

POLICY VIII-L: SUBSIDIZED GUARDIANSHIP

02/2012

OVERVIEW

For children for whom a permanency goal of guardianship with a relative has been established, the Division offers a federal (title IV-E) Subsidized Guardianship Program to further promote permanency for those children (provided subsidized guardianship eligibility criteria are met). Any non-IV-E eligible child may enter into a subsidized guardianship supported by Arkansas State General Revenue if the Department determines that adequate funding is available and all other Subsidized Guardianship Program criteria are met. The monthly subsidized guardianship payment shall be used to help relative guardian(s) defray some costs of caring for the child's needs.

During permanency planning staffings guardianship should be explored as a potential permanency option. If it is determined at the permanency planning hearing that a guardianship arrangement with relatives is in the child's best interest and the child's permanency goal is changed to legal guardianship, the Division shall then determine if a specific guardianship arrangement may be supported by a subsidy through the Division's Subsidized Guardianship Program. Only relative guardians may apply for a guardianship subsidy. Relative is defined as a person within the fifth degree of kinship by virtue of blood or adoption (A.C.A. § 9-28-108). The fifth degree is calculated according to the child.

When it is in the best interest of each of the children, the Division shall attempt to place siblings together in the same guardianship arrangement. Siblings may be related by biological, marital, or legal ties. A child who meets the eligibility criteria for a subsidized guardianship will qualify his or her siblings for subsidized guardianship as well provided the siblings are placed in the same relative home. The child who qualifies for a guardianship subsidy does not necessarily have to be placed at the same time as his or her siblings in the relative home. The guardianships for each child in the same relative home do not need to be finalized in any particular sequence.

ELIGIBILITY CRITERIA FOR SUBSIDIZED GUARDIANSHIP

A child is eligible for a subsidized guardianship in Arkansas if the Division determines that:

- A. The child has been removed from his or her home pursuant to a judicial determination that continuation in the home would be contrary to the welfare of the child and, as such, the child has been placed in DHS custody per judicial order;
- B. The child has resided for at least six consecutive months in the fully approved foster home of the prospective relative guardian(s) which is eligible to receive payments on behalf of the child (i.e., the prospective relative guardian's home is no longer a provisional foster home and has been serving as a fully approved foster home to the child seeking a legal guardianship arrangement for at least six consecutive months) (see POLICY VII: Development of Foster Homes). Any disruption in placement with the prospective relative guardian that is less than 14 days will not affect the six consecutive month qualifying period;
- C. Being returned home to the person from whom he or she was removed or being adopted are not appropriate permanency options for the child, the guardianship arrangement is in the child's best interest, and documentation supporting these determinations is provided;
- D. The child demonstrates a strong attachment to the prospective relative guardian(s) and the guardian(s) has a strong commitment to caring permanently for the child/youth;
- E. Each child is consulted regarding the guardianship arrangement; and,
- F. Youth 12 and older sign a consent to guardianship if he or she agrees to the guardianship arrangement, and it is agreed that procedures to finalize the guardianship should be initiated (unless the court determines it is in the minor's best interest to dispense with the minor's consent).

CASE PLAN REQUIREMENTS FOR SUBSIDIZED GUARDIANSHIP

If legal guardianship with a relative is the intended permanency goal for a child and the relative guardian(s) intend to apply for a guardianship subsidy, the child's case plan shall include a description of the ways in which the child meets the eligibility requirements for a subsidized guardianship arrangement to include:

- A. The steps that the agency has taken to determine that it is not appropriate for the child to be returned home or adopted;
- B. The reasons for any separation of siblings during placement and description of the efforts made to place currently separated siblings together, the efforts made to provide frequent visitation or other ongoing interaction between siblings; and efforts to reunify separated siblings;
- C. The reasons why a permanent placement with an appropriate and willing relative supported by a subsidized guardianship arrangement is in the child's best interest;
- D. The efforts that the Division has made to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship and, in the case of a relative foster parent who has chosen not to pursue adoption, documentation of the reasons;
- E. The efforts made by the Division to discuss with the child's parent(s) the guardianship arrangement; or the reasons why the efforts were not made;
- F. The process in place to allow for a successor guardian in the event that the relative guardian of the child dies or is no longer able to care for the child; and,
- G. Any appropriate transitional youth services for those youth who exit foster care and enter into a guardianship arrangement supported by a subsidy after the age of 16.

SUBSIDIZED GUARDIANSHIP PAYMENTS

The Division will provide subsidized guardianship payments on behalf of eligible children and their siblings (when placed in the same relative home) to approved relatives who assume legal guardianship of the youth for whom they have cared as fully approved foster parents. Subsidized guardianship payments cannot be made prior to the transfer of guardianship. The prospective relative guardians will receive foster care board payments until the transfer of guardianship occurs.

For an eligible child entering a subsidized guardianship arrangement prior to reaching the age of 16 (and their siblings placed in the same home prior to the age of 16), the subsidized guardianship payment will cease when the child reaches the age of 18.

Any eligible child in foster care entering a subsidized guardianship arrangement at the age of 16 or older (and his or her siblings in the same home at 16 or older) is eligible for subsidized guardianship until he or she reaches 21 years of age provided at least one of the following criteria are met:

- A. The child is completing secondary education or a program leading to an equivalent credential; or,
- B. The child is enrolled in an institution which provides post-secondary or vocational education; or,
- C. The child is participating in a program or activity designed to promote, or remove barriers to, employment; or,
- D. The child is employed for at least 80 hours per month; or,
- E. The child is incapable of doing any of the above described activities due to a medical condition.

In addition, guardianship subsidy payments may also continue for a child up to the age of 21 if the State determines that the child has a mental or physical handicap which warrants the continuation of assistance.

The Division will ensure that the relatives receiving a subsidized guardianship payment on behalf of a child past the age of 18 provide documentation annually that the child meets the employment or education requirements listed above up to the age of 21. If a child is incapable of meeting the above referenced education or employment requirements due to a medical condition or has a mental or physical handicap(s), the reason for which the child is incapable of meeting the education or employment requirements or the child's mental or physical handicap(s) must be documented by a medical professional and updated annually until the child reaches 21 years of age.

When siblings are placed together in a subsidized guardianship arrangement, the subsidized guardianship payments will be paid on behalf of each of the siblings. The sibling of a child eligible for subsidized guardianship does not need to meet any subsidized guardianship eligibility requirements him or herself.

When determining the amount of each subsidized guardianship payment the following shall be considered:

- A. The needs of the child as supported by accompanying documentation (the rate should not be linked to the means of the prospective relative guardians);
- B. The subsidized guardianship payment shall not exceed the foster care board payment that would have been paid on that child's behalf if he or she had remained in a foster family home. Any child receiving a subsidized guardianship payment may have his or her guardianship subsidy adjusted per Arkansas rate structure based on the child's age or the child's special needs. The subsidy shall not be greater than the amount which the child would have received had the child remained in a foster family home.
- C. The relative guardians may not draw both an SSI payment and a subsidized guardianship payment. The relatives shall determine which form of assistance best meets the needs of the child.
- D. The relative guardians may draw both a Title II SSA payment and a subsidized guardianship payment but the total amount of the combined payments may not exceed the child's foster care board payment.
- E. Any conserved funds in a child's trust account shall not affect a child's subsidized guardianship eligibility or payments. However, the DCFS Eligibility Unit shall close any trust account(s) when a child exits care. The administering agency of the trust account will redistribute the funds per its respective regulations after any board payments, contract reimbursements, and/or overpayments are deducted from the account balance prior to close out.

In addition to the monthly subsidized guardianship payments, approved relative guardian(s) of a child eligible for the Subsidized Guardianship Program will also receive funding for the total cost of non-recurring expenses related to obtaining legal guardianship up to \$2,000 per child. The majority of legal services should be provided by the DHS Office of Chief Counsel (OCC) which would not incur legal fees upon the relative guardians.

The relative guardian(s) are required to inform the Division of circumstances that would make them ineligible for subsidized guardianship payments or eligible for payments in a different amount (e.g., if the child becomes eligible for and begins receiving SSA payments). The relative guardian(s) must also notify the Division of any change of address. Any subsidized guardianship payment will remain in effect without regard to the State of residence of the relative guardian(s).

MEDICAL COVERAGE FOR SUBSIDIZED GUARDIANSHIP ARRANGEMENTS

The Division will ensure health insurance coverage under Medicaid Title XIX for any IV-E eligible child (and their IV-E eligible siblings when placed in the same relative home) who receives a subsidized guardianship payment as the child must be eligible for and receiving IV-E guardianship subsidy payments in order to be categorically eligible for Medicaid. The subsidized guardianship agreement will indicate Medicaid coverage for IV-E eligible children.

A non-IV-E eligible child may qualify for certain Medicaid categories depending on the needs of the child. The relative guardian of a non-IV-E eligible child may apply for health insurance (e.g., AR Kids First) for the child through their local DHS county office. Coverage through the local DHS county office is not guaranteed and may only extend until the time the child reaches 19 years of age.

SUBSIDIZED GUARDIANSHIP PROGRAM DETERMINATION

The child's permanency planning staffing shall be the forum in which the determination regarding whether a guardianship arrangement is in the child's best interest (and his or her siblings if applicable).

If the child's permanency planning hearing results in a permanency goal of a legal guardianship with a specific relative, the Division shall then determine if the child (and his or her siblings if applicable) and prospective relative guardian(s) may qualify for a subsidized guardianship. If the child's FSW believes the child and relative

guardians may qualify based on the subsidized guardianship eligibility and case plan criteria, he or she will make a referral to the DCFS Permanency Specialist or designee.

If the DCFS Permanency Specialist or designee agrees that the family is a candidate for subsidized guardianship, a family-centered subsidized guardianship determination meeting will be held. The purpose of the meeting is to explain the Subsidized Guardianship Program to the prospective relative guardian(s) and ensure that eligibility and case plan criteria for the program are met. The DCFS Permanency Specialist or designee will facilitate the family-centered subsidized guardianship determination meetings.

If it is determined that all Subsidized Guardianship Program eligibility and case plan criteria are satisfied, the decision shall be relayed to the Subsidized Guardianship Oversight Committee via the DCFS Permanency Specialist or designee. The Subsidized Guardianship Oversight Committee serves as an auditing entity to ensure all eligibility and case plan requirements have been met.

The Subsidized Guardianship Oversight Committee shall include, but is not limited to:

- A. DCFS Permanency Specialist or designee
- B. DCFS Foster Care Manager or designee
- C. DCFS Adoption Manager or designee
- D. DCFS Director or designee in cases involving special subsidy requests

If the Subsidized Guardianship Oversight Committee verifies that all Subsidized Guardianship Program eligibility and case plan criteria have been met, DHS may then petition the court for a guardianship hearing to finalize of the guardianship and subsidized guardianship agreement.

SUBSIDIZED GUARDIANSHIP AGREEMENT

Once guardianship with a specific relative has been established as the child's permanency goal and then after the Division has determined that the guardianship may be supported by a guardianship subsidy, the family and the Division will finalize the subsidized guardianship agreement. A subsidized guardianship agreement, a written, binding agreement negotiated between the relative guardian(s), the Division and other relevant agencies, must be in place prior to the finalization of the legal guardianship supported by a subsidy. The prospective relative guardian(s) shall receive a copy of the agreement.

The subsidized guardianship agreement will specify:

- A. The amount of, and manner in which, each subsidized guardianship payment will be provided under the agreement (subsidized guardianship payment should not exceed the amount of the child's foster care board payment unless special circumstances related to the child's care warrant a special subsidy rate);
- B. That (and the manner in which) the payment may be adjusted periodically, in consultation with the relative guardian(s), based on the circumstances of the relative guardian and the needs of the child;
- C. The additional services and assistance that the child and relative guardian(s) will be eligible for under the agreement including Medicaid coverage that may be available through the DCFS Eligibility Unit or, in the case of non-IV-E children, through the local DHS county office;
- D. The procedure by which the relative guardian(s) may apply for additional services needed;
- E. That the Division will pay the total cost of nonrecurring expenses associated with obtaining legal guardianship of the child/youth up to \$2,000;
- F. That the child shall retain eligibility for federal adoption assistance payments under Title IV-E, provided he or she was eligible when the subsidized guardianship agreement was negotiated, if the guardian later decides to adopt the child;
- G. That the agreement will become effective upon the entering of a court order granting guardianship of the child to the guardian(s);
- H. That the agreement shall remain in effect without regard to State residency of the relative guardian;
- I. That the relative guardian(s) are required to respond to annual review requests from the Division;
- J. That OCC will file an annual report with the court;

- K. A designated successor guardian, if desired, for the child in the event that the current relative guardian is no longer able to fulfill guardianship responsibilities. A successor guardian and all household members within that individual's home must clear any applicable Child Maltreatment Central Registry Checks, State Police Criminal Record Checks, and a Vehicle Safety Check before being identified as a potential successor guardian in the subsidized guardianship agreement.

Identification of a successor guardian in the subsidized guardianship agreement will not guarantee an automatic transfer of guardianship in the event that the current relative guardian is no longer able to fulfill guardianship responsibilities. In order for the successor guardian to assume guardianship, he or she must follow all policies and procedures regarding subsidized guardianship arrangements. This includes becoming an approved DCFS foster home placement for the child (if appropriate at that point in time) prior to exploring legal guardianship supported by a guardianship subsidy as a permanency option. In addition, the child must also continue to meet all subsidized guardianship eligibility criteria in order to move forward with requesting a subsidized guardianship arrangement with the identified successor guardian.

