

# RELATIVE RESOURCE



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Name of Family Case Manager Phone Email

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Name of Family Case Manager Supervisor Phone Email

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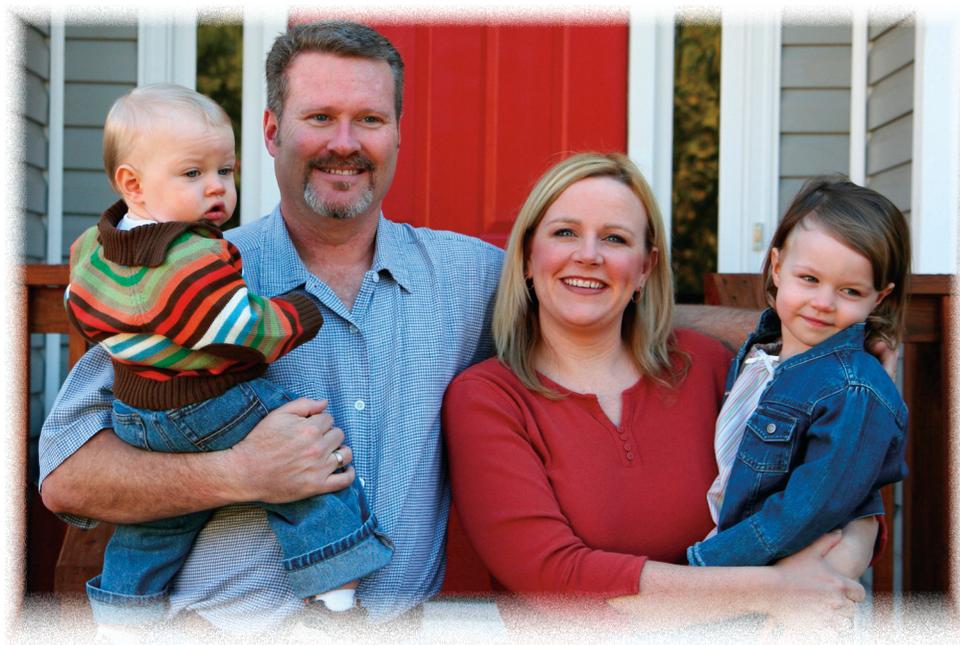
Name of Regional Foster Care Specialist Phone Email



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## Introduction

**T**he purpose of this guide is to provide you with important information regarding the care of the relative child placed in your home by the Indiana Department of Child Services (DCS). The information will assist you, especially during the first weeks of placement.

You have accepted an important role in your family. Your decision to open your home and your heart to these children will allow them to feel a sense of comfort and connection during this stressful time. Thank you on behalf of DCS for providing support to your family while they are working with us to improve their situation.

Please know that we will make all reasonable efforts to reunify the child with his/her parent(s), and we will expect you to work with us to support this effort. If, however, reunification is not possible, we hope you will consider providing a permanent home to the relative child placed with you either through adoption or guardianship. Your Family Case Manager or Regional Foster Care Specialist can provide more information about these options.

# Section I

## Basic DCS Information

### DCS Terminology

**DCS Family Case Manager (FCM)**—The DCS employee that is assigned to work with the relative child and his/her family. The FCM will schedule regular visits with you and the relative child in your home and will visit more often at critical times (following placement, during a crisis, or when reunification is contemplated). Call the FCM when you need information, have questions or concerns about the child, or when you have questions regarding the case.

**DCS Regional Foster Care Specialists (RFCS)**—The DCS employee assigned to assist you in becoming licensed as a foster parent and to provide additional supports for the placement.

**Child and Family Team (CFT) Meeting**—This is a meeting offered by DCS to families in the child welfare system. The families select who will be members of their team. The meetings occur at critical stages throughout the life of the case and are used to create plans for assessment, safety, service delivery, and permanency for the child and family.

### Placement of your Relative Child

Prior to or soon after the relative child is placed in your home, you should obtain as much information as possible from the DCS FCM regarding the relative child and the DCS processes involving the child. The below is a guide to questions you might ask the DCS FCM at placement:

- What services will be put in place to support the placement, such as individual or family therapy, support groups, respite care, etc? (If you are not sure what these services are, ask your FCM or Regional Foster Care Specialist).
- Does the child understand the reason for placement? What explanation was given to the child?
- What information regarding the child and the DCS process is confidential?
- Is there an immediate appointment, court hearing, child and family team meeting, visitation, or other activity that we need to prepare for?
- Does this child have appointments or other activities regularly scheduled that will require transportation?



