



Indiana Kinship Care



Relative Resource Guide

Family Case Manager	Phone	Email
---------------------	-------	-------

Family Case Manager Supervisor	Phone	Email
--------------------------------	-------	-------

Regional Foster Care Specialist/Kinship Navigator	Phone	Email
---	-------	-------

Contents

Introduction	3
Section I: Basic DCS Information	4
DCS Terminology.....	4
Placement of your Relative Child.....	4
Section II: Financial Assistance Options	6
DCS Assistance for Unlicensed Relatives/Kinship Caregivers.....	6
Other Financial Assistance Options for Unlicensed Relative/Kinship Caregivers....	7
Temporary Assistance for Needy Families.....	7
Food Stamps.....	8
WIC Program.....	8
Free or Reduced-Price School Lunches, Book Rental Fees and Book Fees.....	9
Child Care and Development Fund.....	9
Foster Care Licensing.....	9
Section III: Medical Coverage/Medicaid	11
Section IV: Additional Support and Help	12
Infants and Toddlers Early Head Start/Head Start.....	12
First Steps.....	12
Support Groups.....	12
Section V: Care of Children	12
Safe Sleeping for Babies.....	12
Shaken Infant Syndrome.....	13
Water Safety.....	13
Firearms/Weapons Safety.....	14
Smoking.....	14
Alcohol.....	15
Medication Safety.....	15
Contact With Family.....	16
Car Seats and Safety Belts.....	16
Important Contacts and Links	17
Appendix	
Resource Parent Role Acknowledgment Form.....	18



Introduction

The 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 regional foster care specialist (RFCS) or kinship navigator (KN) can provide more information about these options.

Section I: Basic DCS Information

DCS Terminology

DCS Family Case Manager (FCM): The DCS employee who 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.

DCS Kinship Navigator (KN): The DCS employee assigned to provide initial support to relative caregivers. This support can be ongoing for relative caregivers who do not become licensed.

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. Here are some 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, regional foster care specialist or kinship navigator).
- 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 contact 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?
- 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?

Appendix A (page 17) also contains a document that explains your role and responsibilities with regard to caring for the relative child placed with you. A DCS staff member will go over this document in more detail with you.



Section II: Financial Assistance Options

When the relative child is placed, you may have different options for receiving financial assistance to cover the costs of the placement. As a relative/kinship caregiver, there are some specific forms of financial assistance which may be available to you. Your FCM, RFCS and/or KN can provide additional information.

DCS Assistance for Unlicensed Relative/Kinship Caregivers

Unlicensed kinship caregivers receive a monthly stipend of \$300, or \$150 if the child is in the placement for less than 15 days. The stipend is in addition to the following:

- **Initial Clothing and Personal Items Allotment:** Funds of up to \$200 per child are available upon initial placement of the child. These funds are to be utilized for clothing and personal items such as, but not limited to, 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 consecutive dates. These funds may be used for items such as, but not limited to, computer hardware and/or software, field trips, driver’s education (unless the child is eligible for Emancipation Goods & Services funds), class pictures, application fees, extracurricular activities, musical instruments, sporting equipment, electronic devices (e.g., e-readers, laptops, iPod, Xbox, etc.), a prom dress or other special occasion clothing, equipment and fees associated with extracurricular activities (including activities for young children) and preschool. The following items are not permitted or reimbursable: piercings, tattoos, tobacco products, alcoholic products or beverages, firearms or other weapons, fireworks, lottery tickets, gift cards (e.g., gas, Visa, Walmart, etc.), cash, checks or money orders.
- **Special Occasion Allowance:** Reimbursement of up to \$50 on the child’s birthday and during the December holidays. In order for the resource parent(s) to receive reimbursement for these funds, the child must be in the resource parent’s care on the day of their birthday and Dec. 25.
- **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 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 who work or attend school. This funding is available for up to six months or until Child Care Development Fund (CCDF) vouchers (see page 9) 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.

Other Financial Assistance Options for Unlicensed Relative/Kinship Caregivers

Temporary Assistance for Needy Families (TANF)

TANF is a program managed by the Division of Family Resources (DFR) to provide temporary financial assistance to dependent children and their parents or relatives who are deprived of financial support and who meet non-financial eligibility criteria. The child must live with a specified relative who exercises the primary responsibility for the care and control of the child.

Apply for TANF at fssabenefits.in.gov.

The amount of cash payment is determined by the number of eligible family members and their total income. A child can be considered a family of one 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. The assistance can take up to 30 days to begin, but it will be retroactive to the first day of the month after application, unless

the application date is the first day of a month containing 31 days. In that case, TANF assistance would start the month of application.

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.

Find eligibility guidelines and more at www.in.gov/fssa/dfr/tanf-cash-assistance.