ANNUAL REVIEW of SUBSIDIZED GUARDIANSHIP AGREEMENT

A review of the subsidized guardianship agreement is required annually in order for subsidized guardianship payments of any amount or payment rate to continue. This review shall be conducted by the Division of Family Services (DCFS) Permanency Specialist or designee. Documentation of continued eligibility is required for the review. The subsidized guardianship payments granted at the time of review will reflect the child's current, documented level of need.

REVISION OR TERMINATION of SUBSIDIZED GUARDIANSHIP AGREEMENT

Revisions to the subsidized guardianship agreement and/or payments may be requested any time there is a significant change in the child's circumstance and the relative guardian can provide the required and/or requested documentation. To request a revision to the subsidized guardianship agreement and/or payments, the family shall contact the DCFS Permanency Specialist or designee.

The subsidized guardianship agreement and, consequently the subsidized guardianship payments, shall be revised or terminated as appropriate:

- A. If the child is absent from the relative guardian home for more than 14 days in a month (in such an event, the child will be eligible for only a portion of the month that he or she was in the relative guardian home) excluding when a child 18 or older lives in an approved independent living situation outside of the home (e.g., college dorm); or,
- B. When the terms of the subsidized guardianship agreement are fulfilled; or,
- C. If the child begins receiving SSI, SSA, or any other source of income excluding any income that the child may earn from his or her own employment (the relative guardian is responsible for notifying the Division if the child begins receiving other sources of income);
- D. If the child has attained the age of 18 for those who entered into the subsidized guardianship arrangement prior to the age of 16; or,
- E. If the child has attained the age of 21 for those who entered into the subsidized guardianship arrangement at the age of 16 or older; or,
- F. If the child who has an extended subsidy (i.e., up to age 21) does not meet the education or employment conditions outlined above in the Subsidized Guardianship Payments section; or,
- G. If the child who has extended subsidy (i.e., up to age 21) is no longer determined to have a mental or physical handicap which warrants the continuation of assistance; or,
- H. If the child becomes an emancipated minor; or,
- I. If the child marries; or,
- J. If the child enlists in the military; or,
- K. If the relative guardian(s) are no longer legally or financially responsible for the support of the child; or,
- L. If the guardian(s) die; or,
- M. If the guardianship is vacated; or,

N. If the child dies.

Subsidized guardianship payments may continue to be paid on behalf of the child if the child moves out of the relative guardian's home or otherwise lives independently of the guardian(s) as long as the guardian(s) continue to provide support to the child.

If a child whose relatives are receiving subsidized guardianship payments on his or her behalf re-enters DHS custody, the subsidized guardianship agreement will be terminated until such time that the child is reunified with the relative guardian(s), or, in certain cases until such time that a legal guardianship with the successor guardian is determined to be in the child's best interest, it is determined that the child and successor guardian qualify for a subsidized guardianship, and a new subsidized guardianship agreement with the successor guardian is finalized. A successor guardian is not entitled to any payments that would have been made to the initial guardian during the time a child spends in DHS custody. The successor guardian may only receive subsidized guardianship payments once the court has formally appointed the successor guardian as the child's legal guardian and the subsidized guardianship agreement is in effect.

APPEALS

Relative guardian(s) may appeal the Division's decision to deny, terminate, or modify their child's subsidized guardianship agreement and/or payments in accordance with the rules and procedures of the State's fair hearing and appeal process per DHS Policy 1098. The relative guardian(s) must appeal an adverse decision within thirty (30) calendar days of written notice of the adverse action. Subsidized guardianship payments will be suspended pending the determination of all appeals. Families receiving a favorable ruling in their hearing may be entitled to assistance (back payment) that had been suspended.

The child would only be eligible for title IV-E subsidized guardianship if all eligibility criteria had been met prior to the finalization of the guardianship (including executing a subsidized guardianship agreement). Therefore, even if the Office of Hearings and Appeals orders DCFS to provide subsidized guardianship payments and services for the child, the State shall not claim FFP under title IV-E if a subsidized guardianship agreement was not in place prior to the guardianship.

PROCEDURE VIII-L1: Initial Subsidized Guardianship Program Determination

11/2011

If a guardianship with a relative has been determined to be in the child's best interest, the FSW will:

- A. Gather and review all relevant documentation to determine the child's eligibility for the Subsidized Guardianship Program.
- B. Complete CFS-435-A: Subsidized Guardianship Program Application and Checklist with the child (if age appropriate), prospective relative guardians, and child's biological parents (if appropriate) to make the initial determination that the child and prospective relative guardians meet all subsidized guardianship eligibility requirements.
- C. Submit the completed CFS-435-A to the FSW Supervisor for review and approval.
- D. If the FSW Supervisor
 - 1) Denies moving forward with the subsidized guardianship arrangement, proceed to Procedure VIII-L2: Denial of Subsidized Guardianship Arrangement.
 - 2) Approves moving forward with the subsidized guardianship arrangement:
 - a) Update the child's case plan in CHRIS to describe the ways in which the child meets the eligibility requirements for a subsidized guardianship arrangement to include:
 - i. steps the agency has taken to determine that it is not appropriate for the child to be returned home or adopted;
 - ii. reasons for any separation of siblings during placement; the efforts made to place currently separated siblings together, the efforts made to provide frequent visitation or

- other ongoing interaction between siblings not placed together; and efforts to reunify separated siblings in the same home;
- iii. reasons why a permanent placement with an appropriate and willing relative through a Subsidized Guardianship arrangement is in the child's best interest;
- iv. efforts that the Division has made to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship and, in the case of a relative foster parent who has chosen not to pursue adoption, documentation of those reasons;
- v. efforts made by the Division to discuss with the child's parent(s) subsidized guardianship arrangement, or the reasons why the efforts were not made;
- vi. process in place to allow for a successor guardian in the event that the relative guardian of the child dies or is no longer able to care for the child;
- vii. any appropriate transitional youth services for those youth who exit foster care at or after the age of 16; and,
- b) Notify the child's biological parents (if appropriate), attorney ad litem, OCC representative, parent counsel (if applicable), and DCFS Permanency Specialist or designee that the child and prospective relative guardians would like to proceed with the subsidized guardianship arrangement.
- c) Provide the DCFS Permanency Specialist or designee with all pertinent documentation including:
 - i. Copy of CFS-435-A: Subsidized Guardianship Program Application and Checklist
 - ii. Copy of CFS-404: General Medical Report for each relative guardian and all appropriate household members
 - iii. Copy of prospective relative guardian's CFS-446: In Home Consultation Visit Report
 - iv. Copy of prospective relative guardian's SAFE Home Study
- d) If the DCFS Permanency Specialist or designee determines that:
 - i. All initial eligibility and case plan criteria have been met, notify the FSW to proceed with subsidized guardianship determination meeting arrangements to discuss the Subsidized Guardianship Program (per Procedure VIII-L3: Subsidized Guardianship Determination Meeting); or,
 - ii. All eligibility and case plan criteria have not been met, then discuss with the DCFS Permanency Specialist or designee how to meet said criteria and/or other possible permanency options or proceed to Procedure VIII-L2: Denial of Subsidized Guardianship arrangement, as applicable.

The FSW Supervisor will:

- A. Conference with the FSW as to the appropriateness of a guardianship arrangement supported by a subsidy for the child with the prospective relative guardians.
- B. Review the completed CFS-435-A: Subsidized Guardianship Application and Checklist.
- C. Notify FSW of approval or denial to move forward with the subsidized guardianship arrangement.
- D. Notify the Area Director of any approval or denial to move forward with a subsidized guardianship arrangement.

The DCFS Permanency Specialist or designee will:

- A. Review each submitted CFS-435-A: Subsidized Guardianship Program Application and Checklist and other supporting documentation to determine if the family meets the initial eligibility and case plan criteria to further pursue a subsidized guardianship arrangement.
- B. Make the determination as to whether it is appropriate to continue pursuing the subsidized guardianship arrangement and either:
 - 1) Notify the FSW, FSW Supervisor, and Area Director to proceed to Procedure VIII-L3, if the subsidized guardianship arrangement is appropriate; or,
 - 2) Notify the FSW, FSW Supervisor, and Area Director that a subsidized guardianship arrangement is not currently appropriate and
 - a) Discuss how to meet needed criteria;

- b) Discuss other possible permanency options; or
- c) Instruct FSW to proceed to Procedure VIII-L2: Denial of Subsidized Guardianship Arrangement.

PROCEDURE VIII-L2: Denial of Subsidized Guardianship Arrangement

11/2011

If at any point in time it is determined in consultation with the FSW supervisor and/or DCFS Permanency Specialist or designee that a legal guardianship supported by a subsidy is not appropriate for the child and/or relative guardian applicant, the FSW will:

- A. Complete and provide to the relative guardian applicant CFS-435-B: Notification of Subsidized Guardianship Program Denial.
- B. File a copy of CFS-435-B in the provider record.
- C. Note in CHRIS contacts screen reason for subsidized guardianship denial.

PROCEDURE VIII-L3: Subsidized Guardianship Determination Meeting

11/2011

The FSW will:

- A. Coordinate the subsidized guardianship determination meeting to discuss the potential subsidized guardianship arrangement and agreement within 14 days of receiving notification from the DCFS Permanency Specialist or designee to move forward with pursuing a Subsidized Guardianship arrangement.
- B. Arrange a date for the following participants to attend the family centered-meeting with a preference of at least 7 days notice before the meeting date (though the meeting may take place earlier if all participants agree to an earlier date):
 - 1) Child, if age appropriate
 - 2) Prospective relative guardians
 - 3) Child's biological parents, if appropriate
 - 4) Any grandparent who is entitled to notice based on the conditions listed in Procedure II-D8
 - 5) Child's FSW
 - 6) FSW Supervisor
 - 7) Adoption Representative (if Adoption Representative did not participate in permanency planning staffing)
 - 8) DCFS Permanency Specialist or designee

The following shall be invited to the meeting but attendance is not required:

- 1) Area Director or designee
 - 2) Child's attorney ad litem
 - 3) Child's CASA (if applicable)
 - 4) OCC representative
 - 5) Parent counsel (if applicable)
- C. If it is determined during the meeting that it is not appropriate for the family to move forward with the legal guardianship supported by a guardianship subsidy, see Procedure VIII-L2: Denial of Subsidized Guardianship Arrangement.

The FSW Supervisor will:

- A. Conference with the FSW as needed.

- B. Participate in the subsidized guardianship determination meeting.
- C. Inform the Area Director of issues related to pursuing the subsidized guardianship arrangement for the child.

The DCFS Permanency Specialist or designee will:

- A. Facilitate the subsidized guardianship determination meeting.
- B. Provide an overview of subsidized guardianship to ensure that all participants have a thorough understanding of the intent and requirements of the program.
- C. Discuss the subsidy rate with the prospective relative guardians. The subsidy rate should not exceed the child's current foster care board payment.
- D. If the prospective relative guardians inquire about a special subsidy rate (i.e., more than the child's current foster care board payment) due to special circumstances related to the youth's care, ask them to complete CFS-435-C: Subsidized Guardianship Special Subsidy Request and to provide the Division with a written statement from the child's physician or treatment professional that provides:
 - 1) Child's diagnosis
 - 2) Child's prognosis
 - 3) Identification of any current treatment being provided; and,
 - 4) Reasoning as to why the preceding information would warrant a special subsidy rate.
- D. Inform the prospective relative guardians that any approved guardianship subsidy will be paid according to the terms outlined in the CFS-435-F: Subsidized Guardianship Agreement (which will not be effective until the court enters an order of guardianship) and may be modified at the annual review based on changes in policy or significant changes in the child's circumstances.
- E. If determined during the subsidized guardianship determination meeting that it is appropriate for the family to move forward with the legal guardianship supported by a guardianship subsidy:
 - 1) Notify the Subsidized Guardianship Oversight Committee within 48 hours of the staffing of the family's intent to move forward;
 - 2) Submit all related forms and supporting documentation to the committee within 48 hours of the staffing of the family's intent to move forward.
 - 3) Arrange a meeting with the Subsidized Guardianship Oversight Committee with a preference of at least 7 calendar days notice of the meeting date (though the meeting may take place earlier if all parties agree to an earlier date).

PROCEDURE VIII-L4: Subsidized Guardianship Oversight Committee Review

11/2011

The Subsidized Guardianship Oversight Committee will:

- A. Meet to review and discuss all subsidized guardianship forms and supporting documentation within 14 calendar days of receiving the information from the DCFS Permanency Specialist. This includes review of CFS-435-C: Subsidized Guardianship Special Subsidy Request and any documentation received from the family that would support the need for a special subsidy rate.
- B. Verify that all subsidized guardianship eligibility and case plan criteria have been met.
- C. Determine if a special subsidy rate is warranted, if requested.

