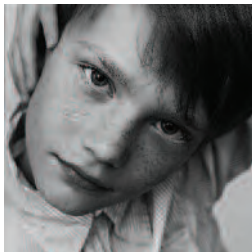


PHILADELPHIA DEPARTMENT OF HUMAN SERVICES

RESOURCE PARENT HANDBOOK

A GUIDE
FOR
FOSTER
AND
KINSHIP
CAREGIVERS



DHS
DEPARTMENT OF
HUMAN SERVICES

FOSTER PARENT HANDBOOK | TABLE OF CONTENTS

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At any given time in Philadelphia, there are thousands of youth in dependent care. Most of whom entered care as a result of abuse or neglect. Resource parents—which include foster and kinship care givers—open their hearts and their homes to these vulnerable children and youth and provide the love and support that allows them to heal and grow while they are separated from their families. Resource parents are the true heroes of the child welfare system.

At DHS we know that the role of a resource parent can be challenging and even sometimes confusing. That's why we've developed this handbook, which provides important information about all aspects of foster care as well as numerous helpful resources that can provide assistance and support.

But we also know that child welfare is a community responsibility and that ensuring the safety and well being of our young people requires a supportive network. **That's why DHS has embarked on a groundbreaking new service delivery model called Improving Outcomes for Children (IOC).** IOC is based on the premise that positive outcomes are achieved through child welfare services that are family-centered, community-based, culturally competent, integrated, timely, and accountable for results.

With this new approach, case management services for children in placement are delivered by providers, in the child's own neighborhood, called Community Umbrella Agencies (CUAs). IOC also has a strong focus on Family Teaming, which ensures that the child, the family and other caring adults, including the resource parents, are actively involved in planning and decision making.

We believe that by fostering stronger partnerships at the neighborhood level and facilitating the development of culturally relevant resources and services within the community, IOC will help resource parents become more effective in their roles and provide the best possible environment for the children in their care.

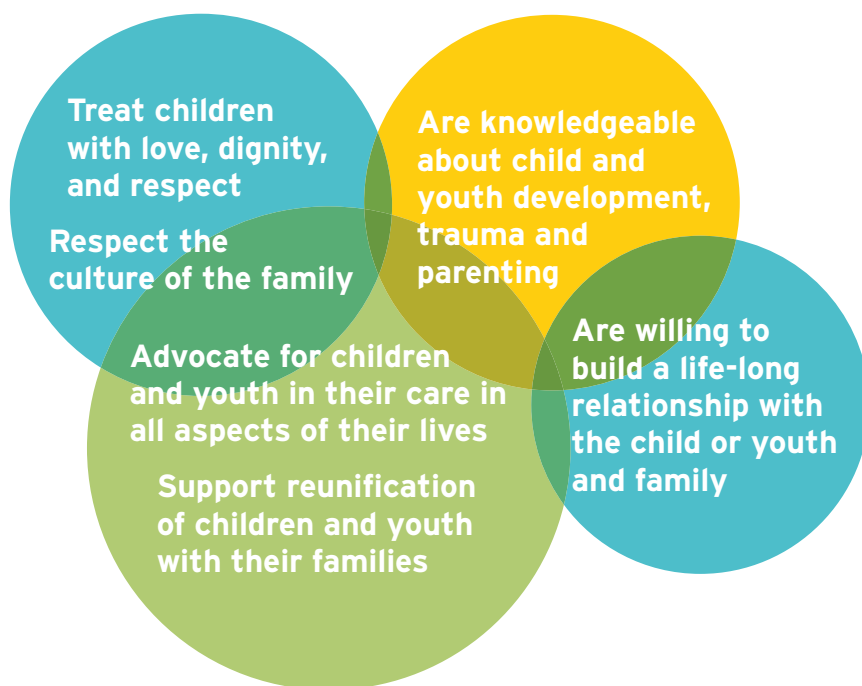
To all the current and potential resource parents reading this book, we at DHS extend our heartfelt gratitude. **Thank you for answering the call of our most vulnerable children, for helping to right the wrongs, for being a shoulder to cry on and most importantly, for providing Philadelphia's foster children with the love, compassion and respect they deserve.**

DHS' Commitment to Supporting Foster | Resource Parents

In an effort to ensure that resource parents have the support and resources they need, DHS has launched the Quality Parenting Initiative (QPI), which aims to strengthen the quality of care provided to children and youth living in foster care. The goal of QPI is to develop a systematic approach to recruiting and retaining high-quality caregivers in our community. This initiative has been used effectively in Florida, Nevada, and California to improve the quality of care for children in foster care by redefining the expectations and roles of caregivers and the child welfare system and supporting excellent parenting.

In Philadelphia, foster/resource parents, resource coordinators and other stakeholders have come together to participate in the QPI process. As part of this effort, they have crafted the following brand statement:

Today's resource parents are community members who are a respected and integral part of a team passionately committed to the safety, permanency, and well-being of children and youth. Our resource parents:



We work in partnership to strengthen families by bridging the gap during challenging times so children grow up in safe, healthy environments.



WORKING TOGETHER: The Partnership between Resource Parents, Birth Parents, CUAs, and DHS

DHS now operates a single case management system at the community level. This means that a birth family has a single case manager that is responsible for the provision of ongoing services. The case manager is employed by a Community Umbrella Agency (CUA) and is located in the community where the child lives. The case manager works with the birth family and other caring adults to develop and implement a Single Case Plan. As a resource parent, you should have a voice and role in the process of creating a Single Case Plan through the teaming approach.

As a resource parent, you will be assigned a case manager, either at the CUA or at a foster care agency that works with the CUA. This case manager will help support your foster care experience including recruitment, licensing, placements, court involvement, and other issues that arise. Please refer to the CUA neighborhood map in Appendix Eight on page 80 which details the boundaries for each of the 10 CUAs in Philadelphia.

FREQUENTLY ASKED QUESTIONS

What is Foster Care?

Who are Philadelphia's resource parents?

What are the roles and responsibilities of resource parents?

How and why do children and youth enter foster care?

How do I become a resource parent?

What makes a successful resource parent?

How can I learn more about what it takes to be a successful resource parent?

How does DHS decide where to place a child that has been removed from her home?

How much information will I receive about a child or youth before I have to make a decision?

Will my foster child continue to see her parents?

When I am a resource parent, will I be able to go on vacation?

When I am a resource parent, will I still be able to practice my own religion?

What rules and responsibilities govern providing transportation for children in foster care?

Are there other kinds of insurance I need to have as a resource parent?

What do I do if I have concerns or problems?

What do I do if I have questions or situations that need immediate attention late at night, on a weekend or holiday?

What is Foster Care?

Foster care is a social service that provides a substitute family for children placed away from their parents or guardians by the Department of Human Services. This includes, but is not limited to, placements in foster family homes, care by relatives, known as kinship care, and pre-adoptive homes.

The primary goal of all child welfare services is to preserve and strengthen the child's own home whenever possible. However, sometimes birthparents or other caregivers cannot meet a child's basic needs for care, protection and love. When this occurs, life in a family foster home, such as yours, can come closer to normal family living than any other type of temporary placement.

As a resource parent, you play a central role in helping DHS keep its commitment to permanency for all children in care. Permanency, which means that children and youth grow up in a permanent, loving home, can occur by reunifying children and youth with their birth parents, achieving adoption, or establishing permanent legal guardianship. The resource parent is a key member of the permanency planning team.

Who are Philadelphia's resource parents?

- Resource parents come from all walks of life.
- They are single, married, divorced, male or female, straight or gay.
- They can be young (at least 21), or already grandparents.
- They can live in apartments, houses or farms, stay at home with children, or have a career.

- Some are able-bodied, while others live with disabilities.
- They come from all racial and ethnic backgrounds and belong to many different communities of faith.
- They may be related to the children they care for (sometimes called “kin” or “relative caregivers”).
- What they all have in common is a genuine love for children and a desire to make a difference in the lives of children and families.

What are the roles and responsibilities of resource parents?

Resource parents provide a child or children with a safe and healthy environment in a family home, on a temporary basis, until the child can achieve permanency. In this way, the foster family meets the extensive day-to-day needs of the children and youth in their care.

Resource parents also participate as full partners in the child’s team to plan for and achieve safety and timely permanency. The participation of resource parents in team meetings can help facilitate reunification with the child’s family of origin and ensure more children will end up in a safe and healthy family setting that is permanent.

Sometimes, depending on the child’s needs, he or she may be in more than one placement while in the child welfare system. The new placement may include transfer to the home of their birth family, another relative, a different foster home, a residential treatment facility, among others. Resource parents prepare and support children as they transition from one placement to another.

How and why do children and youth enter foster care?

DHS only removes children or youth from their homes when it is clearly necessary to protect the health, safety, and/or welfare of the child.

Safety concerns may come to DHS’ attention as a result of an emergency or crisis or through a report made by a relative, neighbor, teacher, doctor or other person who has observed or suspects the child is being either neglected or abused.

DHS is required by law to investigate all reports of abuse and neglect, provide services to help keep children and families together, and remove a child or youth only when it is necessary to protect the child’s safety, health or welfare.

Children enter foster care in Philadelphia through court-ordered placement. A court ordered placement occurs when DHS obtains an emergency order, also known as an Order of Protective Custody (OPC) for placement, from a judge.

The Journey Chart on pages 16 and 17 provides more information about how children and youth come into, move through and leave foster care.

How do I become a resource parent?

The first step is to contact your neighborhood Community Umbrella Agency (CUA), which will connect you with a foster care agency. The foster care agency will help you through the process of becoming licensed as a resource parent.

You can call the foster care helpline at 215-683-5709 or send an email to

dhs.fosteringphilly@phila.gov to get a complete packet of information. The Pennsylvania State Resource Family Association and the Philadelphia Resource Parent Association can also provide information. The State Association can be reached at 1-800-951-5151 or on the web at www.psrfa.org and the local association can be reached at PhiladelphiaRPA@gmail.com.

Resource parents receive specialized training both before becoming resource parents and over time (at least 6 hours per year is required) to learn about the important responsibilities they will have and the needs of the children they care for as well as to continuously gain new skills.

In addition, all prospective resource parents must demonstrate that they have not been convicted of violent acts or crimes against children, are in sound health, and can provide a safe and stable home and living environment for a child.

What makes a successful resource parent?

Parenting a child who has been separated from her parents, often under traumatic or stressful circumstances, can be challenging.

Successful resource parents not only care about children, but are willing to continuously learn new things about themselves.

Successful resource parents are patient, have received training, and are willing to reach out for help and support.

They have, or develop, excellent communication and problem-solving skills. They are able to express feelings safely and support both the physical and emotional needs of the children in their home. Most importantly,

they view themselves as part of a team, including the child's parents and all of the professionals involved.

