

Address of Petitioner:
Petitioner Represented by:
Worker Number:
Policy Manual Section on which Complaint is based:
The Nature of the Complaint:

Phone:
Date of Filing Appeal:

Case Number:

Summary of the Investigation Resulting from the Complaint:

☐ Founded ☐ Unfounded

Verification Used in Making the Decision:

Name

Address

Name

Signature

Date

VI. The investigator requests that the following persons be subpoenaed to present testimony on behalf of the County Office at the Administrative Hearing of the petitioner named on the reverse side of this form.

Name

Address

Telephone Number

Name

Address

Telephone Number

Name

Address

Telephone Number

Name

Address

Telephone Number



ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
And

(Name of University)

- CHILD WELFARE STUDENT STIPEND AGREEMENT -

I, _____, agree to the terms herein of the Division
Of Children and Family Services (DCFS) and _____
Name of University

In exchange for payment of a stipend in the amount of \$_____ per semester (for
a maximum of two semesters).

The stipend will be paid during the _____ semester, _____ and the
_____ semester, _____
Year

SECTION I:

I certify that I:

1. Am a student in good standing (not on probation or otherwise in jeopardy of not graduating) in the final year of the Social Work participating degree program at the university named herein;
2. Have an interest in child welfare and have completed or will complete before graduation one (1) or more courses/seminars with an emphasis in child welfare.
3. Am willing to accept employment with DCFS within sixty (60) days of graduation;
4. Have provided complete and accurate information for an Arkansas Central Registry check, Arkansas State Police criminal background check (and, if required, a check by the Federal Bureau of Investigation), the State Vehicle Safety Program, and a drug/alcohol screen;
5. Understand that DCFS is required by law or policy to complete these background inquiries for all persons working directly with children and families;
6. Understand that DCFS is not my employer during the stipend semesters and does not provide me with any benefits other than the stipend.
7. If the entire default amount cannot be paid in full at the time of the default, the Employee must make regular monthly payments. The period for making financial repayment cannot exceed the work time that the employee owes DCFS. Family Medical Leave Act time or any time on leave without pay will not count toward repayment.

SECTION II:

I agree to:

1. Complete the number of hours required by the University for field placement while based in an assigned DCFS county office under the joint supervision of a University field instructor and DCFS supervisor;
2. Maintain confidentiality and perform all assignments during field placement in compliance with the standards of DCFS, the University, and the professional Code of Ethics of the National Association of Social Workers;
3. Repay any stipend monies received if my field placement is terminated or employment denied due to the results of the Arkansas Central Registry or criminal background check, or the State Vehicle Safety Program check, or a drug/alcohol screen; failure to maintain academic progress as defined in Section I-1& 2 above, or failure to graduate within one (1) semester after completion of my field placement; or unsatisfactory performance in my field placement; or failure to comply with minimum conduct standards;
4. Arrange for the University to send my official transcript to DCFS Professional Development Unit within twenty (20) working days after graduation;
5. Work for DCFS as a full time employee for a minimum of one (1) year following graduation in any position assigned to me other than that of an investigator;
6. Complete and submit a State of Arkansas Employment Application that 1.) Lists "Family Service Worker Trainee" as the title of the job sought, and 2.) Selects from counties designated by DCFS (see Section IV-1 below), to the DCFS Professional Development Unit no later than six (6) weeks before my expected graduation date;
7. Actively participate in the employment process by accepting interviews and being available for employment for sixty (60) days following my date of graduation;
8. Accept employment in any county designated by DCFS as needing staff (see Section IV-1 below);
9. Repay the entire stipend received if I refuse an offer of employment from DCFS made within sixty (60) days after the date of my graduation;
10. Repay the amount of stipend prorated according to the length of time worked if I choose to quit working for DCFS prior to fulfilling my obligation. If I cannot pay the entire amount in full at the time of default, I will make regular monthly payments not to exceed the work time owed.
11. Any FMLA time taken or Leave Without Pay taken while an employee will not count toward the obligated time.

SECTION III:

DCFS agrees to:

1. Make funds available for stipends;
2. Provide field placement opportunities;
3. Furnish Students with performance standards, including policies, rules, and regulations, pertinent to Students' field placement.

SECTION IV:

DCFS reserves the right to:

1. Designate counties where staff are needed and require that students apply, be interviewed, and accept employment, if offered, in those counties;
2. Not employ a Student after graduation or, if employment is not offered within sixty (60) days after graduation, release a Student from any obligation to accept employment or to repay the stipend;
3. Terminate or renegotiate this Agreement upon thirty (30) days written notice to the Student in the event of insufficient funds, a reduction in force, or for other reason;
4. Report offenses that constitute a breach of contract to the DHS Office of Administrative Services and the DHS Office of Chief Counsel.

This Agreement shall commence on the date of the last signature below and shall terminate upon completion of all obligations herein.

IN WITNESS WHEREOF, the parties have executed this Agreement:

By signing this Agreement I declare that, to the best of my knowledge, the information presented is true and factual. I certify that I will make every effort to fully cooperate during the employment interview. I further certify that I have received, read and understand DCFS Policy XI-C.

Student 's Name

Student 's Signature

Date

County of _____ State of _____

Signed and Sealed before me this _____ day of _____, _____.
Month Year

NOTARY PUBLIC

My Commission Expires:

SECTION V:

Additional Required Signatures -

1. University Field Instructor:

Name (Print)

Signature

Date

2. University Title IV-E Coordinator:

Name (Print)

Signature

Date

3. DCFS Area Manager:

Name (Print)

Signature

Date

4. DCFS Director:

Name (Print)

Signature

Date

Arkansas Department of Human Services
Division of Children and Family Services
REQUEST FOR CHILD MALTREATMENT CENTRAL REGISTRY CHECK

- A. TYPE OF APPLICANT: ☐ DCFS Employee/Applicant ☐ Foster Parent
☐ Adoptive Parent ☐ Provisional Foster Parent
☐ Other (This request will be processed for a fee of \$10 made payable by check or money order to DHS. We do not accept cash. This fee may be waived for non-profits who provide proof of 501(c)(3) status. Allow 7-10 business days for processing)

- B. This information should be addressed to:

Name/Title (print)

Organization Requesting the Report

Address (physical)

Telephone #

Fax #

Address (provide mailing, if different than physical)

- C.

Name of Applicant: _____

Maiden Name/Other Names Used: _____

Race: _____ **Sex:** _____ **Age/DOB:** _____ / _____ **SSN:** _____

- D. Present Address: (since _____, _____) _____

Previous Addresses (from the last six years):

1) _____

2) _____

From _____ to _____

From _____ to _____

3) _____

4) _____

From _____ to _____

From _____ to _____

- E. Cities and States of Employment (outside of Arkansas) for last 6 years:

1) _____

2) _____

From _____ to _____

From _____ to _____

3) _____

4) _____

From _____ to _____

From _____ to _____

- F. Children (related or non-related) now residing or who have resided in the home at any time and all biological children, even if they have not resided in the home:

Full Name: _____
DOB/Age: ____ / ____
Relationship: _____
SS# (optional): _____

Full Name: _____
DOB/Age: ____ / ____
Relationship: _____
SS# (optional): _____

Full Name: _____
DOB/Age: ____ / ____
Relationship: _____
SS# (optional): _____

Full Name: _____
DOB/Age: ____ / ____
Relationship: _____
SS# (optional): _____

- G. I, _____ verify that the information above is true and complete. I authorize the Arkansas Child Maltreatment Central Registry to release any information their files may contain concerning me as an offender of a true report of child maltreatment.

Signature of Applicant

Date

- H. County of _____ State of Arkansas

Acknowledged before me, this _____ day of _____,

Notary Public

My commission expires: _____

- I. TO BE COMPLETED BY CENTRAL REGISTRY

☐ The Arkansas Child Maltreatment Central Registry contains no record under the referenced name in a true report of child maltreatment.