SNAP

The Supplemental Nutrition Assistance Program (SNAP), formerly known as the food stamp program, can help provide food for individuals who live with you in your home. The program enables low-income families to buy nutritious food using Electronic Benefits Transfer (EBT) cards. Families must qualify to receive this assistance. To apply for this program, visit fssabenefits.in.gov.

Licensed foster parents who receive a per diem from DCS for the relative foster

child may not qualify for SNAP. This will depend on whether the child is included as part of the same assistance group. Discuss this with a representative of the SNAP program for more information.

More information on SNAP can be found at www.in.gov/fssa/dfr/snap-food-assistance.

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 grocery stores. These foods include 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 www.in.gov/health/wic/how-do-i-apply-for-wic. You can also contact your state WIC

representative at 1-800-522-0874, email inwic@isdh.in.gov, or ask your FCM, regional foster care specialist and/or kinship navigator 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.

Child Care and Development Fund (CCDF)

The Child Care and Development Fund (CCDF) program provides financial assistance for child care for income-eligible families who are working or enrolled in school. Apply for CCDF online at earlyedconnect.fssa.in.gov. If you receive a voucher, you must choose a child care provider who meets CCDF provider-eligibility standards. DCS will cover childcare costs for six months if there is a waiting list for CCDF vouchers.

Note: If you become a licensed foster parent, notify the CCDF program, as income eligibility is no longer required.

Foster Care Licensing

If you meet the requirements for foster home licensing, you will receive a per diem from DCS for the care of your relative child. 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. If you wish to be evaluated for foster home licensure and you have not heard from the regional foster care specialist or their supervisor within one week of placement, you should contact him/her. Contact information for the regional foster care specialist 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. If you meet all of the requirements, you will receive a foster home license. A foster home license is effective for four years from the date of initial licensure, as long as you pass the annual review (see below). The foster home license is not backdated to the date of placement; the daily payment starts on the effective date of your license.
- **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. In order for a foster home license to remain in good standing, the annual review and requirements will need to be met each year.
- **Relicensure:** Your foster care license will expire after four years. If you wish to be relicensed, you must submit a new application and complete background checks and some additional licensing documents.

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 and Personal Items Allotment:** Funds of up to \$200 per child are available upon initial placement of the child. These funds are to be utilized for clothing and personal items such as, but not limited to, 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 consecutive dates. These funds may be used for items such as, but not limited to, computer hardware and/or software, field trips, driver's



education (unless the child is eligible for Emancipation Goods & Services Funds), class pictures, application fees, extracurricular activities, musical instruments, sporting equipment, electronic devices (e.g., e-readers, laptops, iPod, Xbox, etc.), prom dress or other special occasion clothing, equipment and fees associated with extracurricular activities (including activities for young children) and preschool. The following items are not permitted or reimbursable: piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/ weapons, fireworks, lottery tickets, gift cards (e.g., gas, Visa, Walmart, etc.), cash, checks or money orders.



– **Special Occasion Allowance:**

Reimbursement of up to \$50 on the child’s birthday and during the December holidays. In order for the resource parent(s) to receive reimbursement for these funds, the child must be in the resource parent’s care on the day of their birthday and Dec. 25.

Section III: 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. Factors used to determine a child’s eligibility include age, citizenship/immigration status, current health insurance coverage information and income/ family size.

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 IV: 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 www.in.gov/fssa/carefinder/head-start-and-early-head-start.

First Steps

Indiana's First Steps program is a family-centered, locally based, coordinated system that provides early intervention services to infants and young children who have disabilities or are developmentally vulnerable. Eligible families have children ages 0-3 years who 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 available in all 92 counties in Indiana. More information can be found at www.in.gov/fssa/firststeps.

Support Groups

There are foster care support groups active in some regions that are open to relative caregivers to discuss issues and concerns you might 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, regional foster care specialist, and/or kinship navigator for more information.

Section V: 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.
- 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 in their crib.
- 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.healthychildren.org/safesleep and on the DCS website at www.in.gov/dcs/newsroom/supplemental-information/safe-sleep-information.

Shaken Baby Syndrome

Shaken Baby Syndrome happens when a person caring for a baby or young child becomes 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 4- and 5-year-old children can be injured or killed.

More information can be found at dontshake.org.

Water Safety

Water is everywhere in and around a home. While some water safety practices are common sense, some might not be.