- What grade is the child in and what school does he/she attend? Will you need to enroll him/her in your local school? What paperwork will you need from the DCS FCM to enroll the child in school/day care?
- Does the child have a pet that also needs a home?
- What is the child's date of birth (you should request the birth certificate if needed to enroll the child in school).
- What are the discipline instructions for this relative child?
- May the child telephone family members, friends, or significant others on a regular basis?
- What are the visitation arrangements with parents and siblings?
- Does the child attend church and will he/she want to continue attending there?
- Does the child have a Court Appointed Special Advocate (CASA) or a Guardian Ad Litem (GAL)? If so, what is the contact information?
- What are the names and addresses of the child's doctor, dentist, eye doctor, with approximate dates of last appointments, if known, and Medicaid number.
- What is the provision for clothing if the child's current supply is inadequate?
- What is the contact information for the FCM and Regional Foster Care Specialist?
- What is the after-hours contact information or emergency procedure?

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*Appendix A (See page 15)* also contains a document that explains your role and responsibilities with regard to caring for the relative child placed with you. Your FCM will go over this document in more detail with you.



## Section II

### Financial Assistance Options through DCS

**W**hen the relative child is placed, you have different options for receiving financial assistance to cover the costs of the placement. First, you can become licensed as a foster parent through DCS and receive a daily payment or “per diem.” Second, if you choose not to become licensed, there is other financial assistance available from DCS. Your FCM and RFCS can provide additional information.

#### Foster Care Licensing

If you become licensed as a foster home, you will receive a daily payment or “per diem” from DCS for the care of your relative child. At the time of placement, your FCM will give you contact information for a Regional Foster Care Specialist or Supervisor, who will provide information about the requirements of the foster home licensing process. If you wish to become licensed, you should contact the Regional Foster Care Specialist or Supervisor if you have not heard from him/her within one week of placement. Contact information for the Regional Foster Care Specialist and/or their Supervisor is available from the child’s FCM.



#### Below are the different stages of becoming licensed:

- **Initial Licensure**—This is the first phase of licensing. It will involve background checks, 10 hours of training related to fostering, medical training (CPR, Universal Precautions and First Aid), completion of forms, visits to your home, and a formal home study written by your Regional Foster Care Specialist. At the end of the process, you will have a foster care license as long as you meet all of the requirements. Your foster care license is effective for four (4) years from the date of initial licensure, as long as you pass the annual review (*see below*). The foster care license is not backdated to the date of placement; the daily payment starts the day you are licensed.
- **Annual Review**—Indiana law requires DCS to review foster homes every year to ensure compliance with legal requirements. Your Regional Foster Care Specialist will complete a home visit and you will need to complete background checks and other documents as well as 15 hours of training each year.

- **Relicensure**—Your foster care license will expire after four (4) years. If you wish to be relicensed, you must submit a new Application for a Foster Home License, as well as complete background checks and some additional licensing documents.



As stated above, once you become licensed, you will receive payment for the child in your care; this payment is called a per diem. A per diem is a daily amount paid to a licensed foster parent for each child in their care to cover the reasonable cost of clothing, shelter, daily supervision, travel for visitation and school, personal incidentals for the child, and school supplies. The per diem payments are intended for the sole benefit and care of the child. If the child is already in your care when you become licensed, the per diem will start on the effective date of your license. The per diem is not backdated to the date of placement.

The per diem amounts vary based on the age and needs of the child in your care, starting at \$18.88 a day.

In addition to the per diem, a foster parent can receive the following additional payments for the benefit of the child:

- **Travel Expenses**—travel for certain purposes if the travel goes over approximately 162 miles per month.
- **Initial Clothing**—a payment of up to \$200 within 60 days of the child’s placement outside of their home into a foster home.
- **Annual Personal Allowance**—a reimbursement of up to \$300 per child, per calendar year, which is available when the child has been in placement for at least 8 days. Examples of personal allowance items are baby equipment, prom dress or other special occasion clothing, school pictures, other school related events/fees, equipment and fees associated with extracurricular activities (including activities for young children), driver’s education or driver’s license fees, tutoring, summer school, computer, e-reader, and bus passes.
- **Special Occasion Allowance**—reimbursement of up to \$50 on the child’s birthday and during the December holidays.