The DCFS Permanency Specialist or designee will:

- A. Facilitate the Subsidized Guardianship Oversight Committee meeting.
- B. Notify the FSW, FSW Supervisor, and Area Director of the Subsidized Guardianship Oversight Committee's verification regarding the subsidized guardianship arrangement and any special subsidy rate determination (if applicable):
 - 1) If the Subsidized Guardianship Oversight Committee verifies that the subsidized guardianship arrangement should move forward, ask the FSW to work with the local OCC attorney to file a petition

- for guardianship (and determine a court date for the guardianship hearing if date was has not already been set) and proceed to procedure VIII-L5: Subsidized Guardianship Agreement Finalization.
- 2) If the Subsidized Guardianship Oversight Committee cannot verify that the subsidized guardianship arrangement should move forward, tell the FSW to
 - a) Work with the family to meet any needed adjustments determined by the Subsidized Guardianship Oversight Committee that may qualify them to move forward with a subsidized guardianship arrangement at a later date; or,
 - b) See Procedure VIII-L2: Denial of Subsidized Guardianship Arrangement, if appropriate.

The FSW will:

- A. If moving forward with the subsidized guardianship arrangement, request that the local OCC attorney petition the court to finalize the guardianship and the subsidized guardianship agreement by providing the OCC attorney with a copy of the CFS-435-A that includes the DCFS Permanency Specialist's signature.
- B. If not moving forward with the subsidized guardianship arrangement:
 - 1) Work with the family to meet any needed adjustments determined by the Subsidized Guardianship Oversight Committee that may qualify them to move forward with a subsidized guardianship arrangement at a later date, if applicable; or,
 - 2) See Procedure VIII-L2: Denial of Subsidized Guardianship Arrangement, if applicable.

The FSW Supervisor will:

- A. Conference with the FSW as needed.
- B. Inform the Area Director of issues related to pursuing the subsidized guardianship arrangement for the child.

PROCEDURE VIII-L5: Subsidized Guardianship Agreement Finalization

11/2011

The DCFS Permanency Specialist or designee will:

- A. Draft and complete the CFS-435-F: Subsidized Guardianship Agreement with the prospective guardians and FSW prior to the guardianship hearing.
- B. Submit the CFS-435-F to the Foster Care Manager or designee for review and approval.
- C. Sign the CFS-435-F.

The Foster Care Manager or designee will:

- A. Review the CFS-435-F: Subsidized Guardianship Agreement and approve or deny as appropriate.
- B. Inform the DCFS Permanency Specialist or designee of approval or denial.

The FSW will:

- A. Assist the DCFS Permanency Specialist or designee in completing the CFS-435-F: Subsidized Guardianship Agreement with the prospective guardian(s) prior to the guardianship hearing.
- B. Ensure all signatures required on the CFS-435-F are obtained.

The FSW Supervisor will:

- A. Conference with the FSW regarding decisions related to and preparation for the finalization of the subsidized guardianship agreement.
- B. Inform the Area Director of issues related to pursuing the subsidized guardianship arrangement for the child.

PROCEDURE VIII-L6: Guardianship Hearing for Subsidized Guardianship

11/2011

The FSW will:

- A. Receive the confirmed guardianship hearing court date from the OCC attorney (if guardianship hearing date was not previously set).
- B. Provide notice to the participants (e.g., foster parents, other relatives, etc) at least 14 calendar days before the guardianship hearing. OCC will provide notice to parties to the legal case.
- C. If siblings will not also be placed in the subsidized guardianship arrangement, make a recommendation to the court to allow visits between siblings and with other relatives (if in the best interest of the children). Document the recommendation in the court report.
- D. Complete court report for the guardianship hearing and submit to supervisor for review.
- E. Submit the CFS-6011: Court Report to the OCC Attorney within 14 calendar days prior to the hearing.
- F. Document distribution of court reports to all parties or their attorneys and CASA, if applicable via the CFS-423: Certificate of Service.
- G. Attend the hearing with the case file and be prepared to provide testimony regarding services offered or provided, progress, and recommendations to the court.
- H. Present the completed CFS-435-F: Subsidized Guardianship Agreement to the court.
- I. Once the court finalizes legal guardianship and the subsidized guardianship agreement with the relative guardians:
 - 1) Discuss the court orders with the family.
 - 2) File the CFS-435-F in the provider record.
 - 3) Provide a copy of the CFS-435-F to the relative guardian(s). Once approved (i.e., once the court enters an order granting guardianship), the subsidized guardianship agreement will remain in effect without regard to the state residency of the legal relative guardian as long as the guardianship remains in effect or has not been terminated.
 - 4) For IV-E eligible children, provide the DCFS Eligibility Unit a copy of the finalized court decree indicating the legal guardianship and a copy of the finalized CFS-435-F: Subsidized Guardianship Agreement in order to continue Medicaid coverage for the child.
 - 5) For non-IV-E eligible children, instruct the relative guardian(s) to apply for health care coverage at their local DHS county office.
 - 6) Exit the child out of foster care and into a subsidized guardianship arrangement supported by a guardianship subsidy in CHRIS.
 - 7) Notify the relative guardian Resource Worker that legal guardianship has been granted.

The FSW Supervisor will:

- A. Conference with the FSW as needed.
- B. Review and approve CFS-6011: Court Report.
- C. Attend the guardianship hearing.
- D. Inform the Area Director of issues related to the subsidized guardianship arrangement for the child.

The Resource Worker will:

- A. End date the Foster Family Service on the Provider Service Tab selecting the appropriate Reason for End Date in CHRIS noting in the comment box on the Provider Services Tab that home was closed due to the parent(s) assuming legal guardianship of the child supported by guardianship subsidy.

The DCFS Eligibility Unit will:

- A. Process the copy of the child's court decree and copy of the finalized CFS-435-F to ensure continued Medicaid coverage for IV-E eligible children.
- B. Close any trust account(s) when any child exits foster care.

PROCEDURE VIII-L7: Annual Subsidized Guardianship Review

The DCFS Permanency Specialist or designee will:

- A. Mail the relative guardians the CFS-435-G: Subsidized Guardianship Agreement Review at least 60 calendar days before the anniversary date of the finalization of the family's Subsidized Guardianship Agreement with instructions to return in the provided SASE:
 - 1) The completed CFS-435-G; and,
 - 2) Required documentation:
 - a) For non-school-age children, documentation must include:
 - i. Up-to-date immunization records; and,
 - ii. A typed statement on letterhead from the child's Early Intervention Services provider indicating the child's participation and progress, if applicable; and,
 - iii. A typed statement on letterhead from the child's daycare provider confirming enrollment, if applicable.
 - b) For school-age children, documentation must include:
 - i. Up-to-date immunization records; and,
 - ii. A written confirmation on letterhead from the child's Arkansas Department of Education accredited school or home school program verifying enrollment and regular attendance; and,
 - iii. A copy of the child's up-to-date Individualized Education Plan (IEP), if applicable.
 - c) For children ages 18 up to the age of 21, documentation must include:
 - i. A current transcript from the child's secondary education, post-secondary, or vocational education program, as applicable; or,
 - ii. A typed statement on letterhead from the person responsible for managing the child's program or activity designed to promote, or remove barriers to, employment confirming the child's enrollment and participation; or,
 - iii. The most recent pay stubs from the child's employer indicating that the child is working at least 80 hours per month for that particular employer; or,
 - iv. A typed statement on letterhead from the child's medical professional stating the reason for which the child is incapable of meeting the education or employment requirements listed above.
- B. For all children who are approved for a special guardianship subsidy, the relative guardian must attach current documentation received from the service provider outlining:
 - 1) Current diagnosis, prognosis, and summary of treatment services for the previous year.
 - 2) An estimated expense summary of services which will be necessary to meet the special needs of the child and/or a description of any high-level care routine provided by the relative(s) to meet the child's special needs.
- C. Review requests for special rates. The subsidy will remain the same until the special subsidy is approved. Approval is not guaranteed.
- D. Review the completed CFS-435-G: Subsidized Guardianship Agreement Review and related supporting documentation prior to the anniversary date of finalization of the family's subsidized guardianship agreement at the annual review:
 - 1) If the supporting documentation shows that the child's condition has not changed, send confirmation to the family noting that the subsidized guardianship agreement will continue unchanged for the forthcoming year and make appropriate updates in CHRIS.
 - 2) If the supporting documentation shows that the child's condition has improved, schedule a family-centered staffing or meeting with the relative guardians and Foster Care Manager or designee to renegotiate the subsidized guardianship agreement to the age appropriate guardianship subsidy and complete a new CFS-435-F: Subsidized Guardianship Agreement.
 - 3) If the supporting documentation shows that the child's condition or status within the home has changed such that another type of revision of the subsidized guardianship agreement is needed or termination of that agreement is warranted:

- a) Schedule a meeting with the relative guardians and Foster Care Manager or designee to discuss needed revisions or termination.
 - b) Revise CFS-435-F: Subsidized Guardianship Agreement as appropriate or complete CFS-435-H: Subsidized Guardianship Agreement Termination, if appropriate.
 - c) File appropriate form in relative guardian's record.
 - d) Enter necessary CHRIS updates.
- 4) If relative guardian(s) does not submit CFS-435-G and/or requested documentation within the required timeframe, send the family a copy of the completed CFS-435-H indicating termination of the agreement and associated payments and benefits. File the original CFS-435-H in the provider record.

The Foster Care Manager or designee will:

- A. Conference with the DCFS Permanency Specialist or designee as needed regarding decisions related to annual reviews of subsidized guardianship arrangements.
- B. Participate in meetings with the relative guardians and DCFS Permanency Specialist or designee when discussing revisions to a subsidized guardianship agreement.
- C. Submit any requests for an increase in a guardianship subsidy to the DCFS Director or designee for review.

The DCFS Director will:

- A. Review requests for increases in subsidized guardianship payments and approve or deny as appropriate.

PROCEDURE VIII-L8: Placement with Successor Guardian

11/2011

If a child whose relatives are receiving a guardianship subsidy on his or her behalf re-enters DHS custody, the Area Director or designee will:

- A. Notify the DCFS Permanency Specialist that the child has re-entered care.
- B. Consult with the DCFS Permanency Specialist or designee and appropriate FSW supervisor as to whether:
 - 1) It is appropriate for the child to work toward reunification with the initial relative guardians; or,
 - 2) If guardianship with the successor guardian is in the child's best interest and, if so, if the identified successor guardian and child meet requirements the eligibility criteria for the Subsidized Guardianship Program; or,
 - 3) If another permanency option is more appropriate.
- C. If a subsidized guardianship arrangement with the successor guardian is determined to be appropriate, assign the appropriate Resource Worker to open the successor guardian's home as a provisional foster home per Policy VII: Development of Foster Homes.
- D. If the successor guardian is determined not be an appropriate placement at that point in time, have the assigned FSW find an appropriate approved or licensed placement for the child per A.C.A. § 9-28-402.

The Resource Worker will:

- A. If notified by the Area Director or designee, open the successor guardian's home as a provisional foster home per Policy VII: Development of Foster Homes.
- B. Collaborate with the FSW to evaluate:
 - 1) How the other children and adults in the home will affect the successful development of the child; and,
 - 2) How the child will impact the other members of the home.
- C. Support the relative throughout the process of becoming a provisional and regular DCFS foster home.
- D. If and when legal guardianship is granted to the successor guardian, end date the Foster Family Service on the Provider Service Tab selecting the appropriate Reason for End Date in CHRIS noting in the comment box on the Provider Services Tab that home was closed due to the parent(s) assuming legal guardianship of the child supported by a guardianship subsidy.

The FSW Supervisor will:

- A. Consult with the FSW, Area Director, and DCFS Permanency Specialist as to whether a subsidized guardianship arrangement with the initial relative guardians (i.e., reunification) or with the successor guardian is in the child's best interest or if another permanency option is more appropriate.
- B. Conference with the FSW on decisions regarding the child.

The FSW will:

- A. Consult with the FSW Supervisor, Area Director and DCFS Permanency Specialist as to whether a subsidized guardianship arrangement with the initial relative guardians (i.e., reunification) or the successor guardian is in the child's best interest or if another permanency option is more appropriate.
- B. If appropriate, request that the OCC attorney petition the court for a permanency planning hearing to review the child's case plan goal of legal guardianship supported by a guardianship subsidy with the successor guardian.
- C. Follow Procedure VIII-L5: Subsidized Guardianship Agreement Finalization and Procedure VIII-L6: Guardianship Hearing for Subsidized Guardianship.

The DCFS Permanency Specialist or designee will:

- A. Consult with the FSW, FSW Supervisor, and Area Director as to whether a subsidized guardianship arrangement with the initial relative guardians (i.e., reunification) or the successor guardian is in the child's best interest or if another permanency option is more appropriate.
- B. Follow Procedure VIII-L5: Subsidized Guardianship Agreement Finalization, Procedure VIII-L6: Guardianship Hearing for Subsidized Guardianship and VIII-L7: Annual Subsidized Guardianship Program Review as appropriate.

PROCEDURE VIII-L9: Appeals

11/2011

If the family wishes to appeal a decision regarding their subsidized guardianship agreement, the DCFS Permanency Specialist or designee will:

- A. Direct the family to DHS Policy 1098 for information on administrative hearings if questions from the family are received (instructions regarding how to request an administrative hearing are included on CFS-435-H).
- B. Keep the family and Foster Care Manager or designee informed to any further proceedings related to the appeal request.

