="checkbox"/> Substance Use Disorder <b>(FS01N)</b> <input type="checkbox"/> Parent Skill Building <b>(FI01N)</b> <input type="checkbox"/> Other <b>(FP01N)</b>	
<b>Name of Grantee Assigned Worker:</b>	<b>Email:</b>	<b>Phone:</b>	
<b>Name of Grantee Assigned Supervisor:</b>	<b>Email:</b>	<b>Phone:</b>	

**SECTION VII: Closure of Family First Prevention Services – Completed by Grantee** – At time of case closure, add date, closure reason, and summary below. Submit to emails listed at the end of the form for the appropriate region within 5 business days of closure.

Use the email subject line: FF\_county abbreviation\_Lastname\_Firstname\_4311\_Closure

<b>Name of Grantee:</b>  <b>Closure Date:</b> Click or tap to enter a date.		<b>Referred Service Category:</b> <input type="checkbox"/> Kinship Navigator <b>(FK01N)</b> <input type="checkbox"/> Mental Health <b>(FM01N)</b> <input type="checkbox"/> Substance Use Disorder <b>(FS01N)</b> <input type="checkbox"/> Parent Skill Building <b>(FI01N)</b> <input type="checkbox"/> Other <b>(FP01N)</b>	
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**Closure Reason – Completed by Grantee** – Select reason case is closing and provide a summary reason for case closure.

☐ Retraction within 5 **business** days of referral. *Exception: Family determined ineligible after 5-day window.* **(JD)**

*The following are applicable after 6+ days.*

☐ Family declined or chooses to end services after 5 days of referral. **(CD)**

☐ Family is not progressing or addressing issues/needs identified in the prevention plan. **(AD)**

☐ Child was removed from home; a referral was made to the Reintegration/Foster Care/Adoption provider. **(LD)**

☐ Unable to locate the family or family moved out of provider services area or out of state. **(MV)**

☐ Family has successfully completed services. **(CM)**

**Closure Summary – Completed by Grantee** – Provide a description of the family's progress/functioning at closure, a summary of the reason for closure, or special circumstances leading to closure. If applicable, document attempts to locate or engage family.

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**GRANTEE: Return the form to the following emails for the appropriate region where the family resides.**

Region	FACTS email inbox	Family First email inbox	Referring Child Protection Specialist or Foster Care Liaison (Listed in Section I)
Northwest	DCF.WERFP@ks.gov	DCF.WERFFLiaison@ks.gov	Both
Southwest	DCF.WERFP@ks.gov	DCF.WERFFLiaison@ks.gov	Both
Wichita	DCF.WROCPFP@ks.gov	DCF.WROFF@ks.gov	Both
Northeast	DCF.EastFacts@ks.gov	DCF.NortheastFamilyFirst@ks.gov	Both
Southeast	DCF.EastFacts@ks.gov	DCF.SoutheastFamilyFirst@ks.gov	Both
Kansas City	DO NOT SEND TO FACTS	DCF.KCRegionFamilyFirst@ks.gov	Both

**END FORM**



# PPS 4311 Family First Prevention Plan and Service Referral/Case Status Form—Instructions Page 437 of 617

Completed by CPS/FC Liaison/IL Coordinator

Effective July 2025

## SECTION I: Identifying Information – Completed by CPS/FC Liaison/IL Coordinator

Case Head Name:	Case Head Client ID:	FACTS Case #:	FACTS Event #:
Date of Intake Assignment: Click or tap to enter a date.			
Address of Family: City, State, Zip:		Phone number: Best way to contact family (phone, text, person, other):	
County where family resides:			
Non-custodial Parent(s) Name: Address: City, State, Zip:		Phone: Best way to contact family (phone, text, person, other):	
Is there a reason to believe that any family member is a member or eligible to be a member of a recognized Tribe, and the Indian Child Welfare Act (ICWA) applies? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list Tribal Affiliation):			
Name of Enrolled Family Member(s):			

## SECTION I: Identifying Information

- Complete Case Head information (Name, Client ID, Case #, Event #)
- Enter the Date of the Intake's Assignment
- Complete contact information for both Case Head and non-custodial parent (address, phone number, etc.)
- Is the family eligible (already involved) with ICWA? If yes, please list the names.

Referring DCF CPS/ Foster Care Liaison/IL Coordinator:

Email:  
Phone number(s):  
Supervisor:

Family First Regional Email (check one below):

**Northwest Region** ☐ DCF.WERFFLiaison@ks.gov

**Southwest Region** ☐ DCF.WERFFLiaison@ks.gov

**Wichita Region** ☐ DCF.WROFF@ks.gov

**Northeast Region** ☐ DCF.NortheastFamilyFirst@ks.gov

**Southeast Region** ☐ DCF.SoutheastFamilyFirst@ks.gov

**KC Region** ☐ DCF.KCRegionFamilyFirst@ks.gov

DCF Office:

List any other DCF division or employee actively involved with the family if applicable (Name/role):

## SECTION I: Identifying Information

- Complete Referring CPS information (Name, Email, Phone #, and Supervisor)
- Check mark the Region the referral will be active in. **\*Hint: The email inbox listed next to the selected Region needs added to the original referral email.**
- Enter the DCF Office the referral is being made from (Referring CPS Office)
- Identify and list any DCF names whom may be actively involved with the family already.

## SECTION I: Identifying Information

- Was there PPC prior to the referral being made? If so, please fill out the date PPC ended.
  - Is there a current Child In Need of Care (CINC) case? If yes, please list the Court #, Date of the next Court Hearing, and the Division.
  - Is there a child in the family in DCF custody? If yes, please list the names.
- Please check mark yes or no for the following questions.
- Is this referral due to a Juvenile Offender case?
  - Is the referral for a pregnant youth in Foster Care? If yes, please list the name.

Was any child in PPC prior to referral:

☐ Yes ☐ No If yes, release date of PPC:

Is there a current CINC case:

☐ Yes ☐ No If yes:

Court Number:

Next Court Hearing/Division:

Any child in the family in DCF custody:

☐ Yes ☐ No If yes, Name:

Answer the following **\*FACTS CODES** in parentheses:

Is this referral due to a Juvenile Offender case?

☐ Yes **(JO01N)(PSW)** ☐ No

Is the referral for a pregnant youth in foster care?

☐ Yes **(FC01N)(FGC)** ☐ No

If yes, Name:

If the referral is for a parenting youth in foster care is their child:

☐ Not in custody **(FC02N)(FGC)**

☐ In custody of the Secretary **(FC03N)(FGC)**

Name of parenting youth:

Child's name:

## SECTION II: Candidacy for Care Determination

- List all names and ages of the children in the home.
- Determine if each child is a Candidacy of Care by check marking yes or no. If yes, please briefly list the reason for imminent risk of removal.

## Section II: Candidacy for Care Determination – Completed by CPS/FC Liaison/IL Coordinator – Determine if the child meets criteria as a candidate for care.

Child Name (List all children in the home)	Age	Candidate for Care	Reason for candidacy determination
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for imminent risk of removal:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for imminent risk of removal:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for imminent risk of removal:

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Indicate if any children above have, within approximately a year, participated in mental health treatment, or if any child is on a psychiatric residential treatment facility (PRTF) waitlist. This will assist in service coordination.

Name of child/youth	Agency delivering service	Name of past/current therapist or case manager

Is any child/youth listed above on a PRTF waitlist? ☐ No ☐ Unknown ☐ Yes. If yes, add name of child:

## SECTION II: Candidate for Care Determination

- Within the children listed above being in the home, indicate if any of the children have participated in mental health treatment within the past year. If yes, list the name of the child, the agency delivering the service, and the name of the clinician, if applicable.

Please check mark yes or no for the following question:

- Is the child listed above on a PRTF (Psychiatric Residential Treatment Facility) waiting list? If yes, add the

## SECTION III: Prevention Plan

A prevention plan expires after 12-months (365 days) of being open.

- If this is an initial prevention plan, check mark the box under 1A. Then, enter the start date (**\*Hint: this date much match the date the referral is sent via email**). Enter the end date—this must be 365 days from the start date, i.e. Start Date: 8/14/2023, End Date: 8/14/2024.

- If this is NOT an initial prevention plan and is an extension of a previous prevention plan, check mark the box under 1B. The start date of an extension must be an end date of the initial prevention plan, i.e. End Date: 8/14/2024, Extension Start Date: 8/14/2024. The Extension's End Date must be 365 days from the Extension Start Date, i.e. 8/14/2025.

- If an initial or extended prevention plan needs revised, check mark yes or no in 1C and provide a brief reason for the revision.

- Has the family been engaged in a conversation about the Family First service you plan to refer to? Check mark yes or no. **\*Hint: This questions helps our Family First Grantees prepare before approaching the family regarding their service.**

## SECTION IV: Family First Prevention Service Referral

- Check mark the box next to the Family First service selected for the referral.

## SECTION IV: Family First Prevention Service Referral

- List all members participating in the Family First service and their roles.
- Check mark new or additional service for each member (an additional service would be utilizing during an appropriate revision. If it is in fact an additional service, add the Start Date for the additional service).

## Section III: Prevention Plan – Completed by CPS /FC Liaison/IL Coordinator

A prevention plan expires after 12 months of being open. The prevention plan date will match the start date of the service referral (Section IV). Select one of the following below:

### 1A. Complete for initial prevention plan (most common)

OR

### 1B. Complete when services extend beyond 12 months of previous prevention plan

- ☐ This is an initial prevention plan

Enter the start date for this plan/referral: Click or tap to enter a date.

Enter the end date (12 months from start date): Click or tap to enter a date.

- ☐ This is an extension of an active prevention plan/that follows an expired prevention plan

Enter the start date (use end date from previous plan): Click or tap to enter a date.

Enter the end date (12 months from start date): Click or tap to enter a date.

1C: Is this a revision to an open prevention plan? ☐ Yes ☐ No

Reason for revision:

Has this family been actively engaged in conversations about Family First services? ☐ Yes ☐ No

Prevention Strategy (Check one):

- ☐ Maintain the child safely in the home  
☐ Live temporarily with a kin caregiver until the child can safely return to their parent(s)/caregiver(s), or  
☐ Live permanently with a kin caregiver.

**Section IV: Family First Prevention Service Referral – Completed by CPS/FC Liaison/IL Coordinator – Check the appropriate service box to identify the service the family agrees to receive available in the county where the family resides.**

**\*NOTE FOR FACTS STAFF: Service is added to all family members.**

Kinship Navigator <b>(BK01N)</b>	Mental Health <b>(EM01N)</b>	Parent Skill Building <b>(FI01N)</b>	Substance Use Disorder <b>(ES01N)</b>
<input type="checkbox"/> Kids 2 Kin – Kansas Legal Services <b>(NIT)</b>	<input type="checkbox"/> MST – Multisystemic Therapy – Community Solutions <b>(MST)</b>	<input type="checkbox"/> Bright Futures Program – KPATA <b>(PAT)</b>	<input type="checkbox"/> START – DCCCA <b>(STA)</b>
	<input type="checkbox"/> Parent Child Interaction Therapy – TFI Family Services <b>(PCI)</b>	Healthy Families America <input type="checkbox"/> KVC <b>(HFB)</b> <input type="checkbox"/> Kansas Children's Service League <b>(HFA)</b> <input type="checkbox"/> Family Mentoring – CAPS <b>(NPP)</b> <input type="checkbox"/> Fostering Prevention – FAC <b>(FSP)</b> <input type="checkbox"/> Family Centered Treatment – Saint Francis <b>(FCT)</b>	<input type="checkbox"/> Parent Child Assistance Program, PCAP – Kansas Children's Service League <b>(PCA)</b> <input type="checkbox"/> Seeking Safety – Saint Francis <b>(SES)</b>

**\*NOTE FOR FACTS STAFF: (FACTS CODES)**

List all family members/relatives, including any minor children, and non-related kin, in or out of the household who will participate in the service.

Family Member / Role	Is this a new service or a service added to an already existing prevention plan?	Add the date only if this is an additional service.
	<input type="checkbox"/> New <input type="checkbox"/> Additional service	Click or tap to enter a date.
	<input type="checkbox"/> New <input type="checkbox"/> Additional service	Click or tap to enter a date.
	<input type="checkbox"/> New <input type="checkbox"/> Additional service	Click or tap to enter a date.

**SECTION V: Family First Referral Opening – Completed by CPS/FC Liaison/IL Coordinator**

**Reason for Referral** (Describe what brought the family to the attention of the agency, why is the family being referred for specified services, and historical involvement with agency):

**Page 439 of 517**  
**SECTION V: Family First Referral Opening**

- This section is any and all pertinent information (please be detailed) to the Family First Grantees (Providers) regarding the need or why behind the referral for the family.
- Please provide a synopsis of the case (do not copy and paste the Intake) including PPC (Police Protective Custody) information, any TDM (Team-Decision

**Required attachments for Family First Prevention Services:**

- ☐ A/N referrals; PPS 1000, PPS 2020 Kansas DCF Assessment Map
- ☐ FINA referrals; PPS 1000, PPS 2020 Kansas DCF Assessment Map
- ☐ All cases; PPS 2021 Immediate Safety plan – if applicable
- ☐ Attach and email all forms to the grantee/provider, regional Family First mailbox and your region's FACTS mailbox

*(End DCF responsibility, Grantee portion begins next page)*

**Required Attachments for a Family First Prevention Service Referral**

- All Abuse/Neglect & FINA referrals require the PPS 1000 and the PPS 2020.
- All cases require the PPS 2021, if applicable.
- Attach and Email all forms to the Family First Grantee (Provider) (shown in the box below by region), Regional Family First Email Inbox (shown in Section 1), and the Region's FACTS Email Inbox. (shown in the box to the left).

