

NOTICE OF FORM CHANGE NO. 04-219

DATE

07/27/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other County Probation Departments

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE SOC 818 (7/04) Relative or Non-Relative Extended Family Member Caregiver Assessment

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 7/04	REPLACES 11/02	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 7/1/04.

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

8-1/2" x 11", 5 page form.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

Child's Name: _____ Case Number: _____
Child's Name: _____ Case Number: _____
Caregiver Name: _____

Relative or Non-Relative Extended Family Member Caregiver Assessment

If any statements below are answered No, the caregiver cannot be approved. The worker should assess whether the provision of reasonable assistance or additional services to the caregiver would enable the caregiver to properly respond to the child(ren)'s needs and the child(ren)'s health and safety. If the worker later reassesses the caregiver and determines that conditions supporting the No answer have changed sufficiently to answer Yes, approval may be given at that time.

Responses to the following statements have been assessed by the undersigned.

1. The caregiver has been provided a summary of State home approval regulations and is capable, having sufficient physical and mental health, to meet these requirements for the care and supervision appropriate to the type of child(ren) to be served. [§89317]
 Yes No

Comments: _____

2. The caregiver is aware of the child(ren)'s immediate medical, psychological, and educational needs and is able to respond to those needs. [§89378]
 Yes No

Comments: _____

3. The caregiver understands State child abuse and neglect laws and agrees to report any circumstances indicating the child(ren) has been abused or neglected. [§89361]
 Yes No

Comments: _____

4. The caregiver can provide the child(ren) opportunities for and encouragement in participation in group sports, leisure time, family, school and daily living activities. [§89379(a)]
 Yes No

Comments: _____

Child's Name: _____ Case Number: _____
Child's Name: _____ Case Number: _____
Caregiver Name: _____

5. The caregiver is able to care for the child(ren) in a healthy and safe way. [§89378]
 Yes No

Comments: _____

6. The caregiver will ensure that only positive discipline practices which promote the health and well being of the child(ren) are used in the home, and will not use nor allow any form of discipline that violates the child(ren)'s personal rights. [§89372]
 Yes No

Comments: _____

7. The caregiver understands and agrees to maintain the child(ren)'s records, including the placement agreement, health and educational records and written consent for medical/dental treatment. [§89370]
 Yes No

Comments: _____

8. The caregiver agrees to report all changes in household composition, or change in the residence or mailing address, or absence of the caregiver from the home of more than 48 hours. [§89361]
 Yes No

Comments: _____

9. The caregiver agrees to post emergency telephone numbers, discuss emergency situations with the child(ren) and practice emergency procedures every 6 months. [§89323]
 Yes No

Comments: _____

10. The caregiver agrees to report any accidents, injuries or incidents that threaten to harm the physical or emotional health or safety of the child(ren). [§89361]
 Yes No

Comments: _____

Child's Name: _____ Case Number: _____
Child's Name: _____ Case Number: _____
Caregiver Name: _____

11. The caregiver has been provided with a copy of the child(ren)'s personal rights and understands them and agrees to ensure that all members of the household will abide by them. [§89372]

Yes No

Comments: _____

12. The caregiver agrees to ensure direct care and supervision is provided to meet the child(ren)'s needs during participation in those activities that are sponsored by third parties. [§89379(b)]

Yes No

Comments: _____

13. The caregiver will provide at least three nutritious meals daily to meet the child(ren)'s dietary needs. [§89376]

Yes No

Comments: _____

14. The caregiver will ensure all transportation for the child(ren) is provided in vehicles in safe operating condition, by a driver complying with all applicable laws. [§89374]

Yes No

Comments: _____

Child's Name: _____ Case Number: _____
Child's Name: _____ Case Number: _____
Caregiver Name: _____

Assessment Summary:

The relative/non-relative extended family member has the ability and capacity to provide care and supervision to meet the child(ren)'s needs.

Yes No

Signature of County CWS or Probation Worker

Phone Number

Date

Child's Name: _____ Case Number: _____
Child's Name: _____ Case Number: _____
Caregiver Name: _____

RELATIVE or NREFM CAREGIVER DECLARATION AND AGREEMENT

I/We declare that:

1. I/We have been provided with a summary of the state regulations regarding the approval and operation of a relative foster home and agree to abide by them. _____ (Caregiver Initial)
2. I/We agree to cooperate with the county in the maintenance of caregiver standards. _____ (Caregiver Initial)
3. I/We have been provided with a copy of the child(ren)'s personal rights and understand them and agree to ensure that all members of the household will abide by them. _____ (Caregiver Initial)
4. I/We agree to provide for the special needs of any child placed in my/our care, including but not limited to:
 - To provide the services identified in the child's Needs and Services Plan and, if applicable, Transitional Independent Living Plan. [§89378(b) and §89387.2] _____ (Caregiver Initial)
 - If the child is a minor parent, to provide direct care and supervision of the child of the minor parent whenever the minor parent is at school or otherwise unavailable/unable to care for the child. [§89378] _____ (Caregiver Initial)
 - If the child has a disability, to make necessary specific provisions as required to protect and assist the child and maximize the child's potential for self-help. [§89387] _____ (Caregiver Initial)
 - If the child is under age 10 or is developmentally disabled, mentally handicapped, or needs special care and supervision, any pools or open body of water will be secured as required by §89387(d). _____ (Caregiver Initial)

I/We have not and will not make any false or misleading statements associated with application for approval, including information regarding the caregiver, family members, family home, or any of the services to be provided in the home.

Caregiver Signature

Date

Caregiver Name (Print)

Caregiver Signature

Date

Caregiver Name (Print)