Safety practices for within the home include:

- Keeping your water heater at an appropriate temperature
- Not leaving liquids lying around unattended (such as a cleaning bucket) as it takes only a small amount of water for a baby or toddler to drown
- Never leaving 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 allowing 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



Firearms/Weapons Safety

Relative parents must be in compliance with state and local laws with regard to firearms. Firearms, including BB guns and air guns, shall be unloaded, locked and secured to prevent unauthorized use. Ammunition and projectiles, such as arrows or other items which can be used to make a weapon operable, shall be locked separately from the weapon. Relative parents and/or household members who own or maintain firearms in the foster home will be expected to complete the Foster Parent Safety Agreement Regarding Firearms and Other Weapons. If the relative parent has a current license to carry a firearm, one must secure the firearm while traveling in a vehicle in a locked trunk, glove compartment or other lockbox. Other recommendations include ensuring the safety mechanisms are enabled at all times when carrying in the presence of children, utilizing a holster that properly secures the firearm and completing a firearms safety training class.

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 the relative child is found to be in possession of tobacco products, the child's FCM should be notified 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, the FCM should be notified 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, DCS will obtain, when possible, consent of the child's parent, guardian or custodian prior to authorizing the use of psychotropic medications for a child under DCS care and supervision. DCS will provide consent for the use of psychotropic medications for a child under DCS care and supervision if: A delay in order to obtain parental consent could compromise the well-being of the child; parental rights have been terminated;

the parent, guardian or custodian is unable to make a decision due to physical or mental impairment; the child is admitted for acute psychiatric treatment; or prior court authorization has been obtained. DCS will require consent from the appropriate DCS local office director or designee prior to a child in out-of-home care being placed on psychotropic medication.

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

Contact With Family

Every child has a fundamental right to visit with their parents and siblings. The relationship between a parent and child, which ideally includes bonding, nurturing and healthy dependency, is important for a child's well-being. Regular visits can help keep the child from feeling abandoned by the parent, guardian or custodian. DCS will arrange for face-to-face visits between the child and his or her parents and siblings as long as it is safe and appropriate. Phone or virtual contact may be utilized if face-to-face visits are not an option.

If you have relative children who are placed separately, it is essential they see each other as often as the court allows. The sibling bond is one of life's most important.

The frequency and level of visitation could be determined by the court. Visits are often supervised by a neutral person or agency. Visitation arrangements and levels of supervision may change over time. You might be asked to assist by transporting the child and/or supervising the visitation.

You or the child may have adverse feelings before and after visitation. Children grieve and express anxiety differently, but it is still important that visits occur as consistently as possible.

Your family case manager should keep you updated about any potential safety concerns or changes to visitation plans.

In some cases, families benefit from Co-Care, which encourages foster parents and birth parents to welcome each other into their lives and share child care responsibilities throughout the placement. This can lead to better outcomes for children, such as reduced trauma and quicker reunification. Through Co-Care, you can model healthy parenting habits for the birth parents while contributing to the care of the child. If you're interested in Co-Care, ask your family case manager for more information.

Car Seats and Safety Belts

Indiana law requires that children under 8 years of age be restrained in a child passenger restraint system that meets the current federal safety standards when riding in a motor vehicle. Children over the age of 8 must be properly restrained by a safety seat belt.

More information and recommendations can be found at www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Car-Safety-Seats-Information-for-Families.aspx.



Important Contacts & Links

Indiana Child Abuse and Neglect Hotline

1-800-800-5556

Child Support Bureau Kidsline

1-800-840-8757

Foster Care Helpline

888-631-9510

DCS Ombudsman

877-682-0101

DCSOmbudsman@idoa.in.gov

DCS Website

www.in.gov/dcs

DCS local offices

www.in.gov/dcs/contact-us/local-dcs-offices

DCS Policy

www.in.gov/dcs/policies

Other safety information relative to children

www.in.gov/dcs/newsroom/supplemental-information

Division of Family Resources

www.in.gov/fssa/dfrr

Thank you again for filling such an important need for your family. The Indiana 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 (R4 / 6-23)
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 (Department of Child Services (DCS) or Licensed Child Placing Agency (LCPA))	
Name(s) of Resource Parent(s)	Resource Home Identification Number

A. RESOURCE PARENT ROLE AND RESPONSIBILITIES – The resource parent’s role and responsibilities are described in state law, regulations, and DCS policy. Please see the Internet links in Section B below for these complete documents. Below is a summary of role and responsibilities for resource parents.

Resource Parent Role – General – See policy [8.16 Resource Parent\(s\) Role](#) for additional information. The resource parent will:

1. Cooperate with DCS and the 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 (CFT) Meetings when invited by the parents, as well as case conferences and court hearings, as appropriate;

Note: The resource parent may request a CFT Meeting, as needed, to ensure the child’s needs are met. If the resource parent is invited by a parent to participate in a CFT Meeting, the information discussed is excluded from IC 31-27-4.5-1.

