

**NOTICE OF FORM CHANGE NO.**

DATE

**TO:**County Welfare Director  
Supply Clerk / Forms Coordinator**FROM:**Forms Management Unit  
(916) 657-1907 Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other

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

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

## USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

Child's Name: \_\_\_\_\_  
Child's SSN: \_\_\_\_\_

Case Number: \_\_\_\_\_  
DOB: \_\_\_\_\_

## 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 children opportunities for and encouragement in participation in group sports, leisure time, family, school and daily living activities [89379(a)].  
 Yes  No

Child's Name: \_\_\_\_\_  
Child's SSN: \_\_\_\_\_

Case Number: \_\_\_\_\_  
DOB: \_\_\_\_\_

Comments:

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's personal rights [§89372].  
 Yes  No

Comments:

7. The caregiver understands and agrees to maintain the child'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 [§89370].  
 Yes  No

Comments:

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

Comments:

Child's Name: \_\_\_\_\_  
Child's SSN: \_\_\_\_\_

Case Number: \_\_\_\_\_  
DOB: \_\_\_\_\_

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 [§89361].

Yes  No

Comments:

11. The caregiver has been provided with a copy of the child'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'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's dietary needs. [§89376].

Yes  No

Comments:

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

Yes  No

Comments:

Child's Name: \_\_\_\_\_  
Child's SSN: \_\_\_\_\_

Case Number: \_\_\_\_\_  
DOB: \_\_\_\_\_

**Assessment Summary:**

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

[ ] Yes [ ] No

Signature of County CWS or Probation Worker  
Date

Phone Number

Child's Name: \_\_\_\_\_  
Child's SSN: \_\_\_\_\_

Case Number: \_\_\_\_\_  
DOB: \_\_\_\_\_

## DECLARACION Y ACUERDO DEL PROVEEDOR DE CUIDADO QUE ES PARIENTE O NREFM\*

Yo (o nosotros) declaro que:

1. Se me ha proporcionado un resumen de los ordenamientos estatales acerca de la aprobación y operación de un hogar de crianza temporal para un pariente y estoy de acuerdo en cumplir con ellos. \_\_\_\_\_(Iniciales del proveedor de cuidado)
2. Estoy de acuerdo en cooperar con el Condado para mantener los estándar del proveedor de cuidado. \_\_\_\_\_(Iniciales del proveedor de cuidado)
3. Se me ha proporcionado una copia de los derechos personales de los niños y los entiendo y estoy de acuerdo en asegurar que todos los miembros del hogar cumplan con ellos. \_\_\_\_\_(Iniciales del proveedor de cuidado)
4. Estoy de acuerdo en proveer por las necesidades especiales de cualquier niño colocado bajo mi cuidado, incluyendo, pero no limitándose a:
  - Proporcionar los servicios identificados en el Plan de Servicios y Necesidades del Niño y, si es pertinente, el Plan de Transición para Una Vida Independiente (§89378(b) y §89387.2). \_\_\_\_\_(Iniciales del proveedor de cuidado)
  - Si el menor es un padre/madre, proporcionar cuidado y supervisión directos para el hijo del menor cuando el menor esté en la escuela o que de otra manera no pueda o no esté disponible para cuidar a su hijo (§89378). \_\_\_\_\_(Iniciales del proveedor de cuidado)
  - Si el menor tiene una incapacidad/discapacidad, hacer los arreglos específicos necesarios que se requieren para proteger y ayudar al menor y aumentar al máximo el potencial del menor para la autosuficiencia (§89387). \_\_\_\_\_(Iniciales del proveedor de cuidado)
  - Si el menor tiene menos de 10 años de edad o tiene una discapacidad de desarrollo, impedimento mental, o necesita cuidado especial y supervisión, cualquier alberca o espacio abierto que contenga agua deberá de estar protegido como se estipula en §89387(d). \_\_\_\_\_(Iniciales del proveedor de cuidado)

Yo (o nosotros) no he hecho ni haré ninguna declaración falsa ni engañosa asociada con la solicitud para aprobación, incluyendo información sobre el proveedor de cuidado, los miembros de la familia, el hogar de la familia, ni cualquier servicio que se proporciona en el hogar.

\_\_\_\_\_  
Firma del Proveedor de Cuidado

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre del Proveedor de Cuidado (use letra de molde)

\_\_\_\_\_  
Firma del Proveedor de Cuidado

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre del Proveedor de Cuidado (use letra de molde)

\*La definición de las siglas en inglés NREFM es: un proveedor de cuidado que no es un pariente pero que es una persona adulta con quien el niño ha establecido un lazo de familia o una relación de mentor o consejero.