For the sake of brevity certain sections have been omitted

PROCEDURE XIV-A4: Notices of True Investigative Findings

When a preponderance of the evidence found during an investigation indicates that an allegation should be determined true, the investigating agency shall notify certain persons as noted below or may notify the certain persons as noted below if the department determines the notification is necessary to ensure the health or safety of a child or confirm the investigative determination upon request as noted below. These notices may be made prior to satisfaction of due process for the alleged offender. If notice cannot be made to the alleged offender, see Procedure IX-A6, Expedited Hearing Process.

Any person or agency to whom disclosure is made may not disclose to any other person a report or other information included in the notices. However, the person or agency is permitted to consult his or her own attorney regarding the information in any notice provided to them.

A. Law Enforcement

- | | |
|-----------------------|---|
| 1) Type of Allegation | Severe maltreatment only |
| 2) What Information | Name of each victim
Name of alleged offender
Type of Maltreatment |
| 3) When | Within 10 business days of determination |
| 4) Form | CFS-221-T or CACD-221-T as appropriate |

B. Prosecuting Attorney

- | | |
|-----------------------|---|
| 1) Type of Allegation | Severe maltreatment only |
| 2) What Information | Name of each victim
Name of alleged offender
Type of maltreatment |
| 3) When | Within 10 business days of determination |
| 4) Form | CFS-221-T or CACD-221-T as appropriate |

C. Facility Director or Licensing or Registering Authority

- | | |
|-----------------------|---|
| 1) Type of Allegation | All maltreatment, only if the maltreatment occurred at the facility or if the alleged offender holds a license or registration from the authority |
| 2) What information | Name of alleged offender
Type of maltreatment |
| 3) When | Upon request or if department determines notification is necessary to ensure the health or safety of the child |
| 4) Form | CFS-234-T or CACD-234-T as appropriate |

D. Facility Director

- | | |
|-----------------------|---|
| 1) Type of Allegation | All maltreatment, only if the maltreatment occurred at the facility and the facility is licensed or registered by, or is operated by or operated under contract with the State of Arkansas. |
| 2) What Information | Name of alleged offender
Type of maltreatment |
| 3) When | Upon request or if department determines notification is necessary to ensure the health or safety of the child |
| 4) Form | CFS-22 3 -T or CACD-22 3 -T as appropriate |

E. DHS Division Director

- | | |
|-----------------------|--|
| 1) Type of Allegation | All maltreatment, only if the maltreatment occurred at a facility operated by or operated under contract with the Department |
|-----------------------|--|

EXCERPT, Procedure XIV-A4

For the sake of brevity certain sections have been omitted

- 2) What Information Name of alleged offender
Name of alleged victim
Type of maltreatment
- 3) When Upon request or if department determines notification is necessary to
ensure the health or safety of the child
- 4) Form CFS-230-T

F. Alleged underaged juvenile offender (under 13 years of age)

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Name of alleged victim
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-223-T1 or CACD-223-T1 as appropriate

G. Alleged juvenile offender 13-15 years of age

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Name of alleged victim
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-223-T2 or CACD-223-T2 as appropriate

H. Alleged juvenile offender 16-17 years of age

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Name of alleged victim
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-223-T3 or CACD-223-T3 as appropriate

I. Alleged juvenile offender (at time of offense) currently 18 or older (at time of notification)

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Name of alleged victim
- 3) When Within 10 business days of determination
- 4) Form CFS-223-T4 or CACD-223-T4 as appropriate

J. Legal parents and legal guardians of alleged underaged juvenile offender (under 13 years of age)

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Name of alleged victim
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-224-T1 or CACD-224-T1 as appropriate

K. Legal parents and legal guardians of alleged juvenile offender (13 through 17 years old)

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Name of alleged victim
Type of maltreatment

Formatted: Indent: Left: 18 pt, No bullets or numbering

Formatted: Indent: Left: 18 pt, No bullets or numbering

Formatted: Indent: Left: 36 pt, No bullets or numbering

Formatted: Font: Calibri

Formatted: Numbered + Level: 1 +
Numbering Style: 1, 2, 3, ... + Start at: 1 +
Alignment: Left + Aligned at: 18 pt + Indent
at: 36 pt

Formatted: Indent: Left: 18 pt, No bullets or numbering

Formatted: Indent: Left: 126 pt, First line:
18 pt, No bullets or numbering

Formatted: Indent: Left: 18 pt, No bullets or numbering

Formatted: Indent: Left: 18 pt, No bullets or numbering

EXCERPT, Procedure XIV-A4

For the sake of brevity certain sections have been omitted

- 3) When Within 10 business days of determination
- 4) Form CFS-224-T~~21~~ or CACD-224-T~~21~~ as appropriate

G.L. Legal parents and legal guardians of alleged ~~underaged (under 13 years)~~ juvenile offender (16 - 17 years old)

- 1) Type of Allegation All maltreatment
- 2) What Information
 - Name of alleged juvenile offender
 - Name of alleged victim
 - Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-224-T~~32~~ or CACD-224-T~~23~~ as appropriate

H.M. Current foster parent of alleged offender in foster care.

- 1) Type of Allegation All maltreatment
- 2) What Information
 - Name of alleged offender
 - Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-224-T~~43~~

~~I. Alleged juvenile offender (at time of offense) currently 18 or older (at time of notification)~~

- ~~1) Type of Allegation All maltreatment~~
- ~~2) What Information
 - Name of alleged offender
 - Name of alleged victim~~
- ~~3) When Within 10 business days of determination~~
- ~~4) Form CFS-224-T4 or CACD-224-T4 as appropriate~~

J.N. Legal Parents and legal guardians of alleged offender 13-15 not adjudicated delinquent, not pleaded guilty or not been found guilty of sexual abuse offense on same set of facts contained in report

- 1) Type of Allegation Sexual abuse
- 2) What information
 - Name of alleged juvenile offender
 - Name of alleged victim
- 3) When Within 10 business days of determination
- 4) Form CFS-224-T5 or CACD-224-T5 as appropriate

K.O. Legal parents or legal guardians of alleged victim in foster care

- 1) Type of Allegation All maltreatment
- 2) What Information
 - Name of alleged offender
 - Name of alleged victim
 - Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-225-T1 or CACD-225-T1 as appropriate

L.P. Current Foster parent of alleged victim in foster care

- 1) Type of Allegation All maltreatment
- 2) What Information
 - Name of alleged victim
 - Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-225-T2

M.Q. Custodial, non-custodial parent, guardians, legal custodians of victim, regardless of the age of the child

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim

EXCERPT, Procedure XIV-A4

For the sake of brevity certain sections have been omitted

- | | |
|---------|--|
| | Name of alleged offender |
| | Type of maltreatment |
| 3) When | Within 10 business days of determination |
| 4) Form | CFS-225-T1 or CACD-225-T1 as appropriate |

| N.R. Victim, if 10 years of age or older

- | | |
|-----------------------|--|
| 1) Type of Allegation | All maltreatment |
| 2) What Information | Name of alleged victim
Name of alleged offender
Type of maltreatment |
| 3) When | Within 10 business days of determination |
| 4) Form | CFS-225-T1 or CACD-225-T1 as appropriate |

| O.S. Attorney ad litem of alleged victim

- | | |
|-----------------------|--|
| 1) Type of Allegation | All maltreatment |
| 2) What Information | Name of alleged victim
Name of alleged offender
Type of maltreatment |
| 3) When | Upon request or if department determines notification is necessary to ensure the health or safety of the child |
| 4) Form | CFS-226-T1 |

| P.T. Court appointed special advocate of alleged victim

- | | |
|-----------------------|--|
| 1) Type of Allegation | All maltreatment |
| 2) What Information | Name of alleged victim
Name of alleged offender
Type of maltreatment |
| 3) When | Upon request or if department determines notification is necessary to ensure the health or safety of the child |
| 4) Form | CFS-226-T1 |

| Q.U. Juvenile division of circuit court with jurisdiction of an ongoing dependency neglect or FINS case of alleged victim

- | | |
|-----------------------|---|
| 1) Type of Allegation | All maltreatment |
| 2) What Information | Name of alleged victim over whom the court has jurisdiction
Name of alleged offender
Type of maltreatment |
| 3) When | Upon request |
| 4) Form | CFS-226-T1 |

| R.V. Juvenile division of circuit court with jurisdiction of an ongoing dependency neglect or FINS case of alleged offender

- | | |
|-----------------------|---|
| 1) Type of Allegation | All maltreatment |
| 2) What Information | Name of alleged victim
Name of alleged offender over whom the court has jurisdiction
Type of maltreatment |
| 3) When | Upon request or if department determines notification is necessary to ensure the health or safety of the child |
| 4) Form | CFS-230-T |

| S.W. Attorney ad litem of alleged offender

EXCERPT, Procedure XIV-A4

For the sake of brevity certain sections have been omitted

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
- 4) Form CFS-228-T

| ~~F-X.~~ Court appointed special advocate of alleged offender

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
- 4) Form CFS-228-T

| ~~U-Y.~~ Counsel in Dependency Neglect or FINS Case of an alleged offender

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Name of alleged victim
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-230-T

| ~~V-Z.~~ Counsel in Dependency Neglect or FINS Case of an alleged victim

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Name of alleged victim
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-226-T1

| ~~W-AA.~~ Attorney ad litem of child in foster home where maltreatment is reported

- 1) Type of Allegation All maltreatment
- 2) What Information Name of child represented by the AAL only
- 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
- 4) Form CFS-229-T

| ~~X-BB.~~ Court appointed special advocate of child in foster home where maltreatment is reported or when alleged juvenile offender or under-aged juvenile offender is placed in the same placement as client

- 1) Type of Allegation All maltreatment
- 2) What Information Name of child represented by the CASA only
Type of maltreatment
- 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
- 4) Form CFS-229-T

| ~~Y-CC.~~ Multidisciplinary Team for Alleged Offender or Victim

- 1) Type of Allegation All maltreatment

EXCERPT, Procedure XIV-A4

For the sake of brevity certain sections have been omitted

- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Upon request or if department determines notification is necessary to
ensure the health or safety of the child
- 4) Form CFS-230-T

| ~~Z-DD.~~ School where any child who is an alleged victim of maltreatment is enrolled

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-231-T or CACD-231-T as appropriate

| ~~AA-EE.~~ School where alleged juvenile offender is enrolled

- 1) No notice at this time

| ~~BB-FF.~~ Offender, 13 years of age and older (see *"True Determination and special process for Notice to Offender"*
below)

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS 232-T1 and CFS-232-T1a or CACD-232-T1 and CACD-232-T1a as appropriate

| ~~CC-GG.~~ Offender, Exempt, Garrett's Law or Religious

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-232-T2 or CACD-232-T2 as appropriate

For the sake of brevity certain sections have been omitted

PROCEDURE XIV-A5: Notices of Unsubstantiated Allegations of Child Maltreatment

07/2010

When a determination that an allegation of child maltreatment is not supported by a preponderance of evidence and is determined to be unsubstantiated, the investigating agency shall notify as outlined below or confirm upon request as outlined below, only if notice of the allegation was given:

- A. Law Enforcement
- 1) Type of Allegation Severe maltreatment only
 - 2) What Information
Name of each victim
Name of alleged offender
Type of Maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-241-U or CACD-241-U as appropriate
- B. Prosecuting Attorney
- 1) Type of Allegation Severe maltreatment only
 - 2) What Information
Name of each victim
Name of alleged offender
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-241-U or CACD-241-U as appropriate
- C. Licensing or Registering Authority
- 1) Type of Allegation All maltreatment
 - 2) What Information
Name of alleged offender
Type of maltreatment
 - 3) When Upon request
 - 4) Form CFS-242-U or CACD-242-U as appropriate
- D. Facility Director
- 1) Type of Allegation All maltreatment, only if the maltreatment occurred at the facility and the facility is licensed or registered by, or is operated by or operated under contract with the State of Arkansas
 - 2) What Information
Name of alleged offender
Type of maltreatment
 - 3) When Upon request
 - 4) Form CFS-243-U or CACD-243-U as appropriate
- E. DHS Division Director
- 1) Type of Allegation All maltreatment, only if the maltreatment occurred at a facility operated by or operated under contract with the Department
 - 2) What Information
Name of alleged victim
Name of alleged offender
Type of maltreatment
 - 3) When Upon request
 - 4) Form CFS-250-U

F. Alleged underaged juvenile offender (under 13 years of age)

EXCERPT, Procedure XIV-A5

Formatted: Font: 12 pt

Formatted: Font: 12 pt

For the sake of brevity certain sections have been omitted

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-240-U1 or CACD-240-U1 as appropriate

G. Alleged juvenile offender (13-17 years of age)

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-240-U2 or CACD-240-U2 as appropriate

Formatted: Indent: Left: 18 pt, No bullets or numbering

F-H. Legal parent or legal guardian of alleged offender

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-244-U or CACD-244-U as appropriate

G-I. Legal parent or legal guardian of alleged victim in foster care

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-245-U or CACD-245-U as appropriate

Formatted: Indent: Left: 18 pt, No bullets or numbering

H-J. Current Foster parent of alleged victim

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-245-U or CACD-245-U as appropriate

I-K. Custodial, non-custodial parent, guardians, legal custodians of victim, regardless of the age of the child

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-245-U or CACD-245-U as appropriate