Examiner's Initials and Date _____

Please note that whenever there is a determination of child maltreatment, the person identified as the offender has the right to a hearing to contest that determination. The person's name may not be placed in the Central Registry until after the hearing decision. Therefore, the absence of a true report in the Child Maltreatment Central Registry does not imply that the person is or is not the subject of a completed child maltreatment investigation. Please check the Central Registry periodically as names can be added to the Central Registry based on new maltreatment reports and upon final administrative determination.

☐ Information Found

Examiner's Signature and Date _____

Arkansas Department of Human Services
Division of Children and Family Services
REQUEST FOR CHILD PROTECTIVE SERVICES (CPS) CENTRAL REGISTRY CHECK

Authorization for Release of Confidential Information contained within the Arkansas CPS Central Registry.

A. TYPE OF APPLICATION: Foster Parent ☐ Adoptive Parent ☐ Provisional Foster Parent ☐ Other ☐

B. I, _____, authorize the Arkansas Child Protective Services Central Registry to release any information their files may contain concerning the undersigned and any birth/legal children or any other children under the age of 18 who are now or have resided in the home of the undersigned. I provide this consent now for current and future releases as requested by the Department of Human Services. I understand that at any time I may revoke this continuing permission in writing by sending my revocation to the worker named below. I understand that the name of any confidential informants, or other information which does not pertain to me, may not be released.

C. This information should be addressed to: Attn: _____

Worker/Title

Office Requesting the Report

Address

D. _____
Applicant's Signature Date SSN Age/DOB Race

E. Other names I have been known by: _____

F. Residential History for last 6 years:

Present Address (since _____, _____): _____
month year

Previous Addresses:

(1) _____	(3) _____
From _____ To _____	From _____ To _____
(2) _____	(4) _____
From _____ To _____	From _____ To _____

G. Cities and States of Employment (outside of Arkansas) for last 6 years:

(1) City: _____ State: _____	(4) City: _____ State: _____
From: _____ To: _____	From: _____ To: _____
(2) City: _____ State: _____	(5) City: _____ State: _____
From: _____ To: _____	From: _____ To: _____
(3) City: _____ State: _____	(6) City: _____ State: _____
From: _____ To: _____	From: _____ To: _____

H. Children Now Residing or Who Have Resided In The Home:

Full Name	DOB/Age	Relationship	Full Name	DOB/Age	Relationship
Full Name	DOB/Age	Relationship	Full Name	DOB/Age	Relationship
Full Name	DOB/Age	Relationship	Full Name	DOB/Age	Relationship

I. This information is requested by DHS staff for internal use because _____

Signature of Requesting Agent: _____

J. Results: ☐ No information found ☐ Information found report attached

Specialized Placement Admission Form Referral Application

Due to the sensitive nature of the information displayed below, this document is
confidential.

The following information will help providers in determining the best plan for the child you are referring. It is essential that it be completed before admission can be considered.

CHILD'S NAME _____

Date of Referral: _____

Services Requested:

- ☐ Comprehensive Residential Treatment
☐ Residential Treatment
☐ Therapeutic Foster Care
☐ DDS Specialized Care

Services Requested by the date of: _____

Child's Full Name: _____ Nickname: _____

Age: _____ DOB: _____ Birthplace: _____ Sex: _____ Race: _____

Height: _____ Weight: _____ Religion: _____

Social Security Number: _____ Medicaid Number: _____

Application made for SSI: _____ Date made: _____ Social Security? _____ Date Made: _____

Is child's Medicaid active? _____ If no, state reason: _____

Is child on Medicaid Spindown? _____ If yes, give amounts and other date relevant: _____

Child referred by: _____ County: _____

Address: _____ Telephone: _____ Fax: _____

Child DCFS Caseworker: _____ Supervisor: _____

Alternative Contact: _____

Child presently resides with: _____ Relationship: _____

Address: _____ Telephone: _____

In Case of Emergency Notify:

Name: _____ On call/Beeper: _____

Address: _____ Phone: _____

Attach
Child's
Photograph

PLACEMENT DATA

- A. State the reason for referral, why this is in the best interest of the child and family, proposed benefits to the child by receipt of services selected on page 1 (i.e. CRT, Residential Treatment, Therapeutic Foster Care, DDS Specialized Home), and how you feel the program will help:

- B. If originating county is more than one hour travel from requested placement describe efforts made to find placement in your region. Distance child will be from biological family:

What barriers will this present to family?

How will these barriers be overcome?

- C. This child's current goal is: Reunification ☐ Adoption ☐ Independence ☐ Other ☐

List barriers preventing this child from reaching this goal (include both child and family problems):

1.

2.

3.

4.

- D. What are goals, objectives, and proposed time frames regarding the specific plan for treatment for the child and/or family. Include tentative plans for the child and family after requested services are terminated:

- E. If the child's goal is independence, has the child taken the Independent Living Skills Assessment?
If yes, include the resulting report. If no, why not and when will they take the Assessment? _____

- F. Describe the current status of any reunification efforts, particularly the level of parental commitment to this process: _____

- G. Describe the efforts to serve the child at home; detailing treatment attempted and reasons why no longer feasible, treatment needed and reasons why not feasible in current situation if placement is requested. _____

- H. Describe visitation plans if the child is to be placed. List any restrictions or special instructions. _____

- I. Has the family been made aware of this referral? _____
- J. Describe the parents' feelings about placement: _____

- K. Describe the child's perception of placement: _____

- L. Child's next staffing is scheduled for: _____
Child's next administrative review is planned for: _____
Child's next court review is scheduled for: _____
Child's Attorney Ad Litem (AAL): _____
AAL Phone Number: _____

Child's CASA volunteer (if applicable): _____
CASA Phone Number: _____

Child's Independent Living Coordinator (if applicable): _____
ILP Coordinator's Phone Number: _____

RELEVANT HISTORY OF CHILD

A. Describe the child: _____

B. Date child entered into DCFS care? _____

Explain circumstances surrounding child entering care: _____

RELEVANT HISTORY CONTINUED

C. List in chronological order all placements (including foster parents) the child has had including date, place, date moved and

reason for move: **Attach Placement History sheet from CHRIS.**

Name/Type Of Placement	Date Placed	Reasons For Placement	Date Removed	Reason For Removal

D. Has the child been abused (sexually, physically, emotionally, or neglected)? _____
 If there has been more than once occurrence of abuse or neglect, please provide dates and describe individual occurrences _____

- E. Does child have any history of self harm/mutilating behavior? ____ Explain ____

- F. Describe any history of aggressive behavior towards children, adults, animals (explain and be specific):

- G. Has the child set fires? ____ Explain ____

- H. Describe any history of alcohol, tobacco, or illegal drug use by the child:

- I. Do you believe this child to be sexually active? ____ Explain ____

- J. Has a true determination of sexual abuse been founded on this child? If yes, explain._____

- K. Describe all other significant behavior problems of the child: ____

- L. Describe significant events in the child's life (honors, arrests, death of friends or relatives): ____

- M. Identify the child's strengths and weaknesses: ____

- N. Describe skills, achievements, and interests: ____
What does the child like to do? ____

- O. Explain the daily schedule the child is used to (highlight any problems with routines such as bed time, waking up, waiting, leaving for school, household chores, etc.): _____

- P. Religion/Denomination: _____ Level of Interest: _____

FAMILY HISTORY

- A. Biological Mother

Name: _____ Address: _____

Phone: _____ Birthdate: _____ Age: _____ Birthplace: _____ Race: _____

Social Security #: _____ Place of Employment: _____ Type of Work: _____ Salary _____

If deceased, give date of death: _____ Cause: _____

If remarried, name of stepfather: _____

If parents are divorced, give date: _____ Place: _____

No. of pregnancies _____ No. of living children _____

- B. Biological Father

Name: _____ Address: _____

Phone: _____ Birthdate: _____ Age: _____ Birthplace: _____ Race: _____

Social Security #: _____ Place of Employment: _____ Type of Work: _____ Salary _____

If deceased, give date of death: _____ Cause: _____

If remarried, name of stepmother: _____

If parents are divorced, give date: _____ Place: _____

No. of children fathered _____ No. of living children _____

- C. List biological family members:

Name	Relationship	Marital Status	Date of Birth	Current Grade	Employment/School Name, Address, Phone

D. Are other children in family placed outside of biological home? _____ Who and where placed?

E. Name other family members or people residing in biological home: _____

F. Describe the current family situation: _____

G. Describe the current relationships the child has with family members including history of visits, current visitation plan and plan for continuing visitation: _____

H. Describe family's contacts with social service agencies and/or counselors, etc.: _____

I. Describe any family history of medical problems: Use the following abbreviations: (C) Child, (M) Biological Mother, (F) Biological Father, (S) Sibling, (O) Other

____ Tuberculosis	____ Heart Disease	____ Congenital Crippling Conditions
____ Cancer	____ Hypertension	____ Anemia
____ Syphilis	____ Epilepsy	____ Rheumatic Fever
____ Allergies	____ Mental Illness	____ Other Diseases _____
____ Diabetes	____ Bleeding Diseases	_____

Give dates of problems and family relationship: _____

J. Describe any family history of psychiatric problems, including substance abuse/dependence. _____

K. Significant Others (Include Foster Family Members)

Name	Relationship	Marital Status	Date of Birth	Current Grade	Employment/School Name, Address, Phone

--	--	--	--	--	--

Describe significant other persons (relatives, friends, foster parents) in the child's life: _____

Medical History of Child

A. Medical History of Child

1. Last physical exam by Dr. _____ Date: _____
Address: _____
2. Last dental exam by Dr. _____ Date: _____
Address: _____
3. Last vision exam by Dr. _____ Date: _____
Address: _____
4. Last hearing screening by Dr. _____ Date: _____
Address: _____
5. Date of PACE Evaluation (please attach if evaluation has been completed): _____
6. Is the child awaiting the results of an STD or drug screen? _____

B. Allergies

1. Does the child have any allergies to medication: _____ If yes, list _____

2. To Food _____ If yes, list _____

3. Any other allergies? _____ If yes, list: _____

C. Does the child have any physical disabilities? _____ If yes, describe: _____

D. 1. Has the child had any medical hospitalizations? _____ If yes, explain: _____

2. Has child had any surgeries? _____ If yes, explain: _____

E. Does child have any significant medical problems? _____ If yes, explain: _____

F. Medical and Dental History

(Give Approximate Dates)

Measles (Rubeola)		Whooping Cough		Hearing Difficulty	
Measles (Rubella)		Mumps		Vision Difficulty	
Chicken Pox		Ear Infection		Rheumatic Fever	
Kidney Disease		Convulsions		Meningitis	
Encephalitis		Tuberculosis		Diabetes	
Allergy (Type)		Congenital Defects (Types)		Operations	
Burns/Accidents		Deformities Of Teeth Or Mouth		Other (Specify)	

G. List all current medications the child is taking and for what reason: _____

H. Does child have a history of high temperatures: _____ convulsions: _____ bedwetting: _____ or day/night soiling: _____ If yes, explain/describe: _____

I. Describe developmental history including ages, crawling, walking, talking, toilet training: _____

J. Describe biological mother's pregnancy and delivery of child (term, complications, etc.): _____

1. Was child exposed to drugs/alcohol during parents pregnancy? _____

Explain _____

2. What was child's birth weight? _____

3. Did the child have jaundice, breathing difficulties, seizures? _____

Explain _____

4. Did child cry a lot? _____ Describe: _____

5. Did child like to be held and cuddled as an infant? _____ Describe: _____

K. Psychiatric History

Describe all prior psychiatric treatment efforts (service provider, corresponding dates):

L. Child's last psychological evaluation was completed on: _____ by _____

Report the child most recent DSM diagnosis given by a mental health professional. (Include date given and name of professional)

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V _____

Given by _____ on _____

Has this child been referred for TFC by a mental health professional? _____ If yes, who, when, and why?

SCHOOL HISTORY

A. Educational Status

School Attending: _____ Grade: _____

Address: _____ Phone: _____

Previous Tests, Evaluations? ☐ No ☐ Yes Date: _____

B. Educational History

List all schools the child has attended:

School	Address	Dates/Grades Attended

C. Has this child ever received Special Education Services? (If the child has an IEP or 504 plan, please attach)

If yes, describe classification and services provided: _____

D. Has this child repeated any grades? _____ If yes, which ones and why? _____

E. Describe attendance record: _____

F. Describe special class or tutoring: _____

G. Describe level of academic achievement: _____

H. Describe classroom behavior: _____

I. Describe favorite courses: _____

J. Has they child ever been suspended or expelled? _____ Describe: _____

K. Other information: _____

Legal History

- A. Legal status of child (attach copy of Court Order):

Legal guardian: _____ Phone: _____

Court of Jurisdiction: _____ Date of Decree: _____

Type of Custody: ☐ Permanent ☐ Temporary Date of Next Hearing: _____

- B. Describe the child's history of juvenile delinquent or other illegal behavior. If the child has been on probation, list county, offenses and probation period: _____

Other Significant Data

If you are unable to place the child at this time, please shred this document.

DIVISION OF CHILDREN & FAMILY SERVICES, POLICY & PROCEDURES MANUAL, EXCERPT, POLICY XI-C

POLICY XI-C: CHILD WELFARE STUDENT STIPEND PROGRAM

The Division of Children and Family Services (DCFS) participates in a child welfare student stipend program in order to hire more employees with degrees in social work and social work-related fields on a state-wide basis to work in DCFS programs serving title IV-E eligible children. Any student awarded a stipend is under contract with the Division and will be required to work for DCFS after graduation. During the one year of employment following graduation, the employee (former student) shall not be placed as an investigator per Title IV-E regulations.

Eligible applicants may attend any participating degree program in the State of Arkansas. The Division and the University Partnership will determine yearly the number of stipends awarded. The Division, in conjunction with title IV-E university staff, will determine which students will receive stipends.

Students in the BSW and other participating bachelor's degree programs are awarded stipends during their senior year.

DCFS may approve stipends for second year MSW students provided that any DCFS educational leave positions are not filled and the number of MSW stipend students does not exceed the number of vacant educational leave positions.

The following information provides the procedures governing the Child Welfare Student Stipend Program.

What Happens When Your Child and Family Are Involved with DCFS?



Arkansas Department of Human Services Division of Children and Family Services

Our mission is to keep children safe and help families.
DCFS will respectfully engage families and youth
and use community-based services and supports
to assist parents in successfully caring for their children.
We will focus on the safety, permanency,
and well-being for all children and youth.

This booklet is designed to help you understand what happens when you and your child come into contact with DCFS. We know this can be a difficult time, but we are here to help. We want every child to grow up in a safe, loving environment and become a healthy, productive adult. We will work with you to make this happen. This booklet outlines the roles and responsibilities for everyone involved and outlines the court process. You will also find a glossary of terms at the end of this booklet.

While the best place for a child is almost always with his or her family, there are times when the police or DCFS will move a child away from his or her family to keep him or her safe. When the police or DCFS receive a report of child abuse, neglect, or abandonment, they must investigate. If they feel a child is in danger, they will move him or her away from the home. While this initial move is temporary, it is up to the court to decide if and when a child should return home. During the time a child is away from his or her family, he or she will live with a foster family who will provide a safe, loving home. A Family Service Worker (FSW) will work with the family to help make their home safe for their child's return. Even though getting the family back together is the main goal, sometimes the court will decide that it is not best for a child to return to his or her family. When this occurs, DCFS will help a child find a permanent family with a relative or an adoptive family, or live independently if he or she is old enough.

When You Come into Contact with DCFS

You are most likely dealing with the situation described above. Please know that DCFS has the best interests of your child in mind. We want him or her to be happy, safe, and healthy. We believe that children are safe when they have positive protective relationships with caring family members. Therefore, we will work with you to make your home a safe place. The person you will work most closely with is your FSW. His or her primary responsibility is to work with you to reunite your family by helping you correct the issues that resulted in your child's move away from your home. Because we believe that making meaningful decisions about your family requires your close participation, you and your FSW will work together to create a plan with a final goal of having your child return to your home. The plan is a written agreement that you will sign. It lists all the things you must do, including anything the court has ordered, and all the things DCFS must do in order for your child to return home. The plan may include counseling, physical and psychological evaluations, housing, employment, child care, transportation, and legal services. Your FSW is there to help you along the way and answer any questions you may have.

Your FSW will also frequently visit the home of the foster family where your child is staying to make sure your child is ok, to discuss the plan, any changes to the plan, and any problems that your child may be having. He or she will work with the foster parents to help your child be as comfortable as possible. To know what you should expect from your FSW, his or her responsibilities are listed below.

Responsibilities of the Family Service Worker

1. Provide services to support the case plan goal(s) for you and your family.
2. Assist in investigations of suspected child abuse and neglect by making on-site visits, obtaining background information, and interviewing parties involved.
3. Assist in establishing goals, objectives, tasks, and time frames when making the plan to help your child return home.
4. Recruit foster families and conduct home studies and family assessments to help find the best foster home for your child.
5. Visit with your family and your child's foster family to be sure everyone is working to achieve the goals of the plan.
6. Perform any other related responsibilities to help create the best experiences for your child.

7. Make regular contact with you, your child, your child's foster family, law enforcement officials, medical personnel, teachers, child care personnel, agency and private attorneys, and any one else identified as important to you and your child.

Additionally, your FSW is required to report to the court about whether or not you are achieving the goals of your plan and make recommendations about you and your family. **If you feel you cannot keep up with the plan, please talk to your FSW. If you do not, you may lose your rights as a parent.** Your rights are listed below. Please let your FSW know if you have any questions regarding your rights.

Your Rights

1. You have the right to be notified, in advance, of any court hearing or other legal action involving your child. You will be informed of the time, location, and reasons for the actions.
2. You have the right to ask for a lawyer any time there is any type of legal action involving your child. If you cannot afford a lawyer, you should let the court know. You may be able to receive free legal assistance.
3. You have the right to be involved in creating the plan for helping your child return to your home. You have the right to receive a copy of the plan. You have the right to talk to the judge if you disagree with the plan.
4. You have the right to appeal any final court order to a higher court.
5. Unless the court decides you cannot visit your child, you have the right to visit your child by making an appointment with your FSW (he or she may supervise the visits).
6. You have the right to an interpreter in court if you cannot hear, speak, or understand English.
7. You have the right to be informed about your child's adjustment to foster care and his or her development, such as health issues and school progress.
8. You have the right to make a complaint or ask any questions of your FSW concerning your child in foster care. Please see the list of names and phone numbers at the end of this booklet.
9. You have the right to stay involved in your child's life while he or she is in foster care such as participating in educational decisions or physical and mental health assessments and treatments (unless the court has determined it not in your child's best interest). There will be staffings to discuss progress made. The staffings will include your FSW, the foster parents, and attorneys. You have the right to be a part of these staffings. You also have the right to bring an advocate to the staffings.
10. You have the right to be notified, in advance, if your child is moved to a different foster home, unless this advance notice would endanger your child; or an emergency arises where the child must move to a new foster home immediately. In this case, you will be notified within 24 hours.

Understanding Foster Care

Foster care exists because we believe all children have a right to a safe and supportive environment in which to grow. The purpose of foster care is to provide a healthy home and community experience for your child while the conditions which caused your child's move away from your home are being resolved. Thus, foster care is meant to be temporary. The length of your child's stay in foster care will depend a great deal on the conditions which caused DCFS or the police to move your child and the time and resources available to resolve them. The goal of foster care is to work toward a finding a permanent home for your child, preferably, with you.

We believe long-lasting success with families is the work of a team, involving you, your child, your child's foster family, your FSW, and others you may identify as being important to you and your child. Team members need to respect each other and communicate openly and honestly with each other. The needs of your child will be best served when all team members work together.

Foster Families

It is the responsibility of foster parents to provide twenty-four hour nurturing care to children who live with them. They also have the responsibility to help your child develop a good self image and have positive feelings about their past, present, and future.

As temporary substitute parents, foster parents are close to your child on a day-to-day basis. This closeness allows foster parents to function as an important member of the foster care team. Therefore, the foster parents are in an excellent position to evaluate your child's current needs and make sure they or resources in the community are meeting your child's needs. Because foster parents are with your child every day, they can contribute a special knowledge to DCFS and to you, including information about your child's behavior, relationships with playmates and other members of the foster family, and adjustment to school and the neighborhood.

To help you better understand how your child will be cared for while living with a foster family, the foster family's responsibilities are listed below. Your FSW can answer any questions you may have regarding these responsibilities.

Responsibilities of Foster Families

1. Participate in pre-service training and continuing education programs to improve their ability to care for your children and others who are in foster care.
2. Help develop an individualized training plan and follow the plan.
3. Follow the policies and the decisions of DCFS and accept the supervision of DCFS.
4. Help your child and DCFS plan and achieve his or her return to you, a permanent home with a relative or an adoptive family, or independent living.
5. Communicate with the attorney ad litem about the needs of your child so that the attorney can present a complete and accurate picture to the court.
6. Participate in staffings and court hearings and present information about your child, when required.
7. Provide a nurturing family life experience for your child, including guidance, intellectual stimulation, affection, and appropriate discipline.
8. Establish well defined rules; set expectations and limits consistent with your child's age, and clearly establish that there will be consequences for inappropriate behavior; discipline with kindness and understanding; train and teach your child using positive techniques that stress praise and encouragement, rather than using negative techniques.
9. Protect your child by locking up all dangerous objects and substances.
10. Store all medications in a secure location and follow the instructions on the label when giving them to your child. Understand the possible side effects of all medications and keep a log of all medications given to your child.
11. Provide for enrollment and regular school attendance when age-appropriate in an accredited school and encourage the expression of your child's strengths and special talents. Provide your child with opportunity for recreational activities and for participation in family, school, and community activities.
12. Cooperate with DCFS in arranging for routine medical and dental care as well as making sure your child receives appropriate care during any illness. Go with your child on all medical appointments.
13. Protect your child from exposure to second-hand smoke and take every precaution to ensure his or her health and safety.
14. Maintain a record of health care and immunization records via the Medical Passport.
15. Keep a lifebook for your child to record developmental progress as well as regular and special events in your child's life while he or she is in their home.
16. Speak positively of you and your family.

17. Maintain absolute confidentiality of information about you and your family and do not discuss it with anyone else.
18. Maintain open communication with all team members, including communication with your family when it is part of the plan.
19. Show support and help prepare your child for any move that he or she must make (back to your family, to a relative's home, another foster home, an adoptive home, or independent living).

Helping Your Child Adjust to Foster Care

In order for you to help your child best adjust to living with a foster family, please:

1. Explain to your child that living with the foster family is the best thing for him or her at this time. Be sure your child understands that he or she is not to blame.
2. Let your child know that you are not leaving and that you will be visiting regularly.
3. Send your child's clothing and shoes and, if possible, send some of your child's favorite toys or books.
4. Be careful not to make promises you won't be able to keep.
5. Make every effort to keep scheduled visits and let your FSW know as soon as possible if you are unable to make a visit.

DHS and DCFS

DHS, acting through DCFS, serves as the court-appointed legal custodian for your child and has the final responsibility for making sure your child has the best possible foster care experience and that appropriate long-term plans are made. DCFS also wants to help you resolve the problems or conditions affecting your family that resulted in your child's move away from your home. Cooperation among the courts, other agencies, and community resources is necessary to make sure that all plans are carried out.

Responsibilities of DCFS to Your Child

Children have certain natural rights based on their special status as children and their inability to care for themselves. Among these rights are:

- the right to live with their family and to receive love, protection, nurturance, and support until they reach adulthood;
- the right to be free from harm, neglect, and abuse;
- the right to receive an education;
- the right to have physical care and medical attention;
- the right to enjoy life with a family;
- the right to be disciplined and to receive religious and moral training; and,
- the right to grow into independent and self-sufficient young adults.

When a child's right to live with his or her own family is at risk, he or she has a right to be represented by legal counsel (attorney) and to have his or her legal rights protected in any judicial procedure regarding custody or guardianship. DCFS has certain responsibilities to children who have temporarily or permanently been moved from their parents. Responsibilities of DCFS to your child are as follows:

1. Place your child in a family foster home, relative foster home, or other substitute care facility that can best serve your child's needs and is the least restrictive environment.
2. Place your child close to your family to allow frequent contact.
3. Make sure your child has planned, regular visits with your family and relatives.
4. Give your child honest information regarding all decisions.
5. Provide your child the basic rights that are stated above.
6. Provide opportunity for religious experiences for your child.

7. Allow your child to participate in planning, conferences, staffings, and court hearings whenever possible and age appropriate.
8. Keep a record for your child that includes legal documents such as birth certificate, social security card and court orders.
9. Communicate with your child's school about custody and other issues that might impact your child's ability to learn.
10. Help your child return to your family, be legally freed to form a new family with relatives or adoptive parents, or live independently, if age-appropriate.

Responsibilities of DCFS to You and Your Family

You are the key to long-range planning for your child in foster care. You are a central member of the foster care team. Your child began with you, identifies with you and, in most instances, wants to return to you. Your child's return home is dependent on your ability to achieve the goals of your plan and make your home a safe place for your child. Otherwise, you face the possibility of losing your parental rights and, therefore, your child. DCFS has certain responsibilities to you while your child is under their care. They are listed below.

1. Offer and provide services that will help keep your family together.
2. Let you know why it was necessary to temporarily move your child and place him or her with a foster family.
3. Do not judge or criticize you. Acknowledge that you share in your child's life.
4. Let you know how you can still be involved in your child's life while he or she is in foster care.
5. Let you know what you must do to have your child return home.
6. Include you when creating the plan for helping your child return home.
7. Give you every possible support and service for achieving the goals of your plan to help your child return home.
8. Return your child to your home when the necessary changes or conditions required by the court have been made.

Your Responsibilities as a Parent

Listed below are the responsibilities that you have as the parent of a child who is in foster care.

1. Provide any and all important information about your child and family to DCFS.
2. Tell your FSW about any special needs your child has, including health conditions, school information, and important family customs or cultural practices. **It is very important that you tell your FSW about your child's medical needs and problems, including illnesses, medications, allergies, and immunization records** in order for your child to receive proper medical care while he or she is living with a foster family.
3. Participate in staffings and court hearings.
4. Work with your FSW to create a plan that will help your child return home.
5. Participate in the services to support the case plan goal(s) offered to your family and work on achieving the goals of your plan.
6. Be involved, as often as possible, in your child's medical appointments or social or religious activities.
7. Keep in contact with your FSW and keep him or her updated on what you are doing to achieve the goals of your plan. Be sure your FSW always has your current address and telephone number.
8. Maintain contact and communication with your child. Make sure you keep your appointments to visit with your child.
9. Talk to your FSW or lawyer if you have any concerns.
10. Provide financial support for your child. The court will decide how much you need to pay.

11. Let DCFS know as soon as possible if you wish to give up your rights as a parent and end your relationship with your child.

COURT PROCESS

Because the court makes most of the decisions regarding your child and family, it is important that you understand the court process, part of which will be multiple court hearings. If, at any time, you have questions regarding the court process, your FSW or lawyer will be able to help you. If you cannot afford a lawyer, let the judge know. If you are eligible, the court can help arrange legal assistance for you. You may, at any time, request a court hearing to review your case. **It is very important that you attend all hearings.**

The court process is described below (the following information regarding the court process in Arkansas was adapted from www.arkansascasa.org).

Reports and Investigation – The state police investigate all reports of severe maltreatment and by law are required to initiate these investigations within 24 hours of receiving a report. Severe maltreatment includes things such as sexual abuse or exploitation, broken bones, internal injuries, abandonment, burns, and suffocation. DCFS investigates all other types of maltreatment reports and must do so within 72 hours.

Emergency Removal – DCFS and law enforcement have the right to remove a child from his or her home for up to 72 hours without notifying the parents if they believe the child's health or safety are at risk. Most emergency removals occur as a result of a report to the Child Abuse Hotline. During this time, a child will stay with a foster family.

Emergency (Probable Cause) Hearing – The emergency hearing must be held within five working days after an emergency removal to determine 1) if there was probable cause to remove the child and 2) if probable cause still exists that a child should remain away from home. In other words, the court will decide if DCFS or the police were right in removing your child.

Adjudication Hearing (Trial) – The adjudication hearing should be held within 30 days after the emergency hearing unless the court finds good cause to extend the hearing for an additional 30 days. The purpose of the adjudication hearing is for the judge to determine whether the child maltreatment allegations are substantiated, or true. In Arkansas, when someone abuses, neglects, or abandons a child, it is called "dependency-neglect."

Disposition Hearing – The disposition hearing usually occurs immediately after the adjudication hearing if the judge has determined the child dependent-neglected. The purpose of the disposition hearing is to determine what action will be taken. The judge will determine whether a child is safe to return home or whether the child must continue living with a foster family and remain under the care of DHS/DCFS. The judge will also order services to reunify and/or preserve the family. If the court determines a child must remain away from home, the court will approve a plan for the child and parents to visit each other as well as a plan to help the child safely return home.

Review Hearings – The first review hearing must be held within six months of the emergency removal. Subsequent review hearings must be held every six months. The purpose of a review hearing is for the judge to re-examine the situation, determine whether the court orders and approved plan are being followed, and determine whether each party is working to achieve the goals of the plan.

Permanency Planning Hearing – The permanency planning hearing must be held no later than 12 months from the emergency removal. The purpose is for the judge to decide where the child should permanently live. These options may include 1) Return the child to his or her family, 2) Continue working on the plan to return the child to his or her family 3) Approve a plan to terminate the parental rights of the parents, 4) Approve a plan to allow the child to be adopted.

Termination of Parental Rights – Termination of parental rights (TPR) can be voluntary or court-ordered. TPR is a permanent, legal action in which a parent gives up all rights and responsibilities and ends the relationship with his or her child. After TPR, another family will be able to adopt and care for the child. If at any time you wish to terminate your rights as a parent, please let DCFS know.

A Final Note

We hope this booklet has been helpful to you in understanding what happens when your child and family are involved with DCFS. Remember that we are here for you. We have your child's interests in mind and we want what's best for you and your family. If at any time you have questions or concerns, please let us know. You have the contact information for your FSW, his or her supervisor, and the DCFS County Supervisor on the back page of this booklet.

Glossary

Abandonment – Failure of a parent to provide reasonable support and to maintain regular contact with a child through statement or contact when the failure is accompanied by an intention on the part of the parent to permit the condition to continue for an indefinite period in the future and support or maintain regular contact with a child without just cause or an articulated intent to forego parental responsibility. Abandonment does not include acts or omissions of a parent toward a married minor.

Abuse – Any of the following acts or omissions by a parent, guardian, custodian, foster parent, person eighteen years of age or older living in the home with a child whether related or unrelated to the child, or any person who is entrusted with the child's care by a parent, guardian, custodian, or foster parent, including, but not limited to, an agent or employee of a public or private residential home, child care facility, public or private school, or any person legally responsible for the child's welfare, but excluding the spouse of a minor:

1. Extreme or repeated cruelty to a child;
2. Engaging in conduct creating a realistic and serious threat of death, permanent or temporary disfigurement, or impairment of any bodily organ;
3. Injury to a child's intellectual, emotional, or psychological development as evidenced by observable and substantial impairment of the child's ability to function within the child's normal range of performance and behavior;
4. Any injury that is at variance with the history given;
5. Any non-accidental physical injury;
6. Any of the following intentional or knowing acts, with physical injury and without justifiable cause:
 - A. Throwing, kicking, burning, biting or cutting a child;
 - B. Striking a child with a closed fist;
 - C. Shaking a child; or
 - D. Striking a child on the face or head; or
7. Any of the following intentional or knowing acts, with or without physical injury:
 - A. Striking a child six years of age or younger on the face or head;
 - B. Shaking a child three years of age or younger;
 - C. Interfering with a child's breathing;
 - D. Pinching, biting, or striking a child in the genital area;
 - E. Tying a child to a fixed or heavy object or binding or tying a child's limbs together;
 - F. Giving a child or permitting a child to consume or inhale a poisonous or noxious substance not prescribed by a physician that has the capacity to interfere with normal physiological functions;
 - G. Giving a child or permitting a child to consume or inhale a substance not prescribed by a physician that has the capacity to alter the mood of the child, including, but not limited to, the following:
 1. Marijuana;
 2. Alcohol, excluding alcohol given to a child during a recognized and established religious ceremony or service;
 3. A narcotic; or
 4. An over-the-counter drug if a person purposely administers an overdose to a child or purposely gives an inappropriate over-the-counter drug to a child and the child is detrimentally impacted by the overdose or the over-the-counter drug;
 - H. Exposing a child to a chemical that has the capacity to interfere with normal physiological functions, including, but not limited to, a chemical used or generated during the manufacture of methamphetamine;
 - I. Subjecting a child to Munchausen's syndrome by proxy or a factitious illness by proxy if the incident is confirmed by medical personnel.

NOTE: The list in the above section is illustrative of unreasonable action and is not intended to be exclusive.

No unreasonable action shall be construed to permit a finding of abuse without having established the elements of abuse.

Abuse shall not include physical discipline of a child when it is reasonable and moderate and is inflicted by a parent or guardian for purposes of restraining or correcting the child. Abuse shall not include when a child suffers transient pain or minor temporary marks as the result of an appropriate restraint if:

1. The person exercising the restraint is an employee of an agency licensed or exempted from licensure under the Child Welfare Agency Licensing Act;
2. The agency has policy and procedures regarding restraints;
3. No other alternative exists to control the child except for a restraint;
4. The child is in danger of hurting himself or others;
5. The person exercising the restraint has been trained in properly restraining children, de-escalation, and conflict resolution techniques;
6. The restraint is for a reasonable period of time; and
7. The restraint is in conformity with training and agency policy and procedures.

Reasonable and moderate physical discipline inflicted by a parent or guardian shall not include any act that is likely to cause and which does cause injury more serious than transient pain or minor temporary marks. The age, size and condition of the child and the location of the injury and the frequency of recurrence of injuries shall be considered when determining whether the physical discipline is reasonable or moderate.

Attorney ad Litem – An attorney appointed by the court to represent the best interests of a child who has been determined to be dependent-neglected.

Family – A spouse, parent, child, sibling, or a person related to another person by blood or a common ancestor; also birth family, legal family, adoptive family.

Lifebook – A book belonging to a child in foster care which is designed to record progress and document developmental, educational, and social milestones while he or she is away from his or her permanent family.

Neglect – Acts or omissions of a parent, guardian, custodian, foster parent, or any person who is entrusted with the child's care by a parent, custodian, guardian, or foster parent, including, but not limited to, an agent or employee of a public or private residential home, childcare facility, public or private school, or any person legally responsible under state law for the juvenile's welfare, but excluding the spouse of a minor and the parents of a married minor, which constitute:

1. Failure or refusal to prevent the abuse of the child when the person knows or has reasonable cause to know the child is or has been abused;
2. Failure or refusal to provide the necessary food, clothing, or shelter, and education required by law, excluding the failure to follow an individualized educational program, or medical treatment necessary for the child's well-being, except when the failure or refusal is caused primarily by the financial inability of the person legally responsible and no services for relief have been offered;
3. Failure to take reasonable action to protect the child from abandonment, abuse, sexual abuse, sexual exploitation, neglect, or parental unfitness when the existence of the condition was known or should have been known;
4. Failure or irremediable inability to provide for the essential and necessary physical, mental, or emotional, needs of the child, including the failure to provide a shelter that does not pose a risk to the health or safety of the child;

5. Failure to provide for the child's care and maintenance, proper or necessary support, or medical, surgical, or other necessary care;
6. Failure, although able, to assume responsibility for the care and custody of the child or to participate in a plan to assume such responsibility
7. Failure to appropriately supervise the child that results in the child's being left alone at an inappropriate age or in inappropriate circumstances creating a dangerous situation or a situation that puts the child at risk of harm.

Medical Passport – The Medical Passport is a brief, readable, and current summary of the child's health history and current health status for use by present and future caretakers of the child.

Staffing – A meeting organized to review the case plan, reassess a child's and family's needs, and make sure progress is being made toward the goals set out in the case plan. It involves parents, children, a Family Service Worker, and any others involved in a child's life.

Who to Contact:

Family Service Worker _____

Work Phone _____

Emergency Phone _____

Family Service Worker's Supervisor _____

Work Phone _____

Emergency Phone _____

DCFS County Supervisor _____

Work Phone _____

Emergency Phone _____

YOUR CHILD & FOSTER CARE

RESCIND

**A Publication of the
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Division of Children and Family Services**

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This information is available in different formats such as: large print, audio tape, etc. If you need another format, contact the Division's ADA Coordinator at 682-8760 or TDD 682-1442.

(The use of the masculine pronoun in this handbook denotes both male and female gender.)

WHO TO CONTACT

Family Service Worker _____

Work Phone _____

Emergency Phone _____

Family Service Worker's Supervisor _____

Work Phone _____

Emergency Phone _____

DCFS County Supervisor _____

Work Phone _____

Emergency Phone _____

In the event you need to contact the Division of Children and Family Services (DCFS) for any reason, please call the persons listed above in the order they are listed. For example, if you can't reach the Family Service Worker or feel you have need to speak to a supervisor, please call the second name listed.

WHY YOUR CHILD IS IN FOSTER CARE

A child enters foster care because his parent(s), guardian, or relative is unable to meet the child's health, safety, or emotional needs. The purpose of foster care is to provide temporary care for a child until he can return safely to his home. The Division of Children and Family Services (DCFS) will make reasonable efforts, if required, to keep the family together so that the child can return to a home that is safe. In some cases, the court will decide that the child will not be able to return home. If a child is placed in foster care the parent(s) must be able to safety and adequately care for the child before he can be returned home.

Because stability is an important part of a child's life, the Division will work to find a permanent home for the child. While the child is in foster care, the Division will work to return the child to his parent(s) while at the same time, work to find other placements for the child, for example, adoption.

The Division of Children and Family Services' staff that work with you understand how difficult it is for you to have your child removed from your home. They care, and they want to help both you and your child.

FOSTER CARE IS NOT FOREVER (PERMANENCY PLANNING)

DCFS believes all children have a right to a safe, permanent family. DCFS will develop and carry out plans that will allow your child to have stable, permanent placement. Your Family Service Worker will work to help you overcome the problems that have made foster care necessary so that your child can return to your home. While this will be done as quickly as possible, there are some problems that take longer to solve than others. Your Family Service Worker will attempt to make your child's stay in foster care as short as possible. The primary goal of foster care is to reunite children with their families, whenever possible.

While almost all children who come into foster care are able to return home, there are some who do not. In these cases, the court determines that the parent(s), guardian, or relative(s) will not be able to solve the problems that prevent them from caring for their child. In these cases, the court may terminate the rights of the parent that will enable the Division to place the child for adoption. When the court grants termination of parental rights (TPR) the child's parents lose their rights to visitation and the other rights discussed in this booklet. Termination of parent rights is a legal action and is permanent. However, before this could happen, the parents would be entitled to court hearings and the right to appointed counsel, if indigent, or to seek the assistance of a lawyer, either through legal services or at their own expense.

While DCFS wants to return all children home to their custodial families, this is not always possible. The Division believes every child deserves a permanent home. If it can't be the home from which they were removed, then it may be the home of a relative or an adoptive home.

YOU AND THE COURT

Children come into foster care as a result of a court order signed by the judge. Please remember that doing things that are ordered by the court is very important to having your child returned home in the shortest possible time. You should also know that the Family Service Worker assigned to help you has the responsibility to report to the court your progress or problems in meeting the conditions of the court order and preparing for the child's return to your home. It is very important that you attend all scheduled court hearings.

TYPES OF COURT HEARINGS

Each court hearing has a different purpose. Each hearing is described below so that you will know what to expect.

Probable Cause Hearing – The Probable Cause Hearing must be held within five (5) working days from the date of the filing of the order that the judge signs taking custody from you. The purpose of the Probable Cause Hearing is for the judge to decide whether there is reason to continue the

emergency order removing the child from your custody. The judge will decide whether your child can safely live with you, stay in the temporary custody of the Department of Health & Human Services, or live with someone else until the adjudication (trial) is held.

Adjudication Hearing (Trial) – The Adjudication Hearing must be held within thirty (30) days after the Emergency Hearing. It cannot be held later than sixty (60) days from the date the Probable Cause Hearing was held. The purpose of the hearing is for the judge to decide if your child has been dependent/neglected. Witnesses will tell what they know about the facts of the case.

Disposition Hearing – The Disposition Hearing is usually held at the same time, or immediately after the Adjudication Hearing. The judge will decide if it is in your child's best interest to stay in the custody of DHHS, be placed in the custody of someone else, or be returned to you. At the hearing the judge will make some orders and approve a case plan for you and your child.

Review Hearing – The first Review Hearing must be held within six (6) months from the date your child was taken out of your home. The next Review Hearing must be held within six months after the first Review Hearing. The purpose of the hearing is for the judge to make sure that everyone is obeying the court orders and the case plan, to see how your child is doing in his placement and to see what services are being provided, or need to be provided, to allow your child to return home.

Permanency Planning Hearing – The Permanency Planning Hearing is a hearing for the judge to decide on a permanent placement for your child. The hearing must be held no later than twelve (12) months from the date your child was removed from the home. The judge will decide which one of these goals is in your child's best interest for your child's permanent placement: (1) Return the child to your custody. (2) Continue the goal for your child to be returned to your custody if you are making the right kind of progress. (3) Approve a plan to terminate your parental rights so someone else can adopt your child. (4) Approve a plan to place your child in the permanent custody of someone else. (5) Keep your child in foster care for a long time so that your child can learn how to be independent.

Termination of Parental Rights (TPR) Hearing – The purpose of the hearing is for the judge to decide whether to end the legal relationship between a parent and child. The TPR Hearing is a very serious hearing, because you could lose your rights to your child forever if the judge does terminate parental rights. To terminate parental rights, the judge must have information that is clear and convincing that the legal relationship between parent and child should end. If a judge does TPR, this means that even though you will always have a blood relationship to your child, you will no longer be a legal parent to your child. This also means that everyone in your family will no longer be legally related to your child. You will no longer be able to visit with your child, talk with your child, write to your child, or get information about your child. DHHS, and not you, will be responsible and make all decisions about where your child will live and about who can adopt your child.

Any questions you have about the court or its orders can be discussed with your lawyer and Family Service Worker. If you want a lawyer and can't afford one, you should let the judge know this. There may be times when the court can arrange legal assistance. You may request a court hearing to review your situation at any time; usually this is done through your lawyer. You may personally request a court hearing.

YOU AND YOUR CHILD

It is important for you to remember that even though your child is out of your home **YOU ARE STILL AN IMPORTANT PERSON** in his life. There are things you can do to help in the foster care placement.

1. If possible, explain to your child that his placement into foster care is necessary and best for now. Be sure your child understands that he is not to blame for being in foster care. **THIS IS VERY IMPORTANT.**

2. Let the child know you are not leaving him forever; let him know you will visit him while he is in foster care, and that you will write letters.
3. If possible, send some of your child's favorite possessions, such as toys, books or other things of special importance.
4. Send your child's clothing and shoes when he enters foster care.
5. Don't make promises to your child that you might not be able to keep, such as promising gifts or telling him he is coming home before you are sure of this yourself. **Promises made, but not kept, are very upsetting to a child, especially when these are made by his parent(s).**
6. Please make every effort to keep the scheduled visits with your child because your child will be looking forward to seeing you. Whenever you can't keep a planned visit appointment, please let your Family Service Worker know as soon as possible.

YOU AND THE FAMILY SERVICE WORKER

The Family Service Worker wants your child to be able to return to your home. The Family Service Worker will make sure you know and understand the things you must work on to make the changes that are needed for your child's return. The Family Service Worker will try to help you with such things (if needed) as counseling, physical and psychological evaluations, better housing, employment, day care, transportation, and legal services. The Family Service Worker may suggest to you what you need to do, and where you might find such things as housing, employment and other needed services. Please remember there are things you must do for yourself and for your child. A part of the Family Service Worker's job is to report back to the court the progress you make and to make recommendations on whether or not to return your child home (and, if so, when).

YOUR RIGHTS

1. You have the right to be notified, in advance, of any court hearing or other legal action involving your child. You will be informed of the time, location, and reasons for the actions.
2. You have the right to seek the assistance of a lawyer any time there is any type of legal action involving your child. If you cannot afford a lawyer, you should advise the court of this and seek assistance from legal services to determine whether or not you are eligible for free legal assistance.
3. You have a right to participate in the development of the case plan, receive a copy of the case plan and to petition the court to resolve disagreements about the case plan.
4. You have the right to appeal any final court order to a higher court.
5. Unless the court prohibits visits, you have the right to visit your child by making an appointment with the Family Service Worker (the visits are often supervised by the Family Service Worker). You have the right to write letters to your child in care of Arkansas Department of Health & Human Services, Division of Children and Family Services. These letters will be read by the Family Service Worker and/or the foster parent(s).
6. You have the right to an interpreter in court if you cannot hear, speak or understand English.
7. You have the right to be informed of how your child is doing in foster care, such as his progress in school or if there is an illness.
8. You have the right to expect the Division of Children and Family Services (DCFS) to make an effort to give you two weeks' notice before changing visiting arrangements with your child.

9. You have the right to make a complaint or ask any questions of the Family Service Worker concerning your child in foster care. Please see the list of names and phone numbers on the inside cover of this booklet.
10. You have the right to stay involved in making decisions in your child's life while he is in foster care. This is done by working with your Family Service Worker. There will be staffings involving those persons working with you and your child, such as Family Service Workers, foster parent(s) and attorneys, to discuss the progress made. You have the right to be a part of these staffings. Your Family Service Worker will let you know when your attendance is needed.
11. You have the right to be notified, in advance, should your child change placement while in foster care, unless this advance notice would endanger the child; or an emergency arises in a placement, and the child must be moved to another placement.
12. You have the right to participate in decisions, such as educational decisions, concerning your child's life. You may participate in physical and mental health assessments and treatment of your child unless it is determined to be not in the child's best interest by the court.
13. Any time you have questions or feel you need to make a complaint about anything involving your child who is in foster care, you have the right to do so. Whenever possible, you should discuss questions and problems with your Family Service Worker, whose name and phone number are listed on the inside cover of this booklet. Should you not be satisfied with the answers of your Family Service Worker, you should talk with his or her supervisor, or the DCFS County Supervisor (they may be the same person) whose names and phone numbers are also listed on the inside cover of this booklet.

YOUR RESPONSIBILITIES

1. Case Plans

When your child enters foster care, it is your responsibility to be involved in making decisions for your child. Plans will be made with you to do the things that must be done to let your child leave foster care as quickly as possible. The Case Plan will be in writing and will list all of the things that must be done by DCFS and by you. You will be expected to be a part of making the Case Plan. One part of the case plan is a signed, written agreement between DCFS and you. This agreement makes clear what you and DCFS must each do in an effort to accomplish the things the court has required before consideration can be given to returning your child. The agreement will probably be reviewed in court to determine your progress in meeting the goals of the Case Plan. You may lose your rights as a parent if you don't meet the conditions of the Case Plan. If it is shown that you have failed to work to improve your ability to safely care for your child, DCFS will recommend to the court to end your rights to your child, unless a good reason for that failure exists.

2. Keep Your Family Service Worker Informed

It is your responsibility to let your Family Service Worker know of any changes that may occur in your home while your child is in foster care. Notify your Family Service Worker if:

- You move.
- You are unable to keep any appointment, especially visits with your child. Please notify your Family Service Worker as early as possible.
- There is any illness in your home.
- Your employment changes.

- You think you may be unable to keep some requirement of a court order or case plan/agreement.

3. Financial Support

You have the responsibility to contribute money (to the best of your ability) to support your child while he is in foster care. This may even be a requirement of the court order. Your Family Service Worker will discuss this with you.

4. Staffings

As mentioned earlier, there will be meetings, called “staffings”, to determine family progress and to make plans for your child. It is both your right and responsibility to be a part of portions of these meetings as requested.

WHAT THE DIVISION OF CHILDREN AND FAMILY SERVICES PROVIDES FOR YOUR CHILD

- The opportunity to live in a foster home, group home, or facility best suited to meet your child’s needs, and which is reasonably close to your home community. This will ensure the continued ability for you and your child to have contact. The health and safety of the child will play a critical role in placement decisions.
- Medical care, including dental and visual, as well as counseling and mental health services where required.
- The best educational setting (type of school program) that is available.

YOUR CHILD’S MEDICAL NEEDS

It is very important that you tell your Family Service Worker of any medical needs or problems your child has. This means any illness, medicines, allergies, and immunization records (shots), so that your child will get proper medical care. Your Family Service Worker will attempt to contact you immediately if your child is seriously ill, seriously injured, or in need of any type surgery. This alone is an important reason for your Family Service Worker to know how to get in touch with you.

YOUR CHILD AND SCHOOL

Often a child must change schools when he comes into foster care. A child must attend school in the school district where he currently lives. The foster home may not be in the same school zone where your home is located.

THE FOSTER PARENTS

The foster parent(s) who provide care for your child are persons who have been especially selected and trained to care for children like yours, who for some reason cannot, at the present time, be in their own homes. The foster parent(s) and DCFS want your child to be returned to your home.

It is important that the foster parent(s) know of any special needs your child may have, such as:

- Any medical problems that may involve doctor’s appointments or medicines.
- Any information about sleeping, toilet, and eating habits that you think are important.

- Any school problems that the foster parent(s) might help with.
- Any personal fears (of dogs, etc.) or information about hobbies, special interests, etc.
- Family religious preference, customs, etc.

Talk with your Family Service Worker about these and any other needs your child may have. The Family Service Worker is in regular contact with the foster home and will give the information to the foster parent(s).

REMEMBER

In order to have your child returned to you, it is very important for you to work with all those involved with your case. You must attend all scheduled court hearings and follow the conditions outlined in the Case Plan. If you have any questions about your case please discuss your concerns with your Family Service Worker.

**Arkansas Department Of Health & Human Services
Division of Children and Family Services
Request For Employee/Applicant Child Maltreatment
Central Registry Check**

Authorization for release of confidential information contained within the Arkansas Child Maltreatment Central Registry. I hereby request that the Arkansas Child Maltreatment Central Registry release any information their files may contain indicating the undersigned as an offender of a true report of child maltreatment. I understand that the name of any confidential informants, or other information that does not pertain to the employee/applicant as alleged perpetrator, will not be released.

A. This information should be addressed to: _____ /
Name/Title

Office Requesting the Report

Address

B. Name of Employee/Applicant: _____ SSN: _____
Maiden Name/Other Names Used: _____
Race: _____ Sex: _____ Age/DOB: _____ /

C. Present Address: (since _____, _____) _____

Previous Addresses:

1) _____ 2) _____

From _____ to _____ From _____ to _____

3) _____ 4) _____

From _____ to _____ From _____ to _____

D. Children now residing or who have resided in the home:

Full Name: _____

DOB/Age: _____ /

Relationship: _____

Full Name: _____

DOB/Age: _____ /

Relationship: _____

Full Name: _____

DOB/Age: _____ /

Relationship: _____

Full Name: _____

DOB/Age: _____ /

Relationship: _____

E. _____
Signature of Employee/Applicant Date

F. County of _____ State of Arkansas
Acknowledged before me this _____ day of _____, _____
Month year

My commission expires: _____
Notary Public

G. Results: ☐ No information found.

☐ Information found, official statement attached.

RESCIND

RE: Notification to Child Maltreatment Petitioner of Amendment Approval

Dear :

I am responding to your request for amendment of the Arkansas Child Abuse and Neglect Central Registry record in which you were named as a subject of the report.

We have reviewed your request for amendment of the record. As a result of the review, I am approving your request for amendment.

We are implementing amendment procedures. All records, including those in any Division of Children & Family Services county office or SCAN office, should have been amended by the time you receive this letter to reflect that the allegation of child maltreatment is not supported by a preponderance of the evidence.

If I can be of further assistance, please let me know.

Sincerely,

Assistant Director

cc: DCFS/SCAN Office
Files

Arkansas Department of Human Services
Division of Children and Family Services
REQUEST FOR CHILD PROTECTIVE SERVICES (CPS) CENTRAL REGISTRY CHECK

Authorization for Release of Confidential Information contained within the Arkansas CPS Central Registry.

A. TYPE OF APPLICATION: Foster Parent ☐ Adoptive Parent ☐ Provisional Foster Parent ☐ Other ☐

B. I, _____, authorize the Arkansas Child Protective Services Central Registry to release any information their files may contain concerning the undersigned and any birth/legal children or any other children under the age of 18 who are now or have resided in the home of the undersigned. I provide this consent now for current and future releases as requested by the Department of Human Services. I understand that at any time I may revoke this continuing permission in writing by sending my revocation to the worker named below. I understand that the name of any confidential informants, or other information which does not pertain to me, may not be released.

C. This information should be addressed to: Attn: _____

Worker/Title

Office Requesting the Report

Address

D. _____
Applicant's Signature Date SSN Age/DOB Race

E. Other names I have been known by: _____

F. Residential History for last 6 years:

Present Address (since _____, _____): _____
month year

Previous Addresses:

(1) _____	(3) _____
From _____ To _____	From _____ To _____
(2) _____	(4) _____
From _____ To _____	From _____ To _____

G. Cities and States of Employment (outside of Arkansas) for last 6 years:

(1) City: _____ State: _____	(4) City: _____ State: _____
From: _____ To: _____	From: _____ To: _____
(2) City: _____ State: _____	(5) City: _____ State: _____
From: _____ To: _____	From: _____ To: _____
(3) City: _____ State: _____	(6) City: _____ State: _____
From: _____ To: _____	From: _____ To: _____

H. Children Now Residing or Who Have Resided In The Home:

Full Name	DOB/Age	Relationship	Full Name	DOB/Age	Relationship
Full Name	DOB/Age	Relationship	Full Name	DOB/Age	Relationship
Full Name	DOB/Age	Relationship	Full Name	DOB/Age	Relationship

I. This information is requested by DHS staff for internal use because _____

Signature of Requesting Agent: _____

J. Results: ☐ No information found ☐ Information found report attached