

EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES POLICY &
PROCEDURES MANUAL, POLICY V-E

POLICY V-E: INTENSIVE FAMILY SERVICES

7/0909/2010

Intensive Family Services (IFS) are time-limited intensive counseling, skill building, support services, and referrals to resources that target the needs of the family. The service is primarily intended for families whose children are in imminent risk of an out-of-home placement, but may include under certain circumstances, families who have already experienced an out-of-home placement and reunification is planned. Services are aimed at ensuring the safety of all family members while helping the family learn how to stay together successfully. The goal is to safely keep children with their families, when possible, by providing services aimed at restoring families in crisis to an acceptable level of functioning. The Division seeks to ensure the health and safety of children and to preserve families through the provision of Intensive Family Services (IFS). The goals are either to prevent unnecessary out-of-home placements of children or to promote reunification of families with children in out-of-home placement. is a mix of counseling and support services aimed at ensuring the safety of all family members while helping the family learn how to stay together successfully. IFS may be provided by Division staff or by contractors. All counties in the state have a designated IFS provider.

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PROCEDURE V-E1: Screening

7/0909/2010

_____ Prior to referral, the Family Service Worker will, for new cases:

A. Open a services case by completing mandatory fields on the "Summary" screen (Summary button on the "Workload" focus toolbar). In the "Client" section, complete the "Gen. Info" and "Relations" screens; and in the "Finance" section, complete the "Eligibility" and "Income" screens based on the information gathered for Assessment found in the "Case Plan" section of CHRIS.

B. A. _____ Complete the CFS-6009: Family Strengths and Needs, and Risk Assessment in CHRIS by keying the "Assessment" portion of the "Case Plan" section of CHRIS. Indicate whether IFS is considered to be an appropriate service.

C. B. _____ Complete a case staffing and the CFS-6010: Case Plan by keying the "Treatment" portion of the "Case Plan" section of CHRIS. Indicate whether IFS is considered to be an appropriate service.

D. C. _____ Refer the family to the County Supervisor for a final determination of referral need.

Prior to referral, the Family Service Worker will for existing cases:

A. Update the CFS-6009 and the CFS-6010. Indicate whether IFS is considered to be an appropriate service.

B. Refer the family to the County Supervisor for a final determination of referral need.

The County Supervisor will:

A. Determine if the family's children are at imminent risk of out-of-home placement or the family's children have recently experienced an out-of-home placement and reunification is planned.

_____ Decide if the family is appropriate for a referral for IFS.

B. _____

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PROCEDURE V-E2: Referral

The Family Service Worker will:

A. Refer families to the IFS Practitioner on the CFS-345: Intensive Family Services Referral Form.

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- B. Accompany the IFS Practitioner to a joint introductory session with the family.
- C. Provide the IFS Practitioner with a copy of the completed CFS-6009 Strengths and Needs Assessment and other pertinent information about the family as appropriate.

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The IFS Practitioner will:

- A. Within 24 hours of receipt of the referral, hold a joint introductory session with the family and the Family Service Worker.
- B. Within 72 hours of receipt of the referral, complete an assessment of the family to determine if IFS is appropriate and the short-term crisis intervention services can be of benefit to the family. Outcomes will be measured through the North Carolina Family Assessment Scale, which is a validated, evidence-based assessment tool with performance indicators. This baseline assessment will guide the family's treatment plan.
- C. Within 72 hours of receipt of the referral, recommend to the County Supervisor if the family is appropriate for IFS on the CFS-345: Intensive Family Services Referral Form.
- D. Assessment for IFS will focus on:
 - 1) The potential that the health and safety of the child and other family members can be assured by frequent home visits, counseling, and other support services.
 - 2) The potential that meeting the critical needs of the child will increase to an acceptable level.
 - 3) The potential that the parents or caregivers can recognize the needs of the child and their ability to nurture and protect the child.
 - 4) The parents or caregivers are present and are willing to accept help.

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PROCEDURE V-E3: Service Provision

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If IFS is appropriate, the County Supervisor will:

- A. Add IFS to the Service Log.
- B. Delete IFS from the Service Log after termination of IFS.