J-L. Alleged Victim

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-245-U-1 or CACD-245-U-1 as appropriate

EXCERPT, Procedure XIV-A5

Formatted: Font: 12 pt

Formatted: Font: 12 pt

For the sake of brevity certain sections have been omitted

K-M. Attorney ad litem of alleged victim

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-246-U

L-N. Court appointed special advocate of alleged victim

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-246-U

M-O. Juvenile division of circuit court with jurisdiction of an ongoing dependency neglect or FINS case for alleged victim

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-246-U

N-P. Counsel in Dependency Neglect or FINS case if alleged victim has an open court case

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-246-U

O-Q. Juvenile division of circuit court with jurisdiction of an ongoing dependency neglect or FINS case for alleged offender

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-250-U

R-S. Counsel in Dependency Neglect or FINS case if alleged offender has an open court case

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-250-U

T-S. Attorney ad litem of alleged offender

EXCERPT, Procedure XIV-A5

Formatted: Font: 12 pt

Formatted: Font: 12 pt

For the sake of brevity certain sections have been omitted

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-248-U

| R-T. Court appointed special advocate of alleged offender

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-248-U

| S-U. Attorney ad litem of other children in foster home where maltreatment is reported

- 1) Type of Allegation All maltreatment
- 2) What Information Name of child represented by the AAL only
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-249-U

| T-V. Court appointed special advocate of other children in foster home

- 1) Type of Allegation All maltreatment
- 2) What Information Name of child represented by the CASA only
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-249-U

| U-W. Multi-Disciplinary Team of alleged victim and alleged offender

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Name of alleged victim
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-250-U

| W-X. Alleged offender

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Name of Alleged Victim
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-252-U or CACD-252-U as appropriate

| W-Y. Alleged offender's employer when other children under the care of the alleged offender appeared to have been at risk, only if notified initially

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-254-U or CACD-254-U as appropriate

EXCERPT, Procedure XIV-A5

Formatted: Font: 12 pt

Formatted: Font: 12 pt

For the sake of brevity certain sections have been omitted

X-Z. Person in charge of alleged offender's paid or volunteer activity when other children under the care of the alleged offender appeared to have been at risk, only if notified initially

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-254-U or CACD-254-U as appropriate

Y-AA. Licensing or registering authority when children under care of the alleged offender appeared to have been at risk, only if notified initially

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-254-U or CACD-254-U as appropriate

EXCERPT, APPENDIX I

For the sake of brevity terms have been omitted

MANDATED REPORTER -- Individuals identified in the "Child Maltreatment Reporting Act" who must immediately notify the Child Abuse Hotline or law enforcement if they have reasonable cause to suspect that a child has been subjected to or died from child maltreatment, or who observe the child being subjected to conditions or circumstances which would reasonably result in child maltreatment. These individuals include:

AR State Police Crimes Against Children Division (CACD) Employee

Attorney ad litem in the course of his or her duties as an attorney ad litem

Child abuse advocate or volunteer

Child advocacy center employee

Child Care center worker

Child Care worker

Child safety center employee

Clergyman*

Coroner

Court Appointed Special Advocate (CASA) program staff or volunteer

Dental hygienist

Dentist

Department of Human Services employee

Domestic abuse advocate

Domestic violence shelter employee

Domestic violence volunteer

Employee working under contract for the Division of Juvenile Services

Foster care worker

Foster parent

Judge

Juvenile intake or probation officer

Law enforcement official

Licensed nurse

Medical personnel who may be engaged in admission, examination, care, or treatment of persons

Mental health professional

Osteopath

Peace officer

Physician

Prosecuting attorney

Rape crisis advocate or volunteer

Resident intern

School counselor

Formatted: Underline

EXCERPT, APPENDIX I

For the sake of brevity terms have been omitted

School official**

Sexual abuse advocate or volunteer

Social worker

Surgeon

Teacher

Victim assistance professional or volunteer

Victim/witness coordinator

Formatted: Underline

*Clergyman includes a minister, a priest, rabbi, accredited Christian Science practitioner, or other similar functionary of a religious organization, or an individual reasonably believed to be so by the person consulting him, except to the extent he has acquired knowledge of suspected maltreatment through communications required to be kept confidential pursuant to the religious discipline of the relevant denomination or faith, or he received knowledge of the suspected maltreatment from the offender in the context of a statement of admission.

**

-

Formatted: Underline

Formatted: Justified, Space Before: 0 pt, After: 0 pt, Tab stops: 0 pt, Left

"School Official" means any person authorized by a school to exercise administrative or supervisory authority over employees, students, or agents of the school. A volunteer exercising administrative or supervisory authority in a program conducted by a school is also considered a school official. means any person authorized by the school to exercise authority over students.

Formatted: Font: Calibri, 11 pt

Formatted: Font: Calibri, Underline

SCHOOL -- Any; (1) Elementary school, junior high school, or high school; (2) Technical institute or post-secondary vocational-technical school; or, (3) Two-year or four-year college or university.

Formatted: Font: +Body, 11 pt, Bold, Underline

Formatted: Underline

Formatted: Font: +Body, 11 pt, Underline

Formatted: Font: +Body, 11 pt, Underline

Formatted: Font: +Body, 11 pt



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to Facility Director

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender: _____

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice or confirmation that:

- ☐ Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
- ☐ Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type(s) of maltreatment involved:

Please note that the alleged offender has a right to contest the agency investigation determination by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

CACD INVESTIGATOR PRINTED NAME

CACD INVESTIGATOR SIGNATURE



**ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION**

**Child Maltreatment True Investigative Determination Notice
to Alleged Juvenile Offender (if currently age 18 or older)**

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender: _____

Name of Alleged Victim: _____

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving you at some point during the time you were 13 through 17 years of age. The incident was reported on (date) ____.

~~Pursuant to Arkansas Code Ann. §12-18-703 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and your name should be placed in the Child Maltreatment Central Registry. The type of maltreatment was _____.~~

~~Please review the information below that is next to the box that is checked. Only the information next to the checked box pertains to you and your case.~~

☐ Pursuant to A.C.A. 12-18-703, this notice is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

Formatted: Font: 10 pt

The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

☐ Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

Formatted: Indent: First line: 36 pt

Juveniles, 13 to 17 years old, at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of the receipt of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

When the hearing is waived or when the Administrative Law Judge upholds the true investigative determination, your name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, your employment or ability to provide volunteer services may be adversely affected if your name is placed on the Child Maltreatment Central Registry. Under certain circumstances, your name may be automatically removed or you may be able to petition to have your name removed after one year.

You have the right to an attorney; if you cannot afford one you should contact Legal Services.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

Formatted: Indent: First line: 36 pt

You have the right to an attorney. If you cannot afford one, contact Legal Services.

☐ Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in

person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

Formatted: Indent: Left: 36 pt, Tab stops: Not at 102 pt + 153 pt + 198 pt + 342 pt

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

Formatted: Indent: Left: 36 pt

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Formatted: Indent: Left: 36 pt

CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to
☐ Legal Parents and ☐ Legal Guardians
of Underaged Juvenile Offender (under 13 years old)

To: _____
Address: _____

From: _____
Address: _____

Phone: _____
County Office: _____
Date: _____

CHRIS Referral # _____

Re: Name of Underaged Juvenile Offender/Aggressor: _____
Name of Victim: _____

On _____ the Arkansas State Police Crimes Against Children Division, received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on the following date: _____

Pursuant to A.C.A. §12-18-704, F this letter is to notify you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Although your child has been named as an Underaged Juvenile Offender, your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age.

Since your child's name will not be placed on the Child Maltreatment Central Registry, your child will not have an automatic administrative hearing. However, you may ask for an administrative hearing by submitting a signed request within 30 days of this notice to: Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks for that hearing to be held in person. The request for an in-person hearing must also be made with 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

You have the right to an attorney. If you cannot afford one, contact Legal Services.

☐ Pursuant to ~~Arkansas Code Ann.~~ A.C.A. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

☐ Pursuant to ~~Arkansas Code Ann~~A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

MARKYUP



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to

☐ Legal Parents and ☐ Legal Guardians

of ~~-Alleged Juvenile Offender 13 through 15 Years of Age~~ ~~Not Adjudicated Delinquent, Not Plead~~
~~ed Guilty or Not Been Found Guilty of Sexual Abuse Offense on Same Set of Facts Contained in Report~~

To: _____

Address: _____

From: _____

Address: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of ~~Underaged~~ Juvenile Offender:

Name of Victim:

On _____, ~~the~~ Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on ~~the~~ following date: _____. The type of maltreatment was _____.

Please review the information below that is next to the box(es) that is/are checked. Only the information next to the checked box(es) pertain(s) to your child.

☐ Pursuant to A.C.A. § 12-18-705, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because your child has been named as a juvenile offender and has also been adjudicated delinquent or has pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, your child will automatically have an administrative hearing.

The alleged juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

☐ Pursuant to A.C.A. § 12-18-704, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although your child has been named as a juvenile offender, at this point in time your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age (13-15 years of age) at the time of the allegation and the fact that your child has not been adjudicated delinquent or has not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts as contained in the report.

Formatted: Indent: Left: 0 pt, Hanging: 36 pt

Since your child's name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer your child for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

Formatted: Indent: Left: 0 pt, Hanging: 36 pt

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box S566, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the name(s) of the child(ren) involved.

Formatted: Indent: Left: 0 pt, Hanging: 36 pt

You have the right to an attorney. If you cannot afford one, contact Legal Services.

☐ Pursuant to ~~Arkansas Code Ann~~A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary. If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

☐ Pursuant to ~~Arkansas Code Ann~~A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

Formatted: Indent: Left: 0 pt, Hanging: 22.5 pt, Tab stops: 22.5 pt, Left

CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

MARKKUP



ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

☐ Child Maltreatment True Investigative Determination Notice to
☐ Legal Parents and ☐ Legal Guardians of the Alleged Juvenile Offender
(13~~6~~ through 17 Years of Age)

Formatted: Centered, Don't adjust space between Latin and Asian text

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to ~~Arkansas Code Ann~~A.C.A. §12-18-705 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.

The type of maltreatment was

Juveniles, ~~16~~13 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a, signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If ~~the~~his or her hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if ~~his or her~~their name is placed on the Child Maltreatment Central Registry. If ~~one's~~your name is placed on the Child Maltreatment Central Registry, under certain circumstances, ~~one's~~your name may be automatically removed or ~~one~~you may be able to petition to have their name removed after one year.

~~You have the right to an attorney; if you cannot afford one you should contact Legal Services.~~

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

~~You have the right to an attorney. If you cannot afford one, contact Legal Services.~~

Formatted: Tab stops: 102 pt, Right + 108 pt, Left + 153 pt, Left + 198 pt, Right + 342 pt, Left + 495 pt, Right

☐ Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring.

Formatted: Tab stops: 102 pt, Right + 108 pt, Left + 153 pt, Left + 198 pt, Right + 342 pt, Left + 495 pt, Right

counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

☐ Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

Formatted: Tab stops: 102 pt, Right + 108 pt, Left + 153 pt, Left + 198 pt, Right + 342 pt, Left + 495 pt, Right

CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



**Arkansas Department of Human Services
Division of Children and Family Services**

Child Maltreatment True Investigative Determination Notice to Facility Director

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender: _____

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice or confirmation that:

- ☐ Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
- ☐ Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type(s) of maltreatment involved:

Please note that the alleged offender has a right to contest the agency investigation determination by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



**Arkansas Department of Human Services
Division of Children and Family Services**

**Child Maltreatment True Investigative Determination Notice
to Alleged Juvenile Offender (if currently age 18 or older)**

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Division of Children and Family Services or Arkansas State Police's Crimes Against Children Division received an allegation of suspected child maltreatment involving you at some point during the time you were 13 through 17 years of age. The incident was reported on (date) _____.

Pursuant to Arkansas Code Ann. §12-18-703 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and your name should be placed in the Child Maltreatment Central Registry. The type of maltreatment was _____.

Please review the information below that is next to the box that is checked. Only the information next to the checked box pertains to you and your case.

☐ Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

Formatted: Font: 8 pt

Formatted: Font: 10 pt

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Formatted: Font: 8 pt

☐ Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Formatted: Font: 10 pt

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed, request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a, signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Formatted: Font: 8 pt

☐ Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a, signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

Formatted: Font: 10 pt

Formatted: Indent: Left: 0 pt, Hanging: 36 pt

Formatted: Font: 10 pt

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

Formatted: Indent: Left: 36 pt, Tab stops: 36 pt, Left + Not at 102 pt + 108 pt + 153 pt + 198 pt + 342 pt

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

Formatted: Indent: Left: 36 pt

You have the right to an attorney. If you cannot afford one, contact Legal Services. Juveniles, 13 to 17 years old, at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of the receipt of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

Formatted: Tab stops: 36 pt, Left + Not at 108 pt

Formatted: Space Before: 0.6 line, Tab stops: 36 pt, Left

When the hearing is waived or when the Administrative Law Judge upholds the true investigative determination, your name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, your employment or ability to provide volunteer services may be adversely affected if your name is placed on the Child Maltreatment Central Registry. Under certain circumstances, your name may be automatically removed or you may be able to petition to have your name removed after one year.

