


# FOSTER PARENT HANDBOOK



**Brevard Family  
Partnership**



# IMPORTANT NUMBERS/RESOURCES



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# INTRODUCTION



## BFP HISTORY

Brevard Family Partnership (BFP) began in 2004 as Community Based Care of Brevard, Inc. BFP grew out of the community's vision to manage a locally operated child welfare system. Since 2004, Brevard Family Partnership and its many community partners have worked together to develop a family centered system of care.

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To that end, the local community established

5 chief priorities for BFP:

1. Implement family centered practice
2. Establish an aggressive front end prevention and diversion program
3. Become nationally accredited
4. Develop a concurrent planning model
5. Keep Brevard's children in Brevard

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In 2012, after achieving all the priorities established by the local community, BFP convened a series of community meetings with over 400 people in attendance to identify the new priorities and goals of our strategic plan. BFP's strategic plan can be found on our website at [www.brevardfp.org](http://www.brevardfp.org).

## VISION





## MISSION

Our mission is to “protect children, strengthen families and change lives” through the prevention of child abuse and the operation and management of a comprehensive, integrated, community-based system of care for abused, abandoned, and neglected children and their families.

## VALUES

Our system of care is family-centered, strength-based and community driven. We believe that all children have the inalienable right to grow up safe, healthy and fulfilled in families that love and nurture them.

Brevard Family Partnership and its stakeholders manage a trauma informed child welfare system of care committed to the following:

- The safety of children is the foremost concern, at all times;
- Permanency issues are resolved in accordance with a child’s sense of time;
- Services are customized to meet the unique needs of each child and family and are provided through a comprehensive, community-based network of providers who are dedicated to delivering a family-centered, customized, needs driven, responsive service delivery system;
- Resources are efficiently and effectively managed to achieve better outcomes for children with the ultimate goal being child safety and permanency within a twelve-month time frame;
- Financial support is available from diverse federal, state and local sources and flexibly managed at the local level to meet child and family needs in a timely and appropriate manner.

We believe that every child needs a home with a heart and that all children deserve to grow up safe, healthy, and whole in families that love and nurture them. Brevard Family Partnership believes in family driven care; as such families are partners in the planning process. It is our goal to assist and strengthen families by creating access to community based resources and natural supports that promote safety, build trust and ensure permanency for children.

We believe that mobilizing resources for children and families is the responsibility of the entire community and will help families access the necessary supports to meet their ongoing needs throughout Brevard County.





# WELCOME



## Welcome TO BREVARD FAMILY PARTNERSHIP!

We are pleased that you have joined our team and have become a foster parent partner in our local system of care. We value you and the role you play each and every day to facilitate hope and healing in the lives of our children. The BFP team is here to support you.

This Foster Parent Handbook includes general information, guidelines, answers and information to assist you in caring for the children placed in foster care.

This handbook is intended to be a practical guide, not an all-inclusive policy and procedure handbook. Every effort has been made to include accurate, up-to-date information to help you navigate the System of Care and better understand your role as a BFP Foster Parent. Please note policies, procedures and eligibility criteria are subject to change. We encourage you to contact your child's assigned Case Manager, Licensing Specialist, or the Foster Parent Navigator directly if you have any questions. This guide may be updated periodically to reflect any necessary changes. Each guide is dated and updates will be made available to you to ensure you have the most up-to-date information available.

You can also refer to the BFP Foster Care website page, where additional information to support you can be found. Visit <http://brevardfp.org/resources-for-foster-parents/>

We wish to offer a sincere word of appreciation to you for freely sharing your heart and home by caring for the most vulnerable children in our community. We are deeply grateful to you for your devoted service and for joining with us as partners. We hope that you find this handbook a valuable resource and that your experience with BFP is a positive one.





# ACRONYMS/TERMS

ACCESS	Automated Community Connection to Economic Self-Sufficiency
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
AES	Adoption Exchange System
AHCA	Agency for Health Care Administration
APD	Agency for Persons with Disabilities
BYT	Brevard Youth Thrive
CAFAS	Children and Adolescent Functional Assessment Scale
CBC	Community Based Care
CFSR	Child and Family Services Review
CLS	Children's Legal Services - attorneys who are employed by The Department of Children and Families (DCF) and represent the interest of children in care.
CMA	Case Management Agency: Family Allies and Brevard C.A.R.E.S. are the contracted CMA's
CMS	Children's Medical Services
COA	Council on Accreditation
CPI	Child Protective Investigator - a DCF staff member who conducts investigations on child abuse hotline calls.
CPA	Child Placing Agency – provide management and oversight of foster parents.
CPT	Child Protection Team - medically directed, multidisciplinary teams available that supports the Family Safety and Preservation Program in assessment activities involving reports of child abuse and neglect.
CWLA	Child Welfare League of America - the national agency that serves as a center of excellence for the nation's child welfare community.
DCF	The Department of Children and Families who Brevard Family Partnership contracts with to provide foster care and related services.





# ACRONYMS/TERMS

DCM	Dependency Case Manager
DJJ	Department of Juvenile Justice
EBP	Evidence Based Practice
ESS	Economic Self-Sufficiency
FCFC	Florida Coalition for Children
FDLE	Florida Department of Law Enforcement
FSPO	DCF's Family Safety Program Office
FTC	Family Team Conference
GAL	Guardian ad litem - Represent the interest of children in care
IL	Independent Living
JR	Judicial Review - Court summary of family progress
LRA	Leadership Roundtable Alliance - Serves as the statutorily mandated community alliance who oversees the local system of care that functions and serves as the Children's Services Council.
MRT	Mobile Response Team
PO	Probation Officer
POC	Point of Contact
QPI	Quality Parenting Initiative
TCM	Targeted Case Manager
TIC	Trauma Informed Care
TIP	Together in Partnership - The community coalition that designed the local child welfare system of care and represents the interest of the community.
TPR	Termination of Parental Rights



UM	Utilization Management
UR	Utilization Review
Care Coordinators	Staff at Impower and Brevard C.A.R.E.S. who conduct family team conferences and authorize services for children served in prevention and through case management.
Care Plan	A document used in the BFP System of Care that outlines the child and family's strengths, needs, ways to meet needs, challenges/barriers, plan of action, timeline, person responsible and expected outcome.
Case Plan	A plan of intervention, which is negotiated with the family and other parties and specifies the reasonable efforts of all parties to achieve the child's permanency goal. It ensures the child's safety and well-being from the beginning of service provision until services are terminated.
Concurrent Planning	Establishing a permanency goal in a case plan that uses reasonable efforts to reunify the child with the parent, while at the same time establishing another goal that must be one of the following options: (a) Adoption when a petition for termination of parental rights has been filed or will be filed; (b) Permanent guardianship of a dependent child under s. 39.6221; (c) Permanent placement with a fit and willing relative under s. 39.6231; or (d) Placement in another planned permanent living arrangement under s. 39.6241.
Conditions for Return	Conditions for Return are a written statement or statements of the specific conditions, circumstances, or behaviors that must exist within a child's home before a child can safely return and remain in the home with an in-home safety plan while the parents continue to work towards reaching case plan outcomes.
Foster Care	A court ordered, temporary, out-of-home care placement for a planned period of time for children whose own families are unable to care for them.
Foster Care Placement	The placement of a child in a foster home after the child has been adjudicated dependent with a judicial disposition for foster care.
Foster Home	A private residence licensed pursuant to Section 409.175, F.S. in which children who are unattended by a parent or legal guardian are provided 24-hour care to include emergency shelter, family foster homes, therapeutic foster homes, and medical foster homes for children with special needs.
Home Study	The process of preparing, evaluating and assessing applicants for adoptive parenthood or foster care and completing a written report of the entire process.
Independent Living Services	An array of services to youth in foster care from 13 - 23 years of age to prepare them to live on their own and which may provide a subsidy for some youth.
Levels of Care	The BFP System of Care has blended internal and expanded placement alternatives with current Medicaid Managed Care plan placement options to create a leveling system responsive to each child's individualized needs. Each placement level in the continuum is correlated with a range of scores from the assessment administered for each child titled the Child and Adolescent Functional Assessment Scale (or CAFAS), foster parent training, compensation for foster parent, criteria of children, enhanced training requirements of foster parents in addition to licensure standards and licensing requirements.



# ACRONYMS/TERMS

<p>Mobile Response Team</p>	<p>Provides on-site crisis counseling services to children and families in Brevard County 24 hours per day, seven days a week. Services are provided to children and families who have been identified as being at risk for placement disruption, being removed as a result of a protective investigation and/or as the result of a call from a parent/child in need from the community.</p>
<p>Permanency</p>	<p>That condition under which a child can remain in a setting for the remaining years of the child's minority. The primary permanency goal remains that of reunification. In the event that this goal is not in the best interest of the child, the following are other permanency goals, listed in the order of preference:</p> <ul style="list-style-type: none"> <li>a. Adoption</li> <li>b. Permanent guardianship of the dependent child</li> <li>c. Permanent placement with a fit and willing relative</li> <li>d. Placement in another planned permanent living arrangement</li> </ul>
<p>Recruitment</p>	<p>The process of identifying appropriate individuals in the community to participate as volunteer Foster Parents.</p>
<p>Retention</p>	<p>A program of support for all foster/adoptive parents recruited through efforts directly associated with this contract. This support program shall include but not be limited to networking, training, and mentoring.</p>
<p>Reunification</p>	<p>The process of returning a child to the parent(s) or caregiver from whom the child was removed following an out of home placement.</p>
<p>Safety Plan</p>	<p>A written arrangement between caregivers and the agency that establishes how danger threats to child safety will be managed. §39.01(75) Fla.Stat.(2020)</p>





# PARTNERSHIP RESPONSIBILITIES

## PARTNERSHIP PLAN FOR CHILDREN IN OUT-OF-HOME CARE

Everyone is responsible for the wellbeing of children in the custody of the Department of Children and Families (DCF). The children's caregivers along with the Florida Department of Children and Families, community-based care (CBC) organizations, their subcontractors and staff of these agencies undertake this responsibility in partnership, aware that none of us can succeed by ourselves.