## Assistance for Unlicensed Relatives

If you do not wish to become licensed as a foster parent, DCS cannot provide you with a daily foster care payment. However, there are other options for financial assistance to relatives who do not wish to be licensed as a foster parent:

■ **Initial Clothing**—a payment of up to \$200 within 60 days of the child’s placement outside of their home. Examples of items that can be purchased with approval of the FCM are clothing, socks, shoes/boots, coats, toiletries, personal hygiene items, undergarments and hair products.



■ **Annual Personal Allowance**—a reimbursement of up to \$300 per child, per calendar year, which is available when the child has been in placement for at least 8 days. Examples of personal allowance items are baby equipment, prom dress or other special occasion clothing, school pictures, other school related events/fees, equipment and fees associated with extracurricular activities (including activities for young children), driver’s education or driver’s license fees, tutoring, summer school, computer, e-reader, and bus passes.

■ **Special Occasion Allowance:** a reimbursement of up to \$50 on the child’s birthday and during the December holidays.

■ **Travel Expenses:** travel for certain purposes starting at mile 1. Examples of covered travel are travel to school (if not covered by the school corporation), visitation, medical and mental health appointments, and court related travel.

■ **Respite Care:** payment for respite care in a licensed foster parent’s home for up to five (5) days each year.

■ **Child Care Allowance:** a reimbursement of up to \$18 per day or \$90 per week, per child, for licensed child care costs for those relatives that work or attend school. This funding is available for up to six (6) months or until Child Care Development Fund (CCDF) Vouchers (see below) begin, whichever occurs first.

■ **Bedding Allowance:** a reimbursement of up to \$400 per child for a bed and bedding if needed and pre-approved. This is a one-time payment.

Any items purchased with the initial clothing allotment, personal allowance, special occasion allowances, or the bedding allowance are considered the child’s belongings and should transition with the child in the event of a move or return home.

The above payments may require approval from the DCS FCM before they are available. Please discuss the details of these items with the FCM to learn more.

## Section III

### Other Financial Assistance Options

#### Temporary Assistance for Needy Families (TANF)

TANF is a program managed by the Division of Family Resources (DFR) to provide temporary financial assistance to qualifying relatives caring for a child. In addition, TANF is available for a single parent family or a family in which a parent is disabled/unemployed/underemployed (unable to work, possibly due to illness, or lack of education or job training).

To apply for TANF, contact your local DFR office in your county of residence. The local DFR office has the responsibility to process applications, certify eligible applicants for participation, and issue benefits. Applications may be taken to the local DFR office, mailed or faxed.

The amount of cash payment is determined by the number of eligible family members and their total income. The standard for a family including children and their caretaker is reflected in the chart below. A child can be considered a family of 1 in some circumstances without the relative's income being considered. In the case of sibling children, the sibling group could comprise a family without the relative's income being considered. This assistance can take 30-45 days to get started, but it will be retroactive to the date of application.

#### Income Standard

Family Size	Gross Income Limit (Monthly)	Maximum Monthly Benefit
1	\$286.75	\$139.00
2	\$407.00	\$198.00
3	\$527.25	\$256.50
4	\$647.50	\$315.00
5	\$767.75	\$373.50
6	\$888.00	\$432.00
7	\$1008.25	\$490.50
8	\$1128.50	\$549.00
9	\$1248.75	\$607.50
10	\$1369.00	\$666.00

If you choose to become licensed, you cannot also claim TANF for the relative foster child. The relative foster child would be deemed ineligible for TANF cash assistance due to the foster care per diem that you are receiving on his/her behalf. Other non-foster children in your home may still qualify for TANF as the relative foster child's foster care payment (and any other income the relative foster child may be receiving) would be excluded from the TANF eligibility determination. Be sure to discuss this with a TANF representative.

More information on TANF can be found at <http://www.in.gov/fssa/dfr/2684.htm>

## **Food Stamps**

The Food Stamp program, called Supplemental Nutrition Assistance Program (SNAP), can help provide food for individuals who live with you in your home. The program enables low-income families to buy nutritious food through Electronic Benefits Transfer (EBT) cards. Families must qualify to receive this assistance. To apply for this program, visit this web site at <http://www.in.gov/fssa/dfr/2691.htm> for a copy of the application and information on where to submit the application.