Formatted: Tab stops: 36 pt, Left

Formatted: Tab stops: 36 pt, Left + Not at 108 pt

You have the right to an attorney; if you cannot afford one you should contact Legal Services.

Formatted: Font: 8 pt, Underline

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

Formatted: Space Before: 6 pt



**Arkansas Department of Human Services
Division of Children & Family Services**

Child Maltreatment True Investigative Determination Notice to
☐ Legal Parents and ☐ Legal Guardians
of Underaged Juvenile Offender (under 13 years old)

To: _____

Address: _____

From: _____

Address: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Underaged Juvenile OffendeAggressor: _____

Name of Victim: _____

On _____ the Division of Children and Family Services or Crimes Against Children Division, received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on the following date: _____

Pursuant to Arkansas Code Ann. §12-18-704, F this letter is to notify you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Although your child has been named as an Underaged Juvenile Offender, your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age.

Since your child's name will not placed on the Child Maltreatment Central Registry, your child will not have an automatic administrative hearing. However, you may ask for an administrative hearing by submitting a signed request within 30 days of this notice to: Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks for that hearing to be held in person. The request for an in-person hearing must also be made with 30 days of this notice and mailed to the Office of Appeals & Hearing (see addresss listed above).

You have the right to an attorney. If you cannot afford one, contact Legal Services.

☐ Pursuant to ~~Arkansas Code Ann.~~A.C.A. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

☐ Pursuant to ~~Arkansas Code Ann.~~A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



Arkansas Department of Human Services Division of Children & Family Services

Child Maltreatment True Investigative Determination Notice to

☐ Legal Parents and ☐ Legal Guardians

of- Alleged **Juvenile** Offender 13 through 15 **Years of Age** years old ~~Not Adjudicated Delinquent, Not Plead~~
~~Guilty or Not Been Found Guilty of Sexual Abuse Offense on Same Set of Facts Contained in Report~~

To: _____
Address: _____

From: _____
Address: _____

Phone: _____
County Office: _____
Date: _____

CHRIS Referral # _____

Re: Name of ~~Underaged~~ Juvenile Offender: _____
Name of Victim: _____

~~On~~ The Division of Children and Family Services or Crimes Against Children Division, received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on ~~the following date:~~ The type of maltreatment was _____

~~Please review the information below that is next to the box(es) that is/are checked. Only the information next to the checked box(es) pertain(s) to your child.~~

~~Pursuant to A.C.A. § 12-18-705, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because your child has been named as a juvenile offender and has also been adjudicated delinquent or has pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, your child will automatically have an administrative hearing.~~

~~The alleged juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).~~

~~If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.~~

~~The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.~~

~~To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little~~

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: Times New Roman, 10 pt

Formatted: Tab stops: 102 pt, Right + 108 pt, Left + 153 pt, Left + 198 pt, Right + 342 pt, Left + 495 pt, Right + Not at 18 pt + 126 pt + 222 pt + 324 pt + 330 pt + 384 pt + 390 pt + 426 pt

Formatted: Font: Times New Roman, 10 pt

Formatted: Font: 10 pt

Formatted: Font: Times New Roman, 8 pt

Formatted: Font: Times New Roman, 10 pt

Formatted: Font: Times New Roman, 10 pt

Formatted: Font: Times New Roman, 10 pt

Formatted: Font: Times New Roman, 10 pt

Formatted: Font: Times New Roman, 10 pt

Formatted: Font: Times New Roman, 10 pt

Formatted: Font: Times New Roman, 10 pt

Formatted: Font: Times New Roman, 10 pt

Formatted: Font: Times New Roman, 10 pt

Formatted: Font: Times New Roman, 10 pt

Formatted: Justified, Indent: Left: 36 pt, Space Before: 0.6 line, Border: Bottom: (No border), Tab stops: 36 pt, Right + 495 pt, Right + Not at 288 pt

Formatted: Tab stops: 36 pt, Left + 40.5 pt, Left + Not at 288 pt

Formatted: Font: Times New Roman, 10 pt

Formatted: Font: Times New Roman, 10 pt

Formatted: Font: Times New Roman

Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Formatted: Font: Times New Roman, 10 pt

Formatted: Justified, Indent: Left: 36 pt, Space Before: 0.6 line, Tab stops: 36 pt, Left + 40.5 pt, Left + Not at 18 pt + 126 pt + 222 pt + 324 pt + 330 pt + 384 pt + 390 pt + 426 pt

Formatted: Font: 10 pt

Formatted: Tab stops: 36 pt, Left + 40.5 pt, Left + Not at 288 pt

Formatted: Header, Left, Border: Bottom: (Double solid lines, Auto, 0.5 pt Line width, From text: 15 pt Border spacing:), Tab stops: 36 pt, Left + 288 pt, Left + Not at 102 pt + 342 pt + 495 pt

Formatted: Font: 10 pt

☐ Pursuant to A.C.A. § 12-18-704, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although your child has been named as a juvenile offender, at this point in time your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age (13-15 years of age) at the time of the allegation and the fact that your child has not been adjudicated delinquent or has not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts as contained in the report.

Since your child's name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed, request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

Formatted: Font: Times New Roman, 10 pt

Formatted: Font: Times New Roman, 10 pt

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer your child for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

Formatted: Font: Times New Roman, 10 pt

Formatted: Font: Times New Roman, 10 pt

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

Formatted: Font: Times New Roman, 10 pt

Formatted: Font: Times New Roman, 10 pt

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box S566, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the name(s) of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Formatted: Font: Times New Roman, 10 pt

Formatted: Font: 10 pt

☐ Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

Formatted: Font: Times New Roman, 10 pt

Formatted: Font: Times New Roman, 10 pt

Formatted: Font: Times New Roman, 10 pt

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

Formatted: Header, Indent: Left: 36 pt, Border: Bottom: (No border), Tab stops: 22.5 pt, Left + 36 pt, Left + Not at 288 pt

Formatted: Font: Times New Roman

☐ Pursuant to ~~Arkansas Code Ann.~~A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Indent: Left: 0 pt, Hanging: 36 pt, Space Before: 0 pt, Tab stops: 36 pt, Left + Not at 108 pt + 216 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Font: 10 pt

Formatted: Header, Space Before: 2 pt, Tab stops: 468 pt, Right + 495 pt, Right



**Arkansas Department of Human Services
Division of Children and Family Services**

Child Maltreatment True Investigative Determination Notice to
☐ Legal Parents ☐ Legal Guardians of the Alleged Juvenile Offender
(13~~6~~ through 17 Years of Age)

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Division of Children and Family Services or Arkansas State Police's Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date) _____.

Pursuant to ~~Arkansas Code Ann~~A.C.A. §12-18-705 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.

The type of maltreatment was _____.

Juveniles, 13~~6~~ to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. -Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. -As a result, one's employment or ability to provide volunteer services may be adversely affected if his or her~~their~~ name is placed on the Child Maltreatment Central Registry. -If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, you should contact Legal Services.

☐ Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

Formatted: Tab stops: 102 pt, Right + 108 pt, Left + 153 pt, Left + 198 pt, Right + 342 pt, Left + 495 pt, Right

Formatted: Tab stops: 102 pt, Right + 108 pt, Left + 153 pt, Left + 198 pt, Right + 342 pt, Left + 495 pt, Right

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

☐ Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

Formatted: Tab stops: 102 pt, Right + 108 pt, Left + 153 pt, Left + 198 pt, Right + 342 pt, Left + 495 pt, Right

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



Arkansas Department of Human Services
Division of Children and Family Services

**Child Maltreatment True Investigative Determination Notice
to Current Foster Parents of the Alleged Offender in Foster Care**

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender:

The Division of Children and Family Services (DCFS) or Arkansas State Police's Crimes Against Children Division (CACD) received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date) _____.

Pursuant to ~~Arkansas Code Ann~~A.C.A. §12-18-705, this is your notice that:

- ☐ Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
- ☐ Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type of maltreatment was _____.

Please note that the alleged offender has a right to contest the agency investigation determination of true by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
Adoption Assistance Agreement for State Funded Subsidy Payments

Adoptive Parent(s)' Name _____

Adoptive parent(s)'s Address _____

I (we), adoptive parents of _____
Child's Full Adoptive Name Social Security Number Date of Birth

Reason/Special Needs:

☐ Serious Physical/Mental/Emotional Condition

☐ Race

☐ Child at Risk of Serious Physical/Mental/ Emotional Condition

☐ Member of a Sibling Group

☐ Age

☐ Other (Specify) _____

This Agreement will be effective **UPON FINALIZATION** and remain in effect until the child's eighteenth (18th) birthday, or unless termination of the Agreement occurs as a result of one or more conditions set forth in Section IV (Termination) of this Agreement.

Date of Adoption Finalization

This Agreement will be effective **UPON FINALIZATION** and remain in effect for one year.

Date of Adoption Finalization

Amended Agreement: This amends the Adoption Assistance Agreement for the child adopted on _____
Date

This Agreement will be effective _____ and remain in effect until _____
Date Date

PROVISIONS OF AGREEMENT

I. Monthly Maintenance Subsidy

Monthly Payments of \$ _____ for _____ months

\$ _____ for _____ months

Sub-Total \$ _____

II. Special Subsidy (specify)

Sub-Total \$ _____ TOTALS \$ _____

III. I (we) agree to provide the Division of Children and Family Services with statements of my (our) finances, my (our) circumstances, and the child's circumstances: (a) upon request; and (b) in the event of significant changes.

IV. Automatic increases will occur due to child's age. A subsidy may be continued as long as the terms of the Agreement specify and eligibility exists under the current rules and regulations for subsidized adoptions.

A subsidy will be discontinued when:

- (a) The child reaches the age of eighteen;
- (b) The subsidy benefits are provided by other state or federal programs;
- (c) The child dies;
- (d) The adoptive parent(s) of the child die (one in a single parent family and both in a two-parent family); or
- (e) The family is no longer legally responsible for providing care and support for the adoptive child.

Formatted: Normal, Numbered + Level: 1 +
Numbering Style: a, b, c, ... + Start at: 1 +
Alignment: Left + Aligned at: 18 pt + Tab
after: 36 pt + Indent at: 36 pt

MARKKUP

~~5V.~~ ____ If I (we) plan to move to another state, I (we) will notify the Division of Children and Family Services in Arkansas at ____ least ten days prior to the move.

~~6VI.~~ ____ Maintenance and special subsidies as outlined in this Agreement will be payable without regard for my (our) state of ____ residence.

~~7VII.~~ ____ If my (our) child is eligible to receive a Medicaid card, I (we) understand that it will be necessary to follow the ____ appropriate procedures as determined by Arkansas or my (our) new resident state in order for Medicaid eligibility to ____ continue.

~~8VIII.~~ ____ This Agreement is for the benefit of the subject child, his or her parents and the State of Arkansas and is enforceable ____ by any and all of these parties.

~~9IX.~~ ____ Adoptive parents may appeal the Division's decision to reduce, change or terminate adoption assistance in ____ accordance with the state's hearing and appeal process.

~~40X.~~ ____ For **special subsidies**, this Agreement will be in effect for no longer than 12 months. If a modification should occur sooner, a new Agreement will be entered.

SUBSIDY NOTE:

Children at high risk for the development of a serious physical, mental, developmental or emotional condition may be considered special needs if documentation of the risk is provided by a medical professional specializing in the area of the condition for which the child is considered at risk, but no subsidy payment will be made without documentation that the child has developed the actual condition. When DHS accepts that the child has developed the condition, the adoption subsidy shall be retroactive to the date the adoptive parents submitted adequate documentation that the child developed the condition. In order to be eligible for special needs based on developmental delay, documentation must be provided, current within 6 months, attesting to the fact that the child has a delay of 24% or more in two major developmental categories.

By: _____
Director, Division of Children and Family Services _____ **Date** _____

Adoptive Mother's Signature _____ **Date** _____

Adoptive Father's Signature _____ **Date** _____

A signed copy of the Adoption Assistance Agreement was given / sent to the Adoptive parent(s) on _____
Date _____

INSTRUCTIONS

CFS-428A

Adoption Assistance Agreement for State Funded Subsidy Payments

PURPOSE -

To define the parameters for an Adoption Assistance Agreement regarding subsidy payments funded by the state. The form identifies the adoptive parents and child(ren). It establishes the amount of the subsidy and the period it will be in effect. The form also specifies the nature of the problem(s) that justify the subsidy.

COMPLETION -

1. The Adoption Subsidy Coordinator fills out the CFS-428a.
2. Insert the adoptive parent(s) name(s) and address.
3. Insert the adoptive child's full name, social security number and date of birth.
4. Insert the date on which the adoption was finalized.
5. Mark the check box if this is an amendment to a prior agreement AND insert the original date of the adoption.
6. Insert the starting and ending dates for this agreement.
7. At numbered item 1., insert the amount of the monthly subsidy payment AND the number of months the agreement will exist.
8. At numbered item 2., insert a brief justification for the subsidy.
9. Read all the information in numbered items 3. – 10 carefully.
10. The adoptive mother and adoptive father will sign and date the form.
11. The DCFS Director or his/her designee will sign and date the form.
12. The DCFS staff member, who gives or mails a signed copy of the form to the adoptive parents will insert the date the signed copy is mailed or given to the adoptive parents.