Children need to experience normal childhoods as well as loving and skillful parenting which honors their connection to their biological family. This is accomplished by understanding and sensitivity to preserving their traditions, norms, ethnic background, faith affiliations and values.

- 1 To ensure that the care given to children supports healthy development and provides them the best possible opportunity for success. Caregivers, DCF, CBC and agency staff will work together in a respectful partnership.
- 2 All members of this partnership will behave professionally, will share all relevant information promptly and will respect the confidentiality of all information related to the child and his or her family.
- 3 Caregivers, the family, DCF, CBC and agency staff will participate in developing the plan for the child and family and all members of the team will work together to implement this plan. This includes caregiver participation in all team meetings or court hearings related to the child's care and future plans. DCF, CBC and agency staff will support and facilitate caregiver participation through timely notification, an inclusive process and providing alternative methods for participation for caregivers who cannot be physically present.
- 4 Excellent parenting is a reasonable expectation of caregivers. Caregivers will provide and DCF, CBC and agency staff will support excellent parenting. This requires a loving commitment to the child and the child's safety and wellbeing, appropriate supervision and positive methods of discipline, encouragement of the child's strengths, respect for the child's individuality and likes and dislikes, providing opportunities to develop the child's interests and skills, awareness of the impact of trauma on behavior, equal participation of the child in family life, involvement of the child with the community and a commitment to enable the child to lead a normal life.
- 5 Children will be placed only with caregivers who have the ability and are willing to accept responsibility for the care of a child in light of the child's culture, religion and ethnicity, special physical or psychological needs, unique situation including sexual orientation and family relationships. DCF, CBC and agency staff will provide caregivers with all available information to assist them in determining whether they are able to appropriately care for a child. Caregivers must be willing and able to learn about and be respectful of the child's religion, culture and ethnicity, and any special circumstances affecting the child's care. DCF, CBC and agency staff will assist them in gaining the support, training and skills necessary for the care of the child.
- 6 Caregivers will have access to and take advantage of all training they need to improve their skills in parenting children who have experienced trauma due to neglect, abuse or separation from home, to meet these children's special needs and to work effectively with child welfare agencies, the courts, the schools and other community and governmental agencies.
- 7 DCF, CBC and agency staff will provide caregivers with the services and support they need to enable them to provide quality care for the child.



- 8 Once a family accepts the responsibility of caring for the child, the child will be removed from that family only when the family is clearly unable to care for him or her safely or legally, when the child and his or her biological family are reunified, when the child is being placed in a legally permanent home in accordance with the case plan or court order, or when the removal is demonstrably in the child's best interest.
- 9 If a child must leave the caregiver's home for one of these reasons and in the absence of an unforeseeable emergency, the transition will be accomplished according to a plan which involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and psychological needs, ensures they have all their belongings, and allows for a gradual transition from the caregiver's home and, if possible, for continued contact with the caregiver after the child leaves.
- 10 When the plan for the child includes reunification, caregivers and agency staff will work together to assist the biological parents in improving their ability to care for and protect their children and to provide continuity for the child.
- 11 Caregivers will respect and support the child's ties to his or her biological family (parents, siblings and extended family members) and will assist the child in visitation and other forms of communication. Caregivers will respect and support the child's ties to his or her biological family (parents, etc...), and will assist the biological family's involvement in the child's important life events as appropriate. DCF, CBC and agency staff will provide caregivers with the information, guidance, training and support necessary for fulfilling this responsibility.
- 12 Caregivers will work in partnership with DCF, CBC and agency staff to obtain and maintain records that are important to the child's wellbeing including child resource records, medical records, school records, photographs, and records of special events and achievements.
- 13 Caregivers will effectively advocate for children in their care with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers. DCF, CBC and agency staff will support them in doing so and will not retaliate against them as a result of this advocacy.
- 14 Caregivers will participate fully in the child's medical, psychological and dental care as they would for their biological child. Agency staff will support and facilitate this participation. Caregivers, DCF, CBC and agency staff will share information with each other about the child's health and wellbeing.
- 15 Caregivers will support the child's school success by participating in school activities and meetings, including IEP (Individualized Education Plan) meetings, assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra-curricular activities. Agency staff will facilitate this participation and will be kept informed of the child's progress and needs.



## 1. Why are children placed in foster care?

In most instances, children are placed in foster care involuntarily by order of the court. An involuntary placement occurs when a child has been abused, abandoned or neglected (or may be at risk of abuse or neglect) by his or her parent/guardian or someone else in the household, or because a court has adjudicated the child deprived, neglected, ungovernable or delinquent. The court orders the removal of the child from the home and determines the duration of the court order.

## 2. Matching the child and the foster home

In placing a child in a foster home, agency staff tries to find a home that best suits the child's needs. A successful match between the child and the foster home will make all the difference in a child's life during an extremely difficult period. It may be helpful for you as a foster parent to know what factors are considered when a child is placed into foster care.

- **Relatives and Non Relatives:** This would be the first consideration before placing a child in a foster home.
- **Previous foster home:** If the child was previously placed in foster care, this would be considered before looking for another foster home since the child already has an existing relationship with the identified foster family.
- **Placing siblings together:** All attempts are made to place siblings in the same foster home if appropriate.
- **Religious background:** If religion is a factor in the child's life, the preference of the child's parent must be recognized.
- **Neighborhood and school:** The preference would be to find a foster home where the child does not have to change schools.
- **Special needs:** Children with special physical, emotional or medical concerns will be placed in a foster home that is able to meet their needs.
- **Other children in the home:** If the foster home already has other children, this would be considered prior to placing another child into the home.

Cultural, ethnic, or racial background are considered when determining the best interests of the child, but placement in a foster home cannot be delayed or denied based on these factors.

## 3. Why do I have to be licensed to take shelter or foster children into my home?

Section 409.175 of the Florida Statutes mandates the Department of Children and Families or the designated child placement agency in the county to license and set standards for children in foster family homes, emergency shelter homes and family group homes. The statute states that "no person, family foster home or child caring agency shall receive a child for continuing full-time care or custody unless they have first procured a license from the agency to provide such care."

## 4. What is a foster home?

Family foster homes are those homes licensed through the state of Florida to care for children who have been removed from his/her parents and provide a stable environment and set of relationships in a home while a permanent solution is sought. The initial goal is to safely return the child to the parents/caregivers they were removed from.





## 5. Who will do my licensing?

BFP is the child placing agency responsible for coordinating your completion of the required licensing activities and providing a recommendation on licensure to DCF. A Licensing Specialist will review your paperwork and will assess your family for licensure, coordinate the completion of licensing requirements through visits to your home, inspections, safety assessments, and a home study. BFP will assist you with any questions you might have regarding your license.

## 6. How often will I be relicensed?

Each foster home must be relicensed on an annual basis. The Licensing Specialist will use information gathered to make a recommendation regarding continued licensure.

## 7. What is the law regarding confidentiality? Who can I share information with?

Confidential information may only be discussed with professionals or other authorized persons who are involved in a child's dependency case plan. Your friends, relatives and neighbors will be naturally curious about the child(ren) placed in your home. You need to explain to them that you appreciate their interest, but that you cannot share information about a child's background, problems, or the legal progress of a case. Identifying information, including name or photo of a foster child, may not be given to the media. You must be sure that media photographers do not take pictures of your child. Information about your foster child should be shared on a need-to-know basis only.

During the licensing process, you will be asked to sign a HIPAA/Confidentiality statement. Under Florida Statutes, violating confidentiality is a misdemeanor and punishable by a fine and/or imprisonment. Equally important, the children in your care do not need to experience a loss of trust or privacy by hearing information about them or their families discussed publicly. Remember, be discreet. Inquiries can be handled diplomatically.

## 8. What if I decide to move?

A license to provide foster care is not transferable, meaning it is issued to the identified parent, at the identified location. It is understandable that families may choose to move, however it is important to remember that your license must be transferred within 30 days after moving. The license transfer will require updated inspections and radon testing, a new floor plan, disaster plan and licensing recommendations to reflect capacity and other changes. Contact your Licensing Specialist as soon as you learn about your move so they may initiate the transfer process. Notice must be at least 30 days.

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# CHANGES

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During your licensing year, please notify your Licensing Specialist immediately when you:

- You change your residence (30 days prior to moving)
- You change your phone number
- Anyone moves in or out of your home
- Any significant changes in adult caregiver(s) health must be immediately reported to the licensing specialist
- Any changes in your financial situation (you begin or end employment)
- There is a change in the structure of your home (adding a room, taking out a wall, etc)
- A child in your home turns 12 or 18 years old
- Any change in pets in your home
- Any new law enforcement involvement of any household members

## BACKGROUND SCREENING

**Fingerprints:** All persons 18 years of age and older residing in a foster home are fingerprinted and screened through the FBI at the time of initial licensing. You must immediately notify your licensing counselor if a new adult moves into your home or a child in your home turns 18, so they can be screened. If a foster home has a 90-day break in service, all adults in the home must be re-fingerprinted.

**Florida Department of Law Enforcement (FDLE):** FDLE clearances are completed on all adult residents in foster homes at the time of initial licensing and every five years thereafter.

**Local Law Enforcement:** Criminal records maintained by police and sheriff’s offices are checked annually for all adult household members. The Department of Juvenile Justice (DJJ) records check through the Florida Department of Juvenile Justice for household ages 12 - 17.

**Department of Juvenile Justice (DJJ):** Juvenile records are checked through the Florida Department of Juvenile Justice for household ages 12 - 17.

## HOME SAFETY

The Licensing Specialist will check your home for the following safety items:

✓	Guns and ammunition must be kept separately and locked.	✓	All combustible sources must be stored away from sources of heat.
✓	All medications, poisonous chemicals and cleaning materials must be locked in a place inaccessible to children.	✓	The home must be equipped with an operating smoke detector in each sleeping area.
✓	Alcoholic beverages must be stored out of the reach of small children.	✓	An evacuation plan must be posted in a conspicuous place and shared with foster children placed in the home.
✓	Pets must be vaccinated and the vaccinations kept current.	✓	Fire drills must be held 2 times a licensing year and documented.
✓	Children’s access to large pets or potentially dangerous animals must be restricted.	✓	All fireplaces, space heaters, steam radiators and hot surfaces must be shielded against accidental contact.
✓	Transportation and access to a telephone must be immediately available.	✓	The home must not be heated with unvented heaters.





✓	Bedrooms in basements or above the second floor must have either a window or a door with an approved means of exit.	✓	The home must be inspected annually for sanitation and fire safety and received satisfactory ratings.
✓	The home must have a portable chemical fire extinguisher (2A10BC), with a current inspection tag, in the kitchen.	✓	The home must have a safe outdoor play area as part of the property or within reasonable walking distance.
✓	The home must be free from objects, materials and conditions, which constitute a danger to children.	✓	The home must have access to schools, churches, medical care, recreation and community facilities.
✓	If the home has burglar bars on windows, the caregiver must demonstrate that they can be easily released to allow exit or there must be other means of exit readily available from sleeping areas.		

## CAPACITY, SPACE AND SLEEPING ARRANGEMENTS

- Florida law requires, except under very detailed special conditions, that there be no more than five children in a foster home, including the Foster Parent's birth or adopted children or other children in the Foster Parent's care.
- Each child must have his or her own bed, and each infant must have his or her own crib.
- Each child must be provided with adequate space for personal belongings and designated space in or near the bedroom for hanging clothes.

## TRANSPORTATION SAFETY

- All Foster Parents who drive must have a valid driver's license.
- All cars driven by Foster Parents or anyone transporting foster children must meet applicable Florida motor vehicle laws, have liability insurance coverage in place at all times and must be equipped with seat belts.
- For children up to three years of age, a restraint device must be used and be a separate carrier or a vehicle manufacturer's integrated child seat.
- For children aged four through five years, a separate carrier, an integrated child seat, or a seat belt may be used.

## EDUCATIONAL RESOURCES

Florida law requires each Foster Parent have a minimum of 8 (eight) hours of training each year after initial licensure.

Approved Trainings will be offered on a regular basis through the Foster Parent Support Groups. The topics covered during these trainings will address many of the concerns and challenges that you must confront as Foster Parents and include annual update training that is a mandatory requirement for re-licensing. We will work hard to assure that guest speakers and staff trainers make these trainings an interesting and rewarding experience.

# LICENSING

## NORMALCY

Provide a youth opportunities to participate in life skills in their licensed out-of-home placement and communities that are reasonable and appropriate for their ages and taking into consideration any special needs the youth have. Normalcy also provides services to build life skills and increase ability to live independently and become self-sufficient, supports the opportunities for participation in age-appropriate activities and allows youth to set achievement and career goals for educational and employment experiences.

## STANDARDS



### FAMILY COMPOSITION

A licensed foster family can include two parents or may be a single parent; either family composition will need to be able to provide the opportunities for the care and nurturing of children. All licensed foster parents will be required to have a back-up caregiver who can assist with the children. The back-up caregiver must be approved by BFP and meet the screening requirements as per Florida Statutes.



### NUMBER OF CHILDREN IN A FAMILY

Limitations in regard to the number and ages of children to be served in a foster care family are based on Florida Statute and on observations of the skills of the foster care parents. Additionally, this will be assessed by the BFP Licensing Specialist. The assessment will also address adequate space in the home and the effect of the number and ages of the children upon the other family members. However, there should be no more than two infants, under the age of two years old, in a foster care family, including the family's birth children. The total number of children in any foster home will be determined during the licensing process and shall not exceed five. In certain situations, over capacity waivers may be approved by BFP to accommodate siblings.



### AGE

The age of the foster care parents must be considered for maturity, health, physical energy, flexibility, ability to care for a specific child and probable length of placement of a specific child. Specialized Therapeutic Foster Care (STFC) Parents must be at least 25 years of age. Traditional Foster Parents must be 21 years of age.



### INCOME

Foster care parents must have enough income to assure their stability and the security of their own family without relying on board payments. The foster care family must have sufficient income to absorb four to six weeks of a foster child's care until a board payment is received.



### HEALTH HISTORY

Applicants are required to share health history on each member of the household including physical, mental health and other treatments received which may impair their ability to care for children. If there is a question regarding the physical, mental or emotional health of any member of the household, the applicant will be asked to supply clinical reports and evaluations.



### RELIGION

A foster care parent must be willing to provide the opportunity for a child's participation in the faith affiliation of his/her choice or that requested by the birth family. A parent whose religious preference or other beliefs prevent the use of a licensed medical physician may not be licensed by the state. A foster child must be given the option to participate in the faith based activities of the foster parent and has the right to refuse to participate in faith based activities. When the child chooses to refrain from participation in the faith orientation and activities of the foster family; the foster parent must make provision for the child during those times. A foster parent may not baptize or permit a child to be baptized without written consent of the biological parent or an authorized representative of the Florida Department of Children and Families.



## SYSTEM OF CARE OVERVIEW

When a new case is received, the Child Protective Investigator (CPI) contacts the BFP Centralized Intake Unit. The CPI and Intake Specialist discuss the appropriate services required for the child(ren) and family, and the appropriate track and/or requests a licensed out-of-home care placement from the BFP Intake Specialist if immediate placement is needed. The Intake Specialist contacts the Case Management Program Manager at the appropriate care center and arranges for a Team Staffing within 24 hours. Any request received after 3:00 p.m. is placed on the Team Staffing schedule for the next available staffing day. Team Staffings are scheduled on Tuesdays and Thursdays at the central and south care centers. When necessary, alternate times, days, and locations may be provided. The Assessment Specialist completes an assessment and conducts a utilization review on each child under BFP supervision. For children under age three, the assessment tool used is the Preschool and Early Childhood Functional Assessment Scale (PECFAS) for children ages four through 17, the Child and Adolescent Functional Assessment Scale (CAFAS) is used. The assessment, along with the Comprehensive Behavioral Health Assessment (CBHA), and the family functioning assessment, which is ongoing and completed by the Care Manager (CM), will be reviewed at the initial case planning conference scheduled by the court. This assessment process is the foundation for identifying the strengths and needs of families and the goals and expected outcomes.



# PLACEMENT

When you are contacted by the BFP Intake Specialist, inquiring as to whether you will consider the placement of a child into your home, please consider asking the following questions:

✓	How old is the child?	✓	Does the child hurt others or animals?
✓	Boy or Girl?	✓	What special needs does the child have (mental health, educational, physical)?
✓	How long is this child expected to be in care?	✓	Is the child part of a sibling group?
✓	What situation is the child coming from (the parents' home or failed placement)?	✓	Does the child have a history of substance use?
✓	What presenting behaviors does the child currently exhibit?	✓	Is the child on medication?
✓	What behaviors has the child presented in the past?	✓	Does the child have special needs?
✓	What type(s) of abuse has the child experienced?	✓	Does the child attend school?
✓	Does the child display any sexual behaviors?	✓	Does the child have a history of running away?
✓	Has the child been physically aggressive?	✓	Is the child an appropriate match with the other children placed in my home?



**1. Who will contact me to place children in my home?**

BFP's Intake and Placement Department will make the initial call to you to discuss a possible placement in your home. After-hours and on weekends, the BFP placement on-call staff members will contact you for placements.

Hotline Homes: Hotline homes are traditional foster and therapeutic foster homes who agree to act as emergency placements for the temporary care of children entering licensed out-of-home care during after-hours and weekends. A foster parent must elect to participate in the hotline rotation and will be available 24 hours a day/7 days per week for short term placement (up to 7 days for any newly sheltered child in need of placement. Hotline homes will serve as short term placement to allow for completion of assessment of the child in order to identify a suitable ongoing match with a foster home (Pathways, Connections, and Passages). Hotline homes are necessary when the child requires out-of-home care and there are not any relatives or non-relatives within the child's support network that are either willing or able to meet the standards of an approved caregiver.

**2. Will all of the information available about a child be provided to me when a child is placed into my home?**

All known information about the reasons the child was brought into care, and his/her physical, emotional, developmental, educational and behavioral status will be shared with you. You should be prepared to ask questions that you wish to have answered. Sometimes after a child is placed in your home, you may hear information that the BFP team does not know and was not aware of at the time the child was placed in your home. Please share information that you think may be important with the child's team. (Example: family information, information about abuse, observations of behaviors, etc.). If the child has had a previous foster care placement, you may want to talk to the child's prior foster parent for their input on the child's behavior, strengths and needs. If you feel that you are not receiving adequate information, please inform the BFP team.

**3. When are brothers and sisters placed in the same home and when are they separated?**

Whenever possible, it is in the best interest to place siblings together in the same home to minimize the trauma of removal from their parents and familiar setting. Sometimes due to lack of availability or complex behaviors, it is necessary to separate siblings. The option of placing siblings together is a high priority and is explored regularly by BFP through sibling staffings that occur every 30 days. You may be asked to consider the placement of a child's sibling in your home or to assist with moving the child from your home to the home where their sibling is placed.

**4. Are children placed in homes of similar culture?**

Whenever possible, children are placed in homes of similar culture, ethnic background, religion or traditions and norms. If this is not possible, efforts are made to place children with families who are sensitive to the child's cultural heritage, religious practices and traditions and to help the child maintain and continue to develop a connection to and sense of identity tied to their birth heritage. A child's choice of religion and right to attend the church of their choice in their faith community (or a child's refusal to attend church) is of utmost importance and will be respected at all times.

**5. If I am licensed for a certain number of children, can more children than that ever be placed in my home?**

A waiver and/or an exception to policy can be granted to allow this under special circumstances outlined in Florida Administrative Code called an "Over Capacity Waiver". You should never be over capacity unless proper authorization has been secured by the BFP Placement Coordinator.

**6. Should I keep receipts for the clothing and incidentals I purchase for my foster child?**

Yes, you should keep receipts so you have record of how the child's share of the board rate was spent. Keeping good records will help the child keep track of personal items. An inventory list should be made. Clothing and other items belonging to or purchased for the child should follow the child if he/she moves from your home.

# PLACEMENT

## 7. What can I expect to come with the child?

Each child should come with all available information, records and a blue book. All the information that belongs in the blue book may not be available at the time of placement, especially if the child is in shelter status; at a minimum, you should receive the following:

- Child's name and birth date (if known);
- Reason for placement;
- Medical information (request the names of the child's physician and dentist);
- Medication, if available, or directions on how to secure it;
- Worker's name and telephone number (supervisor's also);
- On-call information for evenings and weekends for use in case of emergency;
- Child's medical card;
- Personal belongings of child.

## 8. How do I answer the child's questions about being in foster care?

Give age-appropriate responses and be honest. Do not be judgmental towards the child's family in your response. If you do not know the answers or what to say, say so. Tell the child you or he/she can get information from the Case Manager and then please remember to follow up.

## 9. How can I assist the child and biological parents with the initial removal and placement in my home?

A phone call is made by an agency representative and the foster parent or other caregiver to the biological parent after a child is removed from their home. The purpose of the call is to: 1. comfort the child, 2. take the first step in establishing a co-parenting relationship and to Discuss vital information needed to meet the child's needs.

## 10. Can I take a child on a trip with me?

If you are planning a trip and want to take the child with you, you should discuss your plans with the child's Case Manager as early as possible as some travel may require a Court order. Taking the child on family vacations is encouraged whenever possible because this makes the child feel more a part of your family. However, the rules may vary depending on the legal status of the child. The Case Manager must be contacted if travel plans include an overnight stay away from home. A good relationship between you and the child's birth family can help facilitate your travel plans. Always consult with the child's Case Management Team before you plan to travel with the child.

## 11. What do I do if a child runs away?

Call the police to make a missing person report if the child is missing for four hours. Be prepared to provide the date of birth, and social security number of the child, a physical description, including his/her clothing, and provide a picture, if possible. If it is during working hours, contact the child's Case Manager or Child Protective Investigator. If after working hours, call the Case Manager's on-call number.

## 12. What do I do if the child in my home is arrested?

Call the child's Case Manager and/or report the incident to the after-hours on-call. Although this can be a frustrating and sometimes embarrassing experience for foster parents, try not to take this personally. It is very probable that this is a symptom of other problems, not a rejection of you or a reflection of your skills.

## 13. What do I do if a child has a medical emergency in my home?

Call 911 for emergency assistance. Then call the child's Case Manager, contacting supervisory or management staff of the Case Management agency that is serving the child. The child's Case Management Team will notify the birth family. After regular hours, call the emergency after-hours number provided by the Case Management Agency.

**14. What do I do if I need to talk to a member of the BFP/Case Management Team after working hours?**

You will be provided with an on-call phone number immediately. These after-hour contacts should relate to emergencies only. You will also be provided access to the Mobile Response Team (MRT). They provide free on demand and on-site crisis intervention services to children and families in Brevard County 24 hours a day, 7 days a week. Call 321-213-0315 to access this service immediately.

**15. What should I send with the child who is moving from my home?**

At a minimum, all clothing, toys and personal belongings purchased with clothing allowance and board payment should go with the child, as well as any gifts the child received while in your home. Also, send any belongings the child brought with him/her. The child should have an up-to-date Child Resource Record, the Medicaid card, any current medication, instructions, and the name and telephone number of the child's physician should go with the child.

**16. My foster child is being moved to another home. How can I help the child make the transition to the new home?**

Your participation in the move may be beneficial to the child, depending on the circumstances surrounding the move. Discuss your thoughts with the child's Case Manager to determine what will be in the child's best interest.

**17. Can a foster parent request a psychotropic review?**

Yes, a foster parent can request a Psychotropic review when there is a new request for a medication evaluation or it has not been reviewed previously, the child or youth are not scheduled for another review in the next 90 days and have been to Clinical Review in the interim yet continue to experience any of the following: side effects, failed placements, and/or critical incidents. This can also be requested for youth who are refusing medication or who have been placed in crisis stabilization. A youth has a right to request a Psychotropic Medication Review at any time.

**18. What if my foster child is on a sexual safety plan?**

Following "house rules" are recommended when sexually victimized and sexually aggressive children are in substitute care placements:

- a. The children and the caregivers must be made aware of these rules and their purpose.
- b. A child who has been sexually abused shall be placed in a private bedroom until the child becomes better known to the caregivers. If this is not possible, the child must be monitored very carefully and frequently by the caregivers until a reduction in supervision is determined to be appropriate.
- c. Never place a child with sexually aggressive behavior in a bedroom with another child.
- d. Limit access to bedrooms by establishing and enforcing ground rules on who is allowed to visit whose bedroom and under what conditions.
- e. Establish rules regarding bathroom utilization (one family member uses the bathroom at a time with the door fully closed).
- f. Establish a dress code which outlines the type of clothing acceptable, where it is acceptable and with whom present (not walking around the house in underclothes or pajamas).
- g. Establish reasonable guidelines concerning what level of supervision (auditory, visual, in the same room) is required for persons living in the home.
- h. Appropriate physical boundaries and interactions with others are modeled and enforced by caregivers for the children placed with them (requesting and refusing affection/hugs, greetings and good-byes).
- i. The caregivers will encourage, model, and support open communication among family members about important events occurring in the home. No secrets allowed.





# MEDIA

## WHAT IF A REPORTER WANTS TO INTERVIEW ME OR A CHILD IN FOSTER CARE?

You must contact BFP's Senior Director of Public Affairs at 321-752-4650 extension 3062 to determine if you can allow the reporter access to the child. Also include the child's Case Manager and supervisor for input to determine if an interview with the child is appropriate. Foster parents may not give permission for a child to be interviewed. Their names, identifying photographs, and background histories are NOT to be shared. BFP may give permission for children for whom parental rights have been terminated.

You have the right to be interviewed and photographed by the media. You must be very careful to guard the identity and confidentiality of any child in your care. You may ask someone from BFP to be with you during the interview if you wish. You have the right to terminate the interview at any time if you are uncomfortable with any questions you are being asked.





# SOCIAL MEDIA

Social media can be a great way to share and express one’s life and opinions with family, friends and co-workers. Foster parents are also encouraged to promote normalcy for their foster children. However, the use of social media also presents certain risks and, therefore, requires certain responsibilities.

## GUIDANCE FOR FOSTER PARENTS’ USE OF SOCIAL MEDIA

For safety purposes, nothing should be posted on social media that would identify a child as a foster child or imply that the child is in foster care. Please be sensitive about how messages may be interpreted by others, including the child’s family. Foster parents should not publish post or release any information that is considered confidential and never discuss specific case information on social media. If there are any questions about what is considered confidential, foster parents can check with their Licensing Specialist.

## RULES AROUND PICTURES OF THE CHILDREN

Foster parents must be aware that photos may reveal a child’s location. Therefore, the foster parent should get permission from the Licensing Specialist or Case Manager before posting photographs that include the child and ensure that the photos do not provide clues to the child’s location, such as a school or city name.

## HELPING THE CHILD USE SOCIAL MEDIA SAFELY

Youth in foster care tend to be particularly vulnerable to predators, cyberbullies, and other inappropriate online contact or communication. Foster parents should provide guidance and boundaries to the children in their care and help them to use social media responsibly and safely.

Foster parents should consider the following recommendations:

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Advise the child to refrain from posting identifying information, such as their full name, address, phone number, photograph and school name.</li></ul> | <ul style="list-style-type: none"><li>• Advise the child of dangers of using the Internet as well as the need to be careful about who the child contacts.</li></ul> |
| <ul style="list-style-type: none"><li>• Set rules for appropriate and inappropriate online communication. The rules can vary based on the child’s age and maturity.</li></ul>                   | <ul style="list-style-type: none"><li>• Advise the child to avoid sharing intimate photos or talking about sex online.</li></ul>                                    |
| <ul style="list-style-type: none"><li>• Monitor the child’s use of the Internet and ask the child for passwords.</li></ul>  | <ul style="list-style-type: none"><li>• Use privacy and security settings to limit who can find the child, and what the child can access.</li></ul>                 |



# VISITATION

Visitation is essential for a child's wellbeing. A child needs to see and have regular contact with their parent(s), as this relationship is the foundation of child development. Visitation is vital to a child maintaining family relationships and cultural connections. Maintaining family connections has life-long significance for a child. When a child loses family connections, they also lose family history, medical history and cultural information. Visitation is considered the heart of reunification, but even when reunification is not likely, parents, siblings and extended family continue to be important in children's lives.

## 1. Who can I expect to visit the child(ren) in my home?

- Case management and therapeutic staff of BFP
- Guardian Ad Litem, if one has been appointed
- Licensing Staff
- CPI (if child is shelter status)
- Family Support Workers
- Foster Parent Navigator
- BFP Assessment staff

## 2. How often will a Case Management Team member be visiting children placed in my home?

Children receive services based on their needs. Generally, children will see their case manager at least once a week. The case manager will visit the child in your home a minimum of once a month once the dispositional court hearing takes place and the child's status changes to foster care. The child's case manager should inform you of how many visits will occur in the home. Your Licensing Specialist will visit your home at a minimum once annually for relicensing and also on a quarterly basis including occasional unannounced visits.





**3. Should I keep a record of visits by the agency workers and the GAL?**

Yes. Please make an entry of all visits and contact on your calendar. Foster parents must use a contact log to document any and all contacts they or the child have with anyone concerning the child. These contacts include caseworkers, school personnel, the child's parents, therapists and doctors.

**4. Do the children in my home have to visit their parents?**

Yes, unless there is a court order that states visits may not occur. Parents have a legal right to visit with their children and the location will be determined by those involved and will be appropriate for the situation. If you have a concern about the effect of visitation on a child, discuss your concern with the child's Case Manager.

**5. Can I arrange for a child in my home to visit with a sibling in another home?**

Almost all children need to have regular on-going contact with their siblings and most foster parents will be encouraged to arrange these contacts. Check with the children's Case Manager before you arrange visits. If siblings are placed separately, frequent and regular visitation must occur. Foster parents should support these connections and work cooperatively with the Case Manager to schedule visits.

**6. Can I allow other members of the child's family to have contact with the child in my home?**

This is a case-by-case decision that must be made with the child's Case Manager. Together you can decide what types of contact should occur (telephone, letters, visits), based on the best interests of the child.

**7. Do I have to meet the parents of a child in my home?**

While it is not required, it can be very helpful to the child and the child's family for the child's parents to have contact and interaction with you. You should discuss the family situation with the child's Case Management Team before you make a decision.

**8. My child is often upset and acts out before and after family visits. Is this unusual?**

Not at all. Visits with their parents often stir up feelings in children which may be acted out in a variety of ways. Acting out does not always mean that visitation is having a negative impact on the child. These behaviors should, however, be shared with the child's Case Manager. This information may enhance treatment. Should a child disclose abuse or neglect, the abuse registry must be notified immediately. Foster parents are required to report any suspicions or indications of child abuse or neglect to the Abuse Hotline and to the child's Case Manager. The number to the Abuse Hotline is 1-800-962-2873 (1-800-96-ABUSE). Your identity is guaranteed by law to remain confidential. It is recommended that the child's assigned therapist debrief with the child before and after the visits before returning to the foster home with the child as needed.

**9. What are the benefits of visitation?**

Regular and frequent visitation between child and his/her birth parents are an important part of foster care. It helps provide security for the child, encouragement for the birth parents, and helps maintain and restore the parent/child relationship.

The quality of the visits is important to case planning as they provide insight into the progress and needs of the family.

**10. What if a parent or stranger shows up and wants to take a child away from our home?**

First, try to determine the identity of the stranger. You are not allowed to release a child to anyone without the child's Case Management Team's permission. If it is the child's parent, try to explain reasonably why you cannot allow an unscheduled visit. Handle the situation in the least traumatic manner for the child. If the parent or stranger refuses to leave, you have the right to call the police. Be sure to report any incidents like this to the child's Case Manager.





**1. Does my child have medical coverage?**

Yes, children in foster care are covered by Medicaid. Children should have a Medicaid card or a temporary form authorizing Medicaid when they are placed. If you do not get this, call the child's Case Manager.

**2. What is Medicaid?**

Medicaid is health insurance provided by the state. Health care providers who choose to accept Medicaid provide the needed services and are paid a fixed fee for each service they provide.

**3. Are children placed in foster care checked for medical problems prior to placement?**

Within five business days, all children are required to receive an Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT)/Well-Child Check-up. If the protective investigator felt

immediate medical attention or an examination was needed prior to placement, this would have occurred. If you see any indications that medical treatment is needed after placement, do not hesitate to act in the child's best interest.

**4. Should I sign papers giving permission to treat a child or accepting responsibility for payment?**

No, the Case Manager signs. This is not a liability that you should assume. For routine treatment, give the medical provider a copy of the court order authorizing medical care, or the medical consent form signed by the child's parent and the child's Medicaid card or Medicaid number. For any non-routine medical procedures such as surgery, notify the child's Case Manager in advance so they can get the parent's consent or a court order. If the medical provider wants additional authorization, contact the child's Case Manager.



**5. What do I do if I don't have a Medicaid card for a child who needs treatment?**

Always ask for the child's card at the time of placement. If it's not available, ask for the Medicaid number; in an emergency, this may be better than nothing at all. You should reasonably expect to have a card (temporary or permanent) delivered to you if you have an immediate need for it. If not, one should be mailed to you upon request. If you have an emergency and need help, call the Case Management Agency. If after hours, please call the after-hours telephone number provided by your Case Management Agency.

**6. Who should take my child to appointments?**

Whenever possible, you should take the child to appointments. You are the person with whom the child is comfortable and you have the information the service provider will need. Be sure to maintain a medical log in the child's resource record. If you need assistance with an appointment, contact the child's Case Management Team.

**7. Does Medicaid cover dental services?**

Yes, the Medicaid Children's Dental Program pays for basic services to eligible children through the calendar month of their twenty-first birthday.

Covered services include:

- Diagnostic services such as exams, x-rays
- Preventive services such as cleaning, fluoride treatments, and instruction in oral hygiene
- Space management therapy
- Restoration services such as fillings, crown restorations
- Endodontics, including root canal therapy
- Periodontal treatment
- Prosthodontics and dental repairs
- Limited orthodontic treatment
- Sealant
- Emergency services

**8. What if my child has a hearing problem?**

The Medicaid Hearing Service Program includes a hearing evaluation, diagnostic testing, and procedures necessary to certify an individual for a hearing aid and repairs. Medicaid will pay for one hearing aid, ear mold, evaluation and dispensing every three years. Binaural Aids (2 hearing aids) or specialized aids require prior authorization.

**9. Does Medicaid cover eye exams?**

The Medicaid Vision Services Program includes an initial visual examination, eyeglasses, fittings, dispensing and adjustment of eyeglasses and prepaid services. Medicaid can pay for one pair of eyeglasses every two years. The doctor can request a waiver of this time frame if medically necessary.

**10. What drug services/prescriptions will Medicaid pay for?**

- Medicaid can pay for almost all prescription drugs and some non-prescription products.
- Covered non-prescription products (over the counter) include: insulin syringes, blood glucose test strips, iron supplements, aspirin used as an anti-inflammatory, contraceptive devices and food supplements
- Excluded services include experimental drugs, vitamins (except for prescription prenatal, one vitamin monthly for dialysis patients, fluorinated pediatric), blood, blood products, alcohol, DESI ineffective drugs and appetite suppressants.
- Medicaid can pay for six prescriptions per month per eligible recipient.
- If a child in your care needs more than six prescriptions monthly, the pharmacist can request an exception for the number needed.
- Use only one pharmacy each month. If you use two pharmacies during the same month, tell the second pharmacist that you have been to another pharmacy so they can coordinate claims.
- Medicaid does not pay for name brand drugs when a generic equivalent is available.





## **11. Can a child take psychotropic medications?**

Psychotropic medications may not be given to a child without the birth parent's consent or a court order. These medications treat mental and emotional problems. All foster parents receive training on psychotropic medications.

## **12. What do I do if the physician asks me questions that I cannot answer concerning the medical history of the child?**

Make a note of the questions which you cannot answer and contact the child's Case Manager. She/he may be able to get the answers for you. If the child has a parental visitation coming up soon, you may want to ask the parent these questions yourself or have your Case Manager have them sign a release so the doctor can get a copy of the child's health records.

## **13. I think my child needs counseling. What do I do?**

It is not uncommon for children who have experienced the kinds of losses children in foster care have had, to need help dealing with their feelings. Many children served through BFP will have a therapist assigned at the same time the Case Management Agency is assigned. If this has not happened, or if you are concerned about the level of intensity of care the child is receiving, you should contact the Case Manager and/or supervisor.

## **14. What if a child in my care needs emergency medical help?**

In all cases involving a life-threatening illness or injury, get the child to emergency medical treatment first (call 911 if needed), then contact the child's Case Manager or the on-call supervisor. If it is not a life-threatening situation, transport the child to an appropriate medical facility. In either case, take the child's Medicaid card and/or number with you as well as a copy of the child's court order, then call the Case Management Team. Do not sign any forms authorizing treatment, consenting to surgery, or assuming financial responsibility. An emergency court order may be necessary if the child's

parents are not available to sign for treatment. In dire emergencies, the hospital can render emergency medical care. The Case Management Team whom you have contacted will assist with the necessary arrangements.

## **15. What do I need to know about my foster child's medication?**

It is important to know as much as you can about any medication that your child is taking. You should ask your child's doctor questions about the proper use of the medication.

## **16. I've never had to lock up my medications before. Why would I do it now?**

Keeping all medications locked up and away from children is critical to preventing death or serious injury. Medications must be locked up and kept out of the reach of children and given only under adult supervision.

## **17. Should I keep a log of the medications my foster child is taking?**

Yes. It is mandatory to document all medications your child is taking. The medication log is required to be filled out daily. If the child gets sick, a doctor will need to know what medications your child has taken, at what times, and how often. Written records will ensure that you can provide the most accurate and up-to-date information. Ultimately, this helps the child receive the best care possible.

The best questions to ask are:

What is the proper dose and how often should it be taken?
Should the medication be taken with meals or on an empty stomach?
What time(s) of day should the medication be given?
What should I do if a medication is not taken on time?
How late is too late to give a missed dose?
Are follow-up visits required for this medication?
What possible side effects should I look for?
Are there any allergic reaction warning signs?
Is there a "Drug Information Sheet" I can have?

**18. How often should I follow up with my foster child's doctor?**

Ask the doctor when the child needs to return for a check-up. Some medications need to be monitored closely through regular blood tests. These appointments are important to the youth's safety and health because the doctor may need to adjust the dose or change the medication. You also should contact the doctor immediately to report any side effects or allergic reactions. It is the foster parent's responsibility to take children to medical and dental appointments. Direct contact between the doctor and the foster parent is in the child's best interest. Foster parents should invite biological parents to the doctor appointments of their foster children when appropriate. If the biological parents do not attend the doctor appointment, the foster parent should inform the biological parent about the appointment. If contact between the foster parent and biological parent is not occurring, it is the Case Managers roll to communicate information about doctor appointments to the biological parents.

**19. How are the BFP Assessment Specialist and use of the Child and Adolescent Functional Assessment Scale (CAFAS) integrated into the BFP System of Care?**

Once the child has entered a foster home, the Assessment Specialist will contact the foster parent in order to complete the CAFAS. The Assessment Specialist will contact the Child Protective Investigator and/or Dependency Care Manager in order to gain information regarding the child and develop a list of informants who can assist in the CAFAS assessment. The CAFAS is used to help determine the child's appropriate level of placement and assist in the planning process by identifying needs and recommendations for the child.

**REMEMBER**

✓	Know as much as you can about your foster child's medications.
✓	Lock up all medications.
✓	Always supervise your foster child while he/she is taking the medication.
✓	Keep a written log of the medication your foster child takes.
✓	Do not withhold prescribed medication for any reason without authorization from the doctor.
✓	Never substitute medications without doctor approval.
✓	Consult your foster child's doctor before giving more than one medication.
✓	Follow up with your foster child's doctor as directed.



# CHILD CARE & RESPITE CARE

## 1. I need daycare for a child placed in my home. How do I arrange for this, and who pays for it?

Out-of-home daycare for children in foster care must be provided in a licensed daycare home or facility. Check with the child's Case Manager to see if daycare funding is available. If it is, the Case Manager will make a referral and help you through the process of securing childcare.

## 2. What is the babysitter policy for Foster Parents?

It is the responsibility of BFP to ensure the safety and well-being of children in foster care. It is the intention of BFP to give children in foster care a life as close to a normal as possible. It is often difficult to balance these goals.

Some rules for babysitters are a matter of state law. This is a list of those rules:

1.	Babysitting in a licensed foster home where the child is placed -	
	a. All babysitters must be at least 16 years of age.	d. Foster children may not babysit for other foster children at any time.
	b. A babysitter under 18 years of age may not babysit for more than three children.	e. An approved babysitter (at least 18 years old) may provide overnight baby-sitting services in the licensed home where the child is placed.
	c. All babysitters must have yearly local law and abuse background checks.	
2.	Babysitting by another licensed foster parent in another licensed home -	
	a. Licensed foster parents can provide baby-sitting, overnight care and 24-hour care in their homes for other foster children.	b. When scheduling overnight care or 24-hour care, as arranged by two licensed foster parents, the case manager must be notified.
3.	Daycare/overnight care in a day care facility -	
	a. All family daycare centers and private homes providing baby-sitting services must be licensed.	b. Overnight care is allowed in the facility if the facility has an overnight license, but 24-hour care is not allowed.
4.	Other guidelines -	
	Other guidelines for baby-sitters are more difficult because they involve individual judgment. In making the important decision to entrust the care of your foster child to another person, keep the following mind:	
	a. Anytime supervision is relinquished to someone other than the foster parent, risk to the child increases.	b. Remember that we can provide background screening for any of the people you want to supervise your children.
		c. Children may not be left unsupervised except in case by case situation for older/more mature children.

Foster Parent Responsibilities to BFP include: To know where and with whom the child is staying and the type of supervision the child is receiving when foster parents approve an outing or overnight activity. Children may not remain in an unlicensed setting for any time other than a planned, supervised outing or overnight activity without the explicit approval of the Coalition.



### 3. What happens when I need time away for myself and respite is needed?

BFP encourages all foster parents to include the children placed in their home on all family events, activities, and travels. However, in the event that respite care is needed for any circumstance or emergency situation, you will need to complete the following:

- a. Contact the BFP Intake Specialist 30 days prior to any planned respite needed. Request for respite will be made directly to the BFP Intake Specialists by the foster parent seeking respite. In instances where foster parents elect to secure respite for the children placed in their care apart from requesting placement support from BFP intake, the foster parent will report the placement provider and location to BFP minimally seven days in advance of placement. If the foster parent fails to access BFP's intake department to the secure respite placement and fails to report a respite placement they have coordinated, no respite payment will be made.
- b. Foster Parents are required to provide a 30-day notice in advance of when the respite is needed unless exceptional circumstance due to emergency situation of the foster parent (such as illness or death in the family) occurs. The BFP Intake Specialists are responsible for securing respite placements for children within the network of family foster homes and within the same Family Care Level with two weeks of the request. Once the respite placement is identified, the BFP Intake Specialists will notify the family foster home and assigned Care Manager of the placement change. This procedure also applies to the fiscal authorization and management of respite payments in which the authorization of funds is needed to provide children in foster care the normalcy that is required through the flexible use of funds.

BFP will provide a listing of appropriate and available foster homes that can accommodate the child's school, transportation, and needs.

Each foster parent requesting respite can contact the potential respite foster parents to discuss the child's daily schedule, medical information, medications, and any other information that will help the potential foster parent care and provide for the child during the respite time.

Transportation to/from school, daycare, planned events, etc., during the respite period and to/from the foster home is the responsibility of the foster parents.

If at any time you require assistance with respite, please contact your Case Manager.



# SCHOOL

It is important for foster children to participate in recreational, school, religious and community activities. Participating in activities can help children and adolescents develop skills, build self-esteem, and gain a sense of achievement. BFP has also established a Youth Advisory Council that is comprised of youth in foster care that convenes on a regular basis and provides support and advocacy for youth in foster care.

We strongly encourage you to give your foster child opportunities to participate in groups such as Scouts, 4-H, church or synagogue (of their choice), Little League, and to take lessons in their areas of interest (music, dance, art, swimming, etc.).

It is essential that a child's activities take place within a safe environment. This requires common sense and good judgment on your part plus a full appreciation of your responsibility, a concern for the protection of children in your care, and commitment to maintaining high standards of safety. Foster parents should be sound adult role models and teach good safety habits by example.

The following guidelines should help you ensure a safe environment for children:

✓	Know your children, who they are, who they are with, and what they are doing.	✓	Plan ahead by anticipating situations and behaviors, thereby reducing risks and hazards.
✓	Know what equipment is being used, if it is safe for use by children – and in particular the child or children in your home – and whether it is in safe operating condition.	✓	Know the nature of the activity and the setting where the activity is taking place. Be sure the child is dressed properly for the activity and the climate.





**1. How do I know which school my child will be attending?**

You can ask your Case Manager for assistance. The school your child will attend is determined by your address.

**2. Does the child have to change schools when he/she moves in with my family?**

The child shall not move schools when immediately placed with you. An ESSA (Every Student Succeeds Act) staffing will have to occur per the ESSA Act. The ESSA Act states as the following; On December 10th, 2015, President Obama signed into law the Every Student Succeeds Act (ESSA). ESSA reauthorizes the Elementary and Secondary Education Act (ESEA), a 1965 federal law governing education last reauthorized as the No Child Left Behind Act in 2002. Among its provisions the law now requires states to ensure protections for vulnerable youth in the foster care and juvenile justice systems. These include school stability and transportation, mandatory data reporting, and agency collaboration. Upon determination the child may move to a new school within your school zone if deemed in the child's best interest.

**3. Who registers the child for school, the child's Case Manager or myself?**

Usually the child's foster parent assumes this parenting responsibility. However, under special conditions, it may be appropriate for the child's Case Manager to do it. If the child's birth parents are actively involved with the child and can participate, they should be asked to accompany either the foster parent or the Case Manager to register the child in school. If the birth parent is unavailable to do this, the child's foster parent usually assumes the responsibility. If the foster parent has a conflict that makes them unable to do this, the Case Management Team can assist.

**4. What do I need in order to register my child for school?**

You will need proof of your residency, a Custody Form or Court Order, health information, the child's birth certificate, if available, and placement letter unless the child has already been enrolled in a Florida school.

**5. Who do I talk to if I have a problem with registration?**

Talk with the registrar first and then ask to speak to the principal. Call the child's Case Manager if that doesn't solve the problem.

**6. Is a physical required to enter my child in school?**

Yes. A physical and immunizations are required before the child can start school. If the child had a school physical anywhere in Florida during the school year and this can be documented, another physical is not needed.





## **7. How do I know if my child has been immunized?**

Ask the birth family if they are available or ask the child's Case Manager. If the child has been enrolled in the school system, this information should be available on their computer system.

## **8. Should I tell the school that the child is in foster care?**

Yes. This information is important for the school's office and the child's teacher to know. This will help them to be aware of possible safety issues and know not to release the child to his/her parents. This will also help them to understand the child's behaviors and plan to meet the child's needs. Information about who can or cannot pick up the child, and who can or cannot visit the child while at school, can be clearly noted on the child's record.

## **9. Is my child eligible for the free lunch program?**

Yes. You may apply for this program at the school where your child attends. Eligibility is based on income. Income for this form for children in foster care is zero.

## **10. Who should attend school conferences and school activities?**

As the parent responsible for the day-to-day care of the child, you should actively participate in these events. The child's birth parents should also be included, if possible. Check with the child's Case Manager to see if your child's family should be contacted. If biological parents aren't able to attend school or other life events, the foster parents or case manager should debrief them depending on the situation.

## **11. Can I sign permission slips for my child to attend local field trips?**

Whenever possible, the birth parent(s) should sign for permission for the child to attend field trips. If this is not possible, the child's Case Management Team may sign permission slips for local field trips such as trips to museums, libraries, etc. If a short turnaround makes signature by the birth parent or Case Management Team improbable, foster parents may sign. Please notify the Case Management Team if this should occur. Out-of-state trips or field trips that are out of the realm of traditional learning experience will require parental permission or a court order.

## **12. What if my child gets sick, injured, or is suspended from school?**

When you register your child for school, be sure to include emergency contact information so you can be reached. The school will call you. Arrange medical treatment, if needed. If the child needs to stay home, you need to make arrangements to stay home with the child. Be sure to keep your Case Management Team informed.

## **13. My child has special needs and may not be able to learn in a traditional classroom setting; what should I do?**

Contact your child's Case Management Team. Placement in exceptional student programs for children with Specific Learning Disabilities (SLD), Severe Emotional Disturbed (SED) and Emotional Handicap (EH) is possible. Testing may be necessary. The school system is equipped to help you and the Case Management Team (and birth family, if possible) make an informed decision about the best placement for the child.

## **14. Are there special programs for children with developmental delays?**

There are special services for children with developmental delays/disabilities in the community. If you suspect that your child has significant delays, discuss your observations with the child's Case Management Team so you can formulate a plan to meet the child's needs.

## **15. What if I need before or after-school care?**

Check with your school to see what programs are available. Every effort will be made to accommodate the needs of foster parents and children regarding the need for day care. These needs should be carefully considered at the time of placement. You can check with your child's Case Management Team to see if funding is available to pay for this.





## 1. What is a Case Plan?

These are the documents that are filed with the court that outline the reasons for the family's involvement with the child welfare system which led to the child being placed in care. This document also outlines the services that must be completed in order for the child to be returned safely to the parent(s)' custody or to achieve the permanency goal for the child.

The Case Plan is a document negotiated between the child's Case Manager, therapist, GAL (if one has been appointed by the court), and parent(s) or prepared by the case manager when the parent will not or cannot participate in the preparation of the Case Plan. Parents must "satisfy" the conditions for return before children can be returned to their custody.

## 2. How does the agency decide if a child can be placed with relatives?

Beginning at the time of the abuse investigation, and continuing throughout the time the child is in foster care, the team will attempt to locate a child's relatives. Per Chapter 39 Florida Statutes, the Department of Children and Families is to make all diligent efforts to place a child in the least restrictive placement. The Department is charged to continue to pursue this level of care throughout the duration of the dependency case. If relatives are located who are willing to be considered for placement, a home study, including a background check, is done.

If the relatives are in another state, this is accomplished through an agreement called the Interstate Compact for the Placement of Children (ICPC). This agreement provides guidelines for placing children across state lines.

As discussed in PRIDE, placements that maintain familial and sibling ties are the primary placement of choice.

## 3. What happens if the parent does substantially comply (follow through) with the Case Plan?

Throughout the course of the case plan, the child's Case Manager will maintain contact with the parent, child, foster parent, and service providers to monitor the progress of all parties and compliance with the plan. As the problems are resolved and it appears that the child may be able to return home, plans are formulated in order to have a smooth transition.

Contact and visitation with birth family may increase. A case staffing will be held for input, planning and recommendations regarding the quality of the visitation and contact including making recommendations to increase contact and frequency/level based on the input of case managers, foster parents, GALs, therapists and others.

A court hearing is held to request a modification of visitation if it has been determined that the child can now be safe in the parent's unsupervised presence. Foster parents are invited to the hearings.

As the parent's compliance increases and risk is reduced due to the benefit of service engagement, another case staffing may be held for input, planning and recommendations for decision making to return the children to the custody of the parents. Parents, case managers, foster parents, GALs, therapists and others also provide input.

## 4. Can foster parents or Relative/Non-Relative Caregivers attend court hearings?

Foster parents or Relative/Non-Relative Caregivers can attend court hearings unless prohibited by the court. If unable to attend, the foster parent or Relative/Non-Relative Caregiver can complete a Caregiver Input Form obtained from the Case Manager.



**5. What happens if the parent does not demonstrate behavioral change relevant to the reasons for removal?**

Throughout the course of the plan, the child's Case Manager will maintain contact with the parent, child, foster parents, and service providers to monitor the progress of services and assess for parent's behavioral change. If the parents fail to show significant change in the behaviors and actions which led to their involvement in the child welfare system, a case staffing will be held for input, planning and recommendations regarding an appropriate permanency solution that can be sought for the child.

When the court determines reunification is not appropriate at that time, input of case managers, foster parents, GALs, therapists and others will be shared and a determination to proceed with an approved plan will be recommended to the court.

For youth in the custody of the state (licensed foster care) permanency options may include:

- a. Adoption
- b. Permanent guardianship of a dependent child
- c. Placement in another planned permanent living arrangement

**6. When will Termination of Parental Rights be considered?**

Termination of Parental rights and subsequent planning will be considered when one of the following conditions exists:

- a. Voluntary Relinquishment: A parent may voluntarily execute a written surrender of the child and also consent to the entry of a court order giving custody of the child to the State Department of Children and Families for the purpose of adoption.
- b. Abandonment: These are cases in which the identity or whereabouts of the child's parent(s) are unknown and cannot be ascertained by diligent search within 90 days.
- c. Severe or Continuing Abuse or Neglect: These are cases in which the parent has engaged in conduct towards the child or towards other children that demonstrate that the continuing involvement of the parent in the parent-child relationship threatens

the life or wellbeing of the child regardless of the provision of services. Provision of services is evidenced by having had services provided through a previous case plan or other offer of services in the nature of a case plan from a child welfare agency.

- d. Egregious Abuse: These cases in which the parent has engaged in egregious conduct that endangers the life, health or safety of a child or sibling, or the parent has had the opportunity or capability to prevent egregious conduct towards the child and has knowingly failed to do so. A case plan need not be provided to the parent, and the petition for termination may be filed at any time before an agreement or plan has been accepted by the court. "Egregious abuse" means any conduct of the parent that is deplorable, flagrant, or outrageous by a normal standard of conduct. Such abuse may include an act or omission that occurred only once but was of such intensity, magnitude or severity as to endanger the life of a child.
- e. Other ground(s) for termination of parental rights exist(s) pursuant to section 39.806(1), Florida Statutes.

**7. What happens if the child in my home does not return to his/her birth family and becomes available for adoption?**

The Adoption Support Coordinator will work with your child's current case manager to develop and implement the adoption plan. A staffing will be held where you and other important people in the child's life will be invited to contribute. The team will come together to address what is best for the child. Many children in the foster care system qualify as special needs children if they are adopted.



## **8. Are there conditions under which I would not be allowed to adopt a child who is living in my home?**

For foster children who are available for adoption, the strengths of the foster home and the needs of the child will be assessed by the adoption team. In the majority of cases, the current placement of the child will be considered for the purpose of adoption.

The placement of choice is with the foster parents with whom the child is currently living, except in the following situations:

- a. The child has siblings and there is a determination that efforts to reunite the sibling group have not been fully explored.
- b. The foster child does not want to be adopted by the foster parents.
- c. The foster parents do not want to adopt the child.
- d. The foster parents want to adopt the child, but not his/her siblings who are also available for adoption, and it is in the best interest of the sibling group to be placed together.
- e. Special circumstances warrant that the appropriate placement is elsewhere.

## **9. Who decides if I can adopt a foster child who lives with me?**

Decisions regarding adoptions are made by the agency that has been providing case management and therapeutic services to your child. You shall be provided an opportunity to express your interest in adoption at the permanency staffing/hearing.

The Case Management Team working with you and the child will share your interest in adoption with the adoption staff. Decision making as to whether adoption by the foster parents is in the best interest of the child or the Foster parents shall be a multidisciplinary process where the current Case Management Team and adoptions team will work closely together to resolve these questions or issues. You will be made fully aware and be given the opportunity to discuss options and plans with all staff involved during the child's permanency staffing.

## **10. What if a child, whose parents' rights have been terminated, does not want to be adopted?**

The child's age, history, emotional and mental health will be taken into consideration in planning for permanency. As part of your advocacy role you may be asked to assist obtain information from the child as to their decision, educate the child regarding long term implications of their decision making and possibly participate in adoption education or clinical interventions with the child. Generally, children who are 12 years of age or older must consent to their adoption. All parties should have an active role in discussing the options with the child.

## **11. What is a Guardian Ad Litem?**

Many children in the custody of the department of Children and Families have a court appointed Guardian Ad Litem (GAL) to represent their best interests. A Guardian Ad Litem (GAL) is a court-appointed, specially-trained volunteer who serves as an officer of the court to ensure that the best interest of the child are represented at legal proceedings. A GAL monitors services provided, visits with the child in their foster home and other places, and makes recommendations to the court. The GAL has been granted the authority to interview the child they represent and to be involved in making major decisions which affect the child. These discussions may occur in your home, at the child's schools or other settings. Ask your child's Case Manager if a GAL has been appointed to the case, and how to contact them. The assigned GAL should provide you their contact information as well as that of their GAL Case Coordinator supervisor upon your request.

# REPORTING

The following incidences are considered critical incidents that need to be reported to BFP immediately should any of the following occur regarding a child in your home. Upon notifying your licensing specialist, you are also required to notify the Case Manager or case management on call for the child(ren) involved in the incident.

- 1. Altercation/Fight:** Any altercation/fight involving a foster child in your home where one child or adult needs medical attention.
  - 2. Child Death:** If a child in your home dies.
  - 3. Sexual incidences:** Any incident that occurs with a child in your home that is sexual in nature should be reported. This may include sexual contact between 2 children in your home, or sexual behavior between a child in your home and a member of the community.
  - 4. Serious injury or illness of a child:** A medical condition of a child requiring medical treatment by a licensed health care professional sustained or allegedly sustained due to an accident, act of abuse, neglect, or other incident occurring while in the presence of an employee.
  - 5. Elopement:** If a child in your home runs away, or does not return home at the specified time and has not made any contact with you.
  - 6. Suicide attempt:** If a child in your home threatens or does an act which reflects the physical attempt by the child to cause his or her own death while in your home.
  - 7. Potential media coverage:** If an incident happens in your home where a child or biological parent threatens to contact the media.
  - 8. Theft, vandalism, damage:** Any damage a foster child may do that is significant and non-accidental.
  - 9. Law enforcement involvement:** If law enforcement responds to your home for any reason.
- Other:** Any incident involving a child that is serious in nature that poses a physical or emotional danger to the child, family member, or foster parent. Any unusual occurrence or circumstance which is out of the ordinary that may jeopardize the health and safety of you or the child.





# ADDITIONAL FOSTER HOME SUPPORTS



## QUALITY PARENTING INITIATIVE

The Quality Parenting Initiative (QPI) began in 2009 as a collaborative effort based on the following principles:

1. A quality caregiver is a full partner in a team supporting the healthy development of and achieving permanency for children who cannot live with their parents.
2. The specific job of the caregiver is to provide high quality parenting by assuming many of the roles of the child's parents and provide for the child's needs while the child is in his or her home.
3. Provide the foster child: food, shelter, medical care, education, safety, support, encouragement, and reassurance. Encourage the child's development of self-esteem and self-worth, consistent with the needs of the child.
4. Mentor the biological parent(s), if appropriate.
5. Maintain a lifelong commitment to the child wherever he or she lives, if appropriate.

### QPI APPROACH AND PROCESS:

- Through a collaborative process we are rebranding foster parenting by articulating expectations
- Working with biological families
- Acquiring additional training
- Working in partnership with agencies

### QPI APPROACH RELIES ON:

- Team planning to model mutual respect
- Use of branding principles to articulate expectations
- Use of HR principles to implement the brand
- Use of data to measure progress
- Advisors to the project to include county and state staff, caregivers, biological parents, community partners and private agencies



# FOSTER PARENT SUPPORT GROUP (FPSG)

To better assist foster parents - while remaining a strong voice on behalf of our children - FPAs have been created in each state. The FPSG provides additional support, training, and advocacy with the aim of nurturing child safety, wellbeing and stability while enhancing teamwork and partnership with the entire community. FPSGs also act as a vehicle by which our foster parents can continue to improve themselves. They provide a forum of dialogue among parents, the Department and other community partners. Belonging to a FPSG will assist in reducing foster parent burnout, stress, the need for the removal of children placed in your home and closure of your home. Additionally, you can earn in-service training hours which are needed for the yearly renewal of your foster care license. We encourage our foster parents to become a member.

## 1. What is the Foster Parent Support Group (FPSG)?

A FPSG is open to all foster parents. It is a support system that encourages comradeship between members, BFP and stakeholders.

### The FPSG:

- a. Provides mutual support and shared experience in problem-solving.
- b. Works collectively to improve conditions and develop resources for children in foster care.
- c. Develops better communication between foster parents and the SCC agencies.
- d. Educates the public and the media about the needs of children in foster care.
- e. Provides in-service training for members.
- f. Advocates for foster parents and children.

## 2. When and where does the FPSG meet?

Currently the Foster Parent Support Group meets at the following locations:

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SOUTH BREVARD - 3rd Thursday of each month

CenterPointe Church  
891 Coply Street SE  
Palm Bay, FL 32909  
6:00 – 8:30 p.m.

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NORTH BREVARD - 4th Wednesday of each month

First Baptist church  
of Merritt Island  
180 Magnolia Ave  
Merritt Island, FL 32952  
6:00 – 8:30 p.m.

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# ADDITIONAL FOSTER HOME SUPPORTS

**Foster Parent Navigator:** This position will serve as a point of contact to support foster parents in all issues, including placement, licensing, services, payments and advocacy.

**Assessment Specialists:** These positions will administer the Child and Adolescent Functional Assessment Scale (CAFAS) to all children and youth who have entered out-of-home care within two to five days of initial placement and every 90 days thereafter.

**Foster Parent Advisory Board:**\* The advisory board will meet regularly to discuss such initiatives as the Quality Parent Initiative and mentoring program. The Foster Parent Advisory Board may identify other areas of needed support or improvement.

**Foster Parent Chat Cafes:**\* The Chat Cafe's are a place where foster parents can gather online and get additional support from other foster parents.

**Foster Parent Mentoring Program:**\* This mentoring program is another mechanism to provide direct support to foster parents for newly licensed homes and for homes to receive guidance, direction and personal support during challenging times.

**Foster Parent Recruitment Stipend:** Any existing BFP foster parent who recruits a new home receives \$250.00 after the home becomes licensed and after the first child is placed.

**Placement Stability Stipend:** Any child who is maintained in a family foster home for 90 days after a step down from a higher level of care will receive a \$500.00 stipend.

**Mobile Response Team:** The Mobile Response Team Coordinator is responsible for therapeutic on call crisis stabilization intervention and crisis prevention services in the Brevard County System of Care in a variety of home and community settings. The Mobile Response Team Coordinator provides coordination and oversight of on call response including a team of subcontracted Masters Level clinicians in order to ensure crisis intervention is available 24 hours a day, 365 days a year. The Mobile Response Team provides immediate response for family stabilization and the prevention of removal. The Mobile Response Team Coordinator provides support and management of a group of subcontracted Masters Level clinicians that participate in the Mobile Response Team on call rotation and is responsible for ensuring crisis response is available.

**Brevard Youth Thrive:**\* The mission of Brevard Youth Thrive is to strengthen the community by forging public/private partnerships that will prepare Brevard's transitional youth to become independent, thriving, productive citizens. The Brevard Community will work together to provide ongoing services and supports specifically directed to the needs of youth adults, giving them the tools and skills needed to achieve excellence. Brevard was selected by the Center for the Study of Social Policy to become a pilot Youth Thrive site.

Brevard Family Partnership established the Youth Advisory Council and has partnered with the Eastern Florida State College to receive approval for students to receive credit as a Service Learning Partner.

**Brevard Youth Thrive Steering Committee:**\* – This committee is made up of cross sectors of community members including providers, Case Management, DCF, school system, Department of Juvenile Justice, community leaders and foster parents. It is the mission of BFP through this committee to transform the local system of care into a trauma informed community of practice.

**Youth Advisory Council:**\* – The Youth Advisory Council is made up of young people in and out of foster care. This group was established to represent the needs of youth in care, and educate and inform others. The Council strives to engage young people and offers them the opportunity to develop skills and knowledge that will be used to shape the quality of life for youth in care in Brevard County. The Youth Advisory Council works to ensure youth voices are heard. All youth interested are encouraged to join. The Council meets monthly, and we feel that youth have the right to empowerment, education, and a decision-making role regarding their own care.

\*If you are interested in participating in any of the above, please contact LaChrista Jones at 321-752-4650 extension 3053.





# ACKNOWLEDGMENT OF RECEIPT OF FOSTER PARENT HANDBOOK

Since the information described is subject to change, I acknowledge that revisions to the Foster Parent Handbook may occur. All changes will be communicated through official notices. I understand that revised information may supersede, modify, or eliminate existing information.

I acknowledge that I have received and accepted the Foster Parent handbook and I understand that it is my responsibility to read and comply with the information contained in this Foster Parent Handbook and any revisions made to it.

By signing, I certify that I am a licensed foster caregiver and I agree to follow the conditions provided.

\_\_\_\_\_  
Caregiver #1 Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Caregiver #2 Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver Signature

.....  
For Office Use Only:

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_









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