

NOTICE OF FORM CHANGE NO. 04-222

DATE

08/12/2004

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 ENG/SP (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 immediately.

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. Last page only is translated into Spanish. All other pages are in English.

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: _____
Child's Name: _____
Caregiver Name: _____

Case Number: _____
Case Number: _____

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 Name: _____
Caregiver Name: _____

Case Number: _____
Case Number: _____

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 Name: _____
Caregiver Name: _____

Case Number: _____
Case Number: _____

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 Name: _____
Caregiver Name: _____

Case Number: _____
Case Number: _____

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 Name: _____
Caregiver Name: _____

Case Number: _____
Case Number: _____

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 relacionados a 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 las normas para los proveedores de cuidado. _____(Iniciales del proveedor de cuidado)
3. Se me ha proporcionado una copia de los derechos personales del niño(s) 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 encargarme de las necesidades especiales de cualquier niño colocado bajo mi cuidado, incluyendo, pero no limitándose a:
 - Proporcionar los servicios identificados en el plan de necesidades y servicios del niño y, si es pertinente, en el plan para la transición a una vida independiente. [§89378(b) y §89387.2]
_____(Iniciales del proveedor de cuidado)
 - Si el niño es un padre/madre menor de edad, proporcionar cuidado y supervisión directos para el hijo del padre/madre menor de edad cuando éste 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 niño tiene una discapacidad, hacer los arreglos específicos necesarios que se requieran para proteger y ayudar al niño y para aumentar al máximo la potencialidad del niño para ayudarse a sí mismo. [§89387] _____(Iniciales del proveedor de cuidado)
 - Si el niño tiene menos de 10 años de edad o tiene una discapacidad de desarrollo o impedimento mental, o si necesita cuidado y supervisión especiales, hacer segura cualquier alberca o extensión de agua abierta como se requiera 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 que proporciona cuidado de niños, ni cualquier servicio que se proporcione 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.)

*Por sus siglas en inglés, alguien que no es pariente, pero que tiene un vínculo estrecho con el niño