ROUTING –

1. Once the DCFS Director or his/her designee signs the form, the Adoption Subsidy Coordinator will retain a copy and send the original to the appropriate Adoption Specialist.
2. The Adoption Specialist will have the adoptive parent(s) sign and date the original.
3. The Adoption Specialist will make two copies of the completed form with all the required signatures and will retain one and give the other copy to the adoptive parent(s).
4. The Adoption Specialist will return the completed original form to the Adoption Subsidy Coordinator.

NOTE: The Adoption Specialist will ensure that the original and all copies are dated with the date when a completed copy was given to the adoptive parents.



Arkansas Department of Human Services
Division of Children and Family Services
IN HOME CONSULTATION VISIT REPORT

*The In Home Consultation Visit is the first formal step in the foster and/or adoptive parent application process.
Failure to provide complete and accurate information may result in a delay in processing the application.*

Date Completed Inquiry/Info Meeting: _____ Date of Initial Contact: _____

Date of Home Visit: _____ County: _____

TYPE OF HOME - PREFERENCE: ☐ PROVISIONAL FOSTER HOME ☐ REGULAR FOSTER HOME ☐ ADOPTIVE HOME

If provisional, date of child's placement in home: _____

Applicant Name: _____ SSN: _____ Age: _____

DOB: _____ Race: _____ Highest Grade Completed: _____ Religious Preference: _____

Primary Phone: (_____) _____ - _____ Other Phone: (_____) _____ - _____

Joint Applicant Name: _____ SSN: _____ Age: _____

DOB: _____ Race: _____ Highest Grade Completed: _____ Religious Preference: _____

Address, City, State, Zip: _____

Preferred Training Timeframe (for MidSOUTH PRIDE planning purposes only; marking a selection does not guarantee that preferred timeframe will be available):

☐ Week Nights ☐ Weekends ☐ Combination of Week Nights and Weekends

Formatted: Tab stops: 324 pt, Right + Not at 463.5 pt

Formatted: Font: 10 pt, Italic

Formatted: Font: 10 pt, Italic

Formatted: Tab stops: 180 pt, Right + Not at 463.5 pt

FAMILY COMPOSITION

☐ Two-Parent Household ☐ Single-Parent Household

PREVIOUS MARRIAGES

Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

Joint Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

--	--	--

MILITARY HISTORY

	Branch(es)	Rank	Dates	Honorably Discharged?
Applicant				
Joint Applicant				

CHILDREN LIVING IN THE HOME FULL-TIME OR PART-TIME (e.g. college-age children, stepchildren)

NAME	SSN	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PLACE OF EMPLOYMENT OR SCHOOL/GRADE

OTHER PEOPLE LIVING IN THE HOME (Anyone living in the home for 3 months or more, whether consecutively or cumulatively, must be listed.)

NAME	SSN	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PLACE OF EMPLOYMENT OR SCHOOL/GRADE

PETS (All household pets must have proof of current rabies vaccinations.)

Breed/Species	Current rabies vaccination?
	Yes ☐ No ☐
	Yes ☐ No ☐
	Yes ☐ No ☐
	Yes ☐ No ☐

ADDITIONAL INFORMATION

1. Have the applicants previously applied or been approved to foster? Yes ☐ No ☐
2. If yes, please provide agency name, city, and date: _____
3. Have the applicants ever been denied to foster? Yes ☐ No ☐
4. If yes, please explain: _____
5. Have the applicants previously applied or been approved to adopt? Yes ☐ No ☐

|

6. If yes, please provide agency name, city, and date approved: _____
7. Have the applicants ever been denied for adoption? Yes ☐ No ☐
8. If yes, please explain: _____
9. Can the applicants provide reliable transportation for children in foster care? Yes ☐ No ☐
10. Do the applicants have any pending legal actions? Yes ☐ No ☐
11. If yes, please provide a brief explanation: _____
12. Do any roomers or boarders reside in the home? Yes ☐ No ☐
13. Do applicants and/or other household members smoke? Yes ☐ No ☐
14. If yes, please list names: _____
15. What are the sleeping arrangements for all members of the household? How many bedrooms and bathrooms are in the home and what is the square footage of each room?

MARKED

16. What is each applicant's daily routine?

MARKED

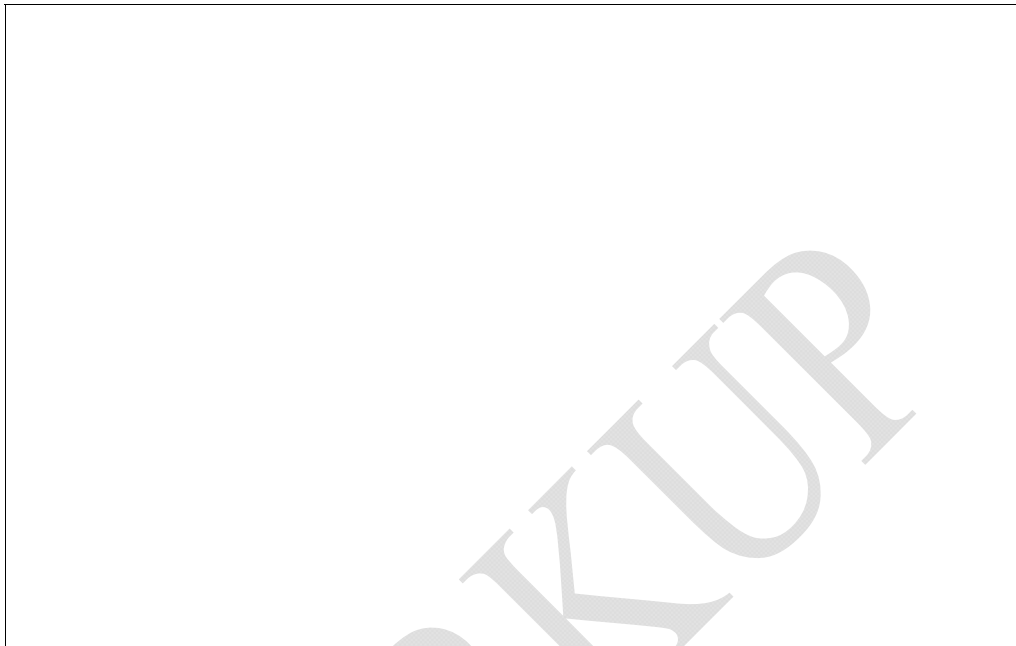
17. If the applicants work outside of the home, what are the child care plans?

|

18. Describe family composition (including step-children, adult children, and any other individuals who may reside inside or outside of the home).

19. Describe the family's support system (e.g., extended family, neighbors, friends, church, community).

|



RESPONSIBILITIES *As outlined in Minimum Licensing Standards, the following are the responsibilities of foster parents. It is important for foster parent to understand these responsibilities in order to ensure the safety and well-being of children who are placed in their home.*

1. Foster parents shall be responsible for providing the level of supervision, care, and treatment necessary to ensure the safety and well being of each child placed into their home, taking into account the child's age, individual differences and abilities, surrounding circumstances, hazards and risks.
2. Foster parents shall provide regular activities to promote the physical, social, intellectual, spiritual, and emotional development of the children in care.
3. Foster parents shall provide each child their own clothing that is clean, well-fitted, seasonal, appropriate to age and sex, and comparable to community standards.
4. Foster parents shall allow foster children to acquire and keep personal belongings.
5. Foster parents shall fully cooperate with DCFS's efforts to achieve the case plan goals for each foster child, including visitation.
6. Foster parents shall provide routine transportation for each child.
7. Foster parents shall attend and participate in case planning and case plan reviews.
8. Foster parents shall attend school conferences concerning a foster child, and shall notify DCFS of any situations that may affect the case plan or require agency involvement.
9. Foster parents shall notify DCFS promptly of serious illness, injury, or unusual circumstances affection the health, safety, or welfare of the foster child.
10. Foster parents shall cooperate with DCFS in conducting monitoring and investigations, and shall provide information required to verify compliance with rules.
11. Foster parents shall maintain absolute confidentiality of private information about each foster child and the birth family.
12. The foster parents shall give advance notice to DCFS of any major changes that affect the life and circumstances of the foster family, including a change of residence, whenever possible.
13. Foster parents shall keep a life book for each foster child that includes:
 - a. Periodic photographs of the child;
 - b. A record of the child's memberships, activities, and participation in extracurricular school or church activities;
 - c. Trophies, awards, ribbons, etc.

I acknowledge that I was informed of the Standards of Approval and Foster Parent Responsibilities, including but not limited to those outlined above. I further acknowledge that the Resource Worker/Adoption Specialist has informed me of the standards of approval that must be met in order to obtain approval as a foster/adoptive home.

Applicant Signature

Date

Joint Applicant Signature

Date

Resource Worker/Adoption Specialist Name

Date

Signature

EMPLOYMENT INFORMATION (Include places of employment for the last 6 years, beginning with current place of employment.)

APPLICANT				
Name and Address of Employer	Job Title	Salary	Dates of Employment	Working Hours
JOINT APPLICANT				
Name and Address of Employer	Job Title	Salary	Dates of Employment	Working Hours

FINANCIAL STATEMENT (Recent check stubs and the previous year's income tax return are required for employment verification.)

Monthly Income		Monthly Expenses	
<i>Applicant</i>		Rent/House Payment	\$
Gross Income	\$	Water	\$
Net Income	\$	Electric	\$
Other Income	\$	Gas (Utility)	\$
Total Income	\$	Home Alarm System	\$
		Cable/Satellite/Internet	\$
<i>Joint Applicant</i>		Cell Phone	\$
Gross Income	\$	Other Phone	\$
Net Income	\$	Auto Insurance	\$
Other Income	\$	Vehicle Payment	\$
Total Income	\$	Vehicle Maintenance	\$
		Gas (Vehicles)	\$
Savings		Entertainment	\$
Applicant	\$	Groceries	\$
Joint Applicant	\$	Dining Out	\$
Joint Savings	\$	Health Insurance	\$
		Prescriptions	\$
Insurance Coverage		Other Medical	\$
Medical Company		Dental	\$
Type		Life Insurance	\$
Coverage	\$	Charitable Giving	\$
		Credit Card #1	\$
		Credit Card #2	\$
		Credit Card #3	\$
		Other Debt Payment	\$
		Student Loan #1	\$
		Student Loan #2	\$
		Other Loan Payment	\$

Resource Worker comments regarding assessment of applicant's financial stability (attach additional page(s) if necessary): _____

STANDARDS OF APPROVAL	YES	NO
Home Requirements—Interior:		
1. Is the interior of the home clean and free of physical and health hazards?	☐	☐
2. Does the home have adequate light, heat, ventilation, and plumbing for safe and comfortable living?	☐	☐
3. Is there adequate space for privacy, play, and study for all household members? <i>Copy of the current floor plan of the home with room dimensions of all rooms used for sleeping will be filed in the foster home record.</i>	☐	☐
4. Is there sufficient seating for the family to eat together?	☐	☐
5. Will each child in foster care have adequate space for storing clothing and personal belongings, in or near his/her bedroom?	☐	☐
6. Are heating devices such as radiators, fireplaces, wood stoves, gas or electric heaters, and steam and hot water pipes within reach of children screened or otherwise protected?	☐	☐
7. Have fire hazards, such as dangerous or defective heating equipment, flammable materials, defective electrical appliances or electrical cords, excessive use of extension cords, etc., been eliminated or corrected?	☐	☐
8. Are interior halls and doors free from clutter and not blocked, ensuring easy passage/exit?	☐	☐
9. Is all garbage and other waste kept in a suitable covered receptacle and disposed of in such a way as not to constitute a health or safety hazard?	☐	☐
10. Does home have at least one flush toilet, one sink with running water, and one bath or shower with hot and cold water?	☐	☐
11. Are cleaning supplies, insecticides, gasoline, hazardous tools, knives, or similarly dangerous objects stored out of reach of children or kept in locked closets or drawers?	☐	☐
12. Are liquor and other alcoholic beverages stored out of reach of children?	☐	☐
13. Are all firearms unloaded; maintained in a secure, locked location; and stored separately from ammunition?	☐	☐
14. Are operational smoke detectors located within 10 feet of the kitchen and each bedroom?	☐	☐
15. Is there an operational chemical fire extinguisher in the cooking area?	☐	☐
16. Does the home have an operational telephone or working cellular phone that is accessible to all children?	☐	☐
17. Are emergency phone numbers (911, fire, ambulance, and responsible adult to contact in case of emergency) posted near each telephone?	☐	☐
Sleeping Arrangements:	YES	NO
18. Will children sleep in a bedroom, not in a living room, or dining room where others are passing through?	☐	☐