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 approved by DCS;
5. Provide a positive and nurturing environment for the child, and include the child in normal family routines;
6. Use the “Reasonable and Prudent Parent Standard” when determining whether a child should participate in extracurricular enrichment, cultural, and social activities. See DCS policy [8.23 Extracurricular Activities](#) for additional information;
7. Refrain from speaking negatively about members of the child’s family or other persons with whom the child has a significant relationship;
8. Consider the child’s culture, ethnic heritage, and religious beliefs and promote the maintenance of these essential connections;
9. Provide encouragement and assistance to the child to complete and update a Lifebook;
10. Encourage the child to express feelings about the situation;
11. Provide appropriate supervision and transportation for the child.

Discipline – See policy [8.18 Discipline in Resource Homes](#) for additional information. The resource parent will not use the following types of punishment:

1. Corporal punishment (e.g., spanking);
2. Physical exercise (e.g., push-ups or running);
3. Requiring or using force to make the child take an uncomfortable physical position;
4. Verbal remarks that ridicule the child and/or the child’s family;
5. Punishment for an emotional response appropriate to the situation (e.g., punishing a child for crying in response to getting hurt);
6. Denial of essential services (e.g., health care, food, clothing, bedding, sleep, mail, or family visitation.);
7. Threats of removal or denying reunification;
8. Shaking;
9. Placement in a locked room; and/or
10. Holding with mechanical or chemical restraints.

Health Care – See policies [8.25 Health Care Services \(Overview\)](#), [8.26 Authorization for Health Care Services](#), [8.27 Maintaining Health Records – Medical Passport](#), [8.28 Payment for Health Care Services](#), [8.29 Routine Health Care](#), [8.30 Psychotropic Medication](#), and [12.32 Physical Environment Requirements](#) for additional information. 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 occur within ten (10) days of placement and consist of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, known in Indiana as HealthWatch. 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, and 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 (e.g., broken teeth or bleeding gums), mental health issues that place the child at risk for harming oneself or others, and serious vision issues (e.g., 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 the child from being exposed to second-hand smoke in the foster parent’s home and vehicle;
7. Adhere to safe sleeping practices for infants;
8. Attend counseling/therapy sessions with the child, as appropriate.

Educational Services – See policies [8.20 Educational Services](#), [8.21 Special Education Services](#), [8.22 School Transfers and Legal Settlement](#), and [8.23 Extracurricular Activities](#) for additional information. The resource parent will:

1. Ensure 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 of the public school system must be approved by DCS and/or the Court.

2. Attend necessary meetings with teachers and/or other school personnel;
3. Encourage and support children to participate in extracurricular school and educational activities, as appropriate;
4. Protect the confidentiality and safety of foster children by appropriately supervising their use of the internet for social networking purposes.

Required Notifications – See policies [8.16 Resource Parent’s Role](#), [8.17 Respite Services for Resource Parent\(s\)](#), [8.23 Extracurricular Activities](#), [8.24 Travel and Overnight Stays While in Out-of-Home Care](#), and [8.26 Authorization for Health Care Services](#) for additional information. The resource parent will notify the child’s Family Case Manager (FCM) and/or licensing worker (when applicable) promptly of changes affecting the resource parent’s 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 require medical care (e.g., serious injuries/illnesses of the child).
4. Extracurricular activities in which the child may participate;
5. All overnight travel (approval must be requested using the Resource Parent Travel Request [SF 57156]);
6. Request for respite care, schedule changes, or removal of a child from the resource parent’s home;
7. Arrest and/or conviction of the resource parent and/or any household members;
8. Any change in household composition;
9. Change of address; and/or
10. Request to move a child.

Note: Unless an emergency exists, a request to move a child should afford a minimum of two (2) week notice to allow a smooth placement transition.

Clothing, Personal Items, and Permitted Per Diem Expenses – See policy [16.01 Funding for Children in Out-of-Home Care](#) for additional information. Resource parents receiving a per diem shall utilize it to cover the expenses to care for the child, which include but are not limited to, the following: food, clothing, shelter, supervision that substitutes for daily supervision (e.g., summer programs/camps), school supplies (e.g., paper, pens, and calculators), child’s personal incidentals (e.g., tickets for sports and cultural events, personal hygiene items, sundries, infant and toddler supplies, activity fees, and uniforms), and travel. Any other financial support received for the child’s 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 I 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 Administrative Code 465 IAC 2-1.5-4 (and IC 31-33-18-2) does not allow 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 understand that Indiana Code 31-27-4.5 specifically excludes certain information from being released. 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](#);
2. Indiana Foster Home Regulations, [465 IAC 2-1.5](#);
3. DCS Policies regarding [Out-of-Home Services, which may be found in Chapter 8](#); [DCS Policies regarding Foster Family Home Licensing, which may be found in Chapter 12](#); and DCS policies regarding [Financial Services/Assistance, which may be found in Chapter 16](#) of the DCS Child Welfare Manual; and
4. Written guidelines of the local DCS office or 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>)



State of Indiana
Department of Child Services
302 W Washington St, Rm E306
Indianapolis, IN 46204-2739
www.IN.gov/dcs