The IFS Practitioner will:

- A. Provide services in accordance with the IFS Program Description based on the results of the assessment tool.
- B. Provide services on a frequent, often daily, basis within the family's home.
- C. Be available to the family 24 hours a day, seven7 days a week by beeper or telephone.
- D. Provide services at times convenient to the family.
- E. Provide services to only no more than four one to four 2 to 4 families at a time.
- F. Provide a mixture of counseling and support services, as appropriate to the family's needs.
- G. Provide IFS for a maximum of 6 to 12 weeks, four to six weeks, maximum of 40 hours per week, based on level of service required to stabilize the family. (Services can be a maximum of eight weeks with documented approval from County Supervisor or designee.) as appropriate to the family's needs.
- H. Devote 75% of work time to direct contact with the family.
- I. Document the services provided to the family. Documentation includes:
 - 1) A completed CFS-345: Intensive Family Services Referral Form and assessment of the family within 72 hours of receipt of the referral from the County Supervisor
 - 2) A completed individualized Family Action Plan within 2 weeks of initiation of IFS
 - 3) Dated narratives on the types of services provided and the family's progress
 - 4) Completed CFS-347: IFS Family Counselor's Time Record
 - 5) A Transition Plan describing the family's continued needs after IFS and the linkages established to meet those needs 2 weeks prior to the termination of IFS

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- 6) A final report on the family's progress and continued needs within one week of termination of IFS
- 7) Any additional reports requested by the Division
- J. Provide follow-up services once a month for three months after termination of IFS, and again at six months after termination of IFS
- K. Provide brief reports to the County Supervisor on the status of the family.
- ~~L. Maintain confidentiality, in accordance with See POLICY I-F: CONFIDENTIALITY, the "Arkansas Child Maltreatment Act" (Ark. Code Ann. 12-18-101 et. seq.), and the specific privileged communications standard, i.e., the health and safety of the child shall be paramount. Any privileged communications between husband and wife or between any professional person, except lawyer/client and between a minister, including a Christian Science Practitioner, and any person confessing to or being counseled by a minister, shall not constitute grounds for excluding evidence at any proceeding regarding child abuse, sexual abuse, or neglect of a child.~~
- ~~— No privilege, or contract, shall prevent anyone from reporting child maltreatment when the person is a mandated reporter. (See Glossary.)~~
- ~~— No privilege shall prevent anyone, except between a client and his lawyer or minister or Christian Scientist Practitioner, from testifying concerning child maltreatment.~~

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Adoption Information Sheet

County: _____

Date: _____

Adoptee	State of Birth	Age	Current State	Race	Gender
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1. Type of Decree: ☐ Interlocutory ☐ Final Date Decree Entered: _____
 2. Is Petitioner a step-parent? ☐ No ☐ Yes
If yes, notice to grandparents? ☐ No ☐ Yes
 3. Is/are the petitioner(s) related to the person to be adopted? ☐ No ☐ Yes
If Yes, relationship to adopted person: ☐ Grandparent; ☐ Aunt/Uncle ; ☐ Cousin;
☐ Sibling; or ☐ Other: _____
 4. Was the petitioner(s) given a detailed written health, genetic, and social history of the adoptee? ☐ No ☐ Yes
 5. Home Study Waived? ☐ No, answer question 5a ☐ Yes, answer question 5b
5a. Cost of Home Study: \$_____ Completed by Licensed Social Worker: ☐ Yes ☐ No
5b. If yes, waived because ☐ Adult adoptee; ☐ Step-parent; or ☐ Related 2nd degree
 6. Total cost of adoption paid by the petitioner(s): \$_____
 7. Petitioner(s): ☐ Married; if yes, number of years of marriage: ____ years ____ months
☐ Single; if Yes, ☐ Never Married, ☐ Divorced, ☐ Separated ☐ Widow/Widower
 8. Petitioner #1: ____ Gender; ____ Race; ____ Age;
____ State of Residence; ____ Years in State of Residence
Petitioner #2: ____ Gender; ____ Race; ____ Age;
____ State of Residence; ____ Years in State of Residence
- Did the case go through the Interstate Compact for the Placement of Children? ☐ No ☐ Yes
9. Was this an international adoption? ☐ No ☐ Yes, country born in: _____; country placed from: _____
 10. Criminal Background Check: ☐ FBI ☐ Arkansas State Police
If criminal history, list all felony and misdemeanor convictions including dates of conviction, sentence, and whether conviction was sealed or expunged:
Petitioner #1: _____
Petitioner #2: _____
 11. Was a licensed physician primarily responsible for making the placement of the adoptee? ☐ No ☐ Yes
 12. Was a licensed attorney primarily responsible for making the placement of the adoptee? ☐ No ☐ Yes
 13. Was Adoption primarily handled by:
☐ Licensed Arkansas Adoption Agency; Name: _____
☐ Out-of-State Agency or individual name: _____
☐ Department of Human Services
 14. Birth family information:
14a. State of Residence of Birth Mother: _____; Number of years in State of Residence: ____ years
14b. Age of Birth Mother: _____
14c. Birth Father: ☐ Legal or ☐ Putative, if Putative, on Putative Father Registry: ☐ No ☐ Yes
14d. Consent of Father Required? : ☐ No ☐ Yes
 15. Does petitioner(s) plan to allow continued contact with birth parents? ☐ No ☐ Yes
 16. Length of time from application to placement of child in home: ____ years ____ months
 17. Was a surrogate mother used? ☐ No ☐ Yes