19. Does each bedroom have at least 50 square feet of floor space per occupant?	☐	☐
20. Do bedrooms have windows which provide natural light and ventilation?	☐	☐
21. Does each bedroom to be used for children in foster care have a window to the outside which is capable of serving as an emergency escape?	☐	☐
22. Can bars, grilles, grates or other items that block access to the bedroom window be removed from the inside without the use of a key, tool, or force greater than required for normal operation of a window?	☐	☐
a. In this event, does each such bedroom contain a working smoke detector?	☐	☐
23. Will no more than 4 children share a bedroom?	☐	☐
24. Will each child in foster care be provided a comfortable bed, in good condition?	☐	☐
25. Will children of the opposite sex not share the same bedroom if either child is 4 years old or older, except for a mother in foster care with her child?	☐	☐
26. Will any children share a bed if either child is 4 years old or older?	☐	☐
a. Are any applicable children who will share a bed the same sex?	☐	☐
27. Will any child under age 6 occupy a top bunk?	☐	☐
28. Will any child in foster care, except an infant under age 2, share a sleeping room with adults? <i>In the case of a grandparent to the child, the age would increase to 4.</i>	☐	☐
29. Will each child be provided with clean bedding, in good condition, that will be laundered at least weekly, or as needed?	☐	☐
Home Requirements—Exterior:	YES	NO
30. Is home accessible to community resources needed by children in foster care?	☐	☐
31. Are the premises of the house, including the yard, garage, carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards which would endanger the safety of children?	☐	☐
32. Is yard free of dangerous debris, trash, uncovered cisterns, etc.?	☐	☐
33. Is yard large enough to provide ample play space for children?	☐	☐
34. Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area?	☐	☐
35. If applicable, is the manufactured home properly installed and stabilized?	☐	☐
a. If the manufactured home is located in a mobile home park, is there sufficient fenced play space outside?	☐	☐
36. Is outdoor play equipment safe, hazard-free, and properly anchored?	☐	☐
37. Does home have at least 2 exterior doors situated to provide safe exit, or home has a written statement from the Fire Department that an alternative escape route is approved? <i>Approval must be filed in the foster home record.</i>	☐	☐
Home Requirements—Other:	YES	NO
38. Does home have a continuous supply of sanitary drinking water? The municipal water system is part of _____(City), County of _____.	☐	☐

39. If the source is not a municipal water system, has the water been tested and approved by the Health Department? <i>Approval must be filed in the foster home record.</i>	☐	☐
40. If the water is not approved, has an alternate compliance of water supply agreement (CFS-480) been established with the family and approved. <i>Approval must be filed in the foster home record.</i>	☐	☐
41. Does the home have a safe sewage disposal system?	☐	☐
42. If the home has a septic system, has it been tested and approved by the Health Department? <i>Approval must be filed in the foster home record.</i>	☐	☐
43. Does family have a plan for evacuating the house in the event of fire and a plan for seeking shelter during a storm or tornado?	☐	☐
a. Is the escape plan posted within the home?	☐	☐
44. Has the family been informed that emergency evacuation drills must be performed and documented with each new child entering the home, and at least quarterly thereafter (date/time/persons involved/length of time needed to clear home)?	☒	☐
45. Does family have adequate toys that are safe and developmentally appropriate for children who will be placed in the home?	☐	☐
46. Is the number of children recommended to be placed in the home limited by the number of persons who can satisfactorily live within the physical limits of the home?	☐	☐
47. Is there a safety plan for any noted hazards in place?	☐	☐
a. If yes, please identify which type:		
Transportation:	YES	NO
48. Do applicants have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities?	☐	☐
49. Do all vehicles owned by the applicants have liability insurance? <i>Documentation of liability insurance must be filed in the foster home record.</i>	☐	☐
50. Is any vehicle to be used to transport children in foster care insured and maintained in compliance with motor vehicle laws?	☐	☐
51. Do applicants and anyone else transporting children in foster care, have a valid driver's license?	☐	☐
52. Will children be transported according to Arkansas law, including, but not limited to, use of safety belts, child safety seats, and smoking restrictions? <i>Children who are 5 and younger and children who weigh less than 60 pounds require a child safety seat. All other children must be restrained by safety belts. Smoking is prohibited in any motor vehicle in which a child who is less than 14 years of age is a passenger.</i>	☐	☐
Medications:	YES	NO
53. Are all over-the-counter medications stored in an area not readily accessible to children, and are all prescription medications locked?	☐	☐
54. Will applicants be aware of possible side effects of all medications and administer them only in accordance with directions on the label?	☐	☐
55. Will applicants log all medications at the time the medication is administered and include the child's name; time and date; medication and dosage; and initials of the person administering the medication?	☐	☐

56. Will age-appropriate children be provided a daily supply of medication (over-the-counter or prescription) for use when the child is away from the home during times the dose is needed? *Examples include pain relievers, fever reducers, and anti-inflammatory and other related medications, or prescribed antibiotics or inhalers. These medications must be logged at the time they are given to the child.*

☐
☐

DOES THE HOME MEET STANDARDS?

☐ Yes ☐ No

If no, list the standards not met and corrective action plan or safeguard measure to be implemented.

Standard Not Met & Corrective Action Plan/Safeguard Measure	Prior to Training	Prior to Home Approval	Persons Responsible

Corrective Actions Achieved/Safeguard Measures Implemented & Approved? ☐ Yes ☐ No

Applicant Signature

Date

Joint Applicant Signature

Date

Resource Worker/Adoption Specialist Name

Date

Signature

BACKGROUND CHECKS (Make additional copies of pages as necessary.)

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		
	FBI	STATE	VSP 1	VSP 2	AR CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	AR ADULT MALTREATMENT
SUBMITTED							
RECEIVED							
RESULTS	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved

NAME OF PERSON CHECKED:								
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS			ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
	FBI	STATE	VSP 1	VSP 2	AR CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	AR ADULT MALTREATMENT	
SUBMITTED								
RECEIVED								
RESULTS	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved

NAME OF PERSON CHECKED:								
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS			ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
	FBI	STATE	VSP 1	VSP 2	AR CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	AR ADULT MALTREATMENT	
SUBMITTED								
RECEIVED								
RESULTS	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved

NAME OF PERSON CHECKED:								
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS			ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
	FBI	STATE	VSP 1	VSP 2	AR CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	AR ADULT MALTREATMENT	
SUBMITTED								
RECEIVED								
RESULTS	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved

RECOMMENDATIONS

Resource Worker/Adoption Specialist recommends approval of applicants to attend training? ☐ Yes ☐ No

Name

Date

Signature

Area Director/Adoption Supervisor/Designee approves applicants to attend training? ☐ Yes ☐ No

Name

Date

Signature

Date submitted to MidSOUTH: _____

Be sure to select the "In-Home Consultation/Approval for Training Purpose" which you entered in the Provider Contact Information Screen. *It is important to select this checkbox prior to the family attending training in order to assist MidSOUTH with pre-service training. Once it is selected, the system will automatically notify MidSOUTH of approval status.*



ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to Underaged Juvenile Offender (under 13 years old)

To: _____

Address: _____

From: _____

Address: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Underaged Juvenile Offender: _____

Name of Victim: _____

On _____ the Arkansas State Police Crimes Against Children Division, received an allegation of suspected child maltreatment identifying you as an alleged offender. The allegation stated that the incident was reported on the following date: _____.

Pursuant to A.C.A. 12-18-703, this letter is to notify you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Although you have been named as an Underaged Juvenile Offender, your name will not be placed in the Arkansas Child Maltreatment Central Registry due to your age.

Since your name will not be placed on the Child Maltreatment Central Registry, you will not have an automatic administrative hearing. However, you may ask for an administrative hearing by submitting a signed request within 30 days of this notice to: Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks for that hearing to be held in person. The request for an in-person hearing must also be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see addresss listed above).

You have the right to an attorney. If you cannot afford one, contact Legal Services.

☐ Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

☐ Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

CACD INVESTIGATOR PRINTED NAME

CACD INVESTIGATOR SIGNATURE

NEED SIGNATURE



ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to
Alleged Juvenile Offender
13 - 15 Years of Age

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____ CHRIS Referral # _____

Re: Name of Alleged Offender:

Name of Alleged Victim: _____ Certified Mail # _____

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named people. The incident was reported on (date) _____. The type of maltreatment was _____.

Please review the information below that next to the box(es) that is/are checked. Only the information next to the checked box(es) pertain(s) to you and your case.



Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

- ☐ Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed, request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

-
- ☐ Pursuant to Arkansas Code Ann. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

-
- ☐ Pursuant to Arkansas Code Ann. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.
-

CACD INVESTIGATOR PRINTED NAME

CACD INVESTIGATOR SIGNATURE

Date

PRINTED NAME OF ALLEGED OFFENDER

SIGNATURE OF ALLEGED OFFENDER

Date



ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to
Alleged Juvenile Offender
16-17 Years of Age

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date) .

Pursuant to Arkansas Code Ann. §12-18-703 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.

The type of maltreatment was .

Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.



Pursuant to Arkansas Code Ann. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

☐

Pursuant to Arkansas Code Ann. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

NEW



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Notice of
Unsubstantiated Child Maltreatment Investigative Determination to
Alleged Underaged Juvenile Offender (Under 13 years old)

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Victim(s):

Name of Alleged Offender:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment identifying you as an alleged offender. The incident was reported on (date) _____. The type of alleged maltreatment was _____.

Pursuant to Arkansas Code Ann. 12-18-703, this is your notice that because the allegations were not supported by a preponderance of evidence, the allegation has been determined to be unsubstantiated, and the alleged offender's name will not be placed in the Child Maltreatment Central Registry.

Because that allegation has been determined unsubstantiated, and pursuant to Arkansas Code Ann. §12-18-1011, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive Services may include tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Notice of
Unsubstantiated Child Maltreatment Investigative Determination to
Alleged Juvenile Offender (13-17 years of age)

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Victim(s):

Name of Alleged Offender:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment identifying you as an alleged offender. The incident was reported on (date) _____. The type of alleged maltreatment was _____.

Pursuant to Arkansas Code Ann. 12-18-703, this is your notice that because the allegations were not supported by a preponderance of evidence, the allegation has been determined to be unsubstantiated, and the alleged offender's name will not be placed in the Child Maltreatment Central Registry.

Because that allegation has been determined unsubstantiated, and pursuant to Arkansas Code Ann. §12-18-1011, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive Services may include tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



Arkansas Department of Human Services

Division of Children & Family Services

Child Maltreatment True Investigative Determination Notice to Underaged Juvenile Offender (under 13 years old)

To: _____

Address: _____

From: _____

Address: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Underaged Juvenile Offender: _____

Name of Victim: _____

On _____ the Division of Children and Family Services or Crimes Against Children Division, received an allegation of suspected child maltreatment identifying you as an alleged offender. The allegation stated that the incident was reported on: _____

Pursuant to A.C.A. §12-18-703, this letter is to notify you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Although you have been named as an Underaged Juvenile Offender, your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age.

Since your name will not be placed on the Child Maltreatment Central Registry, you will not have an automatic administrative hearing. However, you may ask for an administrative hearing by submitting a signed request within 30 days of this notice to: Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks for that hearing to be held in person. The request for an in-person hearing must also be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see addresss listed above).

You have the right to an attorney. If you cannot afford one, contact Legal Services.

☐ Pursuant to Arkansas Code Ann. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

☐ Pursuant to Arkansas Code Ann. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



Arkansas Department of Human Services

Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 13 - 15 Years of Age

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender:

Name of Alleged Victim:

Certified Mail # _____

The Division of Children and Family Services or Arkansas State Police's Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named people. The incident was reported on (date) _____. The type of maltreatment was _____.

Please review the information below that is next to the box(es) that is/are checked. Only the information next to the checked box(es) pertain(s) to you and your case.

☐

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

- ☐ Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed, request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

-
- ☐ Pursuant to Arkansas Code Ann. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

-
- ☐ Pursuant to Arkansas Code Ann. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.
-

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

Date

PRINTED NAME OF ALLEGED OFFENDER

SIGNATURE OF ALLEGED OFFENDER

Date



Arkansas Department of Human Services Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 16-17 Years of Age

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Division of Children and Family Services or Arkansas State Police's Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date) _____.

Pursuant to Arkansas Code Ann. §12-18-703 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.

The type of maltreatment was _____.

Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

☐ Pursuant to Arkansas Code Ann. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

☐

Pursuant to Arkansas Code Ann. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

NEW



Arkansas Department of Human Services
Division of Children and Family Services

Notice of
Unsubstantiated Child Maltreatment Investigative Determination to
Alleged Underaged Juvenile Offender (Under 13 years old)

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____ **CHRIS Referral #** _____

Re: Name of Alleged Victim(s):

Name of Alleged Offender:

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment identifying you as an alleged offender. The incident was reported on (date) _____. The type of alleged maltreatment was _____.

Pursuant to Arkansas Code Ann. 12-18-703, this is your notice that because the allegations were not supported by a preponderance of evidence, the allegation has been determined to be unsubstantiated, and the alleged offender's name will not be placed in the Child Maltreatment Central Registry.

Because that allegation has been determined unsubstantiated, and pursuant to Arkansas Code Ann. §12-18-1011, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive Services may include tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



Arkansas Department of Human Services
Division of Children and Family Services

Notice of
Unsubstantiated Child Maltreatment Investigative Determination to
Alleged Juvenile Offender (13-17 years of age)

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Victim(s):

Name of Alleged Offender:

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment identifying you as an alleged offender. The incident was reported on (date) _____. The type of alleged maltreatment was _____.

Pursuant to Arkansas Code Ann. 12-18-703, this is your notice that because the allegations were not supported by a preponderance of evidence, the allegation has been determined to be unsubstantiated, and the alleged offender's name will not be placed in the Child Maltreatment Central Registry.

Because that allegation has been determined unsubstantiated, and pursuant to Arkansas Code Ann. §12-18-1011, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive Services may include tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE