



Arkansas Department of Human Services  
Division of Children and Family Services

Notice to Adult Relatives by Blood, Adoption or Marriage that a  
Child Has Been Taken into DCFS Custody

To: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

You have been identified as a relative of \_\_\_\_\_ who is now in the custody of the Arkansas Department of Human Services' Division of Children and Family Services (DCFS). DCFS has removed or is removing the above-named child from the home of \_\_\_\_\_. We believe that relatives play an important role in the lives of children, especially children who must be temporarily cared for by someone other than their parents. Children do better when they can temporarily live with or stay connected in other ways to people who know and care about them.

We are contacting you to see if you are interested in being considered as a temporary home for or otherwise staying in contact with \_\_\_\_\_ while s/he is in custody. In the next few days, I or someone from my agency will call you to review your options for helping to care for \_\_\_\_\_.

Pursuant to Arkansas Code Ann. §9-28-1077-325, this is your notice that you have the option to (1) ~~Participate in the~~ Participate in the care and placement of the child, (2) ~~Participate in the placement with the child, Become a provisional foster parent,~~ and/or (3) Visit the child.

~~If you are interested in having the child temporarily live in your home with you, If you would like to bring the child into your home, one option may be to you may ask to become a Provisional Foster Home Parent. DCFS may approve your home as a Provisional Foster Home after conducting (1) a health and safety check, which includes background checks, and (2) a visual inspection of your home. A Provisional Foster Home may remain as such for six months, after which time one of the following must take place:~~

- ~~1. You must be approved as a Regular Foster Home.~~
- ~~2. You must receive permanent custody of the child.~~
- ~~3. Your Provisional Foster Home must be closed and the child must be removed.~~

If your home is opened as a Provisional Foster Home, you ~~may~~ will receive benefits ~~if you qualify for which you may become entitled~~ after ~~the child is placed~~ ement of the child in your home, such as Supplemental Nutrition Assistance Program (SNAP—formerly known as food stamps). ~~DCFS may also provide daycare assistance if appropriate. The child will receive medical insurance.~~

~~Within six months of becoming a Provisional Foster Home, you must meet all other foster home requirements including attending foster parent training. If you are approved as a Regular Relative Foster Home, DCFS will provide all services and supports available to every child in foster care, such as monthly board payments for the child. In addition, if you become a fully approved Regular Relative Foster Home, you may eventually qualify to serve as a guardian for the child and receive a guardianship subsidy.~~

~~If you are not approved as a Regular Relative Foster Home within six months of becoming a Provisional Foster Home, then one of the following must take place: (1) You must receive permanent custody of the child, or (2) Your Provisional Foster Home must be closed and the child must be removed. If your home is approved as a Regular Foster Home within six months of becoming a Provisional Foster Home, DCFS will provide all services and supports available to every child in foster care, such as monthly board payments for each child and Medicaid.~~

If you are not able to provide a temporary home for \_\_\_\_\_, there are other ways for you to stay involved in his/her life and maintain important family connections. You might ~~visit regularly,~~ arrange regular weekend or

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holiday visits at your home; or offer to transport \_\_\_\_\_ to and from school, medical appointments, or other activities.

We will call you in the next few days to explore your options, but feel free to contact me sooner. My phone and email are listed above. We need to communicate with you at your earliest convenience either by phone, mail, email, or in person, to determine if you are interested in (1) Participating in the care and placement of the child (to potentially include, - (2) - becoming a provisional foster parent), or (23) Visiting the child. Contacting me will help ensure that you do not lose the opportunity to connect with \_\_\_\_\_ now or in the future.

\_\_\_\_\_  
Signature of Contact Person

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

**Notice to Fictive Kin that a  
Child Has Been Taken into DCFS Custody**

To: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_,

You have been identified as an individual having a strong, positive, emotional tie to \_\_\_\_\_ and a positive role in \_\_\_\_\_'s life. Pursuant to A.C.A. §9-28-107, this is your notice that this child is now in the custody of the Arkansas Department of Human Services' Division of Children and Family Services (DCFS). DCFS has removed or is removing the above-named child from the home of \_\_\_\_\_. We believe that relatives and other individuals with whom a child shares a positive, meaningful relationship play an important role in a child's life, especially a child who must be temporarily cared for by someone other than a parent. Children do better when they can temporarily live with or stay connected in other ways to people who know and care about them.

We are contacting you as someone who could offer services needed by \_\_\_\_\_ and/or his or her family such as offering a temporary home for or otherwise supporting \_\_\_\_\_. \_\_\_\_\_ by staying in contact while he or she is in custody. In the next few days, I or someone from my agency will call you to review your options for helping to care for \_\_\_\_\_.

If you would like to temporarily bring the child into your home, you may ask to become a Provisional Foster Parent. DCFS may approve your home as a Provisional Foster Home after conducting (1) a health and safety check, which includes background checks, and (2) a visual inspection of your home. Requesting to be considered as a possible Provisional Foster Home, does not guarantee that you will be asked or approved to ultimately serve as a Provisional Foster Home for \_\_\_\_\_.

If your home is opened as a Provisional Foster Home, you may receive benefits if you qualify after the child is placed in your home, such as Supplemental Nutrition Assistance Program (SNAP—formerly known as food stamps). DCFS may also provide daycare assistance if appropriate. The child will receive medical insurance.

Within six months of becoming a Provisional Foster Home, you must meet all other foster home requirements including attending foster parent training. If you are approved as a Regular Foster Home, DCFS will provide all services and supports available to every child in foster care, such as monthly board payments for the child.

If you are not approved as a Regular Foster Home within six months of becoming a Provisional Foster Home, then one of the following must take place: (1) You must receive permanent custody of the child, or (2) Your Provisional Foster Home must be closed and the child must be removed.

A Provisional Foster Home may remain as such for six months, after which time one of the following must take place:

1. You must be approved as a Regular Foster Home.
2. You must receive permanent custody of the child.
3. Your Provisional Foster Home must be closed and the child must be removed.

Requesting to be considered as a possible Provisional Foster Home, does not guarantee that you will be asked or approved to ultimately serve as a Provisional Foster Home for \_\_\_\_\_. However, if your home is opened as a Provisional Foster Home, you will receive benefits for which you may become entitled after placement of the child in your home, such as Supplemental Nutrition Assistance Program (SNAP—formerly known as food stamps). If your home is approved as a Regular Foster Home within six months of becoming a Provisional Foster Home, DCFS will provide all services and supports available to every child in foster care, such as monthly board payments for each child and Medicaid.

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If you are not able to provide a temporary home for \_\_\_\_\_, there are other ways for you to stay involved in his or her life and maintain important connections.

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We will call you in the next few days to explore your options, but feel free to contact me sooner. My phone number and email address are listed above.- We need to communicate with you at your earliest convenience by phone, mail, email, or in person, to determine if you are interested in (1) Participating in the care and placement of the child, (2) Becoming a foster parent, and/or (3) Visiting the child. Contacting me will help ensure that you do not lose the opportunity to connect with \_\_\_\_\_ now or in the future.

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\_\_\_\_\_  
Signature



Arkansas Department of Human Services  
Division of Children and Family Services  
STATE POLICE CRIMINAL & FBI RECORD CHECK RELEASE

THIS SECTION TO BE COMPLETED BY DCFS WORKER. CHECK ALL THAT APPLY.

☐ Foster Parent ☒ Adoptive Parent ☐ FFSS (for which Foster Family:  
) ☐ The CALL

☐ Other ☐ Provisional ☐ ICPC Reg No. 7 ☐ Court Ordered ☐  
Other

ONLY Provisional, ICPC Reg No. 7, and Court Ordered Checks will be expedited. COURT ORDERED? ☐ YES ☐ NO

☐ State Only ☐ State/FBI ☐ FBI fingerprints to be conducted via harvester.  
Harvester transaction # (if applicable)

ONLY Provisional, ICPC Reg No. 7, and Court Ordered Checks will be expedited.

County Requesting Check and County Number

Name of DCFS Worker Requesting the Check

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

LEGAL NAME: Telephone Number and Extension Number Date of Request  
Last (Include Jr., II, III) First Middle

MAIDEN NAME: EMAIL ADDRESS:

CURRENT STREET ADDRESS:

CITY/STATE/ZIP:

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

STATE OF BIRTH: CITIZENSHIP: SOC SEC #:

HEIGHT: WEIGHT: EYE COLOR: HAIR COLOR:

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

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

THE FOLLOWING IS TO BE COMPLETED ONLY IN THE PRESENCE OF A NOTARY

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

Signature of Applicant/Employee

Date

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

Notary Public

My Commission Expires on,.

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CFS-342 (07/8/20154) Initials Date Completed Transaction Number

## **POLICY III-B: NOTIFICATION OF RELATIVES AND FICTIVE KIN WHEN A CHILD IS TAKEN INTO CUSTODY BY THE DIVISION**

078/20153

~~According to state and Federal law, (Act 1311 of 2009 and section 471(a)(31) of the Fostering Connections to Success and Increasing Adoptions Act of 2008),~~ The Division shall exercise due diligence to identify and provide notice to all adult grandparents, all parents of a sibling of the juvenile where the parent has legal custody of the sibling, and other adults who are related to the child transferred to the custody of the Division within the third degree of kinship by virtue of blood, adoption, or marriage. Additionally, the Division will provide notice to any other adult relatives suggested by the parents of the child. Per A.C.A. § 9-28-107, the Division may provide notice of a child transferred to the custody of the Division to fictive kin which are persons who have a strong, positive emotional tie to the child and have a positive role in the child's life but are not related by blood, adoption, or marriage. The Division will, on a continuing basis, seek out for the purpose of identifying potential opportunities for permanency, persons with whom the child has meaningful relationships. The Division will document its attempts to provide notice in court reports.

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### **PROCEDURE III-B1: Notice to Relatives and Fictive Kin**

078/20153

#### **Notices**

The Family Service Worker will:

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#### **Notices**

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- A. ~~The Family Service Worker will~~ provide notice using CFS-323-A: Notice to Adult Relatives by Blood, Adoption, or Marriage that a Child Has Been Taken into DCFS Custody to all adult relatives by blood, adoption, or marriage within the third degree of kinship, all parents of a sibling of the juvenile where the parent has legal custody of the sibling, as well as any other adult relatives suggested by the parents of the child.

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- 1) The Division *should* provide notice using CFS-323-B: Notice to Fictive Kin that a Child Has Been Taken into DCFS Custody to any adults identified as having a positive, meaningful relationship with the child and/or could offer needed services and supports to the child and/or his or her family.

- B. ~~Send~~ notices ~~shall be provided~~ within 30 days after the child is transferred to the custody of the Division.

- ~~B.C. Send~~ notices ~~shall be sent~~ to additional persons of interest who are identified at any point in time during the child's stay in foster care (within 30 days of identification) until permanency is achieved.

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- 1) ~~The notices~~ need not be sent to any adult relative or fictive kin who has:

- a) A pending charge or past conviction or plea of guilty or nolo contendere for family or domestic violence; or,

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- b) A true finding of child maltreatment in the Child Maltreatment Central Registry.

~~It is not mandatory that this notice be sent.~~ However, if it is determined that the relative may have a meaningful relationship with the child and the charge, conviction, or true finding is such that the relative is not considered to pose a threat to the child, the notice may be sent.

- D. In the Document Tracking Screen in CHRIS, select the CFS -323-A: Notice to Adult Relatives by Blood, Adoption or Marriage that a Child Has Been Taken into DCFS Custody or CFS-323-B: Notice to Fictive Kin that a Child Has Been Taken into DCFS Custody, ~~as appropriate~~, and enter the following information:

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- 1) Date Sent
- 2) Description text field
- 3) Comments text field
- 4) Document Issue on Behalf of Client – select the client
- 5) Document Issued to Recipients – select relative client

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~~E. The Family Service Worker shall~~ contact by phone any individual to whom CFS-323-A: Notice to Adult Relatives by Blood, Adoption or

~~D. Marriage that a Child Has Been Taken into DCFS Custody or CFS-323-B: Notice to Fictive Kin that a Child Has Been Taken into DCFS Custody was sent within 5 working days of sending the notification to . During the phone conversation, the Family Service Worker should~~ more fully explain the options that the specific individual may have in terms of providing a temporary home for or otherwise staying in contact with the child who was taken into DHS custody.

~~E-F.~~ Document the date and time of all phone contact attempts (whether successful or unsuccessful in speaking with the individual) and the result of each attempt in the CHRIS contacts screen.

~~G.~~ If, after three attempts of trying to reach an individual to whom CFS-323-A: Notice to Adult

~~F.~~ Relatives by Blood, Adoption or Marriage that a Child Has Been Taken into DCFS Custody or CFS-323-B: Notice to Fictive Kin that a Child Has Been Taken into DCFS Custody was sent, the Family Service Worker is unable to reach him or her, the ~~Family Service Worker FSW~~ may cease trying to contact the individual.

~~G-H.~~ Enter the following information as appropriate on the Relative/Fictive Kin Interest Information Tab within the Court Report Screen in CHRIS under the Relative/Fictive Kin Interest Detail ~~if the individual indicates interest in providing support to the child, enter the following information as appropriate on the Relative/Fictive Kin Interest Information Tab within the Court Report Screen in CHRIS under the Relative/Fictive Kin Interest Detail:~~

- 1) Child
- 2) Relative/Fictive Kin
- 3) No Relative/Fictive Kin Identified checkbox (if applicable)
- 4) Notified Date
- 5) Under the "Interested in Participating in the Care and Placement of Child" section, each grouping has a checkbox and when selected the text box will become mandatory to enter the information on the following:
  - a) Provisional Home
  - b) Foster Home
  - c) Kinship Guardianship
  - d) Desires Visitation

#### Court Reports

The Family Service Worker will:

A. Include the following information in the CFS-6011: Court Report:

- 1) Outline of the efforts made by the Division to identify and notify all adult relatives including all parents of a sibling of the juvenile where the parent has legal custody of the sibling, that the child is in the Division's custody.
- 2) A list of all adult relatives and the response of each relative to the notice, including:
  - a) The adult relatives' interest in participating in the care and placement of the child;
  - b) Whether the adult relative is interested in becoming a provisional foster parent or foster parent of the child;
  - c) Whether the adult relative is interested in visitation.

~~6-3)~~ Outline of the efforts made by the Division to identify and notify any fictive kin that the child is in the Division's custody.

~~7-4)~~ A list of all fictive kin and the response of each fictive kin to the notice, including:

- a) Whether fictive kin is interested in becoming a provisional foster parent or foster parent of the child.

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