If you choose to be a licensed foster parent and receive a per diem from DCS for the relative foster child, your household may not qualify for food stamps. This will depend upon the relative foster child's status in the household and whether the child is part of the food stamp assistance group. Be sure to discuss this with a representative of the food stamp program for more information.

## **WIC Program**

Relative parents who care for infants and children up to age 5 may be eligible to participate in the Women, Infant and Children (WIC) program when the relative's children are Medicaid eligible. WIC is a supplemental food and nutrition program and participants receive vouchers that are redeemed for specified nutritious foods at designated groceries. Such foods consist of baby formula, cereal, eggs, milk, peanut butter, juice and other foods to meet a child's specialized needs. WIC participants also receive nutrition education, nutrition counseling, and referrals to other health services if needed. You can obtain information on applying at <http://www.in.gov/isdh/19691.htm>. You can also contact your state WIC representative at 1-800-522-0874 or email [inwic@isdh.in.gov](mailto:inwic@isdh.in.gov), or you can ask your FCM or Regional Foster Care Specialist for more information.

## **Free or Reduced-Price School Lunches, Book Rental Fees and Book Fees**

All relative children placed by DCS will receive free or reduced-price school lunches, book rental fees or text book fees. Relative foster children qualify for this federal program when they enter DCS care. The relative caregiver does not have to complete a separate application as DCS automatically enrolls all children in placement in this program. Discuss this with your local school corporation to ensure you are receiving this benefit.

## Section IV

### Medical Coverage—Medicaid



The relative child placed with you should be eligible for Indiana Medicaid. Indiana Medicaid is Indiana’s medical program that can pay the costs of medical, dental, behavioral/mental health and eye care for your relative child. Children who are not eligible for Medicaid would be those very few who have a high income in their own right; this could include income from an inheritance, a family trust or a social security survivor’s benefit, for example. If the child’s parents have private insurance, those benefits follow the child and will be used first to meet the child’s expenses. Your relative child’s FCM

can help ensure the child is enrolled in Medicaid.

Once the child is enrolled in Medicaid, a Medicaid card will be given to you. The FCM should also give you a Medical Passport for the child. The Medical Passport is a tool that allows you to keep a written record of a relative child’s medical and dental care while placed with you. When you take the child for an appointment of any kind, take the Medical Passport and give it to either the doctor or the nurse to make an entry documenting the care the child receives. When the FCM comes to visit you and the relative child, talk about any new entries that have been made as the FCM keeps a separate record.

## Section V

### Additional Support and Help

#### Infants and Toddlers Early Head Start/Head Start

Early Head Start and Head Start are programs for pregnant mothers and for children 0-5 years old. Children can participate in activities that will help them grow mentally, socially, emotionally and physically. Early Head Start children receive medical assessments, mental health services and follow up services. More information on these programs can be found at <http://www.in.gov/fssa/dfr/2679.htm>.

#### First Steps

Indiana’s First Steps System is a family-centered, locally-based, coordinated system that provides early intervention services to infants and young children with disabilities or who are develop-

mentally vulnerable. Families who are eligible to participate in Indiana's First Steps System include children ages 0-3 years that are experiencing developmental delays and/or have a diagnosed condition that has a high probability of resulting in developmental delay. An evaluation can be provided on request. Services are individualized and are available in all 92 counties in Indiana. More information can be found at <http://www.in.gov/fssa/ddrs/2633.htm>.

## Child Care Development Fund (CCDF)

The Child Care and Development Fund (CCDF) program provides financial assistance for child care for families who are working or enrolled in school. To apply for the CCDF voucher program, you must contact your local Intake Agents, which can be found at <http://www.in.gov/fssa/carefinder/3900.htm>. If you receive a voucher, you must choose a child care provider who meets CCDF provider eligibility standards. More information can be found at <http://www.in.gov/fssa/2552.htm> (in the left column, click on Child Care Assistance—Child Care Development Fund). As discussed above, DCS will cover childcare costs for six (6) months if there is a waiting list for CCDF vouchers.

## Support Groups

There are Foster Care support groups, active in some regions, that are open to relative caregivers to discuss issues and concerns you may have as you care for your relative child. Additional training opportunities that can help the family become better equipped to handle certain behaviors or health issues regarding your relative placement are also available. Contact your FCM or Regional Foster Care Specialist for more information.



# Section VI

## Care of Children

**This section will provide valuable information on caring for a relative child.**

### Safe Sleeping for Babies

If the relative child placed with you is an infant, use the below information for safe sleeping:

- Always place babies on their backs to sleep. The back sleep position is the safest.
- In December 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (e.g. cribs that allow for the sides to be lowered and raised). These types of cribs should be avoided for children. See the following link for a picture of the new crib at <http://www.cpsc.gov/nsn/cribrules.pdf>.
- Place babies on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on pillows, bean bags, quilts, sheepskins or other soft surfaces.
- Keep soft objects and toys, and loose bedding, out of babies' sleep area. Do not use pillows, blankets, quilts, or pillow like crib bumpers in the sleep area and keep any other items away from the baby's face.
- Keep babies' sleep area close to, but separate from, where you and others sleep. Babies should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you.
- Think about using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it.
- Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult.
- Reduce the chance that flat spots will develop on a baby's head by providing "tummy time" when the baby is awake and someone is watching, changing the direction that the baby lies in the crib from one week to the next, and avoiding too much time in car seats, carriers and bouncers.

More information can be found at [www.aap.org/healthtopics/sleep.cfm](http://www.aap.org/healthtopics/sleep.cfm) and on the DCS website at <http://www.in.gov/dcs/2869.htm>.

### Shaken Infant Syndrome

Shaken Infant Syndrome happens when a person caring for a baby or young child become frustrated and shakes the baby forcefully. Even mild shaking can cause serious injury. Usually

the damage that occurs cannot be seen. Severe injury is most common in very young children, but even four- and five-year-old children can be injured or killed.

More information can be found on the DCS website at <http://www.in.gov/dcs/2987.htm>.

## Water Safety

Water is everywhere in and around a home. While some water safety practices are common sense, some may not be. Safety practices for within the home include:

- Keeping your water heater at an appropriate temperature
- Not leaving liquids laying around unattended (such as a cleaning bucket) as it takes only a small amount of water for a baby or toddler to drown
- Never leave a small child in the bathroom or bathtub alone.



## Safety practices for around the home include:

- Having a pool safety plan, including for the use of child size pools
- Never allow easy access to a pool, pond, lake, etc
- Utilizing safety locks on all doors providing access to water
- Installing a fence around pools
- Never leaving children unattended near water of any kind—a few inches is enough for a child to drown or be injured
- Utilizing life jackets when on a water craft or fishing from the ground
- Having children participate in swimming and water safety lessons
- Having adults in the home be trained in water safety and rescue

## Smoking

If a relative parent or household member smokes, they must do so in an area where the child is not exposed to second-hand smoke. If a relative parent or household member must smoke inside his or her home, smoking should be limited to rooms where windows can be opened and/or air purifiers can be used. Smoking should not occur in the immediate living area and cannot be done in the presence of the child. Smoking is not allowed in the child's sleeping area(s). Relative parents also cannot smoke in vehicles while transporting the relative child. Relative parents must not purchase tobacco products for any child, as it is illegal for children under age 18 to consume or have cigarettes. If a relative parent discovers that the relative child is in possession of tobacco products, then he or she should contact the child's FCM as soon as possible.

## Alcohol

Relative parents have the right to allow alcohol usage in their own home, but serious consideration should be given to the usage of alcohol in the presence of children. Because of the exposure many children have had to alcohol and the negative effects of their caretakers using it, trauma can be caused by their being subjected to others using it in the relative home. Relative parents should not purchase alcohol for any child, and it is illegal in Indiana for children under age 21 to purchase it. If a child is found to be in possession of alcohol, a meeting should be held with the FCM as soon as possible.

## Medication Safety

Giving prescription medicine to a child is an important task. When you receive prescription medications for a relative child, follow the written instructions completely. It is requested that the relative parent keep a medication log of when the medicine has been given. Relative parents cannot adjust prescription medications or doses. A physician must make any changes of the dosage amount. If a relative child has a negative reaction to a prescribed medication, seek treatment immediately.

As to psychotropic medications, the child's parent, DCS and/or the court must consent to start the child on this type of medication. If a doctor prescribes psychotropic medication, get the necessary consents from the FCM prior to giving the child the first dose unless the medication is needed on an emergency basis.

Relative parents who take medications on a regular basis should be careful to take it as instructed and should use caution in storing the medicine. All prescription and non-prescription medications should be stored out of the reach of children and, whenever possible, they should be secured with safety seal caps.

## Visitation with the Biological Family

DCS will arrange for visitation between the child and his or her parents and siblings as long as it is safe and appropriate for the visits to occur. You may be asked to assist with transporting the child to visitation and/or supervising the visitation. The sibling bond is the most important throughout life. If your relative children are not placed together it is essential that they see each other as often as the court allows these to take place.

## Car Seats and Safety Belts

Indiana law requires that all children under 8 years of age must be restrained in a child passenger restraint system which meets the current Federal Safety Standards when riding in a motor vehicle. Additionally, all children between the ages of 8 and 16 years of age must be properly restrained by a safety seat belt.

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See *Car Safety Seats: A Guide for Families 2011* (Copyright @ 2011 American Academy of Pediatrics), which can be found at: <http://www.aap.org/healthtopics/carseatsafety.cfm>

# Important Contacts & Links

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See below for quick access to information  
about various programs and services.

**Indiana Child Abuse and Neglect Hotline**  
**1-800-800-5556**

**Child Support Bureau KIDS Line**  
**1-800-840-8757**

**Foster Care Helpline**  
**888-631-9510**

**DCS Ombudsman**  
**877-682-0101**  
*[DCSOmbudsman@idoa.in.gov](mailto:DCSOmbudsman@idoa.in.gov)*

**DCS Website**  
*[www.in.gov/dcs](http://www.in.gov/dcs)*

**DCS local offices**  
*<http://www.in.gov/dcs/2372.htm>*

**DCS Policy**  
*<http://www.in.gov/dcs/2354.htm>*

**Other safety information relative to children**  
*<http://www.in.gov/dcs/2330.htm>*

Thank you again for filling such an important need for your family. The Department of Child Services appreciates your efforts, and we look forward to having you as a partner during this time.

# Appendix



## RESOURCE PARENT ROLE ACKNOWLEDGMENT

State Form 54642 (R / 2-12)  
DEPARTMENT OF CHILD SERVICES

*INSTRUCTIONS: This form is to be completed by foster parents prior to licensing, at each annual review and at re-licensure. This form is also to be completed by prospective adoptive parents and relative parents prior to receiving placement.*

Name of Licensing/Placing Agency (DCS or LCPA)	
Name(s) of Resource Parent(s)	Resource Home Identification Number

**A. RESOURCE PARENT ROLES AND RESPONSIBILITIES** – Resource parent roles and responsibilities are described in state law, regulations and Indiana Department of Child Services (DCS) policy. Please see the Internet links in Section B below for these complete documents. Below is a summary of roles and responsibilities for resource parents.

**Resource Parent Role – General** - The resource parent will:

1. Cooperate with DCS and the licensed child placing agency (LCPA) in the overall plan for the child and with all inquiries from DCS or the LCPA involving the care of the child or the foster parent’s license;
2. Participate in Child and Family Team Meetings when invited by the parents, as well as case conferences and court hearings as appropriate;
3. Consult with DCS on all matters concerning the care and well-being of the child;
4. Encourage and support family visitation and reunification or other permanency plan as approved by DCS;
5. Provide a positive and nurturing environment for the child and include the child in normal family routines;
6. Refrain from speaking negatively about members of the child’s family or other persons with whom the child has a significant relationship;
7. Consider the child’s culture, ethnic heritage and religious beliefs and promote the maintenance of these essential connections;
8. Encourage the child to express feelings about his or her situation;
9. Provide appropriate supervision and transportation for the child.

**Discipline** – The resource parent will not use the following types of punishment:

1. Corporal punishment (e.g. spanking);
2. Physical exercise (e.g., push-ups, running);
3. Requiring or using force to make the child take an uncomfortable position;
4. Verbal remarks that ridicule the child and/or his or her family;
5. Denial of an emotional response;
6. Denial of essential services (e.g., health care, food, clothing, bedding, sleep, mail, or family visitation, etc.);
7. Threats of removal or denying reunification;
8. Shaking; and/or
9. Placement in a locked room.