Signature of person completing form: _____

Printed name of person completing form: _____

Date completed: _____

If petitioner completed form, please just write "petitioner" in signature and printed name fields.

ADOPTION INFORMATION SHEET

INSTRUCTION GUIDE

The Adoption Information Sheet should be completed by either the petitioners or the attorney for the petitioners.

An Adoption Information Sheet needs to be completed for each child being adopted.

Please fill in the top section of the form. These fields include the County in which the adoption is taking place, the date the form is filled out, and the Adoptee's name, age, current state of residence, race, and gender.

1. If the juvenile has been in the petitioner's home for more than six months, a Final Decree would be filed. In the event the juvenile has been in the home less than six months, an Interlocutory Decree would be filed.
2. Check whether or not the petitioner(s) is/are a step-parent and whether or not the grandparents were notified.
3. Check whether the petitioner(s) is/are related to the juvenile being adopted.
4. Only answer if the petitioner(s) were given a detailed health, genetic, and social history of the juvenile.
5. Answer whether a home study conducted on the petitioner(s) and what was the cost of the home study. Also please answer whether the home study was completed by a licensed social worker. If a home study was waived, provide the reason.
6. Total cost of the adoption to the petitioner(s). This includes any and all fees incurred from the onset of the adoption.
7. Answer these questions as related to the petitioner(s).
8. Answer these questions as related to the petitioner(s). Also answer whether or not the case had to go through the Interstate Compact for the Placement of Children (ICPC). ICPC assistance would occur if the juvenile was being placed in a home outside the State of Arkansas.
9. Answer whether the juvenile is from outside the United States of America. If the juvenile is from outside the USA, please write in the country the juvenile was born in and the country the juvenile was placed from.
10. Answer these questions as related to the petitioner(s). Please be sure to include dates of conviction, sentence, and whether the conviction was sealed or not.
11. Answer whether the petitioner(s) was/were made aware of the juvenile by a licensed physician.
12. Answer whether the petitioner(s) was/were made aware of the juvenile by a licensed attorney.
13. Answer whether the adoption was handled by an Agency (In-State or Out-of-State) or the Department of Human Services. If handled by an Adoption Agency, please list the name of the agency or the individual who handled the adoption.
14. Please provide the requested information on the birth family of the adoptee.
15. Answer whether the petitioner(s) plan(s) to allow the juvenile to have contact with his/her birth parents.
16. Please provide the length of time the adoptee has been in the home of the petitioner(s).
17. Answer whether the juvenile was conceived using a surrogate mother.

**Arkansas Department of Human Services
Division of Children and Family Services
STATE POLICE CRIMINAL RECORD CHECK**

THIS SECTION TO BE COMPLETED BY DCFS WORKER

Check all that apply: *Provisional Foster Home Study ☐ Regular Foster Home Study ☐ Adoptive Home Study ☐
Other ☐ The CALL ☐ *ICPC ☐ *COURT ORDERED? YES ☐ -- NO ☐ State Only ☐
State/FBI ☐

***ONLY Provisional Foster Home, ICPC, and Court Ordered Checks will be expedited.**

County Requesting Check and County Number
()
Telephone Number and Extension Number

Name of DCFS Worker Requesting the Check

Date of Request

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THIS SECTION TO BE COMPLETED BY THE PERSON TO BE CHECKED (PLEASE PRINT)

LEGAL NAME: _____
Last (Include Jr., II, III) First Middle

MAIDEN NAME: _____ EMAIL ADDRESS: _____

CURRENT STREET ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____ AGE: _____ RACE: _____ SEX: Male ☐ Female ☐

STATE OF BIRTH: _____ CITIZENSHIP: _____ SOC SEC #: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

DRIVER'S LICENSE OR STATE ID NUMBER: _____ ISSUED BY STATE OF: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO ☐ YES ☐ (If yes, please provide a description of the crime and the particulars of the conviction.) _____

I hereby authorize the Department of Human Services to obtain a Criminal Record Check through the Arkansas State Police in accordance with Act 1573 of 2005. I provide this consent now for current and future checks as requested by the Department of Human Services. I understand that at any time I may revoke this continuing permission in writing. I state on oath that the representations made herein are true and correct. I understand that I may challenge the accuracy and completeness of any information in any report and obtain a prompt determination as to the validity of the challenge before a final determination is made by the board. I understand that I may be denied a license or exemption to operate a child welfare agency or may be denied unsupervised access to children in the care of a child welfare agency due to information obtained by this check that indicates I have been convicted of, or am under pending indictment for a crime per ACA § 9-28-409. I understand that any background check and the results thereof shall be handled in accordance with the requirements of Pub. L. No. 92-544.

Signature of Applicant/Employee Date

State of Arkansas, County of _____. Subscribed and sworn to before me a Notary Public in
and for the county and state aforesaid, this _____ day of _____, _____.

Notary Public
My Commission Expires on _____, _____.

CFS-342 (07/2010) Initials _____ Date Completed _____ Transaction Number _____

Children are valued and cared for in Arkansas. The state has passed laws concerning child discipline in order to protect children from physical abuse and neglect. As a parent or caretaker, it is important to know the law in Arkansas.

According to state law, the word “abuse” does not include some physical discipline of a child for the purposes of restraining or correcting the child. The age, size, and condition of the child, and the location and frequency of injuries determine whether bodily harm is reasonable and moderate or unacceptable.

Arkansas laws have made certain actions illegal. For any person entrusted with , including parents or guardians, it is illegal to use extreme or repeated cruelty. In general, the law prohibits physical, psychological, or sexual abuse of any child.

DIVISION OF CHILDREN AND FAMILY SERVICES

P.O. Box 1437, Slot S560
 700 Main Street
 Little Rock, Arkansas 72203-1437

Phone: 501-682-8770
 Fax: 501-682-6968

Additional Resources

Child Care

- ◆ Family Support (Day Care Eligibility) offers services based on family size and income: 1-800-322-8176
- ◆ Child Care may be able to find a day care in your area and may help get vouchers to pay for child care if you qualify: 1-800-445-3316

Food

- ◆ Arkansas Rice Depot will refer callers to locations in their area that provide food at reduced cost: 501-565-8855
- ◆ Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamp program) information: 1-800-482-8988

Support Groups

- ◆ Bureau of Alcohol and Drug Abuse Prevention and Treatment: 501-686-9866

Shelter:

- ◆ Women and Children First (shelter for battered women): 1-800-332-4443
- ◆ Arkansas Baptist Children's Homes (emergency shelter for children, housing for pregnant teens, and counseling services): 1-800-838-2272
- ◆ Promise House Maternity Home: 501-228-9720

Medical:

- ◆ ARKids First provides medical insurance to qualified applicants: 1-888-474-8275
- ◆ Medicaid information: 1-800-482-8988
- ◆ National Immunization Hotline (CDC) refers callers to free or reduced-cost clinics where vaccines and immunizations are available: 1-800-232-4636

Miscellaneous:

- ◆ Family Service Agency provides food for the homeless, food and clothing for families, and some furniture for families whose houses have burned down:

Conway	501-329-1712
Jonesboro	870-932-3785
El Dorado	870-329-1712
Little Rock	501-374-9296
Fayetteville	479-521-2151
Pine Bluff	870-534-0504
Fort Smith	479-783-6145
Texarkana	870-774-2701
Hot Springs	501-623-1628

- ◆ Saint Francis House may be able to help pay for prescription medicines and provide food and clothing for low-income families: 501-664-5036

Care * Commit * Connect

Together for Arkansas Children and Families

Know the Law: Raising Children in Arkansas



A Guide to Legal Child Discipline

KNOW

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Physical Abuse

As a parent or guardian, you are morally and legally responsible for the welfare of your child. Please remember the following actions are considered unreasonable, as written in state law (this list does not include all punishable actions; for more info, call 501-682-8541):

- ◆ Striking a child on the face or head
- ◆ Shaking a child under age three
- ◆ Shaking any child in a way that causes physical injury
- ◆ Striking a child with a closed fist
- ◆ Throwing, kicking, burning, biting, or cutting a child
- ◆ Interfering with a child's breathing
- ◆ Threatening a child with a deadly weapon
- ◆ Pinching, striking, or biting a child's genitals
- ◆ Causing greater than passing pain or leave more than minor temporary marks
- ◆ Tying a child to a fixed or heavy object or binding or tying a child's limbs together
- ◆ Giving a child or permitting a child to consume or inhale a poisonous or noxious substance not prescribed by a physician that can interfere with normal functions
- ◆ Giving a child or permitting a child to consume or inhale a substance that can alter their mood, if it has not been prescribed by a physician, including but not limited to: marijuana; alcohol (except alcohol used in a recognized and established religious ceremony); narcotics; inappropriate over-the-counter drugs or even appropriate over-the-counter drugs if a person purposely administers an overdose to a child and the child suffers negative consequences from the overdose or inappropriate over-the-counter drug
- ◆ Exposing a child to chemicals that have the capacity to interfere with normal functions, such as chemicals used or generated during the making of methamphetamine
- ◆ Causing a child to believe they have an illness they do not have Munchausen Syndrome by Proxy) if the incident is reported and confirmed by medical staff or a medical facility

Neglect

Children are dependent upon adults to provide for them. Parents or guardians are held responsible by law to take care of their children's basic needs. If the caretakers do not see that children's basic needs are met, this is called neglect. State law declares the following actions to be neglect (this list does not include all punishable actions; for more info, call 501-682-8541):

- ◆ Failure to prevent abuse if the caretaker has reason to believe the child is being abused
- ◆ Failure or refusal to provide food, clothing, shelter, and education for the child
- ◆ Failure to provide necessary medical treatment, unless the responsible person is financially unable to do so
- ◆ Failure to protect the child from abandonment, abuse, sexual abuse, sexual exploitation, neglect, or even another parent or guardian

**If you even suspect that a child is being abused or neglected, please call this confidential, 24-hour hotline:
1-800-482-5964**

NOTE: The Division of Children and Family Services strives to keep all of its publications such as this one up-to-date. However, while this brochure may be accurate at the time of printing, the Division of Children and Family Services is not responsible for inaccuracies due to subsequent changes in state law.

Consequences

To ensure the safety and welfare of children, adults are held responsible for their actions towards children.

If a parent or caretaker abuses or neglects a child, there are serious consequences, including fines and jail time.

Endangering the welfare of a child in the first degree is a **Class D felony**. This occurs when someone purposely deserts a child less than 10 years old, creating a substantial risk of death or serious physical injury. A Class D felony could result in a **\$10,000 fine and a up to 6 years in prison**.

Endangering the welfare of a child in the second degree is a **Class A misdemeanor**. This could mean a **\$1,000 fine and up to 1 year in prison**.

It is important to remember that **there are services available to help parents care for their children**. You may contact your local DHS office for more information about resources available to help you and your family. Contact info for each county office can be found under "County Offices" at www.state.ar.us/dhs. If you do not have internet access, please call 501-682-8549 to get contact info for your county office.

The Arkansas Resource Information CyberCenter (ARIC) lists community service organizations. Visit the ARIC website at www.state.ar.us/aric

Please see the back of this brochure for a partial listing of agencies and organizations that are willing to provide assistance to children and families in Arkansas.