**END of DCF's responsibility.**

Region	FACTS email inbox	Family First email inbox	Referring Child Protection Specialist or Foster Care Liaison (Listed in Section I)
Northwest	DCF.WERFP@ks.gov	DCF.WERFFLiaison@ks.gov	Both
Southwest	DCF.WERFP@ks.gov	DCF.WERFFLiaison@ks.gov	Both
Wichita	DCF.WROCPFP@ks.gov	DCF.WROFF@ks.gov	Both
Northeast	DCF.EastFacts@ks.gov	DCF.NortheastFamilyFirst@ks.gov	Both
Southeast	DCF.EastFacts@ks.gov	DCF.SoutheastFamilyFirst@ks.gov	Both
Kansas City	DO NOT SEND TO FACTS	DCF.KCRegionFamilyFirst@ks.gov	Both

**Referral for Q RTP Assessment  
For Child in DCF Custody**

**SECTION I: Identifying Information**

<b>Child's Name:</b> _____	<b>Child's DOB</b> _____	<input type="checkbox"/> <b>Male</b>
		<input type="checkbox"/> <b>Female</b>
<b>Client ID:</b> _____	<b>Date Referred:</b> _____	<b>Time Referred:</b> _____
		<input type="checkbox"/> <b>AM</b>
		<input type="checkbox"/> <b>PM</b>
<b>FACTS Case Number:</b> _____	<b>Permanency Goal:</b> _____	
<b>CINC Court Case Number:</b> _____	<b>Judicial District:</b> _____	
<b>Parent/Caregiver Name:</b> _____	<b>Parent/Caregiver Name:</b> _____	
<b>Address:</b> _____	<b>Address:</b> _____	
<b>Phone:</b> _____	<b>Phone:</b> _____	

**SECTION II: Agency Contact Information**

<b>Referring CWCMP Case manager:</b> _____	<b>Phone:</b> _____
<b>Address:</b> _____	<b>Email:</b> _____
<b>DCF Foster Care Liaison:</b> _____	<b>Phone:</b> _____
<b>Address:</b> _____	<b>Email:</b> _____

**SECTION III: Child's Placement Information**

<b>Date of Q RTP Placement:</b> _____	
<b>Name of Child's Current Placement:</b> _____	<b>Email Address:</b> _____
<b>Address:</b> _____	<b>Phone Number:</b> _____

**SECTION IV: Other Individuals able to provide information on child's functioning (IE: Foster Parents, School Personnel, Therapists, etc.)**

Name	Relationship to Child	Contact Information

**SECTION V: Rationale for requesting an assessment for Q RTP placement (Presenting problem and/or description of child's behaviors)**

--

**Referral for Q RTP Assessment  
For Child in DCF Custody**

**Attach all completed assessments to assist with the functional assessment of the child. These assessments may include, but are not limited, to the following:**

- |   |  |
|---|--|
| <input type="checkbox"/> Structured Decision Making (SDM)<br><input type="checkbox"/> Child Stress Disorder checklist-KS (CSDC-KS)<br><input type="checkbox"/> Child Report of Post-Traumatic Symptoms (CROPS)<br><input type="checkbox"/> Parenting Stress Index – Short Form (PSI-SF)<br><input type="checkbox"/> Individual Education Plan (IEP) | <input type="checkbox"/> Child and Adolescent Functional Assessment Scale (CAFAS)<br><input type="checkbox"/> North Carolina Family Assessment Scale (NCFAS) |
|---|--|

Once this form is complete please email to: [QRTP@healthsrc.org](mailto:QRTP@healthsrc.org)

Call HealthSource Integrated Solutions Program administration support to discuss referral: ~~785-291-9138~~ 1-800-466-2222



**Individual Recruitment Plan(IRP)  
for Child in Need of an Adoptive  
Resource**

<b>Child(ren)'s Information:</b>			
Name(s):		DOB:	FACTS Case#
CWCMP:		CWCMP Adoption Resource Coordinator Case Manager:	
Initial IRP Date:		IRP Update:	

<b>Adoption Exchange Information:</b>			
Date of Initial PPS 5310 Referral to Adoption Exchange:			
Date of Current PPS 5310 Referral to Adoption Exchange (if applicable):			
Date PPS 5310 Update Due to Adoption Exchange, if applicable:			
<b>Adoption Recruitment History:</b>			
Date:	Case Status:	Status Reason:	Notes:
<b>Total Number of Inquiries sent to received CWCMP to Review:</b>			

<b>Type of Recruitment Provided: (check all that apply)</b>
<input type="checkbox"/> <b>Private Matching</b> (private profile on adoptkskids.org - only visible Adopt KS Kids team for purposes of child to family matching)
<input type="checkbox"/> <b>Public Photo Listing</b> (public profile on adoptkskids.org – visible to both inquiring adoptive families, as well as professionals)
<input type="checkbox"/> <b>Extreme Family Finding</b> (Using intensive recruitment efforts, including diligent relative/kinship searches, to achieve and prepare youth for permanency)
<input type="checkbox"/> <b>Youth Centered Profile</b>

**Individual Recruitment Plan(IRP)  
 for Child in Need of an Adoptive  
 Resource**

(children 12+ will work with an Adopt KS Kids Child Specialist on the development of their own in-depth profile)

☐ **In State Recruitment**

(CWCMP will be provided family inquiries from those residing in Kansas)

☐ **Out of State Recruitment**

(CWCMP will be provided family inquiries from those residing in both Kansas and out of state)

If child cannot receive out of state recruitment, what is the reason?

**Targeted Adoption Recruitment Activities:**

(Targeted Recruitment Activities are community awareness initiatives used for the purpose of resource family recruitment. May include, but are not limited to, AdoptUSKids photo listing, social media, featured child/sibling, television, radio profile, newspaper, church bulletin inserts, Klicks for Kids Heart Gallery.)

Recruitment Activity:	Date:	Notes:
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Additional Information Regarding Recruitment Status:



The adoption assistance case shall be reviewed on an annual basis. This review serves as a tool for the adoptive parent to notify DCF of any changes in the child's needs and to provide documentation indicating the adoptive parents remain legally and financially responsible for the child. Please answer the following questions and return to the designated office within thirty (30) days.

<b>Child's First Name:</b>	<b>MI</b>	<b>Last Name:</b>	<b>Date of Birth (MMDDYY):</b>	
<b>Last 4 Digits of the child's Social Security Number:</b>				
<b>Child's Case Number:</b>		<b>Review Month Due:</b>		
<b>Adoptive Parent's Name:</b>	<b>Phone number: (Home)</b>	<b>Phone number: (Work)</b>	<b>Other number: (cell)</b>	
<b>Street Address for Parent 1</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Date Sent:</b>
<b>Street Address for Parent 2 (if different)</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Date Sent:</b>
<b>Parent 1 Email address:</b>				
<b>Parent 2 Email address:</b>				

1. Do you continue to need Adoption Assistance for this child's needs? This includes a medical card.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you continue to be legally or financially responsible for this child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does this child continue to reside with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, where does this child reside?		
4. Have there been any changes in the benefits this child receives or the financial circumstances of the family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain:		
5. Is this child currently receiving SSI, SSA, veterans or any other financial benefits? (Provide documentation or receipt of SSI, SSA, veterans or other financial benefits payment amount)(If yes and the SSI rate has changed since your adoption assistance agreement was signed you may be eligible for renegotiation. Please see question 7+2.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Since the last annual report, has this child been determined newly eligible to receive SSI, SSA, veterans or any other financial benefits? (Provide documentation of eligibility and/or receipt of SSI, SSA, veterans or other financial benefits) (If your child has been determined to be eligible for SSI you may be eligible to renegotiate the adoption assistance agreement. Please see question 7+2.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. If there have been changes in this child's needs since the adoption assistance was negotiated, would you like to speak to an adoption assistance specialist to request renegotiation or learn more about eligibility to renegotiate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain:		



<b>Complete this section only if this child is age 18 or will turn 18 within the next 12 months</b> Assistance usually ends at age 18. However, it may continue until age 21 if the child continues to be in high school, a high school equivalency program (GED), or has a documented physical or mental disability. <i>Note: If this child was adopted at or after age 16, you may contact the State's Independent Living Program Manager to access services for which this child may be eligible such as post-secondary financial assistance.</i>				
a. Has this child graduated from high school? If yes, date of graduation? (mm/dd/yy): _____ If no, expected date of graduation? (mmddyy): _____ <b>Note: Please provide official school documentation indicating anticipated date of graduation (school report card or a letter from school officials on letterhead).</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) If not expected to graduate, is this child involved in a GED program? If yes, what is the anticipated date of completion? (mm/dd/yy): _____ <b>Note: Please provide verification of GED enrollment and active participation from the GED program.</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Does this child have a documented physical or mental condition, which significantly impacts their daily living? If yes, specify and provide current documentation (dated within last 12 months) from a physician, hospital, clinic, or other licensed medical practitioner of this child's disability. Documentation must be dated prior to this child's 18 <sup>th</sup> birthday.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand the questions on this form, and I certify, under penalty of perjury, that the information voluntarily given by me on this form is correct and complete to the best of my knowledge. I understand I may reach out to a local DCF service center to inquire about additional assistance and supports which may be available.				
Adoptive Parent 1 Signature:		Date:	Adoptive Parent 2 Signature:	
PLEASE RETURN BY (mmddyy):				
This form and all required attachments shall be returned to the following person at the specific address listed below:				
Return to: Regional Office:		DCF Worker/Designee:		
Street Address:		City:	State:	Zip Code:
Telephone Number:		Fax Number:		
FOR OFFICE USE ONLY:				
Date Review Received:		Were there changes reported?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child's Case Number:				
Was a renegotiation of Adoption Assistance Agreement requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was the Adoption Assistance Agreement amended?	<input type="checkbox"/> Yes
				<input type="checkbox"/> No
Date Adoption Assistance Case Closed in KEES:		Date Notice of Action for Case Closure Sent:		
Reason for Case Closure				
Staff Signature:				Date:

### **SOUL Family Legal Permanency Monthly Subsidy Checklist**

The below process shall be followed by the Child Welfare Case Management Provider (CWCMP) to refer a youth and identified SOUL Family Legal Permanency Custodians for the SOUL Family Legal Permanency Monthly Subsidy. The individual Custodian identified for residential care of the youth shall receive the SOUL Family Legal Permanency monthly subsidy. For the SOUL Family Legal Permanency monthly subsidy process, policy, or program related questions, please contact the Regional Foster Care Program Administrator.

#### **I. Identifying Information**

<b>Name of SOUL Family Legal Permanency Youth</b>	
<b>County of CINC Case</b>	
<b>Date of Birth (DOB)</b>	
<b>Current Age</b>	
<b>Name of SOUL Family Legal Residential Custodian</b>	
<b>Address / Phone Number / Email of SOUL Family Legal Permanency Residential Custodian</b>	

#### **II. DCF Regional Office Contacts:**

<b>East Region</b>	<i>Debbie Pyle or Sami White</i> <a href="mailto:deborah.pyle@ks.gov">deborah.pyle@ks.gov</a> <a href="mailto:DCF.East_PCS_SoulFamily@ks.gov">DCF.East_PCS_SoulFamily@ks.gov</a>	
<b>Kansas City Region</b>	<i>JO and DG:</i> Zina Abdulaziz <a href="mailto:zina.abdulaziz@ks.gov">zina.abdulaziz@ks.gov</a>	<i>AT, LV, WY:</i> Stephanie Greener <a href="mailto:stephanie.greener@ks.gov">stephanie.greener@ks.gov</a>
<b>West Region</b>	<i>Monica Smithwick</i> <a href="mailto:monica.smithwick@ks.gov">monica.smithwick@ks.gov</a>	
<b>Wichita Region</b>	<i>A-K (Child Last Name)</i> Tristan Benge <a href="mailto:tristan.benge@ks.gov">tristan.benge@ks.gov</a>	<i>L-Z (Child Last Name)</i> Sheila Dowell <a href="mailto:sheila.dowell@ks.gov">sheila.dowell@ks.gov</a>

#### **III. Action Steps**

**Step 1: The CWCMP sends the following (items A-D) directly to the DCF Regional Office Contact to initiate approval of SOUL Family Legal Permanency Monthly Subsidy prior to finalization of SOUL Family Legal Permanency. All items are attached to an email and sent to corresponding regional email, including "County.SOUL FAMILY SUBSIDY.Youth Initials" in the subject line.**

☐ A) Completed PPS 6300 SOUL Family Legal Permanency Monthly Subsidy Checklist

☐ B) PPS 6301: SOUL Family Legal Permanency Referral for Payment -Fill this out completely!

- 1) Payments start 1st day of month of court order(date): \_\_\_\_\_
- 2) SOUL Family Legal Permanency residential custodian Name: \_\_\_\_\_
- 3) Add youth's anticipated high school graduation month and year: \_\_\_\_\_
- 4) DCF Regional Contact *Name*: \_\_\_\_\_
- 5) Case Management Provider Contact:  
*Agency:* \_\_\_\_\_ *Name:* \_\_\_\_\_ *Email:* \_\_\_\_\_

- ☐ C) **W-9 Statement.** The SOUL Family Legal Permanency custodian with whom the youth shall reside will be the payee/listed on the W9 form, that person's SSN, address, and signature are required for this form. (Copy of the SS card for the residential custodian completed the W-9 is needed.) – This form will **NOT** be approved if the following: signature is over a year old, and if the W9 form is not the most recent W9 IRS Form.
- ☐ D) **Voided Check or Bank Letter** should the SOUL Family Legal Permanency Residential Custodian elect to receive direct deposit. Once voided check or bank letter are received, the SOUL Family Legal Permanency Residential Custodian will be added to OAR Docusign.

SOUL Family Legal Permanency Residential Custodian will receive an email from OAR Docusign to complete Direct Deposit for monthly subsidy. **DO NOT DELETE.** Follow instructions prompted within email. Link will expire after 72 hours.

**Step 2: Upon finalization of SOUL Family Legal Permanency, the CWCMP sends the following directly to the DCF Regional Office Contact to initiate payment of SOUL Family Legal Permanency Monthly Subsidy**

- ☐ A) PPS 6302: SOUL Family Legal Permanency Subsidy Agreement
- ☐ B) PPS 6303: SOUL Family Legal Permanency AFCARS data
- ☐ C) Appointment of SOUL Family Legal Permanency Journal Entry – Note: payments cannot be authorized until this is received and correct.

**Step 3: The DCF Regional Office Contact reviews the documents for accuracy, completeness, and saves all documents from step 1 and 2 to the SOUL Family Legal Permanency shared drive. Reference the instructions on shared drive for saving. The DCF Regional Office Contact sends notification to CWCMP.**

A. SOUL Family Legal Permanency Monthly begins the first day of the month of appointment of SOUL Family Legal Permanency by the court.

**Step 4: Upon notification the CWCMP shall proceed in communicating the below information with the SOUL Family Legal Permanency custodian(s).**

**The CWCMP shall inform the SOUL Family Legal Permanency custodian(s) of the following:**

- A. How to access and provide a copy of the following:
1. Journal Entry with the court date stamp on it
  2. The completed PPS 6302 SOUL Family Legal Permanency Subsidy Agreement with DCF Administration signature.
- B. The instructions to apply for Aged Out KanCare/Medicaid when the youth turns 18:
1. The SOUL Family Legal Permanency custodian shall assist the young adult in complete a paper application for Aged Out Medical Assistance.
  2. The SOUL Family Legal Permanency residential custodian should write AGED OUT Medicaid at the top of the completed application.
- C. The name and contact information of the regional DCF point-of-contact for questions about payments, returning annual reviews and reporting changes.

DCF Regional Contact Name		Email	
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D. Instructions for completing and submitting the PPS 6320 SOUL Family Legal Permanency Change in Status Form. Changes in living arrangements, school, child's income, and closures, etc. are to be reported by the family to the regional office, using this form.

E. Instructions for completing and submitting the PPS 6315 SOUL Family Legal Permanency Annual Review. DCF regional offices are to complete annual reviews with the SOUL Family Legal Permanency residential custodian. Failure to complete and return the forms to the regional offices could result in subsidy being stopped. The Soul Family Legal Permanency Monthly Subsidy is not considered income and therefore the agency does not send out a 1099-MISC, Miscellaneous Information, to the I.R.S. reporting the benefit.

F. Information shall be provided on the DCF Independent Living services for eligible youth.



State of Kansas  
Department for Children and Families  
Prevention and Protection Services

## SOUL FAMILY LEGAL PERMANENCY SUBSIDY AGREEMENT

PPS 6302  
July 2024  
Page 1 of 2

Youth Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
SOUL Family Legal Permanency Residential Custodian Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Court of Jurisdiction: County \_\_\_\_\_ District #: \_\_\_\_\_  
I \_\_\_\_\_, hereby affirm and agree:  
(Name of Residential Custodian)

I have been appointed to be the SOUL Family Legal Permanency residential custodian for \_\_\_\_\_  
(Name of Youth)

On \_\_\_\_\_  
(Date)

My relationship to this youth is: \_\_\_\_\_  
(Relationship)

AS THE SOUL FAMILY LEGAL PERMANENCY RESIDENTIAL CUSTODIAN: (initial each statement)

\_\_\_\_\_ I understand that SOUL FAMILY LEGAL PERMANENCY subsidy is at the discretion of the Department for Children and Families (DCF) and that the award of a subsidy does not constitute entitlement or give rise to a private cause of action (lawsuit) as a result of an award, denial or modification of terms.

\_\_\_\_\_ I further agree that I (we) will cooperate fully and completely with the department in establishing and maintaining eligibility for a SOUL FAMILY LEGAL PERMANENCY subsidy and that said subsidy may be terminated for failure to cooperate with DCF in establishing and maintaining documentation of eligibility for subsidy.

\_\_\_\_\_ I understand SOUL FAMILY LEGAL PERMANENCY Subsidy can be less than Adoption Subsidy.

\_\_\_\_\_ I agree to notify DCF within 30 days of any changes in the youth's situation and to participate in an annual report.

\_\_\_\_\_ I agree to advise DCF if the SOUL FAMILY LEGAL PERMANENCY CUSTODIAN appointment is set aside or legal/financial responsibility for the youth ceases.

\_\_\_\_\_ I acknowledge that if changes in circumstances of the youth are not reported to DCF, a fraud investigation may be conducted.

\_\_\_\_\_ I understand DCF may adjust the eligibility requirements, amount of subsidy payment and duration of support payment to ensure the department expenditures remain within available funds.

\_\_\_\_\_ I understand I may apply for financial benefits for the youth, including completing an application for child-only Temporary Assistance to Families (TAF) in addition to receiving the SOUL FAMILY LEGAL PERMANENCY subsidy.

\_\_\_\_\_ I understand the SOUL FAMILY LEGAL PERMANENCY subsidy will terminate at the time the (a) youth is 18 years of age or has completed high school; (b) youth becomes emancipated, dies, leaves the home, (c) accesses Independent Living Subsidy or otherwise ceases to need support (d) attains age 21.

\_\_\_\_\_ I understand if the youth becomes eligible for Supplemental Security Income (SSI), above \$500, after the SOUL FAMILY LEGAL PERMANENCY Subsidy was approved, the youth becomes ineligible for SOUL FAMILY LEGAL PERMANENCY Subsidy.

\_\_\_\_\_ I understand if I move to another state, the Kansas medical card may provide limited coverage if my new state of residence will not honor the youth's Medicaid coverage. I would need to apply on our own, and meet eligibility requirements in the new residence state, to receive that state's medical card.

\_\_\_\_\_ I have received a copy of the PPS 6320, SOUL FAMILY LEGAL PERMANENCY Change Status Form.

\_\_\_\_\_ I have been informed of the possibility of Independent Living Services for youth who achieve SOUL FAMILY LEGAL PERMANENCY at or after age 16, and access to services is through the State's Independent Living Program Manager.

\_\_\_\_\_ I have been informed that when the child is 17, if (s)he was in the custody of the Secretary of DCF at age 14 or older and meets the minimum state requirements for high school graduation, (s)he may ask the school where they are enrolled or reside for a diploma.

State of Kansas  
Department for Children and Families  
Prevention and Protection Services

**SOUL FAMILY LEGAL PERMANENCY SUBSIDY AGREEMENT**

PPS 6302  
July 2024  
Page 2 of 2

DCF agrees to pay a SOUL FAMILY LEGAL PERMANENCY subsidy in the amount of: \_\_\_\_\_

Payment is to begin: \_\_\_\_\_

DCF agrees to pay a SOUL FAMILY LEGAL PERMANENCY one time Payment in the amount of: \_\_\_\_\_

Payment is to be issued: \_\_\_\_\_

SOUL FAMILY LEGAL PERMANENCY RESIDENTIAL CUSTODIAN Signature: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DCF Regional Office Contact Name: \_\_\_\_\_

DCF Regional Office Contact Signature: \_\_\_\_\_

PPS Administration: \_\_\_\_\_ Date: \_\_\_\_\_



**Child's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Client ID:** \_\_\_\_\_ **FACTS Case Number:** \_\_\_\_\_

- Number of Siblings (Bio, Adopted, Step and Half) in the same home: \_\_\_\_\_
- SOUL Family Legal Permanency Finalization Date: \_\_\_\_\_
- Length of time child has been with family: \_\_\_\_\_
- SOUL Family Legal Permanency Completed (Check One):

☐ Within State (KS)-WIS    ☐ Another State (Out of State)-ANS    ☐ Another Country (Outside US)-ANC

**Primary Custodian's Relationship to the Child:**

- ☐ Foster Parent and Relative – B
- ☐ Step Parent and Relative – C
- ☐ Foster Parent – F
- ☐ Non-related Kin – K
- ☐ Relative – R
- ☐ Step Parent – S
- ☐ Other – O

**Primary Custodian's Family Structure:**

- ☐ Married Couple – MAC
- ☐ Married but living separate or legally separated -SEP
- ☐ Single Female – SIF
- ☐ Single Male – SIM
- ☐ Unmarried Couple – UMC

**1. Primary Custodian's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

Is this the Residential Custodian at the time of finalization? \_\_\_\_\_

**Race (Check all that apply):**

- ☐ American Indian / Alaskan Native -- AI
- ☐ Asian -- SA
- ☐ Asian / Pacific Islander -- AP
- ☐ Black/African American -- BL
- ☐ Native Hawaiian /Pacific Islander -- HP
- ☐ White – WH

**Ethnicity (Check one):**

- ☐ Central or South American – CS
- ☐ Cuban – CU
- ☐ Mexican – ME
- ☐ No – No Ethnicity
- ☐ Other Spanish Cultural Origin – OS
- ☐ Puerto Rican – PR

**Member of a Federally Recognized Tribe: (Y/N) and name of tribe if known:** \_\_\_\_\_

**2. Other Custodian's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

Is this the Residential Custodian at the time of finalization? \_\_\_\_\_

<b>Race (Check all that apply):</b>  <input type="checkbox"/> American Indian / Alaskan Native -- AI <input type="checkbox"/> Asian -- SA <input type="checkbox"/> Asian / Pacific Islander -- AP <input type="checkbox"/> Black/African American -- BL <input type="checkbox"/> Native Hawaiian /Pacific Islander -- HP <input type="checkbox"/> White -- WH	<b>Ethnicity (Check one):</b>  <input type="checkbox"/> Central or South American -- CS <input type="checkbox"/> Cuban -- CU <input type="checkbox"/> Mexican -- ME <input type="checkbox"/> No -- No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin -- OS <input type="checkbox"/> Puerto Rican -- PR
<b>Member of a Federally Recognized Tribe (Y/N) and name of the tribe if known:</b>	

<b>3. Other Custodian's Name(s):</b>	
DOB: Gender:	
Is this the Residential Custodian at the time of finalization?	
<b>Race (Check all that apply):</b>  <input type="checkbox"/> American Indian / Alaskan Native -- AI <input type="checkbox"/> Asian -- SA <input type="checkbox"/> Asian / Pacific Islander -- AP <input type="checkbox"/> Black/African American -- BL <input type="checkbox"/> Native Hawaiian /Pacific Islander -- HP <input type="checkbox"/> White -- WH	<b>Ethnicity (Check one):</b>  <input type="checkbox"/> Central or South American -- CS <input type="checkbox"/> Cuban -- CU <input type="checkbox"/> Mexican -- ME <input type="checkbox"/> No -- No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin -- OS <input type="checkbox"/> Puerto Rican -- PR
<b>Member of a Federally Recognized Tribe (Y/N) and name of the tribe if known:</b>	

<b>4. Other Custodian's Name(s):</b>	
DOB: Gender:	
Is this the Residential Custodian at the time of finalization?	
<b>Race (Check all that apply):</b>  <input type="checkbox"/> American Indian / Alaskan Native -- AI <input type="checkbox"/> Asian -- SA <input type="checkbox"/> Asian / Pacific Islander -- AP <input type="checkbox"/> Black/African American -- BL <input type="checkbox"/> Native Hawaiian /Pacific Islander -- HP <input type="checkbox"/> White -- WH	<b>Ethnicity (Check one):</b>  <input type="checkbox"/> Central or South American -- CS <input type="checkbox"/> Cuban -- CU <input type="checkbox"/> Mexican -- ME <input type="checkbox"/> No -- No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin -- OS <input type="checkbox"/> Puerto Rican -- PR
<b>Member of a Federally Recognized Tribe (Y/N) and name of the tribe if known:</b>	

<b>5. Other Custodian's Name(s):</b>	
DOB: Gender:	
Is this the Residential Custodian at the time of finalization?	



# SOUL Family Legal Permanency AFCARS Data

<b>Race (Check all that apply):</b>  <input type="checkbox"/> American Indian / Alaskan Native -- AI <input type="checkbox"/> Asian -- SA <input type="checkbox"/> Asian / Pacific Islander -- AP <input type="checkbox"/> Black/African American -- BL <input type="checkbox"/> Native Hawaiian /Pacific Islander -- HP <input type="checkbox"/> White -- WH	<b>Ethnicity (Check one):</b>  <input type="checkbox"/> Central or South American – CS <input type="checkbox"/> Cuban – CU <input type="checkbox"/> Mexican – ME <input type="checkbox"/> No – No Ethnicity <input type="checkbox"/> Other Spanish Cultural Origin – OS <input type="checkbox"/> Puerto Rican – PR
<b>Member of a Federally Recognized Tribe (Y/N) and name of the tribe if known:</b>	

❖ *To be completed and submitted to DCF upon finalization of a SOUL Family Legal Permanency, regardless of if the family receives subsidy.*



# Education & Training Voucher Program Plan

<b>Youth <del>Young Adult</del> Name:</b>	<b>Age:</b>	<b>Date:</b>
<b>ETV Plan Dates:</b> <i>(Specify the Year Below)</i> <b>From:</b> July 1,		<b>To:</b> June 30,
<b>Number of years participated in the ETV program prior to this plan year:</b>		
<b>Number of years participated in the SOUL PCST program prior to this plan year:</b>		
<b>Number of years participated in the ETV program prior to this plan year as per Self-Sufficiency Information System (SSIS):</b>		
<i>Shall be reviewed, updated, and approved at every case plan or when circumstances change.</i> <i>Number of years a young adult has used shall be verified and updated through the DCF Self-Sufficiency Information System (SSIS) by the assigned Independent Living Coordinator.</i>		

Section 1: <del>Youth's</del> <b>Young Adult's</b> Educational Plan & Identified Action Steps				
<b>Post-Secondary Educational Institution:</b>	<b>Educational Track:</b>			
	<input type="checkbox"/> Certification <input type="checkbox"/> Bachelor's degree			
<b>Major or Field of Study:</b>	<input type="checkbox"/> Training Program <input type="checkbox"/> Master's degree			
	<input type="checkbox"/> Associate degree <input type="checkbox"/> Other:			
Action Steps:				
Campus tour?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <del>No</del>	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Initial consultation with academic advisor / counselor?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <del>No</del>	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Application for admission completed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <del>No</del>	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Placement exam(s) completed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <del>No</del>	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Free Application for Federal Student Aid (FAFSA) completed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <del>No</del>	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Custody verification letter turned into financial aid department?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <del>No</del>	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Copy of FAFSA award letter received by Independent Living Coordinator?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <del>No</del>	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Copy of semester schedule turned into the Independent Living Coordinator?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <del>No</del>	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
504 Plan obtained & turned into the post-secondary educational facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <del>No</del>	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Vocational Rehabilitation Services referral?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <del>No</del>	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
Copies of housing agreement turned into the Independent Living Coordinator? <del>(Example: signed lease, dormitory contract, rental agreement or foster family transition funds.)</del> <i>(Ex: signed lease, rental agreement with supportive adult(s), dormitory contract, etc.)</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <del>No</del>	<input type="checkbox"/> Needed	<input type="checkbox"/> NA

## Education & Training Voucher Program Plan

Copies of grades from prior semesters turned into the Independent Living Coordinator?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Needed	<input type="checkbox"/> NA
<b><i>Specific tasks to complete these requirements shall be identified on the PPS 7000 Self-Sufficiency Plan.</i></b>				

<b>Section 2: Estimated Costs Associated with Education and/or Training Program Plan Per Year</b>	
Does the school accept the Tuition Waiver ( <del>KS Board of Regents- Public Institution</del> ) ( <b>KS Board of Regents- Public Institution</b> )? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA- Ineligible	
Expense Category	Amount
Tuition & Fees <i>(Do not enter the amount covered by the tuition waiver, if applicable.)</i>	\$
Books & Materials	\$
Room & Board	\$
Special Fees	\$
Child Care	\$
Technical Equipment	\$
Tutoring	\$
Transportation	\$
Clothing	\$
Medical	\$
Miscellaneous (allowable under ETV)	\$
<b>A. Total Costs</b>	\$
<i>Amounts shall be verified by the school.</i>	

<b>Section 3: Financial Awards and Assistance associated with ETV Education and Training Program Plan per year</b>		
Award	\$ Amount	Verified with the School
Pell Grant	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Supplemental Educational Opportunity Grant (SEOG)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Scholarship Awards Total <del>(add from below)</del>	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Student Loans Total	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<i>Perkins Loan</i>	\$	
<i>Subsidized Loan</i>	\$	
<i>Unsubsidized Loan</i>	\$	
<i>Private Loan</i>	\$	
Work Study	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

# Education & Training Voucher Program Plan

Other (Identify)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>B. Total Financial Awards</b>	\$	
<b>C. Total Financial Need (A – B = C)</b> <i>A. Total Cost – B. Total Financial Awards = C. Total Financial Need</i>	\$	
<del>Amount authorized by DCF Independent Living Coordinator (ETV funds are subject to availability.)</del>	<del>\$</del>	
<b>Scholarship Applications Completed: At Least 3 (List Below)</b>	<b>Amount Awarded, If Applicable</b>	<b>Verification Provided to DCF Independent Living Coordinator (If an exception has been granted check NA below.)</b>
1. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>An exception to the minimum 3 scholarships has been granted by the Independent Living Supervisor.</b> <i>(For example, the youth plans to complete a Certified Nursing Assistant course and scholarships aren't available for this purpose or the youth has received a full scholarship to attend the school. Explain the circumstances warranting an exception below. Skip below if an exception doesn't apply.)</i>		
<input type="checkbox"/> Exception granted, explain basis: _____		
_____		

<b>Section 4: Financial Assistance Authorized by Independent Living Coordinator</b>	
<i>(At the end of the fiscal year, attach an SSIS ETV expenditure report)</i>	
<b>Young Adult is eligible for the following Post Secondary Educational Benefits:</b>	
<input type="checkbox"/> State SOUL Post Secondary Education/ Certified Training Program (PCST) Funds	<input type="checkbox"/> Federal Educational and Training Voucher (ETV) Funds
<b>SOUL PCST amount authorized:</b> <i>(cannot exceed \$5,000)</i>	\$
<b>ETV amount authorized:</b> <i>(cannot exceed \$5,000)</i>	\$
<b>Total Post Secondary Education Funds authorized:</b>	\$

~~By signing this plan, I agree to provide verification of 3 scholarship applications and complete all required admissions documents and tests for the chosen school or training program. I will provide my DCF IL Coordinator with copies of all financial aid award letters, a copy of my semester schedule, and a copy of my grade reports for the semester.~~

By signing this plan, I agree to complete all required admissions documents and tests for the chosen school or training program. I will provide my DCF IL Coordinator with copies of all financial aid award letters (including loans, grants, and scholarships), a copy of my semester schedule, a copy of my grade reports, and a copy of my final financial statement for each semester. I understand that all funds are subject to availability.

This plan shall be reviewed, updated, and approved at every case plan, semester, or when circumstances change. All changes must be approved by the regional DCF IL Supervisor.

Table of Contents			
Signatures	Date	Signatures	Date

<b>Young Adult:</b>		<b>DCF IL Coordinator:</b>	
<b>Mentor:</b>		<b>DCF IL Supervisor:</b>	

<b>Signatures</b>	<b>Date</b>
<b>Young Adult:</b>	
<b>DCF IL Coordinator:</b>	
<b>DCF IL Supervisor:</b>	



# Independent Living Subsidy Payment Unit Notification

☐ **Initial Request**

**Date Effective:**

☐ **Change**

**Date Effective:**

☐ **Suspend / Terminate**

**Date Effective:**

<b>Youth Young Adult Name:</b>	
<b>SSN &amp; DOB:</b>	
<b>Address:</b>	
<b>City/State/Zip:</b>	
<b>Phone #:</b>	
<b>Email:</b>	

<b>Landlord Vendor Name:</b>		<b>Vendor ID:</b>
<b>Address:</b>		
<b>City/State/Zip:</b>		
<b>Phone #:</b>		
<b>Email:</b>		

<b>Mentor Name:</b>		<input type="checkbox"/> <b>NA</b>
<b>SSN &amp; DOB:</b>		
<b>Address:</b>		
<b>Phone #:</b>		
<b>Email:</b>		
<b>Will the Mentor be the subsidy payee?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

<b>Subsidy Amount and Month Authorized:</b>						
<b>Subsidy Month/ &amp; Year</b>						
<b>Amount Authorized</b>	\$	\$	\$	\$	\$	\$

<b>Approval Signatures:</b>	
<b>Independent Living Coordinator (ILC)</b>	<b>Date</b>
<b>Independent Living Supervisor</b>	<b>Date</b>
<b>Staffing Notes:</b>	
<i>This form is to be completed and filed submitted to with the Eligibility Payment Unit in order for subsidy payments to be issued.</i>	

Independent Living Subsidy  
Payment Unit Notification

<b>Eligibility Payment Unit:</b>	
Name of DCF Staff Entering the Subsidy:	
<del>Date the Authorized Subsidy Was Entered Initially, Changed, Suspended or Terminated</del> Date authorized subsidy was entered, changed, suspended, or terminated by Eligibility Payment Unit:	
<i>An electronic copy shall be returned to the ILC with the above information completed. The ILC shall place a completed copy in the youth's young adult's case file.</i>	



<b>Placement for:</b>	
<b>Completed By:</b>	<b>Date Completed:</b>
<b>Referring Worker from <del>Other</del> Sending State:</b>	
<b>Type of Placement Requested:</b> <input type="checkbox"/> Foster Care <input type="checkbox"/> Relative <input type="checkbox"/> Parent <input type="checkbox"/> Adoption	<b>Type of Home Study:</b> <input type="checkbox"/> <del>Final</del> Initial Home Study <input type="checkbox"/> Preliminary (Optional: foster home studies only) <input type="checkbox"/> Updated Home Study
<b>Date(s) resource home was observed:</b>	

RESOURCE INFORMATION	
<b>Resource Name:</b>	
<b>Street Address:</b>	
<b>City, State, Zip Code:</b>	<b>Phone:</b>

DEMOGRAPHICS (Identify All Household Members)
---

<b>Resource #1 Name:</b>	
<b>Date of Birth:</b>	<b>Relationship to Child/Children:</b>
<b>Race:</b>	<b>Ethnicity:</b>

<b>Resource #2 Name:</b>	
<b>Date of Birth:</b>	<b>Relationship to Child/Children:</b>
<b>Race:</b>	<b>Ethnicity:</b>

Additional Household Members:
-------------------------------

<b>Name:</b>	
<b>Date of Birth:</b>	<b>Relationship to Child/Children:</b>
<b>Race:</b>	<b>Ethnicity:</b>

<b>Name:</b>	
<b>Date of Birth:</b>	<b>Relationship to Child/Children:</b>
<b>Race:</b>	<b>Ethnicity:</b>

Basis for Home Study
----------------------



Why does **S**ending **S**tate want to consider this family:

What is the relationship, if any, to the child:

What is **their** **the resources** understanding of the reason the child is in the custody of the other state:

What special needs do the child(ren) have:

**If relative, a** Are there any limitations placed on contact with parents:

### Social History

Description of all family members:

Describe relationship of current household members:

Describe how each family member feels about the placement of an additional child in the family:

Impact on the family, sharing rooms, parent's time, etc:

Describe each child in the family:

Describe any special needs of household members: therapy, medical, prior relationship with DCF  
**(If there are medical concerns, obtain a release of information, and request medical records from physician)**

Any risk or safety concerns:

Protective factors to mitigate risk **or** safety concerns:

### Marital Status

Describe length and stability of relationship:

If shared living (unmarried) who will have primary childcare responsibility:

Number of marriages:

Describe if there are children from another marriage:

If previous marriage, explain why there was a separation or divorce:

### Parenting Ability

Describe parenting experience in general:

Describe strengths and needs in ability to parent specific child(ren):

Describe discipline practices:

Any risk or safety concerns:

Protective factors to mitigate risk ~~/~~ or safety concerns

### **Motivation to Care for Specific Child**

### **Specific Needs of the Child/Children to be Placed**

Education, Medical, Special Education, Emotional, other:

Describe resources available to meet these needs:

Any risk or safety concerns:

Protective factors to mitigate risk/safety concerns:

### **Support of Extended Family Members/Community**

To what extent do extended family members support this placement:

Describe community resources available to assist family meet the child's needs:

### **Child Care Plans**

Describe childcare plans ~~for pre-school children:~~

Describe supervision before and after school, if applicable:

**\*Please note Kansas does not provide childcare after adoption.**

### **Physical Characteristics of the Home**

Describe the home. (number of rooms, number of bedrooms, care and maintenance of the home). Complete a walkthrough of the home and document the date the home was observed. If child to be placed will need to share a room with a child already in the home, are there any concerns by the parents or the child having to share space:

Any safety concerns:

Protective factors to mitigate any risk ~~/~~ or safety concerns:

### Employment History

Describe employment history of each adult household member:

Describe basis for job changes if frequent in nature:

### Motivation to Adopt and Attitudes/Beliefs about Adoption Issues:

Describe the parents' motivation to adopt, their experience or ability to parent children not born to them, their expectations of themselves and the adoptive child, and how they feel adoption will affect them, their marriage and the family.

Assess if they are prepared to meet the special challenges of adoption.

Explain their plans for the future of the adoptive child(ren) should something happen to them.

Identify the family's preferred method(s) for maintaining openness with members of an adopted child's birth family and/or other important connections. What are the placements' fears and concerns around openness in the adoption experience? What efforts will the family make to assist their adopted child in maintaining important connections and attachments?

### Finances and Monthly Expenses

Provide monthly income and budget:

Can family (household) adequately meet their monthly expenses:

#### Understanding of resources available to assist them in caring for the child:

What is their understanding of the resources available from the sending state:

If a non-parent relative, are they expected to apply for TANF and Medicaid:

#### Foster Care Payment:

Licensure or approval is required if the sending state plans to make a foster care payment. **Does not apply to parental placements.** Does the family understand this? ☐ YES ☐ NO

Does family want to receive a foster care payment? ☐ YES ☐ NO

If sending state has not requested foster care licensure, determine if the family needs or desires to receive foster care payment from the sending state. If so, notify the ICPC specialist ASAP, as the sending state will need to submit a new 100A requesting foster care licensure.

### References

Include three references: Two should be non-relatives, i.e. employer, neighbor, etc.

Have you received all references required? ☐ YES ☐ NO

If YES, were all positive?

☐ YES ☐ NO

If NO, explain:

### Risk/Safety

### Background Check Results

<b><u>SELECT Home Study type below and complete requirements in the row:</u></b>	<b>Child A/N Central Registry</b>	<b>Out of State A/N Registry Check- *If resided outside of KS within the last 5 years a check is required for each state. Applies to Adults Only</b>	<b>KBI Background</b>	<b>FBI Fingerprint</b>	<b>Name Based FBI Checks- If fingerprints cannot be obtained per licensing policy, e.g. after fingerprints are rejected by KBI twice, results of a name-based search by the FBI will be accepted.</b>
<b>Parent</b>	Required on All Adults and Children 10 and over	*See Above	Case by Case Basis if Determined Necessary. Required on all other Adults and Children 10 and over	Case by Case Basis if Determined Necessary. Required on all other Adults in the home.	If fingerprints could not be obtained.
<b>Relative</b>	Required on all Adults and Children 10 and over	*See Above	Required on all Adults and Children 10 and over	Required on all Adults and Children 14 and over	If fingerprints could not be obtained
<b>Foster Care</b>	Required on all Adults and Children 10 and over (excluding foster children)	*See Above	Required on all Adults and children over 10 and over (excluding foster children)	Required on all Adults and Children 14 and over (excluding foster children)	If fingerprints could not be obtained
<b>Adoption</b>	Required on all Adults and Children 10 and over	*See Above	Required on all Adults and Children 10 and over	Required on all Adults	If fingerprints could not be obtained

Has everyone in the home, age 10 and over, signed the Declaration of No Prohibitive Offenses?

☐ YES ☐ NO

**Please complete the following for each applicable household member:**

Name of Resource:		Date of Birth:	
	Background Checks Completed?	Date Completed:	Results:
Child Abuse/Neglect Registry	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet
Out of State Abuse/Neglect Registry	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet
KBI Background	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet
FBI Fingerprints	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet
Name Based FBI Check	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet

Name of Resource:		Date of Birth:	
	Background Checks Completed?	Date Completed:	Results:
Child Abuse/Neglect Registry	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet
Out of State Abuse/Neglect Registry	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet
KBI Background	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet
FBI Fingerprints	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet
Name Based FBI Check	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Meets <input type="checkbox"/> Does not meet

**\*Results-** “Meets” means it meets Kansas criteria for approval which is when there were no prohibitive offenses, or an exception was granted. The FBI prohibits sharing background check results across state lines. If detailed information regarding criminal history is needed, it is recommended the sending state consider conducting a name-based FBI check.

**Note: Prohibitive Offenses Exceptions:** If there are any prohibitive offenses for which the CWCMP has given an exception, a letter from the CWCMP program director, or position equivalent to DCF program administrator level must be sent as a separate attachment, documenting the rationale for the exception.

### Summary and Recommendations

Provide a strengths/needs summary of the resource family and their ability to parent the referred child/children. Concerns should be addressed. If you feel the resource can parent the child/children with specific services, list those services so the referring state can decide if they want to purchase, if required. A specific recommendation and decision for placement for this child/these children, with this resource, at this time, shall be made.

\_\_\_\_\_  
Social Worker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

***The depth** of any one of these sections will be determined by the basis for referral and the specific needs of the child and resource family.*

Date

Name

Address

City, state

Dear

Per K.S.A. 39-1433, Adult Protective Services (APS) within the Department for Children and Families has received a concern regarding your safety. I will be your assigned point of contact and will help to determine the validity of these concerns. I have visited your home, but you were not available. In addition to reviewing the concerns, APS' role is to provide advocacy and connect you to community-based services that will support your well-being and independence.

This letter is another attempt to contact you and speak with you about the concerns. Please contact me at **(phone number)** before **(date)**. If I'm unavailable when you call, please leave a message so we can schedule a time to review the concerns.

Enclosed please find the brochure "*Your Rights During an APS Investigation*" (PPS 10205 or PPS 10208) which will answer some questions that you may have regarding your rights.

Thank you for your time and cooperation in this matter.

Sincerely,

APS Protection Specialist

Enclosure: PPS 10205 or PPS 10208



## **1650 Initial Assessment of Substance Affected Infant**

When a report is received regarding an infant affected by substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder, Structured Decision Making (SDM) shall be used to guide the initial assessment decision. When criteria are met, the report shall be assigned for further assessment of abuse/neglect with the sub-type Substance Affected Infant. The report shall be assigned for a same day response.

When a hospital makes a report regarding an infant born or the mother of an infant born with a positive drug toxicology, and criteria is not met to assign the report as a Substance Affected Infant, the report should be assessed to assign as a FINA with the sub-type Infant Positive for Substances. SDM shall be used to guide the initial assessment decision. The assignment determination should focus on the situation of the child rather than solely on the substance abuse of the mother. If a determination is made to assign the report as Infant Positive for Substances, the report shall be assigned for a same day response due to the high risk infant and to address any immediate needs of the family.



## **2821 Entering Contact with Victim/Family**

Policy for cases after 11/15/21 due to the KIDS to FACTS Interface:

For all case types, with the exception of FACILITY cases, the date and time the worker first attempted contact with the first alleged victim or first identified child in the assigned report will be prefilled into the work start date and time on the top half of the MAAS screen after it has been entered and saved into KIDS. Facility type cases will continue to manually enter the date and time the worker first attempted contact with the alleged victim. For Non Abuse Neglect/FINA intakes a tool code of Contact with Child (CWC) will be prefilled onto the MAAS screen after it is entered into KIDS by the investigating worker. If the in-person contact was not made for an identified child, the No Contact with Child (NCC) tool code will be prefilled from KIDS using the date and time of first attempt. FINA cases where the parent has refused access to the child, and PWS type cases will prefill the Work Start date and time with the first attempted contact with the parent or caregiver.

Prior to 11/15/21, the time and date the worker first attempted contact with the first alleged victim or first identified child in the assigned report was entered into the work start date and time on the top half of MAAS. Information for this data field was located on the Agency Response section in KIDS for intakes assigned on or after July 1, 2017 for abuse neglect reports, reports involving facilities and third parties, and the 2030E for reports involving Non Abuse Neglect/FINA or Pregnant Woman Using Substances. The work start time cannot be earlier than the date the report was assigned. If contact was made by DCF or law enforcement prior to report assignment time, the date and time assigned was to be entered as the work start time on MAAS. If the checkbox for Pregnant Woman Using Substances (PWS) or if a parent/caregiver refused access to child was checked, the Date/Time 1<sup>st</sup> attempt with parent/caregiver (including PWS) was to be used for the work start date and time on the top half of MAAS. This is for PWS and FINA only.

For Non Abuse Neglect/FINA intakes a tool code of Contact with Child (CWC) was to be recorded in the tool section of MAAS screen once in-person contact had been made with each identified child. Work start date/time for the CWC code was when the agency made in-person contact with each identified child and was located on the PPS 2030E. The client id of the identified child is also required when using the CWC code. If the in-person contact was not made for an identified child, enter the tool code of NCC (No Contact with Identified Child). The work start date and time of the NCC code is the work start date and time from the top half of MAAS screen. The client id of the identified child is also required when using the NCC code.

## 2822 Entering Safety Determinations

Policy for cases after 11/15/21 due to the KIDS to FACTS Interface:

For all case types, except for FACILITY cases, a tool code for safety determination (SAD) will be prefilled on the MAAS screen after it has been entered into KIDS by the investigating worker. If safety is not determined for an alleged victim, the tool code of NSD (No Safety Determination) will be prefilled using the date and time of the first attempt from KIDS. FACILITY cases will continue to be manually entered as previously done.

A tool code of special investigator (SPI) is recorded in the tool section of MAAS if such a position is utilized during the investigation.

A tool code of courtesy interview shall be recorded in the tool section of MAAS for courtesy interviews between DCF areas. The area requesting the courtesy interview is responsible for entering the worker number of the other area who conducted the interview and times of contact for the interview.

A tool code for safety determination (SAD) was to be recorded for each alleged victim in the tool section of MAAS for reports alleging abuse or neglect. Work start date and time for the SAD code is the date and time the assigned social worker determined safety for the alleged victim. If the safety determination was completed prior to the intake being assigned, the work start date and time was to be used from the top half of MAAS screen for the SAD code. The client id of the alleged victim is also required when using the SAD code. If safety is not determined for an alleged victim, the tool code of NSD (No Safety Determination) was to be used. The work start date and time of the NSD code is the work start date and time from the top half of MAAS screen. The Client ID of the alleged victim is also required when using the NSD code.

## **2823 Recording Ongoing Safety Assessment**

### **Policy for cases after 11/15/21 due to the KIDS to FACTS Interface:**

For Abuse Neglect and Third Party cases, the Ongoing Safety Assessment (OAN) code will be prefilled from KIDS with the date and time of first attempt. If the ongoing assessment is determined, the second face to face contact of the ongoing safety assessment (SFI) tool code will be prefilled from KIDS. If the ongoing assessment is determined but unable to be completed, the Timeline Exceeded (TIM) tool code will be prefilled from KIDS using the date and time of first attempt. Facility cases will continue to be manually entered into FACTS as previously done.

### **Policy for intakes assigned on or after March 2019**

If the ongoing safety assessment is determined to not be needed, enter the tool code of 'OAN' on the MAAS screen. The work start date and time would be the same date and time as the safety determination (SAD). If the ongoing safety assessment is determined to be needed, Record the second face to face contact of the ongoing safety assessment, by entering the tool code of 'SFI' on the MAAS screen. The start date is the date of the face to face contact with the alleged victim. The ongoing safety assessment information is located on the Agency Response section in KIDS. If the second contact with the alleged victim was determined to be needed and it never occurred regardless of reason, enter the tool code of 'TIM' and the date of the safety determination.

### **Policy for intakes assigned prior to March 2019**

To record the second face to face contact of the ongoing safety assessment, enter the tool code of 'SFI' on the MAAS screen. The start date is the date of the face-to-face contact with the alleged victim who is under six years old. The ongoing safety assessment information is located on the Agency Response section in KIDS for intakes assigned on or after July 1, 2017. If the second contact with the alleged victim never occurred regardless of reason, enter the tool code of 'TIM' and the date of the finding decision. Finding decision date is located on the PPS 2011.

## **2824 Recording Safety Staffing/Consultation**

To record the safety staffing/consultation on abuse/neglect intakes, enter the tool code of SST (Safety Staffing) on the MAAS screen. The work start date and time is when the safety staffing occurred according to the Agency Response screen in KIDS.

## **2831 New Reports Assigned as Alleged Abuse/Neglect**

A new report requires the completion of a new Agency Response, a Safety Assessment, PPS 2030 B and a Case Finding, PPS 2011, with appropriate notices. See 2600.

The Risk Assessment, PPS 2030 C or D, may be updated by noting changes to the existing Risk Assessment. When entering updates on the KIDS computer application, the addition shall be noted as an update and the entry dated. The updates on the printed file copy shall be initialed and dated.

A new FBA Summary, PPS 2030 F, must be completed.

## **Delete 3030 Worker/Child Relationship**

A. The worker shall have a relationship with the child, to assure the child's:

1. continued safety, permanency and well-being
2. developmental needs are being met
3. important connections are maintained

B. The worker shall:

1. Inform the child, family and placement resource, if applicable, of when visits and interactions are to take place.
2. Be prompt and dependable in keeping appointments.
3. Give the child, on a developmental and age appropriate level, information as it affects the child's life.
4. For each required child/worker visit to children in out of home placement, provide blank copies of the Monthly Individual Contact PPS 3061 to every child over the age of 10 for their use during each visit; insure the child understands the purpose of the PPS 3061; assists the child in completing the form if needed; and routes completed copies of the form as indicated by the child.
5. Provide the child, at every visit, a means of contacting the worker.
6. Listen to the child's perspective of how well visits and interactions are going.
7. Listen to the child's assessment of how the goals of the case plan are being met.
8. Observe the child's reactions to information presented.
9. Spend alone time with the child to assess for evidence of maltreatment or failure of the child to achieve developmental progress.
10. Determine when modifications to the case plan are warranted.
11. Document the quality of the visit using the Child Welfare Case Management Provider approved Child/Worker visit guide or protocol.

## **Delete 3202 Issues to be considered in Case Plan Development**

A. The mother and father shall be assessed in order to develop appropriate and effective case plans. The assessment tools in PPM 3112 provide expectations related to assessments to be completed. Elements to be assessed include but are not limited to:-

1. Support network
2. Housing
3. Economic Conditions
4. Physical and emotional care of the child
5. Discipline methods
6. Coping methods and problem solving abilities
7. Physical and mental health needs
8. Trauma history

B. The child's functioning shall be assessed in order to develop appropriate and effective case plans. Elements to be assessed include but are not limited to:-

1. Academic adjustment and progress;
2. Social, emotional, physical, and intellectual development;
3. Relationship with the parent(s);
4. Physical and mental health
5. Trauma history

Assessments required to be completed by Child Welfare Case Management Providers are listed in PPM 5030.

# **Delete 3203 Preparing for Case Planning Conference**

The services provided to the child, the child's family, and the child's care giver (i.e., resource family home, residential, relative/non-related kin, etc.) are directly related to a permanency goal for the child.

A. For healthy emotional development, children need permanency in "child time". While the period of one year may seem a relatively short period of time for an adult, in the life of a four-year-old it comprises one fourth of their existence. Therefore, it is critical that careful planning and consideration be given to the child, the most vulnerable member of the child welfare team.

B. In addition, children need permanency in relationships, continuity in environment, and predictability in their daily lives. Connections with supportive adults must be maintained and developed during the child's formative years to prepare him or her to become a self-sufficient adult.

C. Permanency planning assumes children deserve a family of their own who can commit to a lifetime relationship. To achieve permanent homes for children in out of home placements, permanency planning requires:-

1. Active participation by family and their support system in development of the plan, as they are the experts on the family's situation;
2. Structured, time limited rehabilitation programs for parents, to help reunite families;
3. Early intervention, from the time the child first comes into contact with the agency;
4. Planned, regular interaction between parent and child;
5. Decisiveness about the best future placement for the child;
6. Knowledge about how to work with the courts to terminate parental rights when return home is not a viable option;
7. Full disclosure.



## **Delete 3208 Case Plan Documentation**

A. Case plans shall be documented on the PPS 3050 series and/or the PPS 7000 Self-Sufficiency Case Plan, determined by type of case and service. A copy of the case plan activities shall be provided to the child/ family immediately following the case planning conference. At a minimum, a signed copy of the entire plan shall be placed in the case record and a copy given to the family or and young person within 10 working days of the time it is sent to DCF. Case plans shall be approved timely.

B. Objectives, activities, and the behavioral changes expected shall be documented on the PPS 3050, 3051 or PPS 7000.

1. Objectives shall coincide with the reasons the child is at risk for removal, was placed in out of home care or is in need of a self-sufficiency goal.
2. Activities are measurable, quantitative steps for achieving the objective, and
3. the behavioral changes expected are qualitative statements about what will be visibly different.

C. An ongoing review of the youth's efforts toward self-sufficiency or parental efforts toward reintegration shall occur during monthly visits, and the youth or parents shall be provided feedback regarding their efforts. Parents shall be informed their efforts and progress are reported to the court, for court involved cases. The efforts of all parties toward reintegration or self-sufficiency shall be documented in the case logs.

D. All case plans shall contain the following:

1. Each child in the custody of the Secretary and in out of home placement shall have a permanency goal, and a concurrent goal if appropriate.
2. Tasks related to Self-Sufficiency goal(s) of the youth (for Self-Sufficiency Cases only);
3. At least one child protection objective identified for each youth
4. Clear action steps identified to accomplish the objectives of the plan;
5. If applicable, at least one action step to be taken by the youth to meet the plan objectives;
6. A description of the opportunities for the child to engage in normal age or developmentally appropriate activities;
7. Steps to be taken by the parents to meet the case plan objective.

8. At least one service or action to be taken by the CPS specialist/case manager related to case planning;
9. At least one service concerning proper care for the youth;
10. The identified strengths and resources of the youth and his/her family;
11. Identified needs, safety concerns, and risks related to the youth and his/her family;
12. At least one service directed toward reintegration if the child is placed out of the home and the goal is reintegration;
13. Services documented on the PPS 3057. This includes basic life skills/independent living for those youth age 14 and older.
14. For Family Service/Preservation case plans only, the needs related to the safety and risk concerns for the infant and family identified by the PPS 2007 Plan of Safe Care per PPM 2050.

E. First Case child in custody only:

1. An activity to complete Casey Life Skills Assessment (CLSA) by the child/youth age 14 or older and a caregiver prior to the completion of the 2nd case plan;
2. An activity to develop Learning Plan from completed CLSA with Youth by 2nd case plan.

F. Subsequent Case Plans for child in custody only shall include three (3) specific daily living activities chosen by the child/youth.

## **3209 Elements of a Case Plan**

### **A. A case plan shall:**

1. Contain time lines for reintegration, other permanency goal, or self-sufficiency, child protection objectives and measurable activities needed to be accomplished
2. Include the visitation/interaction plan
3. Document the persons listed in 3207 A were invited to the case planning conference.
4. Document service delivery
5. Document reasonable efforts made to make it possible for a child to safely return home
6. Document the court has found such efforts not to be a viable alternative.
7. Document steps taken to finalize the permanent custodianship.
8. Include Permanency Plan Review

B. Case plans shall be designed to achieve a safe and least restrictive placement that is in close proximity to the parents if reintegration is the goal, and placement in close proximity to the child's school.

### **C. Case plans shall:**

1. Include a description of the home where the child is placed;
2. Be consistent with the best interest and special needs of the child;
3. Ensure the child receives the safe and proper care;
4. Include a description of the services offered to prevent removal;
5. Include a description of the services offered to reintegrate the family;
6. Ensure appropriate services are provided to the child, the parents and the foster parents;
7. Include the health records of the child, including the child's immunizations, known medical problems, and all medications;

8. Include educational records of the child, as well as their grade level performance;

9. Include programs and services to help a child prepare for independent living, if they are 14 years of age or older;

10. Include goals, objectives and time lines the parents must meet to achieve a safe home for the child;

11. Document the steps to finalize a placement when the case plan goal is adoption;

12. Document placement in a permanent home other than adoption;

13. Document steps the agency has taken to finalize adoption/permanent custodianship.

# **Delete 3210 Roles Related to Case Planning**

Case Planning is required for all types of services provided by DCF and/or Child Welfare Case Management Provider. Case plans may or may not involve a service provider, depending on the type of case plan and permanency goal.

## **A. Case Plan Services Without Custody**

a. Case plan services without custody may include Family Services, Family Preservation and Self-Sufficiency. If a child welfare case management provider is involved DCF staff shall provide information related to the child's and family's needs to the Child Welfare Case Management Provider.

b. The following activities are related to all case planning for cases without custody. The case manager is responsible for completing these services with the family:

1. Meet with mother, father and other appropriate maternal and paternal relatives and unrelated kin;
2. Develop activities and objectives to meet Child Protection Objective(s) from the Family Based Assessment summary for Family Services and Family Preservation cases only;
3. Develop activities related to Self-Sufficiency Goal(s) the youth for Self-Sufficiency cases only;
4. Follow through with activities assigned to DCF and/or service provider;
5. Monitor progress of achieving activities with family and/or youth;
6. Determine with family when child protection objective(s) have been met and no further services are needed, and case can be closed;
7. Determine with the youth when self-sufficiency goal(s) have been met and no further services are needed, and case can be closed;
8. Complete Forms PPS 3050, 3055, and 3057 for Family Services and Family Preservations cases only;
9. Complete Forms PPS 7000, 7000A, 7001, 7210, 7215, 7220, 7230, 7235, 7240, 7245, 7250, and 7300 as applicable for Self-Sufficiency cases only.

## **B. Case Plan Services with Custody**

a. DCF is ultimately responsible for all children in the custody of the Secretary and accountable to the court of jurisdiction. Case plans and permanency goals are subject to DCF approval. If a child in custody is not referred to a Child Welfare Case Management Provider for services, the DCF CPS Specialist is responsible to provide or contract for all case planning activities and services. This includes cases where the aftercare period of the Child Welfare Case Management Provider ends, and the child remains in the custody of the Secretary.

b. If a child, or children, in the family have been placed in the custody of the Secretary of DCF but allowed to remain in the home, a separate set of case plan documents shall be completed for each child. If a child welfare case management provider is involved DCF staff shall provide information related to the child's and family's needs to the Child Welfare Case Management Provider.

c. The following activities are related to all case planning for cases with custody:

1. Meet with mother, father and other appropriate maternal and paternal relatives and unrelated kin;
2. Develop activities and objectives to meet Child Protection Objective(s);
3. Follow through with activities assigned to DCF and/or service provider;
4. Monitor progress of achieving activities with family;
5. Determine with family when child protection objective(s) have been met and a recommendation can be made to the court that custody be released;
6. Complete Forms 3051, 3052, 3054, 3055, and 3057 if child is at home. In addition, complete 3053 and 3056 if child is in out-of-home placement, PPS3059A My Plan for Successful Adulthood for youth 14 and older and in out-of-home placement or PPS3059B My Adult Services Plan for youth 14 and older and in out-of-home on the I/DD waiver or waitlist, and 3060 for children who have been assessed for or placed in a Qualified Residential Treatment Program;
7. Submit court reports as required by the Judicial District;
8. Review the case plan with the family at least one time between case planning conferences (see PPM 3220);
9. Provide a copy of completed case plan documents for each child in DCF custody to the court at least every 180 days during the time the child remains in DCF custody.

d. For youth who are in the custody of the Secretary at age 14, the case plan shall note that they may request and receive a high school diploma once they are at least 17 years of age. They shall have achieved the minimum high school graduation

requirements adopted by the State Board of Education and make the request to the school where they are currently enrolled or reside.

e. For a child under the age of 10, a copy of the PPS 5138 Foster Care Bill of Rights shall be provided to the parent / foster parent / relative / kinship caregiver and shall acknowledge receipt on the PPS 3051. The PPS 5138 Foster Care Bill of Rights shall be explained to the child in a manner consistent with the child's developmental level. Children /youth age or older shall receive a copy of PPS 5138 Foster Care Bill of Rights and acknowledge receipt of the information on the PPS 3051.

f. A PPS 3059A My Plan for Successful Adulthood shall be prepared by the Child Welfare Case Management Provider with all youth aged 14 and older in out of home placement. Youth 14 and older in out of home placement and on the I/DD waiver or waitlist shall have a PPS 3059B My Adult Services Plan instead of the PPS 3059A My Plan for Successful Adulthood. The PPS 3059A or PPS 3059B serve as the formal transition plan document to assist youth and young adults plan for adulthood. Youth and young adults shall be involved in developing their transition plan. These forms shall be collaboratively created by the youth or young adult, the case management team, and supportive adults in the youth or young adult's life. Supportive adults may include parents, birth family, foster parents, residential caregivers, kinship connections, mentors or other adults identified by the youth or young adult and case management team. The PPS 3059A or PPS 3059B shall be reviewed and updated prior to each case plan and attached to the current case plan.

1. The DCF Regional Independent Living Coordinator or designee may act as a consultant, as needed, in helping the CWCMP develop the PPS 3059A or PPS 3059B alongside youth age 16 who have a case plan goal of APPLA, and all youth age 17 and older, regardless of case plan goal.

2. The youth or young adult shall be assisted in considering and identifying specific options for housing; health care and insurance; education; opportunities for being mentored; continuing support services; employment supports and services; and other services needed to maintain self-sufficiency for the youth and if applicable, for any minor child of the adult.

3. The plan shall include where the youth or young adult will live and how they will support themselves. Information on available services, supports, and resources shall be provided to the youth or young adult including if applicable, The PPS 3059B shall include information on supports and services for which an adult with a disability is eligible including but not limited to funding for home and community-based services waivers.

4. If the youth or young adult has not completed high school or obtained a GED, the plan shall include activities to achieve this goal by June 1 of the year in which they turn 18.

~~5. The plan may include the purchase of services including Foster Family Transition Services for the youth to be supported in achieving self-sufficiency.~~

~~6. The plan shall identify at least one connection for success. Youth or young adults shall also be assisted in identifying additional connections with community resources for help with housing, employment, transportation, finances, and school. The CWCMP worker shall work with the young person and community agencies, extended family members, foster parents and their relatives, teachers or ministers, friends, or volunteer staff to help the young person find connections for success. All young people shall be provided with opportunities to interact and develop relationships with dedicated adults in the community. CWCMP staff, including IL Coordinators, shall not be considered for this purpose.~~

~~7. My Support Network shall be documented in Section 2 in the PPS 3059A My Plan for Successful Adulthood or Section 3 in the PPS 3059B My Adult Services Plan. The My Support Network sections shall be reviewed at every transition planning meeting with the youth and kept up to date.~~



## **Delete 3213 Planning for Child in a Qualified Residential Treatment Program**

A. There are special case planning requirements for children assessed for or placed in a Qualified Residential Treatment Program (Q RTP). For a description of a Q RTP, see PPM 5251. For documentation needed for case planning, see the PPS 3060.

B. Documentation shall include:

1. the reasonable and good faith effort of the Child Welfare Case Management Provider (CWCMP) to identify and include all the individuals required to be on the Child and Family Team;
2. all contact information for members of the Child and Family Team and for other family members and non-related kin who are not part of the Child and Family Team;
3. evidence that the meetings with the Child and Family Team, including meetings related to the required 30-day independent assessment of the appropriateness of the Q RTP placement, were held at a time and place convenient for family;
4. if reunification is the goal, evidence demonstrating the parent from whom the child was removed provided input on the members of the Child and Family Team;
5. evidence the required 30-day independent assessment to determine the appropriateness of the Q RTP is completed with the Child and Family Team;
6. the placement preferences of the family and permanency team relative to the assessment that recognizes children should be placed with their siblings unless there is a finding by the court that such placement is contrary to their best interest;
7. if the placement preferences of the family and permanency team and child are not the placement setting recommended by the qualified individual conducting the assessment, the reasons why the preferences of the team and of the child were not recommended;
8. the written recommendation by the QI regarding the appropriateness of the Q RTP placement; and
9. the court approval or disapproval of the Q RTP placement.

# **Delete 3233 Development of Objectives and Activities**

When developing objectives for the family and child, consideration shall be given to the strengths and needs of each family member. The objectives shall relate to the results of assessments and designed to help the family overcome barriers to the child remaining at home or returning home. The objectives, activities and behavioral changes expected are to be listed on the PPS 3050 or 3051, Section 3.

## **A. Objectives**

1. Objectives shall relate to presenting problems, not prior or anticipated problems.
2. There shall be at least one but no more than three objectives listed with the associated activities and responsibilities. The objectives shall be taken from the PPS 2020. (See Section 2820 for FBA timelines.)
3. The case plan shall contain at least one objective that addresses the safety of the child and the reason why the child came into custody.
4. Objectives shall be measurable and shall state an end result (i.e., what changes will be made).

## **B. Activities**

1. Specific activities to be accomplished by the parents, child and/or other members of the household shall be identified;
2. Activities shall be written at the parent's and/or youth's level of understanding;
3. Activities shall be listed in the order of priority;
4. Activities shall identify specifically what shall be done, by whom, how, and in what time frames;
5. There may be multiple activities and multiple persons assigned responsibility for completion of the tasks;
6. Activities shall address needs identified through the CLSA.
7. Activities to develop or enhance a support network shall be a part of the case plan.

C. All youth age 14 and older shall have a PPS 3059A My Plan for Successful Adulthood or PPS 3059B My Adult Services Plan for youth and young adults on an I/DD waiver or waitlist (refer to PPM 3210 and 3214 for steps to include).

D. All youth must be involved in all planning conferences related to their future and shall help design their plan for self-sufficiency.

E. Behavioral Change Expected

1. Behavioral change expectation statements shall indicate what qualitative, visible differences will occur as a result of the services provided.
2. Each objective listed in the case plan shall have a behavioral changes expectation identified.
3. Parents' input shall be considered
4. The statements shall be individualized for the specific family
5. The language used shall be easily understandable

## **Delete 3234 Participation/Signatures**

All individuals who participate in the case planning conference shall sign, either by hand or electronically, the Participants' Signature section of the form. If a person participates by phone, a copy of the PPS 3050 or 3051 shall be sent to them for an electronic signature or to sign by hand and returned, this shall be included in the case planning documentation. CPS Specialists Case Managers shall not sign for participants. The case plan shall be dated with the date the person participated in the case planning conference.

A. The Child Welfare Case Management Provider Case Manager (CWCMP) is required to participate in the case planning conference and sign the case planning document. If the assigned CWCMP is unable to attend the case planning conference, the supervisor or case manager covering the case in the absence of the assigned case manager may participate in and sign the case plan form.

B. For child in custody cases, the third party participant is required to participate in the case planning conference and sign the case planning document.

C. Participation of both parents in case planning conferences is crucial to the development of the permanency goal for the child. The parents shall be provided proper notice of the case planning conference and have an opportunity to request a change in the date, time, or location of the conference. The importance of their involvement and their rights and responsibilities shall be explained.

D. If the parents do not attend the case planning conference, the case planning conference may proceed. Activities can be assigned to the parents in their absence. Following the case planning conference, the Child Welfare Case Management Provider shall attempt contact with the parent(s) who did not attend the conference to review the case planning document. If a parent is in agreement with the case plan, they sign on the signature page of the original document and date their signature the day the case planning document is signed.

E. If a parent is not in agreement with the case planning document, they must indicate such on the signature page and sign the form with the date the signature was made. The parents shall then receive another case planning conference within 14 days of the date of the request.

F. Parents who are unable to attend due to incarceration, living out of state, hospitalization in a mental health facility or drug and alcohol treatment shall be offered an opportunity to participate in the case planning conference by telephone.

G. If the child is under the age of 10, the parent / foster parent / relative / kinship caregiver shall be provided a copy of the PPS 5138 Foster Care Bill of Rights on their behalf. If the child / youth is age 10 or older, they shall be provided the PPS 5138 Foster Care Bill of Rights.

~~H. For youth ages 14 or older, they shall receive and have explained their health rights and the right to have an annual credit check as indicated in the PPS3059A My Plan for Successful Adulthood.~~

## **Delete 3300 Legal Base/Court Information**

DCF and thus Child Welfare Case Management Providers are authorized to work with families in the State of Kansas through the permission and consent of the family, or by order of the court. The family may or may not be involved with the court while receiving services. If the court is involved, the child may or may not be placed in the custody of the Secretary of DCF.

Public Law 105-89, The Adoption and Safe Families Act (ASFA) of 1997 (42 U.S.C. 620 et seq. and 670 et seq.) was signed into law on November 19, 1997 and designed to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. The law requires CPS agencies to provide more timely and focused assessment and intervention services to the children and families are served within the CPS system.

ASFA and subsequent amendments to the Kansas Code for the Care of Children state child safety is paramount, and when efforts to maintain or reintegrate a child with the family are not appropriate, other permanency efforts shall be made.

The Revised Kansas Code for the Care of Children (K.S.A. 38-2201 et seq) was amended to comply with federal ASFA laws, which require the court of jurisdiction hold a permanency hearing within 12-9 months of the date the court authorized the child's removal from the home and not less frequently than every 12-6 months thereafter.

The Kansas Code for the Care of Children at K.S.A. 38-2268(a) provides "Prior to a hearing to consider the termination of parental rights, if the child's permanency plan is either adoption or appointment of a custodian, with approval of the guardian ad litem and acceptance and approval of the secretary, either or both parents may: Relinquish parental rights to the child to the secretary; consent to an adoption; or consent to appointment of a permanent custodian." K.S.A. 38-2269 provides for the termination of parental rights and K.S.A. 38-2270 the commitment to DCF for the purpose of adoption. KSA 59-2124 gives DCF the authority to accept relinquishments of children by their parents for the purpose of adoption and establishes procedures for the filing of petitions to adopt.

The policies and procedures are applicable for all children in the custody of the Secretary through the provision of the Kansas Code for the Care of Children (K.S.A. 38-2201 through 38-2283) or relinquishment (K.S.A. 59-2124)

The provisions of the codes and policies of DCF are incumbent upon private Child Welfare Case Management Providers as well. Children in the custody of the Secretary and in out of home placement are served by Child Welfare Case Management Providers.

Children are placed by the Court in the custody of the Secretary of DCF in the following ways:

A. The Court may award custody to the Secretary through the provisions of the Kansas Code for the Care of Children. A child in DCF custody is referred to as a "Child in Need of Care" or "CINC" for short. The Court can choose to allow the child to remain in the custody of the Secretary as a CINC until his/her 21st birthday.

B. A divorce court may award temporary custody of the child to another person or agency if the court finds the award of custody to the other person or agency is in the best interests of the child. Temporary custody orders shall remain in effect until there is a final determination under the Kansas Code for the Care of Children. When the divorce court enters orders awarding temporary custody of the child to an agency other than the parent, the court shall refer a transcript of the proceedings to the county or district attorney. K.S.A. 60-1610(a)(5)(C) The county or district attorney shall file a petition as provided in K.S.A. 38-2233 and may request termination of parental rights pursuant to K.S.A. 38-2266.

## **~~DELETE 3364 Exceptions to Thirty Day Notice of Planned Move~~**

~~There are two exceptions to the requirement of thirty-day advance notice of planned move:~~

~~A. The move is to the home of the pre-adoptive family selected by the best interest staffing team. For these moves, a copy of the Acknowledgement of Referral/Notification of Move/Placement Form shall be sent to the court at the same time it sent to DCF.~~

~~B. The child is being returned to the parent's home. For these moves, written notice shall be made to the court at least 14 days prior to the planned date of return. After reviewing the information provided to justify the child's return to a parent, if the court sets a hearing on the matter, the child may not be returned to the parent's home without written consent of the court.~~



## 3372 Permanency Hearings

During a permanency hearing the court shall review evidence and make a written finding whether reasonable efforts have been made to accomplish the permanency goal and continued out of home placement is necessary for the child's safety. The Child Welfare Case Management Provider shall track when permanency hearings are due for all children assigned in their region.

A. The initial permanency hearing takes place within 12 months of the date the court authorized the child's removal from the home and every 12 months thereafter.

B. The court is responsible for sending a notice of the permanency hearing to all interested parties. The court may elect to notify other individuals as appropriate. Interested parties include but are not limited to:

1. Parents;
2. Maternal/Paternal grandparents;
3. Resource Parents;
4. Adoptive Parents;
5. Court Appointed Special Advocates;
6. DCF and Child Welfare Case Management Provider involved with the child.

C. If the permanency goal is reintegration and the court finds reintegration continues to be a viable option, the court shall determine when the child shall be returned to the parent. The court may order a new reintegration plan be prepared and submitted.

D. A permanency hearing is required when there is agreement by the case plan participants that a change in permanency goal is required. The Case Management Provider shall notify the court of the change in permanency goal and the court shall schedule a permanency hearing.

E. If the court determined reintegration is not a viable option the county or district attorney shall file a motion to terminate parental rights or a motion to establish a permanent guardianship with 30 days and the court shall set a hearing on the motion within 90 days of the filing of the motion.

F. For children with a case plan goal of APPLA, at each permanency hearing, the Child Welfare Case Management Provider shall document in the court report:

1. The intensive, ongoing efforts to place the child/youth with a fit and willing relative, legal guardian, or adoptive parent;
2. That the child's placement follows the reasonable and prudent parenting standards and opportunities to participate in appropriate activities;
3. What permanency outcome the child's desires.

## **7280 Mentor**

A. A youth may have a mentor who has agreed to complete the Mentor Application in Appendix 7H Mentor Application Packet, sign the PPS 7220 Independent Living Mentor Agreement, and carry out the responsibilities in PPM 7282, Responsibilities of Mentor. CWCMP staff, including DCF IL Coordinators, shall not serve as mentors.

## **7281 Mentor Qualifications**

The qualifications for Mentors include:

- A. age 25 or older;
- B. ability to pass Child Abuse/Neglect Central Registry clearance;
- C. ability to pass Adult Abuse/Neglect Central Registry clearance;
- D. ability to pass KBI security clearance;
- E. ability to pass FBI fingerprint check, for persons who have resided outside of Kansas in the preceding five years;
- F. ability and willingness to work with adolescents and young adults;
- G. knowledge of budgeting and money management;
- H. knowledge of skills necessary to succeed in daily life;
- I. supports the goal of self-sufficiency;
- J. models responsible behaviors.

CWCMP staff and IL Coordinators shall not serve as mentors. Mentor shall be approved by the IL Coordinator, the IL Supervisor, and the youth

## **7282 Responsibilities of Mentor**

A. The responsibilities for Mentors include the following:

1. Sign the PPS 7220 Independent Living Mentor Agreement.
2. Participate in orientation regarding the roles and responsibilities of being a mentor as required or offered
3. Maintain regular contact with the youth and IL Coordinator as agreed to on the PPS 7000.
4. Document contact meetings with the youth on the PPS 7215.
5. Act as a source of counsel, advice and support to the youth.

B. Mentors who are providing counsel, advice and support to youth who are receiving monetary assistance must also:

1. Sign the PPS 7000.
2. Advise the youth on budgeting and money management.
3. Advise and consult with the youth on details specific to youth's education or employment plan.
4. Receive and disperse Independent Living assistance payments (if this is the arrangement agreed upon by mentor and youth).

## **7283 Mentor Fees**

Mentors who are providing council and support to youth who are receiving IL subsidy from DCF may receive up to a \$50.00 monthly fee. This fee is not included in the amount of subsidy provided to the youth. The intent to provide a mentor fee shall be documented on the case plan. See PPM 7913 Other Payments for IL Youth.



# Volunteer Application Become a Mentor



Department for Children  
and Families

*Strong Families Make a Strong Kansas*

Table of Contents

## HOW TO APPLY

Please contact the Independent Living Coordinator (ILC) at your local Department for Children and Families (DCF) office. The phone number is: \_\_\_\_\_

### OR

If you already know a youth who needs a mentor, contact his or her Independent Living Coordinator and express your interest in becoming a mentor.

## WHO ARE MENTORS?

Mentors are positive role models for youth who have been in the foster care system and are transitioning to self-sufficiency. Mentors are people who have a desire to assist youth to succeed by providing advice, counsel, and support. The likelihood of success for a youth who has been in the foster care system increases tremendously when the youth has a mentor in their life.

Everyone brings different strengths and talents to the table as a mentor. You may be a person who wants to forge a relationship with one youth, be a support to that youth and helping him or her to build self-sufficiency skills over time. Or you may have one or a few special talents where many youth could benefit from working with you on a more limited basis to build skills in your areas of expertise.

Youth aging out of foster care are often in a position where they can benefit greatly from support, education, and advice in every area of self-sufficiency. This includes areas such as; learning to take care of household tasks, budgeting, tax preparation or filing taxes, career preparation, job searches, how to buy a reliable car, cooking skills, resolving billing issues, learning how to make payment arrangements, building and maintaining positive peer relationships. If you have a desire to help, please know that there are youth that can benefit from your experience!

## RESPONSIBILITIES

- ☐ Commitment to a minimum of 6 months for a youth
- ☐ Consult with the youth on details of the youth's goals and progress towards those goals
- ☐ To participate in the youth's self-sufficiency planning
- ☐ To document the meetings with the youth and providing this to the DCF ILC
- ☐ Advise the youth on budget, money management and learning how to maintain financial records
- ☐ Participate in training/educational activities regarding the roles of a mentor
- ☐ Assist the youth in the development and maintaining of employment skills
- ☐ Guide the youth in further development and enhancement of their life skills



## QUALIFICATIONS

- ☐ Age 25 Or Older
- ☐ Ability To Pass A Kansas Bureau of Investigation (KBI) and Child Abuse Neglect Central Registry Security Clearance
- ☐ Willingness To Work With Adolescents And Young Adults
- ☐ Knowledge Of Money Management
- ☐ Knowledge Of Skills Needed To Succeed In Daily Living
- ☐ DCF's PPS Employees and Household Members of Employees Are Disqualified from Becoming Mentors.

## WHAT DO YOU DO AS A MENTOR?

The activities are typically determined by you and the youth; simple things like visiting a local fishing spot, providing a place to do laundry, teaching a hobby you enjoy, fixing them a meal or

- |   |   |
|---|---|
| <input type="checkbox"/> Home for the holidays  | <input type="checkbox"/> A place to do laundry                              |
| <input type="checkbox"/> Emergency place to stay                                      | <input type="checkbox"/> Food/occasional meals                              |
| <input type="checkbox"/> Care packages for college                                    | <input type="checkbox"/> Employment opportunities                           |
| <input type="checkbox"/> Job search assistance  | <input type="checkbox"/> Career counseling                                  |
| <input type="checkbox"/> Transportation   | <input type="checkbox"/> Educational assistance                             |
| <input type="checkbox"/> Assistance with medical appointments                         | <input type="checkbox"/> Someone to talk to/discuss problems                |
| <input type="checkbox"/> Chaperone  | <input type="checkbox"/> Storage  |
| <input type="checkbox"/> Motivation   | <input type="checkbox"/> A phone to use                                     |
| <input type="checkbox"/> A computer to use  | <input type="checkbox"/> Clothing   |
| <input type="checkbox"/> Spiritual support  | <input type="checkbox"/> Help with obtaining legal assistance               |
| <input type="checkbox"/> Cultural experiences   | <input type="checkbox"/> Apartment move in                                  |
| <input type="checkbox"/> Cooking sessions/assistance                                  | <input type="checkbox"/> Regular check in (daily, weekly or monthly)        |
| <input type="checkbox"/> Bills and money management assistance                        | <input type="checkbox"/> Help obtaining drug and alcohol addiction services |
| <input type="checkbox"/> Mechanical projects  | <input type="checkbox"/> Building projects                                  |
| <input type="checkbox"/> Housekeeping   | <input type="checkbox"/> Home decorating                                    |
| <input type="checkbox"/> Voting assistance  | <input type="checkbox"/> Volunteerism                                       |
| <input type="checkbox"/> Finding community resources                                  | <input type="checkbox"/> Information about safety and personal security     |
| <input type="checkbox"/> Help obtaining mental health support                         | <input type="checkbox"/> Babysitting  |
| <input type="checkbox"/> Emergency cash   | <input type="checkbox"/> Reference  |
| <input type="checkbox"/> Advocacy   | <input type="checkbox"/> Information about adoption                         |
| <input type="checkbox"/> Co-Signer  | <input type="checkbox"/> Community activities                               |
| <input type="checkbox"/> Help with reading and understanding complex forms, documents | <input type="checkbox"/> Other activities as identified appropriate         |

checking out a new movie are all perfect activities! As a mentor, you are filling a very important role. There are a wide variety of things that you may be able to do as a mentor, such as;

## Mentor Application

**NOTE:** This form needs to be filled out before your consideration as a mentor; you must have security clearances due to the nature of your responsibilities.

First and Last Name	Birthdate	Date
Address	Home Phone Number	Work Phone Number
Mobile Number	E-Mail	Social Security Number

Name of youth you would like to mentor, if known:

Are you willing to help with a youth not previously known to you?

☐ Yes

☐ No

### EDUCATION (Circle the highest year completed)

1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6

Vocational or Special Training

Present Occupation

Hobbies/Special Interests

Memberships (church, clubs, other organizations)

Volunteer/Mentor experience

How did you hear about our mentoring opportunity?

Why do you want to be a mentor?

**Mentor Application Continued.**

What are you willing to help with? \_\_\_\_\_

*Refer to List on Page 3*

If you are interested in mentoring in another area of the state, can we share your information with other DCF and provider staff? ☐ Yes ☐ No

Can you speak a foreign language? ☐ Yes ☐ No

If yes please specify.

Willing to assist in transportation? ☐ Yes ☐ No

If yes, please provide current valid ID and Proof of auto insurance.

Driver's license number: \_\_\_\_\_ Date issued: \_\_\_\_\_ State: \_\_\_\_\_

Auto Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**References**

Name: \_\_\_\_\_ Email/Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Email/Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Email/Phone#: \_\_\_\_\_

**Emergency contact information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Additional comments and/or questions: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**\*Please submit the completed Mentor Application to your local ILC's DCF office.**

### DCF Staff Only

Region To Be Considered	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location To Be Considered	DCF IL Staff Signature _____ Date _____
	DCF IL Supervisor Initials _____

## Security Clearance Request Form

PLEASE PRINT CLEARLY

Reason for Request: Check One

☐ Employment ☐ Home Study ☐ ICPC  
☐ CWEP ☐ Volunteer ☐ JTPA  
☒ Other: Explain ☐ IL Mentor

Caregiver Position? ☐ Yes ☒ No

FBI Check? ☐ Yes ☒ No

(Attach  
Fingerprints)

Last Name  
Include suffix (Jr.,  
SR., etc.) if any.)

First Name

Middle Name

Maiden Name

Other Names

Address 1

Address 2

Phone

Gender

Race

SSN

Birth Date

Driver's License

State of Issuance

Return results to:

Name

Office or Institution

Department for Children and Families

E-Mail Address

PCA Number

### Search Results

Fingerprints Sent?

FBI  
KBI

☐ No Record  
☐ No Record

☐ See Attached  
☐ See Attached

Compact-DOC Supv.

☐ No Record

☐ See Attached

Adult Abuse Registry

☐ No Record

☐ Record

Child Abuse Registry

☐ No Record

☐ Record

Date Signature

Welfare Fraud Finding

☐ No Record

☐ Record

Date Signature

### Appointing Authority Decision:

Clearance Granted

Clearance Denied

Signature of Appointing Authority Date

## DEPARTMENT FOR CHILDREN AND FAMILIES

PM-6619

## SECURITY CLEARANCE

## For Applicant Signature

**Policy:** All employees and volunteers providing direct services to agency clients and others identified by the Secretary of DCF are required to obtain and maintain a security clearance as a condition of their employment or volunteer service. Security clearance may not be granted to any applicant, employee or volunteer who has been convicted of a prohibited crime (or had similar disposition of criminal charges other than a finding of “not guilty” or dismissal of the case) or who has engaged in other prohibited conduct as described below. For positions requiring a security clearance, DCF reserves the right to disqualify from consideration for employment any individual who has been found to have committed a prohibited crime or engaged in prohibited conduct within the last five (5) years. Prohibited crimes and conduct occurring more than five (5) years ago do not automatically disqualify the applicant, employee or volunteer but may be considered in determining whether to grant security clearance.

## Prohibited Crimes:

- abandonment of a child
- abandonment of a child, aggravated
- abuse of a child
- aiding escape
- altering a legislative document
- arson
- arson, aggravated
- assault
- assault, aggravated
- assault of a law enforcement officer
- assault of a law enforcement officer, aggravated
- battery
- battery against a law enforcement officer
- battery against a law enforcement officer, aggravated
- battery, aggravated
- blackmail
- bribery
- burglary
- burglary, aggravated
- criminal damage to property
- criminal restraint
- endangering a child
- enticement of a child
- forgery
- harassment by telephone
- incest
- incest, aggravated indecent liberties with a child
- indecent liberties with a child, aggravated
- indecent liberties with a ward
- indecent solicitation of a child
- indecent solicitation of a child, Aggravated
- injury to a pregnant woman
- interference with the conduct of public business in a public building
- interference with the conduct of public business in a public building, aggravated
- interference with the custody of a committed person
- intimidation of a witness or victim
- intimidation of a witness or victim, aggravated
- kidnaping
- kidnaping, aggravated
- lewd and lascivious behavior
- making a false writing
- manslaughter, involuntary
- manslaughter, voluntary
- mistreatment of a confined person
- mistreatment of a dependent adult
- murder
- obstructing legal process or official duty
- official misconduct
- perjury
- poisoning, attempted
- possession, possession with intent to sell
- prostitution
- prostitution, promoting
- rape
- robbery
- robbery, aggravated
- sale, manufacture or production of any drug listed in the Uniform Controlled Substances Act, K.S.A. 65-4101 et. seq.
- sedition
- sexual battery
- sexual battery, aggravated
- sexual exploitation of a child
- sodomy, aggravated criminal
- sodomy, criminal
- stalking
- theft
- threat, criminal
- threat, terroristic
- treason
- or any other related crimes including attempts and conspiracies to commit any of the crimes listed above

A conviction or other disposition of a prohibited crime (including but not limited to **entering a diversion agreement; a plea of guilty, no contest or nolo contendere; a finding of guilt on original or reduced charges by a judge or a jury; plea bargaining to lesser charges; being found not guilty by reason of insanity; expungement of conviction**) may be considered in determining whether to grant security clearance. Also, any pending current charges involving a prohibited crime may be considered.

**Prohibited Conduct:** Other types of convictions may be considered if the conviction bears a substantial relationship to the job duties of the position. **Convictions which are titled differently than those on the prohibited crimes list but which encompass the same conduct are also to be considered as prohibited conduct.** DCF may also consider administrative findings or pending criminal charges or allegations of welfare fraud, child or adult abuse or termination of parental rights.

## DEPARTMENT FOR CHILDREN AND FAMILIES

PM-6619

A security clearance report will list all activity, including juvenile information and diversions. Please answer the following questions:

1. Have you ever been charged in a criminal proceeding anywhere in the United States or in any foreign country with any crimes in which the final outcome of the court action resulted in a conviction, reduced charges, plea bargaining, diversion or any other disposition other than "not guilty"?  
☐ Yes ☐ No
2. Are there currently any criminal charges, indictments or outstanding warrants pending against you?  
☐ Yes ☐ No
3. Have you been adjudicated as a juvenile in the last five (5) years?  
☐ Yes ☐ No
4. Have you had any conviction(s) expunged?  
☐ Yes ☐ No
5. Have you ever been investigated for abuse or neglect?  
☐ Yes ☐ No
6. Have you ever been penalized in the receipt of benefits from the DCF (including cash assistance, food stamps, medical card or other benefits) for providing false or fraudulent information or for failing to report required information?  
☐ Yes ☐ No
7. If the answer to any of the questions (1-5) is "yes", please explain, including dates of events. (Attach additional pages if more space is needed.)  
\_\_\_\_\_
8. Have you used any other names or aliases including maiden name and name(s) from previous marriage(s)?  
☐ Yes ☐ No
9. If the answer to question 8 is yes, please list all other names and aliases:  
\_\_\_\_\_
10. Have you ever lived outside of the state of Kansas? If yes, please indicate dates.  
☐ Yes ☐ No \_\_\_\_\_

I understand that the position for which I am applying requires a security clearance. I hereby authorize a state and federal records check for the prohibited crimes and conduct described above. In accordance with HB 2128, my fingerprints will be used to access federal information. I voluntarily WAIVE ALL RIGHTS OF RECOURSE against the state of Kansas, Department for Children and Families, and its employees from all liability in complying with this authorization. I affirm that the information given on this form is TRUE AND COMPLETE to the best of my knowledge. I understand that deliberate FALSE STATEMENTS OR MISREPRESENTATIONS could be considered grounds for rejection of my application and could be considered CAUSE FOR IMMEDIATE DISMISSAL, if employed. I understand that if selected for any DCF position requiring security clearance, the CONVICTION OF A PROHIBITED CRIME OR OTHER PROHIBITED CONDUCT may subject me to IMMEDIATE DISMISSAL. Further, I understand that, once I am employed I am required to notify my appointing authority any time I am charged with or convicted of a prohibited crime and that my failure to do so may subject me to IMMEDIATE DISMISSAL. By my signature, I acknowledge and accept these terms as CONDITIONS OF EMPLOYMENT.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Social Security No.\_\_\_\_\_  
Date of Birth\_\_\_\_\_  
Driver's License No./State of Issue

<b>Form W-9</b> (Rev. December 2014) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b>	<b>Give Form to the requester. Do not send to the IRS.</b>																																													
<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.																																														
	<b>2</b> Business name/disregarded entity name, if different from above																																														
	<b>3</b> Check appropriate box for federal tax classification; check only one of the following seven boxes: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____</div><div><input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</div></div>																																														
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>																																														
	<b>5</b> Address (number, street, and apt. or suite no.)	<b>Requester's name and address (optional)</b>																																													
<b>6</b> City, state, and ZIP code																																															
	<b>7</b> List account number(s) here (optional)																																														
<b>Part I Taxpayer Identification Number (TIN)</b>																																															
<p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.</p> <p><b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.</p>																																															
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="9" style="text-align: center;">Social security number</td></tr><tr><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td></tr><tr><td colspan="9" style="text-align: center;">or</td></tr><tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			Social security number																		or									Employer identification number																	
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<b>Part II Certification</b>																																															
<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"><li>The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and</li><li>I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and</li><li>I am a U.S. citizen or other U.S. person (defined below); and</li><li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li></ol> <p><b>Certification Instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.</p>																																															
<b>Sign Here</b>	<b>Signature of U.S. person ▶</b>	<b>Date ▶</b>																																													
<b>General Instructions</b>																																															
<p>Section references are to the Internal Revenue Code unless otherwise noted.</p> <p><b>Future developments.</b> Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at <a href="http://www.irs.gov/fw9">www.irs.gov/fw9</a>.</p> <p><b>Purpose of Form</b></p> <p>An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:</p> <ul style="list-style-type: none"><li>Form 1099-INT (interest earned or paid)</li><li>Form 1099-DIV (dividends, including those from stocks or mutual funds)</li><li>Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li><li>Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)</li><li>Form 1099-S (proceeds from real estate transactions)</li><li>Form 1099-K (merchant card and third party network transactions)</li></ul> <ul style="list-style-type: none"><li>Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)</li><li>Form 1099-C (canceled debt)</li><li>Form 1099-A (acquisition or abandonment of secured property)</li></ul> <p>Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.</p> <p>If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See <i>What is backup withholding?</i> on page 2.</p> <p>By signing the filled-out form, you:</p> <ol style="list-style-type: none"><li>1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).</li><li>2. Certify that you are not subject to backup withholding, or</li><li>3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and</li><li>4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See <i>What is FATCA reporting?</i> on page 2 for further information.</li></ol>																																															
Cat. No. 10231X																																															
Form <b>W-9</b> (Rev. 12-2014)																																															



**INDEPENDENT LIVING MENTOR AGREEMENT****PPS 7220-EXAMPLE**

I, \_\_\_\_\_ (mentor printed name),  
agree that:

- a. I will be committing myself to a six-month term as a Mentor for \_\_\_\_\_ (name of young adult), a young adult working toward self-sufficiency.
- b. My term of service to this young adult will begin on \_\_\_\_\_ (date) and end on \_\_\_\_\_ (date).
- c. I will complete a Mentor Application initially, which will be maintained in a separate mentor file in the Regional Independent Living Program office. I agree to notify the DCF Independent Living Coordinator (ILC) of any information changes on the Mentor Application.
- d. I hereby give my consent to screening through background checks and law enforcement records of the State of Kansas Registry for Child Abuse and Neglect and Kansas Bureau of Investigation. The results of all security checks will be maintained, confidentially, in the mentor file.
- e. I will receive a copy of the young adult's Independent Living Subsidy Payment Unit Notification PPS 7210.
- f. I may, contingent upon the young adult's situation, receive the Subsidy payment for the young adult, each month and assist the young adult in utilizing these funds for the purpose of making monthly payments toward appropriate bills or financial commitments.
- g. I will advise the young adult in money management and assist the young adult in maintaining a monthly budget and financial records of bills and payments. I will provide the DCF ILC with copies of these records upon request.
- h. I will meet with the young adult whom I serve as stated in the Self Sufficiency Plan PPS 7000 and will document my contacts with the young adult on the Independent Living Monthly Mentor Report PPS 7215. I will provide the DCF ILC with the completed Mentor Report each month.

- i. I will monitor the young adult's school and/or work attendance and performance.
- j. Any information known about the young adult is confidential and I am not allowed to discuss the information with anyone other than the DCF ILC, DCF social worker or designated staff person. Violation of the young adult's confidentiality is grounds for termination of the mentor / mentee relationship. I understand that violation of consumer confidentiality as described will be subject to DCF, State, and Federal regulation.
- k. Young adults are entitled to access most information contained in their case records at any time. I will not write anything in a record that I don't want the young adult to see.
- l. In this volunteer capacity for the agency, I will not be covered for personal injury or personal liability through the Kansas Department for Children and Families.
- m. As a mentor for a young adult, I may receive a \$50.00 monthly stipend to assist with incurred expenses, contingent upon available DCF Regional funds. Mentor stipends are considered reportable income. To receive the stipend, I will have completed the W-9 Request for Taxpayer Identification Number and Certification, which will be maintained in the mentor file. I will notify the DCF ILC or designated staff of any changes in my address or name. Failure to submit the Independent Living Monthly Mentor Report PPS 7215 will result in monthly stipend suspension.

**I have read and do hereby state that I understand each of these statements. I hereby agree to comply with this statement as written.**

**SIGNATURE OF MENTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF ILC:** \_\_\_\_\_ **DATE:** \_\_\_\_\_





# Worker/Parent, Worker/Child, Sibling Visitation Schedules

Note: This is a stand-alone document that may be changed between case planning conferences. Each visit shall be documented on a visit log. See Section 3237 of the DCF PPM regarding visitations.			
Child's Name:		Date:	
Worker-Parent Contact: 1x per month		FACTS Case #	
		Not Applicable	
1. Effective Date:		# Visits per month:	
Participants:			
Arrangements: (transport, location, time, duration, other restrictions)			
2. Effective Date:		# Visits per month:	
Participants:			
Arrangements: (transport, location, time, duration, other restrictions)			

Worker-Child Contact: Mandatory 1x per month	
1. Effective Date:	# Visits per month:
Participants:	
Arrangements: (transport, location, time, duration, other restrictions)	

**Worker/Parent, Worker/Child,  
Sibling Visitation Schedules**

**Worker-Sibling Contact: Mandatory 1x per month**

1. Effective Date:	# Visits per month:
Participants:	
Arrangements: (transport, location, time, duration, other restrictions)	

<b>Child-Sibling Visitation: Mandatory 2x monthly</b>		Not applicable		Siblings Placed Together
1. Effective Date:	# Visits per month:			
Participants:				
Arrangements: (transport, location, time, duration, other restrictions)				
If interactions are not occurring (therapeutic, court order) or are not in-person (i.e. by phone, mail electronic) explain why:				

CC: All affected parties



# Independent Living Monthly Mentor Report

**Youth Name:** \_\_\_\_\_

**Mentor Name:** \_\_\_\_\_

**Reporting Month & Year:** \_\_\_\_\_

Monthly Income & Resources	Amount
Employment	\$
Financial Aid	\$
SSI	\$
Cash Assistance	\$
Food Assistance	\$
Roommate / Family Support	\$
DCF IL ( <i>Subsidy or ETV</i> ) Support	\$
<b>Total Monthly Income &amp; Resources</b>	\$

Monthly Expenses	Amount
Housing	\$
Food	\$
Electricity	\$
Gas/Propane	\$
Water	\$
Sewer	\$
Cable/Internet	\$
Trash	\$
<b>Total Utilities</b>	\$
Healthcare ( <i>premiums, co-pays, prescriptions, etc.</i> )	\$
Clothing / Personal Care / Hygiene	\$
Insurance / Tags / Taxes	\$
Gas	\$
Repairs	\$
Bus Pass	\$
Rides / Other	\$
<b>Total Transportation</b>	\$
Loans / Credit Card / Debt ( <i>car payment, credit cards, rent-to-own, etc.</i> )	\$
School / Work Expenses	\$
Cell Phone	\$
Daycare/Child Support ( <i>excluding DCF daycare assistance or garnishment</i> )	\$
Home Maintenance	\$
Recreation/Entertainment	\$
Savings	\$
<b>Total Monthly Expenses</b>	\$

**Mentor Comments or Concerns:**

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**Youth Comments or Concerns:**


*\*This report will be due by the 5th of the month, following the month for which you are reporting.\**

Youth's Signature:		Date:	
Mentor's Signature		Date:	

Date Reviewed by the IL Coordinator:	
IL Coordinator Signature:	



## **INDEPENDENT LIVING MENTOR AGREEMENT**

I, \_\_\_\_\_ (mentor printed name), agree that:

- a. I will be committing myself to a six-month term as a Mentor for \_\_\_\_\_ (name of young adult), a young adult working toward self-sufficiency.
- b. My term of service to this young adult will begin on \_\_\_\_\_ (date) and end on \_\_\_\_\_ (date).
- c. I will complete a Mentor Application initially, which will be maintained in a separate mentor file in the Regional Independent Living Program office. I agree to notify the DCF Independent Living Coordinator (ILC) of any information changes on the Mentor Application.
- d. I hereby give my consent to screening through background checks and law enforcement records of the State of Kansas Registry for Child Abuse and Neglect and Kansas Bureau of Investigation. The results of all security checks will be maintained, confidentially, in the mentor file.
- e. I will receive a copy of the young adult's Independent Living Subsidy Payment Unit Notification PPS 7210.
- f. I may, contingent upon the young adult's situation, receive the Subsidy payment for the young adult, each month and assist the young adult in utilizing these funds for the purpose of making monthly payments toward appropriate bills or financial commitments.
- g. I will advise the young adult in money management and assist the young adult in maintaining a monthly budget and financial records of bills and payments. I will provide the DCF ILC with copies of these records upon request.
- h. I will meet with the young adult whom I serve as stated in the Self-Sufficiency Plan PPS 7000 and will document my contacts with the young adult on the Independent Living Monthly Mentor Report PPS 7215. I will provide the DCF ILC with the completed Mentor Report each month.
- i. I will monitor the young adult's school and/or work attendance and performance.
- j. Any information known about the young adult is confidential and I am not allowed to discuss the information with anyone other than the DCF ILC, DCF social worker or designated staff person. Violation of the young adult's confidentiality is grounds for



termination of the mentor / mentee relationship. I understand that violation of consumer confidentiality as described will be subject to DCF, State, and Federal regulation.

k. Young adults are entitled to access most information contained in their case records at any time. I will not write anything in a record that I don't want the young adult to see.

l. In this volunteer capacity for the agency, I will not be covered for personal injury or personal liability through the Kansas Department for Children and Families.

m. As a mentor for a young adult, I may receive a \$50.00 monthly stipend to assist with incurred expenses, contingent upon available DCF Regional funds. Mentor stipends are considered reportable income. To receive the stipend, I will have completed the W-9 Request for Taxpayer Identification Number and Certification, which will be maintained in the mentor file. I will notify the DCF ILC or designated staff of any changes in my address or name. Failure to submit the Independent Living Monthly Mentor Report PPS 7215 will result in monthly stipend suspension.

**I have read and do hereby state that I understand each of these statements. I hereby agree to comply with this statement as written.**

SIGNATURE OF MENTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF ILC: \_\_\_\_\_ DATE: \_\_\_\_\_