**Health Care** – The resource parent will:

1. Coordinate with DCS to:
  - a. Ensure the child receives all initial and routine healthcare exams, as well as follow-up exams and treatment;
 

**Note:** The initial exam must consist of early and periodic screening, diagnosis, and treatment (EPSDT) services, known in Indiana as Health Watch. The exam will include screens for physical, dental, visual, auditory, and developmental health.
  - b. Ensure the child is provided and/or offered specialized care and treatment based upon the child’s individual assessed needs (e.g., therapy, counseling, medication, drug and alcohol testing and/or treatment);
2. Obtain DCS authorization prior to any non-routine, non-emergency care or behavioral health treatment, including the use of psychotropic medication;
3. Obtain payment authorization prior to any treatments that are not covered by the child’s Medicaid or private health insurance;
4. Seek emergency care for the child for the following: serious injury or illness, serious dental issues (i.e. broken teeth, bleeding gums), mental health issues that place the child at risk for harming himself/herself or others, and serious vision issues (i.e. the child’s glasses or contacts are broken or lost);
5. Document all care and treatment received in the child’s Medical Passport;
6. Protect foster children from being exposed to second-hand smoke in the foster parent’s home or vehicle;
7. Adhere to safe sleeping practices for infants;
8. Attend counseling/therapy sessions with the child as appropriate.

# Appendix

**Educational Services** – The resource parent will:

1. Ensure that school-age children observe compulsory school attendance laws of the state and provide reasonable assistance and guidance regarding overall learning and individual school achievements;  
NOTE: Educational services provided outside the public school system must be approved by DCS and/or the Court.
2. Attend necessary meetings with teachers and/or other school authorities;
3. Encourage children to participate in extracurricular school and educational activities where appropriate;
- a. Protect the confidentiality and safety of foster children by appropriately supervising their use of the Internet for social networking purposes.

**Required Notifications** – The resource parent will notify the child’s family case manager and licensing worker (when applicable) promptly of changes affecting their license or the care of children. Examples of required notifications include, but are not limited to, the following:

1. Any substantial and/or harmful changes affecting the child’s well-being;
2. Situations affecting the resource parent’s ability to provide care to the child;
3. Emergency situations that requires medical care such as serious injuries/illnesses of the child;
4. Extracurricular activities the child may participate in;
5. In state or out of state overnight travel (if travel lasts more than forty-eight (48) hours, court approval may be required);
6. Request for respite care, schedule changes or removal of children;
7. Arrests and/or conviction of resource parents or their household members;
8. Any change in household composition;
9. Change of address.
10. If you are requesting that a child be moved, provide a minimum of two (2) weeks notice, unless an emergency exists, to allow a smooth placement transition .

**Clothing, Personal Items and Permitted Per Diem Expenses** – Resource parents receiving a per diem shall utilize it to cover expenses of caring for the child, which include but are not limited to, the following: food, clothing, shelter, supervision that substitutes for daily supervision such as summer programs (camp), school supplies (paper, pens, calculator, etc.), child’s personal incidentals (tickets for sports and cultural events, personal hygiene items, sundries, infant and toddler supplies, activity fees, uniforms, etc.), and travel. Any other financial support received for the placement shall be used as intended.

**B. ACKNOWLEDGMENTS**

I agree to maintain the confidentiality of written or verbal information that DCS has made available to me and will not share such information without the express written consent of DCS unless it is necessary for the care and treatment of a child under the supervision of DCS. I understand that Indiana Code 5-14-3-10 disallows disclosure of confidential information and that, in addition to the above, information regarding health, assessments of child abuse and neglect and juvenile court records are all subject to confidentiality laws. I agree to discuss the need to maintain confidentiality with members of my household, including minor children in an age appropriate manner.

I acknowledge and agree to comply with the following and understand that failure to comply could result in license revocation:

1. Indiana Licensing Law, IC 31-27-4, which can be found at: <http://www.in.gov/legislative/ic/code/title31/ar27/ch4.html>;
2. Indiana Foster Home Regulations, 465 IAC 2-1.5, which can be found at: <http://www.in.gov/legislative/iac/> ;
3. DCS Policies regarding Out of Home Services, which can be found in Chapter 8 of the DCS Child Welfare Manual at: <http://www.in.gov/dcs/>;
4. Written guidelines of the local DCS office or licensed child placing agency (LCPA).

Signature of Resource Parent	Name of Resource Parent ( <i>typed or printed</i> )	Date Reviewed/Signed ( <i>month, day, year</i> )
Signature of Resource Parent	Name of Resource Parent ( <i>typed or printed</i> )	Date Reviewed/Signed ( <i>month, day, year</i> )

# Notes

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# Notes

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**State of Indiana**

James W. Payne, Director  
**Department of Child Services**  
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INDIANAPOLIS, INDIANA 46204-2739

**[www.IN.gov/dcs](http://www.IN.gov/dcs)**

DCS 03-09-12