The primary focus and goal of this team is to ensure that the child has the opportunity to grow up safely in a permanent, loving family. This is often referred to as permanency and is different from foster care, which by definition, is intended to be temporary. The permanent family may be the birth parents, other relatives, legal guardians or an adoptive family.

Successful resource parents must work closely with all members of the team, sharing information, giving and receiving support, and ensuring that the child feels and is safe and free from threats of harm or danger.

In addition, the child's need to have a permanent family in which to grow up must be met in a timely manner. Resource parents can help ensure that these concerns remain central in all decision-making and plans.

How can I learn more about what it takes to be a successful resource parent?

While the licensing and assessment process will help you discover if you can be a successful resource parent, you can begin by performing a self-assessment. Here are some ideas to get you started:

- Read and learn about it - Get the most accurate and current information on resource parenting. You can read books, watch videos or learn about resource parenting in other ways that are meaningful to you.
- Interact with other foster families -

The Philadelphia Resource Family Association, Grand Central and other organizations listed in the resource directory often sponsor activities where you can get acquainted with other foster families. Foster care agencies also sponsor informational sessions, and local, state and national conferences are held each year where you can network with other foster families and learn more about foster care.

- Ask yourself how you feel about the families of children and youth in foster care. Will you be able to work with them respectfully and view them as part of the team, in spite of the abuse or neglect involved in a particular case? How do you relate to people who have different values, lifestyles or sexual preferences than you? How do you relate to people of different cultures, ethnicities or religions?
- Think about how you handle stress and challenges in your life right now. Are you comfortable with uncertainty? Ambiguity? Do you have a supportive extended family, friends, a community of faith or others to turn to when you face challenging circumstances?
- What is rewarding to you? Resource parenting can be very rewarding, but often the rewards are not immediate. Do you need immediate gratification? Praise from others? Or are you happy in your life already and ready to share your life with a child?

How does DHS decide where to place a child that has been removed from her home?

When a child must be removed from her home, it is DHS' policy to first consider relatives or other individuals who have a

significant relationship to the child or the child's parents before considering other foster families. This first placement option is known as Kinship Care and is further discussed on page 27.

If there is no appropriate kinship placement readily available for a child, DHS works to match the needs of the child with the strengths and capabilities of available foster families. In addition, it is DHS policy to keep siblings—brothers and sisters—together whenever possible in the same home unless there is a very strong reason for their separation. It is also DHS policy to place children and youth in their own communities whenever possible.

How much information will I receive about a child or youth before I have to make a decision?

It is the responsibility of the CUA and the provider agency to provide you with as much information as possible about each youth you are asked to care for in your home. It is also your right and responsibility to ask questions and get as much information as you need to feel comfortable and confident when accepting a child or youth for placement in your home. Beginning on page 35 there is a list of questions you may wish to ask each time a child or youth is referred to you.

You should also understand that many times children and youth need a foster care placement in the midst of a crisis or an emergency situation. In these instances, you may not receive a lot of information prior to the child's coming into your home, but you should still ask questions and the CUA Case Manager should get information to you in a timely manner.

You always have the right to decide not to accept the placement of a particular child or youth if you feel you do not have enough information, or if the information provided leaves you with concerns about your ability to meet the particular child's needs.

Will my foster child continue to see her parents?

The initial and primary goal for most children in foster care is to help transition them safely back to their parents as soon as possible. Family visits are a very important step in this process. In fact, State regulations require that foster children be permitted to visit their parents, siblings and other family frequently—at least every two weeks if not more often. As a resource parent, your role will be to help the youth maintain the important connections in her life.

More information about visitation schedules, requirements and expectations can be found on page 40.

When I am a resource parent, will I be able to go on vacation?

Family vacations and other types of breaks, including respite care, are important ways for resource parents to take care of themselves and continue to be successful as resource parents.

You may also take the children or youth in your care on vacation with you locally or outside of the city or state, provided you have written permission from the parent or a court order obtained by DHS.

The important thing to remember is that communication is essential when any plans are made that will disrupt the regular routine. For example, the visitation schedule

with the child's biological parents will need to be considered when planning vacations. Missed visits can be made up after the vacation.

When I am a resource parent, will I still be able to practice my own religion?

Being a resource parent does not affect your religious practices. Additionally, you may invite, but not require, the child in your care to attend religious services with you. Children in foster care need opportunities for spiritual development, in accordance with their religious preferences.

It is also important to know that the decision about the child's religion continues to belong to the parent.

At no time is a resource parent to require a child to accept their religious beliefs or activities. If a child in your care chooses not to attend religious services with you, you will need to arrange for appropriate supervision for the child during these times.

If the child or youth follows a religion different from that of the resource parent, it is your responsibility to allow the youth to practice her own religion.

Issues and decisions related to religion, including attendance at church, synagogue, mosque or other houses of worship, religious education classes, and special events such as baptism, should be discussed with the parents. Your CUA Case Manager can help facilitate these conversations, if needed.

What rules and responsibilities govern providing transportation for children in foster care?

It is the responsibility of resource parents, together with the foster care agency and CUA Case Manager, to arrange transportation for the child for school, medical appointments, visits with family members, court hearings and other essential activities and events. The agency will work with you to arrange for bus tokens or to make other transportation arrangements as needed.

Resource parents who provide transportation by car are required to have a current driver's license and automobile insurance. In addition, any car used to transport a child in foster care must have a seatbelt or car seat for each child, as determined by the child's age and weight.

Are there other kinds of insurance I need to have as a resource parent?

Health insurance for children in foster care will be provided through Medical Assistance.

Resource parents are responsible for arranging and purchasing their own medical insurance.

What do I do if I have concerns or problems?

Experienced resource parents know that things don't always go smoothly. There may be times when you will not get all the information related to the child's medical care or schooling that you need in order to care for the child. There may be times when you are not able to get access to the services a child in your home needs—perhaps a medical card will have expired before a new one arrives.

You may not always get notice of a court hearing or important meetings in time to make arrangements to attend or participate.

You may encounter behavior or discipline challenges you were not prepared for, or conflicts with the child's family members, or various professionals involved with the case.

You may experience frustration if you feel that questions you have about legal or financial matters are not answered to your satisfaction.

You have several resources available in these situations. The first is to raise your concerns or questions with the Resource Parent Support Worker or the CUA Case Manager.

If you do not get a satisfactory resolution, you can ask for a supervisor. Each agency has what is called the "chain of command" and you can go up this chain until your concerns and questions are resolved to your satisfaction. You can also contact the Commissioner's Action Response Office (CARO) at 215-683-6000 or dhscaro@phila.gov.

The child in your home will have an attorney, also called a child advocate. This is another person you can turn to when you are trying to get information or access to services on behalf of the child or youth in your home.

Finally, one of your best resources in all of these situations will be other experienced resource parents. You are encouraged to join a local resource parent support group, as well as the Philadelphia Resource Family Association. Your agency case manager can help you locate a resource parent support group in your area, and there is contact information provided in the Resource Directory of this handbook.

What do I do if I have questions or situations that need immediate attention late at night, on a weekend or holiday?

Through the CUA, you have 24-hour, 7-day a week access to help, support and crisis management. A place to record the after-hours number is provided on page 82 of this handbook. In addition, you should discuss crisis management and after-hours support with your CUA Case Manager and Resource Parent Support Worker.



Permanency for Children and Youth in Foster Care

- You Are Part of the Youth's Permanency Team
- What Does the Law Say about Permanency?
- What Are the Three Permanency Goals?
- Resource Parent as Part of the Permanency Planning Team
- Resource Parent's Role in Reunification
- Resource Parent's Role in Honoring Sibling Relationships
- Resource Parent's Role in Alternative Permanency Plans

DHS is committed to ensuring that all children and youth have the opportunity to grow up in a safe, permanent family. Research and experience have shown that children and youth from birth through adolescence need to know where they belong. DHS' approach is rooted in the belief that the entire community must play a role in child welfare. This role includes ensuring that children and youth grow up in a permanent, loving home with family members to whom they can be connected, even when they become adults—and that no youth grow up with uncertainty about where they will live tomorrow or who they can rely on for emotional support, now and in the future.

The first choice for permanency is with one or both parents. When children and youth are removed from their homes, diligent efforts are made to see that they can return home safely and quickly. But when a return home in a timely manner is not possible, DHS has an equally important responsibility to see that they are placed into safe, loving and permanent homes.

This can happen through adoption or Permanent Legal Custodianship, also known as PLC. Long-term foster care is no longer an acceptable permanency option. DHS has made a commitment that no child or youth should leave foster care without a permanent connection to a family. You, the resource parent, play a central role in helping DHS keep this commitment.

You are part of the youth's permanency team.

A familiar African proverb says: "It Takes a Village to Raise a Child." This proverb is especially relevant to children who have experienced abuse or neglect. The "village" that will care for, make decisions about and

respond to the needs of these children is known as the "child welfare system" and it includes many members. Some of them are:

- The child's parents.
- The child's siblings.
- The child's relatives and extended family.
- The kinship family.
- The foster family.
- The child.
- CUA staff.
- Foster care and adoption agency staff.
- Family Court.
- Attorneys who represent the child, youth and parents.
- Schools.
- Doctors and other medical providers.
- Therapists and other community service providers.
- The child's, or youth's informal support network, which may include spiritual leaders, mentors, friends, neighbors, employers, coaches, etc.

- Support groups for foster or adoptive parents and/or grandparents and other relative caregivers.
- Communities of faith.

What does the law say about permanency?

A federal law, known as the Adoption and Safe Families Act (ASFA) requires permanency plans for all children, and sets timelines for achieving these goals.

ASFA says that if a child has been in foster care for 15 of the most recent 22 months, DHS must ask the court to take away (“terminate”) parental rights and find a qualified family to provide a permanent home for the child through adoption or legal custody.

While there are some exceptions to this requirement, in most cases this is the timetable that DHS must follow. The reason for this timeline is so that each child will have the opportunity for permanence according to appropriate developmental timeframes. Waiting, even a short time, to feel secure and know where you belong can seem like an eternity to a child or youth.

To achieve these goals and meet these timetables, permanency planning for each child in foster care must begin the very first days she comes into care. DHS and the CUAs will lead the efforts of the entire team to ensure that reunification efforts are vigorously pursued, while at the same time, alternate permanency options are explored.

What are the three permanency goals?

REUNIFICATION: The primary goal is reunification, which refers to a youth returning home to her family. Reunification can also

refer to a child’s return to a legal custodian or adoptive parent after a period of time in foster care.

ADOPTION: If a child cannot be returned home safely and in a timely manner, the next most permanent plan is for her to be adopted by a qualified and loving family. The adoption process involves the termination of the parents’ rights and the creation of parental rights to new caregiver(s); adoption creates a new legal family. Adoptive families may or may not be related to the child or youth before the adoption. Most children in placement are adopted by their current kinship or resource parent.

PERMANENT LEGAL CUSTODIANSHIP (PLC): When another person, often a family member, becomes the permanent legal guardian. PLC is intended to be a permanent arrangement, but, unlike adoption, does not involve termination of the parents’ rights. Under PLC, the parents may retain certain rights, such as visitation, that they would not have under adoption. In most PLC cases, the current kinship or resource parent becomes the permanent legal guardian.

These three permanency goals are listed in order of priority. Before a child can be adopted, family reunification must be fully explored and ruled out. Before PLC can be considered, both reunification and adoption must be ruled out.

Adoption and PLC allow caregivers to make a lifelong commitment to children who cannot live with their parents (birth parents or other parents with whom the child was living when removed). Although there may be some differences between the two commitments, DHS encourages adoptive parents AND permanent legal custodians to take these commitments

seriously, with the understanding that they are entering into a lifelong relationship with the child.

Federal law allows DHS and the courts to develop other permanency plans for some children that do not fit into any of the above categories. This is known as “another planned permanent living arrangement/ APPLA.” However, this never represents the highest level of legal or emotional security or stability for a child, and thus is not an option likely to be considered in most cases, and never for a youth under 16.

Resource parent as part of the permanency planning team

Making decisions that permanently affect the lives of children and youth is hard and emotionally draining work. It requires the best efforts of many people, which is why DHS uses a team approach. The team approach begins as soon as the youth comes into foster care. A case planning meeting will occur within 20-25 days of the child being placed in a home. Additional meetings will continue every 90 days until the child or youth is successfully settled in a permanent home.

At each team conference, the child’s or youth’s needs will be discussed and plans will be made for best meeting those needs. As the person who lives with the youth 24 hours a day, seven days a week, you bring important perspectives and information to these meetings.

Resource parent’s role in reunification

You can assist in the reunification process in many ways. Some ways you can be most helpful include:

- Being a role model and mentor for the parents.
- Supporting the child’s or youth’s relationship with her parents.
- Sharing helpful information with the parents about health care, educational progress and other issues—examples might include sharing copies of school report cards, notes from doctor visits or recent photos.
- Remaining positive and supportive in following family visitation plans and telephone contact.
- Providing emotional support for youth as they prepare to return home.
- Being available to both the youth and her parents after she returns home as a resource and source of support.
- Allowing parents and other family members to take part in important holidays, birthdays or other special occasions (such as school plays) with your family or separately.

Resource parent’s role in honoring sibling relationships

Nearly three quarters of all children and youth in foster care have one or more siblings and it is the policy and practice of the foster care system to place siblings together in the same home whenever possible. However, studies demonstrate that as many as 75% of all children and youth in foster care will experience separation from at least some of their siblings for some period of their time in foster care. Yet, these sibling relationships are among the most important connections a youth will ever have, and they often create the best opportunity for permanency. Thus, when siblings

in care are separated, it is required that they have at least bi-weekly visits. As a resource parent, you can help honor sibling relationships in several ways, including:

- Let your Resource Parent Support Worker know that you are willing to be a resource parent for siblings.
- Get to know other resource parents who care for siblings to learn about the dynamics of parenting multiple children from the same family.
- Plan individual time with each child or youth.
- When siblings are separated, plan activities to bring them together as often as possible—play dates, lunches, attending the other siblings sporting events or musical concerts, etc.
- Set up mechanisms for children and youth to communicate with their siblings by phone, email or in other ways.
- Seek to continue this contact even if the other siblings go into a permanent placement.

Resource parent's role in alternative permanency plans

If it is determined that a child cannot return home, you play an instrumental role in whatever permanent plan is best. For example:

- You can consider making a permanent commitment yourself through adoption or PLC. Ask your CUA agency case manager to help you understand the differences between adoption and PLC so that you can make a wise and informed decision. If you do adopt or assume PLC, your subsidy can continue. If you adopt or are awarded PLC of a youth 13 or older, it

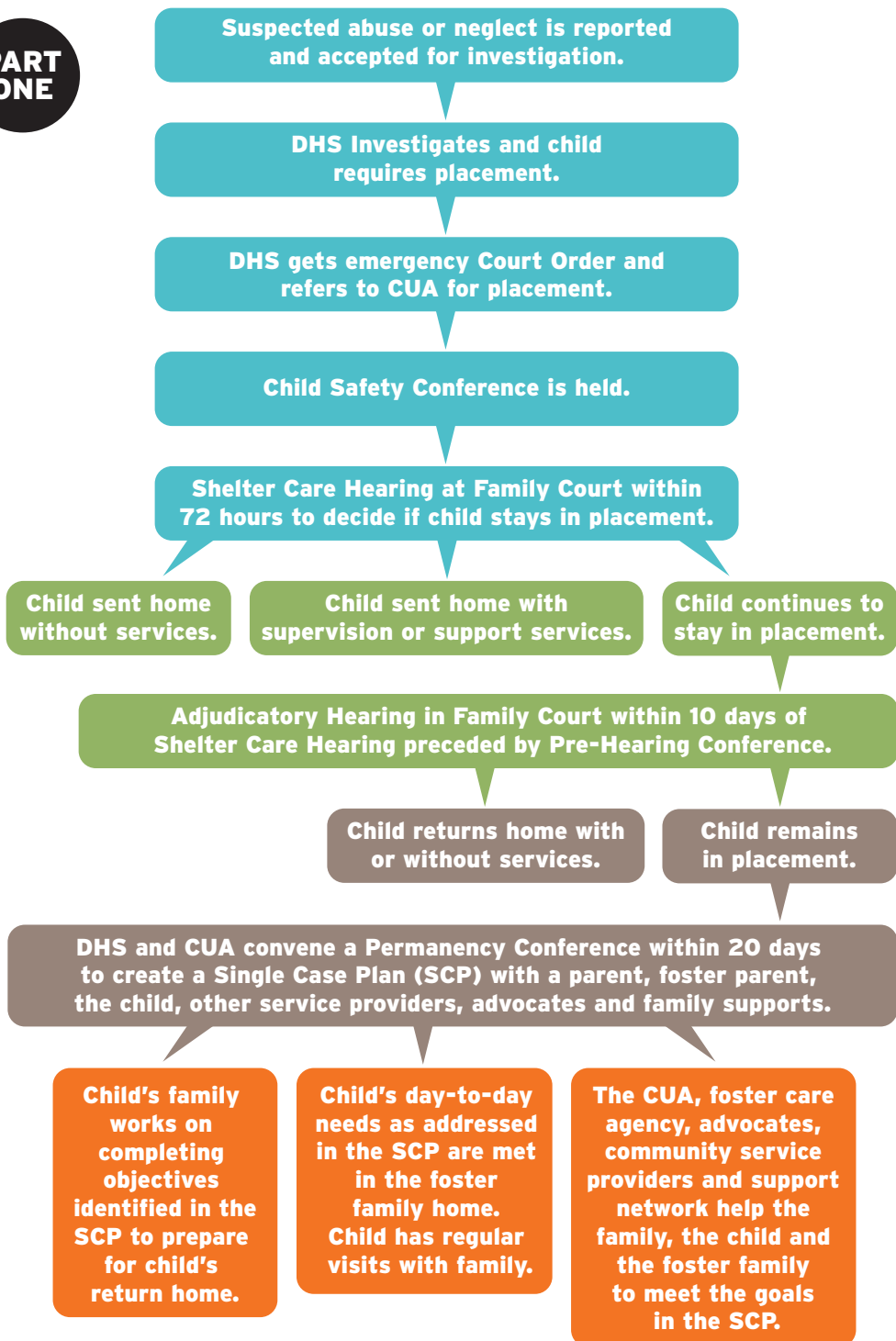
can continue to age 21 provided the youth is still with you and is enrolled in school or treatment, working part time, learning a trade, or unable to do any of the above for a documented reason. Annually you will have to provide that information to Philadelphia DHS upon request.

- If you are not able to make a permanent commitment, you can still assist in permanency planning by:
 - Helping the team to identify potential families.
 - Giving the child “permission” to think about adoption or PLC with another family and providing emotional support through this process.
 - Providing transportation and other supports so the child can participate in recruitment activities.
 - Being a resource to the child and the adoptive or PLC family during the transition time.
 - Ensuring that the child has an up-to-date lifebook, described on page 39, and other special items to take with her to her new home.

Tips for helping prepare children and youth through the recruitment process for a new permanent home can be found in Appendix Three on page 64.

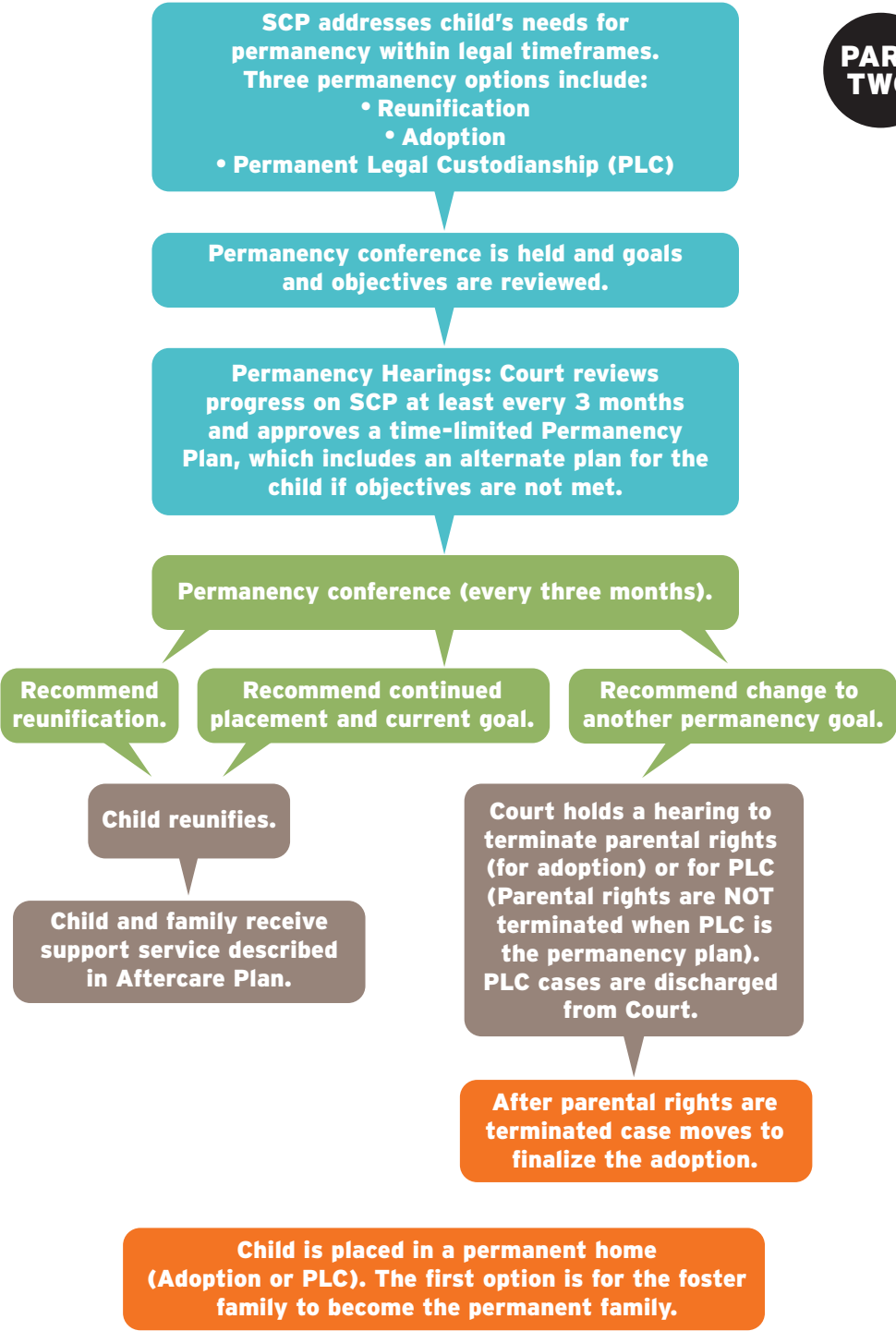
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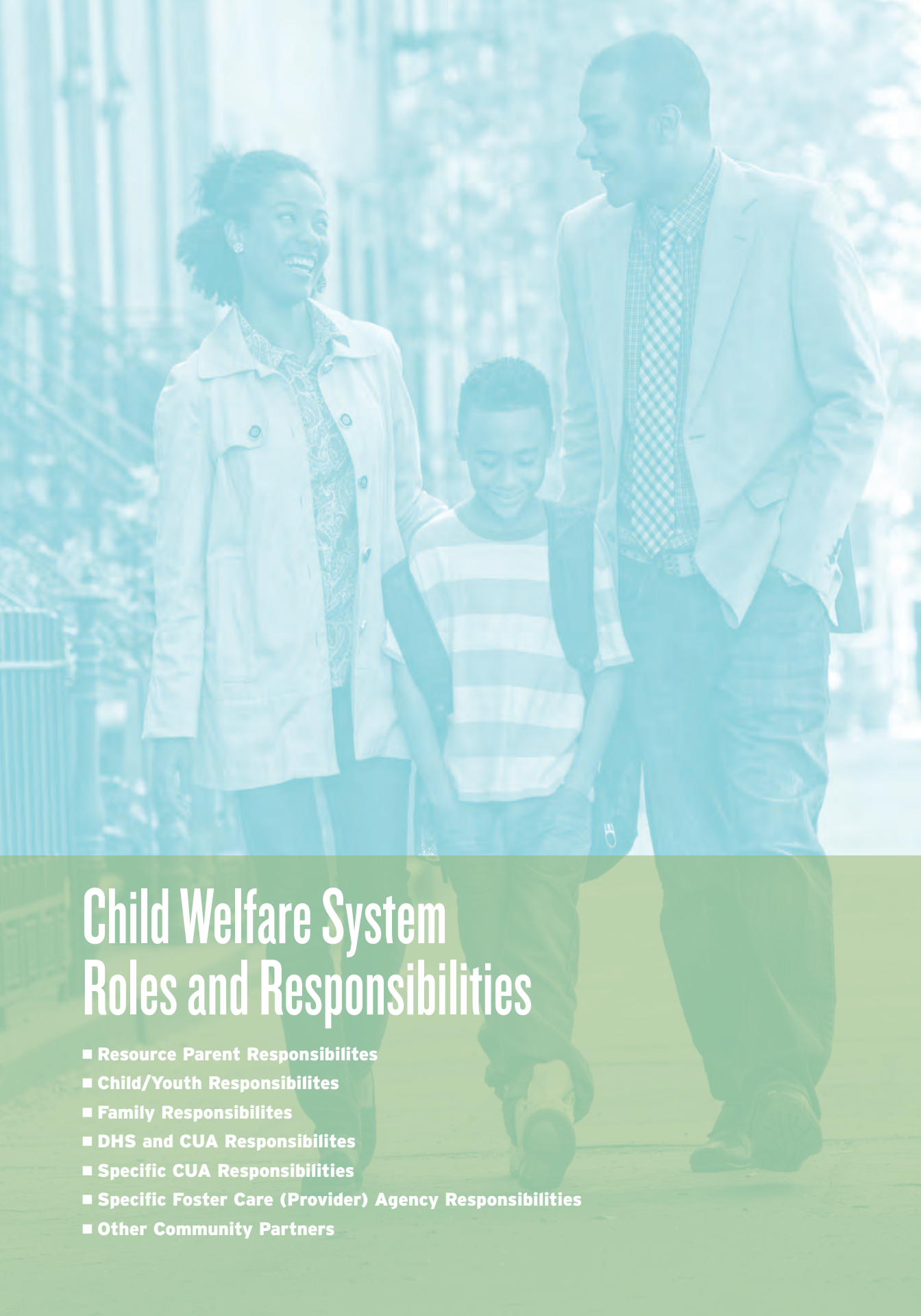
PART ONE



the Philadelphia Child Welfare System

**PART
TWO**



A photograph of a family of three—a woman, a man, and a young boy—walking together outdoors. The woman is on the left, wearing a light-colored trench coat over a patterned blouse. The man is on the right, wearing a light-colored suit jacket over a checkered shirt and tie. The boy is in the center, wearing a striped t-shirt. They are all smiling and looking towards each other. The image is overlaid with a blue and green gradient, with the blue covering the top half and the green covering the bottom half.

Child Welfare System Roles and Responsibilities

- **Resource Parent Responsibilities**
- **Child/Youth Responsibilities**
- **Family Responsibilities**
- **DHS and CUA Responsibilities**
- **Specific CUA Responsibilities**
- **Specific Foster Care (Provider) Agency Responsibilities**
- **Other Community Partners**

It is very important for all children and youth to have a voice in the decisions that are made about their lives. Inclusion in case planning and decision making is required by law for all youth age 14 and older. It is the role and responsibility of the adults to care for and support the child, inform her about the process and decision-points, provide opportunities for her voice to be heard, and to listen to her input.

Children also need opportunities to develop trusting relationships with resource parents, case managers, and child advocates, who represent the child or youth in legal matters and court proceedings related to her case, before they are likely to feel comfortable expressing honest feelings, especially when conflicts arise.

Resource Parent Responsibilities

Assisting children in having a strong, informed voice in decision making includes:

- Ensuring that the child, particularly an adolescent, is invited to Single Case Plan and other related meetings.
- Ensuring that the child or youth attends court hearings related to their case.
- Requesting that such meetings and court hearings be arranged around the child's schedule to avoid unnecessary school or work absences.
- Working with CUA Case Managers, child advocates and others to help the child develop the confidence and skills needed to participate in a meaningful way in these meetings and hearings.
- When there is a legitimate reason for a child not to be present, arranging for her input to be gathered in advance and shared with the team and/or court.
- Providing the child with opportunities to participate in meetings or hearings related to her siblings.

Child/Youth Responsibilities

It is the child's responsibility, with support and guidance, to:

- Adapt to a new environment, including adjusting to feelings of sadness and/or anger.
- Speak up and share thoughts, questions, concerns and needs both in the home and at meetings or hearings.
- Participate in meetings, hearings, family visits with family, siblings and/or potential permanent families and recruitment activities.
- Ask for help or support when needed, in order to take full advantage of these opportunities for participating in decision making about her life.
- Achieve relevant objectives and activities in the Single Case Plan (SCP).
- Go to school, if age appropriate.
- Prepare for independent living.

Family Responsibilities

The child's parents have several responsibilities while their son or daughter is in foster care. Some of these include:

- Help the child or youth adjust by staying in contact with her as well as the foster family and agency.
- Attend all meetings, court hearings and family team conferences, and participate in case planning.
- With the help of their attorney, learn about and exercise their legal rights and responsibilities.
- Identify their own strengths, needs, and sources of support.
- Identify relatives and other people who can be a resource to them and/or their child.
- Work toward reunification, by changing the conditions or behaviors that caused the child to be placed in foster care and by meeting the objectives in the SCP.
- Provide continuity by visiting on a regular basis.
- Showing support for their relationship with the foster family.
- Ask for help when it is needed.

DHS and CUA Responsibilities

The CUAs and DHS are responsible for ensuring that each youth remains safe and well cared for while in foster care and that the parents receive the supports and services they need as they work towards reunification. Their responsibilities include developing and implementing a permanency plan for the child or youth and seeing that all legal requirements and timelines are met. The CUAs will work with your foster

care agency (also known as a provider agency) to achieve these goals. While many roles and responsibilities are shared by these two agencies, there are specific times when each agency will have lead responsibility.

Specific CUA Responsibilities

- Assess needs of child and family.
- Develop Single Case Plans (SCP) for each child or youth in care.
- Meet regularly with child, family and foster family.
- Attend all meetings, court hearings and family team conferences, and participate in case planning.
- Schedule, arrange and convene Single Case Planning meetings.
- Invite and encourage everyone's participation in case planning and court hearings.
- Monitor everyone's progress towards meeting case planning objectives.
- Coordinate the efforts of all team members.
- Keep records for each child and family served.
- Ensure that all medical, behavioral health, and educational needs are met.
- Ensure that the child and family, including her siblings, have regular visits.
- Ensure that payments for board, clothing and other needs are made.
- Work with Law Department to prepare all required documents for court hearings.
- With the help of the legal advocates, ensure that the family, resource family and child are prepared for all court hearings.

This includes providing, in writing, the name and contact information for the youth's attorney to both the youth and the resource parents. (Note: If you do not know the name of your foster child's attorney, ask your CUA Case Manager.)

- Attend court hearings and recommend permanency plan to Family Court.
- Work with all team members to transition the child or youth from foster care to return home, adoption or PLC or adult life.
- Ensure that older youth are equipped with the skills they will need to live as adults—including post-secondary education, job readiness, employment opportunities, health care management, housing and basic life skills. This also includes discussing independent living services and options directly with the youth.

Specific Foster Care Agency Responsibilities

- Ensure that resource parents have child/youth development training appropriate to the ages of children and youth placed in their home.
- Preparing resource families for Single Case Plan meetings.
- Engaging the resource parent in discussions about permanence.
- Arranging transportation and other logistics for visits, medical appointments, school and other needs.
- Be accessible and available at all times to be reached by family, resource family, children and youth—this includes ensuring that all parties have received 24-hour contact information in writing.

- Ensuring that resource parents are trained and equipped to support youth in practicing life skills in the home such as menu planning and food preparation, purchase and care of clothing (washing, ironing, etc), handling and managing money, arranging for transportation, time management, managing their own health care, including sexual and reproductive health care needs.

Other Community Partners

There are many community partners who participate in supporting children and youth in foster care and their families. Medical and behavioral health providers, schools, other helping agencies, employers, the extended family and communities of faith all have responsibilities for ensuring that children and youth in Philadelphia are well cared for, educated and supported in the context of their family and culture. In general, each of these community partners is responsible for:

- Informing the child welfare agencies about the services and supports they are able to provide.
- Responding to phone calls or other inquiries from children, youth and families, including resource families, about their services and requirements.
- Participating as they are able in Family Team Conferences.
- Providing continuity and support during transitions when children and youth move into or out of foster care.



Child Welfare System and Family Court

- Understanding Family Court
- Attorneys, Legal Advocates
- Family Court Judge
- Types of Court Hearings
- Tips for Participating in Court

Understanding Family Court

The Family Division, sometimes referred to as Family Court, is one of the three major divisions of the Philadelphia Court of Common Pleas. The Family Division is made up of two branches, the Juvenile Division and the Domestic Relations Division.

Court hearings related to children and youth in foster care take place in the Juvenile Division and are referred to as dependency cases. There are several important times during a child's stay in foster care when the case comes before a judge in Family Court. At a minimum they are every three months. These are illustrated on the Child's Journey chart on pages 16-17.

Resource parents and children of all ages are entitled, by law, to receive notice of all court hearings. While judges have the responsibility to make decisions about children and youth, they can only make good decisions if they receive good information. As a resource parent, the information you can provide about the child in your home is essential for good decisions to be made. Therefore, it is very important for you to stay informed about court hearings and ensure that your voice is heard throughout the process. You can also play an important role in making sure that the children's and youth's voices are heard at every step along the way. If you have questions about the court proceedings or schedule of hearings, you can talk to your CUA Case Manager, the child's attorney, or call the Court Operations office.

Attorneys, Legal Advocates

While children and youth are in foster care, they are entitled to an attorney who will ensure that their legal rights are attended

to and that their voice is heard in legal proceedings. Parents also have attorneys to represent them throughout the legal process. The DHS agency attorney (city solicitor) will ensure that all court documents and petitions are filed in a timely manner and that the case is progressing according to the mandated timelines.

Resource parents do not typically have or need attorneys. They are not considered a legal party to the case, and do not have the legal right to the appointment of an attorney. In the event that a resource parent feels a need to talk to an attorney, the Pennsylvania Bar Association Lawyer Referral Service can assist in locating an attorney in your area. They can be reached at 1-800-692-7375.

All attorneys are bound by rules of ethics to work responsibly with their clients—whether the client is the parent, a child or adolescent, or DHS. These responsibilities include:

- Keeping their client informed of their rights and the steps of the legal process.
- Returning phone calls and responding to questions or concerns.
- Meeting with their client on a regular basis.
- Preparing their client for all court events.
- Coming to court prepared to provide the best representation to their client.
- Participating in other case-related activities and meetings.
- Ensuring that the case proceeds in a timely manner and meets all legal requirements.

It is important for a resource parent to know who each child's attorney is, and to

support her relationship with the attorney. If a child does not have an attorney, is not happy or comfortable with her attorney or has an attorney that is not fulfilling the responsibilities listed above, it is important for the resource parent to bring these concerns to the CUA Case Manager and in some cases, advocate for a new attorney to be provided.

Family Court Judge

It is the judge's responsibility to make decisions regarding the case according to the facts and the law. To do this, the judge will:

- Maintain an orderly courtroom and treat everyone with respect.
- Ensure that all parties—including youth—have been properly notified of all court hearings and that efforts have been made to facilitate their participation—including transportation and other necessary arrangements.
- Schedule hearings so that mandated timelines can be met.
- Schedule hearings so that youth and family members can attend.
- Ensure that all parties entitled to legal representation are appropriately represented.
- Learn about the case.
- Listen and ask questions.
- Ensure that all parties are heard.
- Make placement and permanency decisions in accordance with the law.
- Issue court orders that make legal decisions clear to all.

Types of Court Hearings

There are five major types of court hearings in dependency cases. These are:

- **SHELTER CARE HEARING:** The hearing at which the court determines whether emergency placement is necessary and whether to allow the child to remain in out-of-home care until the next hearing. In Philadelphia, this hearing must be held within 72 hours of a child's removal from her home.
- **ADJUDICATORY HEARING:** A fact-finding hearing where the judge reviews the allegations presented in the petition. (The petition is a legal document filed by Philadelphia DHS, which contains the allegations put forward by the Department to prove the necessity of court intervention and out-of-home placement). The Adjudicatory Hearing is held within 10 days after the Shelter Care Hearing.
- **PERMANENCY HEARING:** A court hearing to consider a child or youth's need for secure and permanent placement in a timely manner. The hearing must be held within six months of a child's placement in foster care, and revisited every six months at a minimum thereafter until permanence is achieved. Typically, Permanency Hearings are where the resource parent can have the greatest opportunity for input.
- **TERMINATION OF PARENTAL RIGHTS (TPR) HEARING:** If family reunification has been ruled out and adoption has been determined the next best option, the Department will petition (request) for termination of parents' rights to the child, which frees the child for adoption. If parental rights are terminated the parents no longer have legal rights pertaining to the youth.

■ **HEARINGS TO COMPLETE A YOUTH'S LEGAL MOVE** to a new, permanent, legal family:

- Adoption finalization which takes place only after parental rights have been terminated.
- PLC hearing, which does not require termination of parental rights. The PLC hearing establishes the new permanent home and identifies what visitation, if any, a youth will have with parents.

Tips for Participating in Court

- Stay informed about court dates and times. Speak up and ask for information if you do not feel you are getting what you need.
- Ask the CUA Case Manager or the Resource Parent Support Worker from your foster care agency and the attorneys involved with the case to explain the purpose of each hearing to you and to help you understand your role.
- Work with the CUA Case Manager and attorney to help prepare her for what to expect and how to participate in court hearings, including who will be present, what the purpose of the hearing is, what will happen and be said during court (so the youth does not feel blindsided) and what will happen afterwards. Be available to respond to the child's questions, but be sure to have accurate information.
- Arrive at least 15-30 minutes early for court hearings to allow time to get through security and find the correct courtroom.
- Bring the child or children whose hearing you are attending, but make child care

arrangements for other children in your care.

- Dress professionally and appropriately.
- Bring copies of records with you. This can include notes you have made about the child's progress while in your care, a log of doctor's appointments, school records, and notes related to visits with the family.
- Keep in mind that any written materials you bring may be requested and copied by all attorneys for the official record.
- When you speak, speak slowly, clearly and use clear and professional language. Give all of your answers out loud, do not simply nod or shake your head. Refer to the judge as "Your Honor."
- Be as clear and complete as possible when responding to questions or offering information about the child so that the judge will have a full picture upon which to make a decision.
- Talk to other resource parents about their experiences in court.
- Remember that all information about the case is confidential.



Roles and Responsibilities of Resource Parents

- Understanding your Responsibilities
- Kinship Care

Resource families are critical members of the child welfare system with important knowledge, skills and information. Resource families have some of the most challenging and emotionally draining roles in the entire child welfare system. You must be prepared to welcome a new child into your home, manage a wide array of behaviors she presents, and cope with agency regulations, policies and paperwork. You are also expected to provide mentoring, support and aid to families.

In your home, you will serve as parent, counselor, healer, mentor, role model and disciplinarian. Beyond your doors, you will be expected to attend meetings and classes at the agency, school and medical appointments, case reviews and court hearings.

If you have been providing foster care for many years, you may have noticed significant changes in the child welfare system. For example, in the past, it may have been acceptable for children to remain in foster care for long periods of time—even into adulthood. This is no longer acceptable. With all foster children, the goal is permanency and when children cannot be reunited with their families in a timely way, resource parents will be the first approached about being a permanent resource for the child.

Understanding Your Responsibilities

As a resource parent, you have three major sets of responsibilities:

- Meet the day-to-day needs of the children and youth in your home.
- Participate as a full partner in the child's team to plan for and achieve safety and timely permanency.
- Prepare and support children and youth

as they transition from your home to another home, whether that is the home of their family, another relative, another foster home, a residential treatment facility, an adoptive home or a permanent legal custodian.

As you strive to fulfill each of these roles, it is also important that you take care of yourself. Make sure you care for your own health and well being, seeking support along the way from friends, family members, support groups, other professionals and your own community of faith.

Kinship Care


When a child's situation requires DHS to place her outside of her home, it is DHS policy to first consider relatives or other individuals that have an existing significant relationship with the child and/or her parents, provided they are able to meet foster home requirements. This first placement option with relatives is called "Kinship Care."

Children may be placed in the home of a kinship caregiver on an emergency basis, after a satisfactory initial assessment is completed of the caregiver and the home. This includes State Police and ChildLine (child abuse) clearances and an on-site

home evaluation. Within 60 days, the kinship home must be in full compliance with all foster care requirements or the child(ren) must be moved to a home that does meet these standards. While you are a kinship caregiver, although you are related to the child(ren) in your care, legal custody rests with DHS and therefore you are still subject to all of the same requirements and regulations that apply to all foster homes. As a kinship caregiver, you will be eligible to receive financial assistance and agency support. A CUA Case Manager and a Resource Parent Support Worker will be assigned to work closely with you, the child or youth, and the child's parents in meeting the needs of the child while in your care.

Kinship Care, like all foster care, is intended to be temporary and last only until the family can address the issues that brought the child or youth into DHS custody. In all cases, the goal is for the child to be reunited with her parents as soon as is safely possible. The length of time you could care for a child while these issues are being resolved could be as short as a few weeks, or as long as several months. When reunification is not possible, a permanent family must be identified and the child must be settled into that permanent home as quickly as possible.

As a kinship caregiver, you could be considered as the child's permanent family through either adoption or permanent legal custodianship, which have been described on page 13.

A photograph of a man and a young boy looking at a white mug. The man is on the left, wearing a checkered shirt, and the boy is on the right, wearing a light blue shirt. They are both looking at the mug with interest. The background is slightly blurred, showing what appears to be a kitchen or dining area.

Meeting Day-to-Day Needs of Children and Youth in Your Home

Legal Responsibilities

**Financial Considerations and Resources
for Resource Parents**

Starting out as a Resource Parent

Pre-Placement Checklist

Helping a Child Adjust to Your Home

Keeping Records

Lifebooks

Visits with Family

Discipline

Becoming an Advocate

Health Care

**Educational Needs of Children
and Youth in Foster Care**

**Preparing Other Kids in the Family
for Becoming a Foster Family**

**Preparing Your Relatives for
Your Role as a Resource Parent**

**What Children and Youth in Foster
Care Want You to Know**

**Your Role in Helping Children and Youth
Make Transitions from Foster Care**

Legal Responsibilities

As a resource parent you must meet and comply with certain legal and regulatory requirements. Some of these responsibilities include:

- Obtain your foster care approval and participate in the annual evaluations to renew your approval. This evaluation will be conducted by your foster care agency. The agency will ensure that you have provided all legal and medical clearances and that your home meets the safety and space standards required for children and youth in foster care. In particular, you must pass Childline (child abuse) and criminal clearances. It is important to remain in close communication with your foster care agency throughout this process and to complete all necessary paperwork and keep all appointments. If you have questions about any step of the process, do not hesitate to ask your Resource Parent Support Worker.
- Review, adhere to and sign policy statements related to the discipline of children and youth in foster care, confidentiality, furnishing and use of tobacco, firearms and other policies as required by Pennsylvania State Regulations and Philadelphia regulations and policies. Many of these documents are written in legal language and may be confusing. Do not be afraid to ask for an explanation or clarification before signing any documents. Review them from time to time to be sure that you and others in your household are complying with the requirements.
- Attend, participate in and successfully complete all training requirements for foster families. Your foster care agency can explain these requirements to you

and provide options for when and how to complete them. Do not let this training requirement become a barrier to you. Training can be offered in different ways and at different times and locations, so be sure to discuss your particular needs, concerns and requests with your agency.

- Resource parents must also complete training on child abuse reporting. This can be completed online at www.reportabusepa.pitt.edu. Your certifying agency can also help you obtain this training.
- Make sure that your home (and vehicle if you have one) continue to meet all of the standards necessary for ensuring the safety needs of children at each age and developmental stage. See Appendix One, Safety Checklist, on page 60 for individual items.
- Keep the foster care agency informed of any changes in your circumstances such as job or housing changes, addition of new family members, including older children returning home from college or other settings, significant health changes or legal convictions of yourself or any member of your household. State regulations say that you may not have more than six children under the age of 18 living in your home. This includes all children: birth, foster and adopted, but a waiver can be requested.
- Maintain the privacy and confidentiality of the child and family. The child, family, the foster care agency and others on the team will share important information with you about their lives and circumstances. As a resource parent, you are required to keep all of this information confidential. You may not discuss the

child's case or family background with your neighbors, friends, relatives or others. It is important to know that this confidentiality requirement is part of State and Federal law. Violating the child's or family's right to confidentiality

could result in legal action against you. If you have any questions about what information you can appropriately share with teachers, doctors, or others involved with the child, be sure to check with the CUA Case Manager before you proceed.

FINANCIAL CONSIDERATIONS AND RESOURCES FOR RESOURCE PARENTS

Resource parents are responsible for providing all of the child's daily living needs, including food, shelter, clothing, transportation and other normal expenses. REMEMBER, ALWAYS DISCUSS ANY QUESTIONS OR CONCERNS YOU HAVE ABOUT YOUR FINANCIAL NEEDS, AS YOU PROVIDE CARE TO CHILDREN AND YOUTH IN YOUR HOME, WITH YOUR RESOURCE PARENT SUPPORT WORKER. There are several financial resources to help you meet the needs of foster children in your care. Contact information, including phone numbers and websites for all of the agencies mentioned here, are included in the resource directory at the end of this handbook.

- **Foster Care Payment:** The foster care payment is provided to you for the care of the child. Provider agencies usually issue checks on a monthly basis. The amount is based on the level of care appropriate and approved for a particular child or youth. The payment for youth 13 and older is greater.
- **Clothing:** An initial clothing allowance for a child or youth can be requested **only once**. Ask your Resource Parent Support Worker about your agency's reimbursement policy. After that, it is your responsibility to provide seasonal and age-appropriate clothing with the foster care payment you receive.
- **Medical Coverage for Children in Foster Care:** All children in Philadelphia foster care receive medical coverage through Medical Assistance. You should receive the child's Medical Assistance card and information when they are placed in your home. Be sure to follow up if you do not receive this information immediately when the child is placed in your home. When possible, maintaining the child in the same HMO and Primary Care Physician is beneficial to the child and family.
- **Mental/Behavioral Health Services:** Services including mental health, mental retardation and drug and alcohol treatment are provided to children and youth in foster care in Philadelphia through Community Behavioral Health Services (CBH) and through similar providers in other areas. CBH assists DHS in accessing appropriate services

for children and youth as they enter care, which means a child should already be connected to such services before entering your home unless you are receiving an emergency placement. Resource parents should work with the CUA Case Manager to arrange behavioral health evaluations, assessments, treatment services and options, and medications. The CUA Case Manager has primary responsibility for working with youth and resource parents to ensure that the behavioral health needs of children are addressed in a timely and developmentally appropriate manner.

- **Transportation Reimbursement:** Routine transportation costs are the responsibility of the resource parent and are factored into the monthly foster care payment. If you expect to incur extraordinary or special transportation costs, seek approval and make arrangements for reimbursement through your Resource Parent Support Worker.
- **Child Care:** Foster children should be eligible for State subsidies to assist with child care expenses and in some cases, DHS provides interim subsidies for foster children. Head Start programs are also available at no cost for young children in foster care. Your CUA Case Manager can help you explore these options and ensure you receive subsidies for which you are eligible. Also Child Care Information Services (CCIS) can provide information about child care options and subsidies to pay for it. CCIS can be reached at 1-888-461-KIDS (5437) or at philadelphiachildcare.org. Information about child

care centers can also be found at ece.greatphillyschools.org.

- **WIC:** Children up to age five in foster care are typically eligible for benefits through the Special Supplemental Food Program for Women, Infants and Children (WIC). This program provides supplemental foods, infant formulas, nutrition education and some types of health care.
- **Supplemental Nutrition Assistance Program (SNAP):** Your household may be eligible for SNAP (formerly known as Food Stamps) in addition to your Foster Care reimbursement. SNAP is provided through the United States Department of Agriculture, and current policy gives resource parents the option of including foster children and foster care payments or not, when making food stamp determinations. Be sure to discuss these provisions with a SNAP case manager when you apply or modify your application in case your decision has an impact on the benefits you or other family members receive.
- **School Lunch Program:** All children in foster care are eligible for free or reduced lunch rates. There is a space on the School Lunch Application to indicate that the child is in foster care. Be sure to mark this box when completing the child's school lunch program application.
- **Early Intervention and Other Programs for Children with Disabilities:** Foster children age five and younger with developmental delays (i.e. children who are not able to do things other children

near the same age can do) are eligible for Early Intervention Services at no cost. The program provides a range of services to help children overcome delays. Foster children are under-represented in early intervention programs, in spite of their greater likelihood of needing them. If you suspect a child has delays, ask your case worker to refer your child to these programs or call ChildLink at 215-731-2110.

The Special Kids Network, www.specialkidsnetwork.org also offers resources to help you learn about health, educational, recreational and other programs for children with special needs in Pennsylvania.

- **Independent Living Services for Adolescents:** Teenagers in your care may benefit from extra help and support in gaining the skills they will need for living as young adults once they leave foster care. The Achieving Independence Center can help with employment, college and vocational school applications and other needs. Eligible youth must be between 14 and 21 years of age and be in or have been in out-of-home placement at the age of 14. The Achieving Independence Center can be reached at 215-574-9194.

- **Financial Aid Resources for College or Vo-Tech Programs:** High school or GED graduates can access a variety of funds for tuition and fees at approved schools and training programs. All youth seeking financial assistance must complete a Free Application for Student Financial Aid (FASFA) and indicate their status as ward of the court, which the forms use to describe their foster care status. Resource parent financial information should not be reported on the FASFA. A number of grants and scholarships are available specifically for youth in out-of-home care. Financial concerns should not be a deterrent for youth wishing to pursue post-high school education or training, particularly if a youth enrolls as a commuter student at a state funded institution of higher learning. Contact Educational Support Services at the Achieving Independence Center with questions about financial aid.

- **Vocational Rehabilitation Services:** Youth with special needs approaching completion of high school are eligible for services through the Office of Vocational Rehabilitation (OVR). These services include job readiness, training, placement and support.

This is not an exhaustive list. There are many other resources in the community to support children, youth and families ranging from after-school programs and summer camps, to respite care or help with heating bills and housing to youth employment or college financial aid.

When you seek out resources, not only will the child benefit while in foster care, but you will begin to create the foundation of support she will need when she returns home or transitions into a permanent adoptive or PLC family. Talk to other resource parents, check out the resources suggested here, and always be alert and aware for community services and opportunities that may benefit the child in your care.

Starting out as a Resource Parent

Once you have been approved for foster care and completed the pre-service training, you will be ready to welcome children and youth into your home.

Congratulations!

When the agency calls and has a child or adolescent to place with you, you will need a lot of information to help you care for her and meet her needs. Resource parents often say that they wish they had asked more questions before accepting a child or youth into their home. While sometimes there are opportunities for the child to visit you before moving in, this is not always possible.

Even if you are providing kinship care to a child or youth that is related to you, you may not know everything you need to know about the child's needs, including medical care and schooling. It is appropriate and important for you to speak up and request the same information that unrelated resource parents would request when providing care for a child.

Remember that many times, children or youth enter foster care as a result of an emergency. In these situations, the agency may not have had the opportunity to obtain all of the information prior to making a placement. There are times when a small child is found alone (called "abandonment") and the agency may not even know her name or exact age. The CUA, DHS and the court will work to obtain this information. You should continue to ask questions until you are confident you have all information you need to effectively care for the child. Often the children and youth themselves will be able to fill in some of the gaps.

Remember, all information you learn must be kept confidential.

Finally, you always have the right to say "No" to the placement of a particular child or youth in your home. Speak up if you feel concerned about your ability to provide for the child's safety and well being, while ensuring the safety and well being of other children, youth and family members in your home.

The following checklist provides some of the questions you may wish to ask about any child coming into your home.

PRE-PLACEMENT CHECKLIST

Basic Information

- ☐ Child/youth's name, age, date of birth, gender.
- ☐ Child/youth's race, culture, language.
- ☐ Are there special dietary restrictions?
- ☐ Child/youth's religion—will child need access to special religious programs?
- ☐ What will make this child/youth feel most at home (food preferences, music, special blanket, stuffed animal or routines).
- ☐ What is most likely to comfort the child when upset or stressed?
- ☐ Child/youth's talents, hobbies, interests.

Family Information

- ☐ Does the child/youth have any siblings?
- ☐ Where are they and how can this child/youth stay in contact with siblings?
- ☐ What are the expectations regarding visits—who will visit, how often, where will visits be?
- ☐ Are both parents involved with the child/youth, if not, why not?
- ☐ Are there issues between the parents I need to understand?
- ☐ Are there other relatives involved with the child/youth?
- ☐ Do either of the parents have a history of violence?
- ☐ Do parents have any special needs?

Health and Development

- ☐ Does the child/youth have any allergies?
- ☐ Is the child/youth on any medications? If yes, for what and what are the instructions? Do you have an immediate and adequate supply?
- ☐ Does the child/youth require any special medical devices?
- ☐ Are there special food or dietary needs? Who is the child/youth's doctor and does the child/youth have any additional specialists?
- ☐ When was the child/youth's last doctor appointment?
- ☐ Are all immunizations current? Are there any health or religious concerns related to receiving immunizations?
- ☐ What about dental and eye appointments?
- ☐ Does the child/youth wear glasses and are they with her now?
- ☐ Is the child/youth developing appropriately for her age? If not, what concerns are there?
- ☐ What are the child/youth's eating, sleeping and toileting habits?
- ☐ Has the youth been hospitalized in the past? Did the youth have any surgeries?

Information Specific to Infants

- ☐ What formula is the infant on? Has she started taking any other foods? What are her preferred feeding routines?
- ☐ Was there a positive toxicology screen or other conditions present at birth for this child?
- ☐ Were there any problems with the delivery or birth?
- ☐ What was the child's birth weight?
- ☐ Is the child eligible for WIC?
- ☐ Has the child received a developmental assessment and is she developing normally? If not, is she receiving special services to assist in overcoming developmental delays?

Information Specific to Adolescents

- ☐ Does this youth currently have a job? If not, is after-school or summer employment a goal or expectation?
- ☐ Does the youth have a driver's license? If so, what are the requirements around allowing driving?
- ☐ Is she receiving any independent living services?
- ☐ Is she sexually active? If so, is she using birth control? Does she understand safe sex practices and understand the difference between birth control and safe sex?
- ☐ Is this youth a parent? If so, is she parenting the child and if not, who is? If the youth is not raising her own child, what arrangements exist for

visitation and other involvement with the child? What is her relationship with her child's other parent?

- ☐ Does the youth identify as LGBTQ
- ☐ Does she smoke cigarettes?
- ☐ Are there any issues with alcohol or drugs?

Emotional/Psychological Needs

- ☐ Is the child/youth receiving counseling or therapy and will it continue?
- ☐ What are the most significant emotional challenges?
- ☐ Are there any special concerns about behavior I need to be aware of?
- ☐ Has this child/youth been physically or sexually abused or routinely gone without basic needs (food, clothing, shelter)?
- ☐ Does the child/youth have any particular fears (i.e. of the dark, water, dogs, etc)?
- ☐ Does bed wetting occur?

Educational Information

- ☐ What grade is the child/youth in?
- ☐ What school will the child/youth attend?
- ☐ If the child/youth is changing schools, have the records, including immunizations, been transferred?
- ☐ Does the child/youth have special education needs? If yes, is an Individual Education Plan (IEP) in place? May I have a copy of the IEP? (An IEP is a written plan for children receiving

special education services through the schools. The plan is developed with the participation of the child or youth, her parents, the school and others familiar with the child's educational needs. The plan includes specific goals and objectives and must be periodically reviewed and updated.)

- ☐ What are names and contact information for important teachers, guidance counselors, coaches?
- ☐ Are there any other educational or school related issues I need to be aware of?
- ☐ Is the child/youth involved in any extracurricular activities and if so, how can we arrange for these to continue?
- ☐ If in high school, is this youth preparing for post-secondary education—vocational school, college, etc.? Are there pending deadlines related to school applications, SATs or other tests, or financial aid that I need to be aware of?

CUA Information

- ☐ Case manager name and all contact information.
- ☐ How long has this case manager known this child/youth?
- ☐ Supervisor name and all contact information.
- ☐ After hours and crisis contact policy and information.
- ☐ Child/youth's attorney name and contact information.

Placement Information

- ☐ Is this the child/youth's first foster care placement?
- ☐ Why is the child/youth coming into foster care?
- ☐ If not the first placement, why is the child/youth moving at this time?
- ☐ What has the child/youth been told and/or what does she understand about why she is being moved?
- ☐ How long and/or how many times has the child/youth been in foster care?
- ☐ What has the child/youth's experience with foster care been like?
- ☐ May I speak to the previous resource parents?
- ☐ What is the current permanency plan for this child/youth?
- ☐ Does this child/youth have any special belongings or items of sentimental value?
- ☐ Does this child/youth have a lifebook?
- ☐ Has the child/youth written their own "profile"—information she wants shared with my family about herself?
- ☐ What information about our family has the child/youth requested?

Helping a Child Adjust to Your Home

When a child or youth comes into your home, she is adjusting to many changes and may also be coping with the effects of trauma related to abuse, neglect and separation from her parents and other family members. Beginning on page 52, we will discuss the resource parent's role in helping children and youth with feelings and behaviors related to loss, grief and anger. However, when a child or youth first enters your home, they may still be experiencing shock. They may also be overwhelmed by the sudden changes in their life and frightened at the prospect of coping with so many new people and situations. The better a resource parent understands the various emotional, verbal and behavioral approaches children and youth may exhibit during this transition, the less likely the child will have to be moved yet again. Here are some things you can do in the early days of a placement to help ease this adjustment period:

- Try to maintain as many of the routines the child is familiar with as possible. For example, maintain eating, sleeping and other daily routines, allow her to wear favorite clothing, or have photographs of loved ones at hand.
- Be sure the child or youth has a place to keep personal and private things.
- Be sure that the rules and expectations in your home are clear. One approach may be to post written rules in a common area (bulletin board, refrigerator) and to review them from time to time.
- Give the child opportunities to talk, without prying.

- Speak of the child's family using positive language and support and reinforce her relationship with family members.
- Expect and allow for regression in developmental tasks and behaviors. For example, a toddler that was toilet trained may revert to needing diapers; a pre-adolescent may begin sucking her thumb.
- Show personal interest in each child. Try to draw out and encourage participation in her hobbies, favorite activities, television shows, music, games, books, and provide opportunities to do the things she enjoys and does well.
- Be conscious of how your own family routines may appear to the child, some behaviors can be misinterpreted by people that are new to your family.
- If a child has a history of sexual abuse, be particularly careful about displays of affection, or assistance with personal hygiene. Touching that would be perfectly innocent or normal in most circumstances can be frightening or misinterpreted to a child that has been sexually abused. Talk to your CUA Case Manager about appropriate safeguards for your child. For example, it may not be appropriate to bathe two children together.
- Maintain ties to the child's culture, neighborhood, community, religion, friends, peers and other important linkages in her life through social activities and telephone contact.
- Help familiarize the child with your neighborhood and community.
- Include the child in family outings and activities and begin to include her photographs with other photo displays in your home.

- As soon as possible, demonstrate trust by allowing older, responsible youth to have a key to the house.
- Treat your foster child like other children in your home. Do not distinguish.
- Start, contribute and keep a lifebook up to date. (A description of lifebooks can be found in the next section)

Keeping Records

As a resource parent, one of your roles is to keep the parents, the CUA and the courts informed about the child's development, progress, needs, activities and challenges. Keeping clear records will make it easier to provide complete and accurate information when it is needed.

Some of the things you will want to keep records and notes about include:

- Achievements, successes and celebrations.
- School progress, grades, meetings and behaviors.
- Medical appointments, medications, injuries and illnesses.
- Court hearings and what happened at each hearing.
- Contacts with the family, including both parents, siblings and extended family.
- Contacts with your foster care agency, the CUA Case Manager, and any other service provider.
- Unusual, new or changed behavior patterns or fears.
- Any other information you feel may be relevant.

Your time is precious and keeping records may seem like an added burden. Here are a few tips that may help make it easier

to keep the information without demanding a lot of extra time:

- Keep a small notebook with you for jotting things down as they occur rather than waiting until you get a quiet time and space.
- Make notes directly into your appointment calendar.
- Keep a three-ring binder for each youth in your care, and use pocket-folder inserts to collect papers and forms from schools, doctors, therapists, etc.

Lifebooks

Many people enjoy looking at pictures from their childhood and family experiences through the years. Sharing pictures leads to sharing stories and through this process we gain a sense of connection to our roots. Without these pictures and stories, we might feel disconnected and lost. Children in foster care need links that help them to connect their past, present and future. A lifebook is one tool that can help provide these links.

A lifebook is like an expanded version of a child's photo album and history. It is an account of her life conveyed in words and pictures. It is both a privilege and a responsibility for resource parents to help create or build upon the lifebooks of the foster children in their homes.

Lifebooks give the child something unique that is part of her and that she can turn to when in need of reassurance or understanding and also serve as an ongoing, continuous record that links the various changes, moves and people that have been part of her life. The book provides graphic evidence of being cared for and says: "You and what you do are valuable."

A lifebook can also help a child prepare for the process of moving towards permanence. It provides a tool for open communication and sharing between the resource parent and child or youth, which can also be shared with family and/or adoptive family members in the future.

What to Include in a Lifebook

If your foster child does not already have a lifebook started, you can begin one for her. While each book will be different, reflecting the unique history of a child's life, most lifebooks include:

- Birth information.
- Child's "family tree" including: names, addresses (if known) and physical descriptions of parents, some description of their personalities, special talents, educational background, information on the child's siblings, aunts, uncles, grandparents and other relatives.
- Placement record including names, addresses and dates of all foster and other placements the child has experienced.
- Educational history: All schools attended including dates and grades.
- Medical history including immunizations.
- Names and addresses of all social service agencies and case managers involved with the child and/or her family.
- Letters, mementos from parents or relatives.
- Birthday and holiday cards.
- Pictures of the child at various ages. Photos from and of family and/or foster families. Pictures of any other significant people in her life, including foster or extended family members.

- Photos of friends, houses lived in and schools attended over the years.
- Drawings or schoolwork by the child over the years.
- Award certificates or certificates of participation or completion (i.e. Little League, Church Choir, etc.).

The lifebook materials can be collected in a photo album, folder, notebook or even a special box, perhaps decorated by the child.

Visits with Family

Visits with the child's biological family are important to their sense of stability and well being while in foster care, and are a critical element to their successful reunification. State regulations require that foster children be permitted to visit their parents and/or family frequently. The frequency and other details will be discussed with your CUA Case Manager and included in all written plans.

The schedule of visits may become more frequent in preparation for returning a child home. Visits may include the child's parents, other family members and siblings. A visiting plan is usually decided jointly by the CUA Case Manager, the child or youth's family, the private/provider agency case manager and other members of the child's team including the resource parent. Sometimes a Family Court judge will order a particular visitation schedule.

As a resource parent, you can play an important role during visits and may be asked to host visits in your home. You will be able to support and nurture the child and family as they work toward restoring their relationship. There may be times when this role is difficult for the resource parent, particularly if the child becomes upset or acts out

before or after visits. These are natural reactions for many children, and resource parents may need to seek guidance and support to help a child through these times. One idea might be to work with your CUA Case Manager to develop a set of guidelines for dealing with difficult situations.

However, these challenges are not valid reasons to discourage or discontinue visits. In fact, no one has the authority to discontinue visits except the judge.

In rare circumstances, for example, when there are safety concerns about a parent, the court may discontinue visits for a period of time. Or, if the parent's legal rights to a child or youth have been terminated in Family Court, they no longer have legal rights to continue to see her.

Even in these circumstances, there may be other family members, such as siblings or grandparents, that the child needs or wants to stay in contact with.

As a resource parent, your role is to help the child maintain the important connections in her life.

Discipline

Corporal punishment of foster children is NOT permitted. Corporal and other types of punishment, which are NOT allowed can include, but are not limited to, any of the following types of punishments:

- Spanking, slapping or other forms of hitting with hands or any other instruments.
- Any form of punishment that inflicts pain.
- Use of restraints or isolating a child in a closet or other inappropriate space.
- Denial of meals or other basic needs.
- Verbal abuse or ridicule, or threats of

removal from the home.

- Denial of planned visits, phone calls or other contact with family members.
- Assignment of excessive or inappropriate chores or work.
- Punishment for bed-wetting or actions relating to toilet training.
- Allowing children to discipline other children.
- Denial of any component of the child's Single Case Plan.

For helpful strategies around discipline and structure for youth, consult with your CUA Case Manager.

Becoming an Advocate

One of the best ways you can help yourself and the children or youth placed in your home is by developing advocacy skills. You are your own best advocate and you will have a special responsibility to become the child's primary advocate as well. You also have an important role in helping children and youth become effective self-advocates. One way to develop advocacy skills is to join with other resource parents. The resource directory in this handbook provides contact information for parent and grandparent support organizations in Philadelphia and beyond. Here are some other important advocacy strategies:

- Ask lots of questions and be as informed as possible about the youth in your care, their needs, the process and procedures you must follow and the services you and they are assessing.
- Build positive, professional relationships with the other members of the youth's team. Be respectful; be clear and pleasant

when speaking to others. Learn names and communicate often with the other partners in the child's life.

- Be organized. Keep good records, keep a log of phone calls, keep copies for yourself of all materials, forms, documents, reports, etc.
- Be available. Always return phone calls, and keep appointments. If you must miss an appointment, call ahead to reschedule. If an emergency prevents this, call as soon afterward as possible.
- Avoid an "us" versus "them" way of thinking. Always try to view yourself and others as part of the same team—the team that is working to achieve safety, timely permanency and a stable, healthy life for a youth.
- Be persistent when seeking services, assessments or benefits you believe a child in your care needs and is entitled to. Urge, insist and persist, don't easily settle for "no."
- Learn about policies and procedures related to the youth's care and your rights and responsibilities.

Health Care

All children in foster care are eligible for Medicaid, a Federal and State-funded medical and health care assistance program. In the five-county region, Medicaid is a managed care program called HealthChoices.

As a resource parent, you have an important role in helping children and youth to become healthy and to stay healthy and ensuring that their health care needs are met. Among your responsibilities:

- Make sure that all available health information is provided to the child's health care providers.

- Participate by providing your observations and input about the child/youth's health care issues. This will assist the child/youth herself, her family and /or potential permanent caregivers.
- Make certain that the child/youth gets to all scheduled health care appointments.

Schedule of Health Care Visits

Pennsylvania state foster care regulations require that all children and youth in foster care receive a thorough physical exam within 60 days of placement into care. In addition, children over the age of three must also have a dental exam in that same period of time. After these initial exams, children must continue to have physical exams once per year and dental exams once every nine months. Infants up to 23 months must be seen by a doctor on a more frequent schedule—once every six weeks for the first six months of life, and once every three months from seven to 23 months. Of course, children in foster care must also be taken to the doctor whenever there is a need for treatment of an illness or injury. Adolescents in foster care should also have access to appropriate gynecological and reproductive health care services. All of these health visits must be documented for the case file.

In addition, children in foster care must receive an EPSDT screening (Early, Periodic Screening, Diagnosis and Treatment), which are screenings for physical and mental development required by Medicaid on a regular basis. Follow-up treatments indicated by any diagnoses resulting from these screenings are also required. For more details, see the EPSDT Fact Sheet in Appendix Two on page 61. Be sure to talk to both the CUA Case Manager and doctor to ensure that the child is receiving all of these screenings and the

appropriate treatment and care that result from the screenings.

Because the youth's parents have important information about her medical history, whenever possible, they should continue to be involved in their child's health care, including attending medical appointments, along with the resource parent. It may also be appropriate and helpful to include prospective adoptive parents or prospective permanent legal guardians in medical appointments, especially as the time approaches to transition a child to their new, permanent family. You should do this as often as possible, and engage your case manager if help is needed arranging transportation or other logistics to make this possible.

Early Intervention

It is important to be particularly aware of medical or psycho-social conditions affecting very young children, which may require early intervention services. ChildLink provides assessments and services for children with these conditions.

Physical/Medical conditions include:

- History of admission to a Neonatal Intensive Care Unit (NICU).
- Failure to thrive (FTT).
- Cerebral palsy.
- Progressive neurological disorder.
- Down or other syndromes typically associated with developmental delays.
- Other complex health care needs that may have required multiple and/or lengthy hospital stays.
- Technology dependent infants and toddlers.

Social-emotional conditions include:

- Appears to be emotionally withdrawn.
- Lethargic.
- Flat emotional presentation (never happy or angry).
- Caregivers report toddler has feeding problems, for example, shoves food in their mouths to point of choking, is never full, hoards food.
- Has frequent nightmares.
- Is fearful.
- Often irritable.
- Presents with sexualized behaviors.

Early intervention services are provided, in addition to health and social services, to help support children's healthy development and school readiness, and prevent learning and behavioral health problems.

Transition Services for Adolescents

As adolescents approach adulthood, they will need help making the transition from pediatric medical care to adult medical care, including re-applying for Medicaid as an adult recipient when appropriate. They will also need training, encouragement and support as they begin to manage their own health care needs and learn about options for paying for their own health care once they are adults. This should include attention to both physical and mental health needs, reproductive health care services, dental and vision care, knowledge about health insurance and prescription medications. The Healthy and Ready to Work initiative (listed in the Resource Directory on page 79) has many materials and resources that can be helpful.

Educational Needs of Children and Youth in Foster Care

Educating children and youth in foster care is a shared responsibility between the family, the CUA, the foster family and the school. Studies have shown that children and youth in foster care have many unique challenges as they make their way through the school system, which have resulted in poorer academic outcomes. In addition, between 30-40 percent of all children and youth in foster care receive special education services. Thus, helping the foster children in your home to become successful in school is one of your most important responsibilities.

Resource Parent Responsibilities Related to a Child's Education

Resource parents are responsible for ensuring that children and youth in foster care attend school every day, arrive on time, dress appropriately and have arrangements made for lunch. You are also responsible for regular communication with the school, providing appropriate school and homework supplies, assisting with homework and encouraging the child to focus and succeed in school.

The child's family retains the right and responsibility to sign all educational documents, including Individualized Educational Plans (IEPs).

Youth themselves, particularly those over the age of 14, are also expected to participate in the development and implementation of their own IEPs. If the parents are not available or unwilling to participate, the resource parent becomes the education decision maker and can sign educational documents.

Tips for Your Involvement in the Child's Education

The Education Law Center (ELC) and the Parents Involved Network, both listed in the Resource Directory of this handbook, can help you understand the educational system, special educational resources and the ways in which you can help your foster children be successful and happy in school. Some specific tips include:

- Become active in the school by participating in the Parent Teacher or Home-School Association, attending parent nights and other events, getting to know all of the teachers, and other school personnel.
- Provide positive encouragement for school accomplishments. Post papers, offer praise, share progress with parents.
- Provide a comfortable, well-supplied and well-lit space for children and youth to complete homework assignments.
- Observe efforts to complete school assignments, and if you suspect special educational needs that are not being met, alert the CUA Case Manager and work together to develop a plan to address these issues. Such a plan may include assessments, special education planning, tutoring, after school or summer educational programs.
- Become knowledgeable about testing and other requirements for advancing from grade to grade, graduation requirements, and special education policies and procedures so that you can advocate for these services to be provided in a timely manner.
- Provide accurate and relevant information to the parent and teachers as it

relates to school progress and educational needs.

- Include the youth's parents in activities at the school. This is part of the parent's learning process and will aid in the child's transition home if reunification occurs.
- If adoption or PLC is the permanence plan, include these potential parents in school activities during the period of transition to a new home.
- Become knowledgeable about post-secondary education options for older youth including college, vocational schools and school-to-work programs. Stay abreast of application and financial aid deadlines and help arrange campus tours, interviews and other important steps in this process. The Philadelphia Department of Human Services' Achieving Independence Center (AIC) provides an array of services to help foster youth transition to post-secondary school and independence. For more information about the AIC, see the Resource Directory at the end of this handbook.

Preparing Other Kids in the Family for Becoming a Foster Family

Here are a few tips on preparing children already in the family for the arrival of new foster children into the home.

- Start reading books together about foster care.
- Find out what fears your child may have about the new children coming into the home. For example, children may worry that you will place them into foster care, that they will lose their special time with you, or that they will have to give up their room. These are real issues that you must address with each child individually.

- Respect each child's need for some private space. If they cannot each have their own room, then make sure they each get some special private space such as a footlocker that locks or a shelf in a closet.
- Let them create their own versions of the lifebooks discussed on page 39.

Preparing Your Relatives for Your Role as a Resource Parent

- Be honest about your plans, your motivations and your expectations.
- Although it may be hard to do, consider asking for, and genuinely listening to, the advice of extended family members.
- Include extended family members, if possible, in your preparation for resource parenting.
- Sometimes problems occur within families when grandparents and other extended family members do not have time to process their own feelings, and are suddenly thrust into a new role as grandparents of a child not biologically related to them. Just as you need time to prepare, so do they. Don't assume a first reaction is a final one. Reading about the issues and looking at pictures of real foster families can help ease them into their new role.
- Encourage grandparents and others to attend resource parent support group meetings and conferences, picnics, or other gatherings where they will be able to see and interact with (or just sit back and quietly observe) other foster families.
- If you are part of a support group, consider sponsoring a "Grandparent's Night."
- Discuss foster care terminology and confidentiality.

- Remember, the child has an extended family too. Include grandparents, and other relatives in your extended family circle.

What Children and Youth in Foster Care Want You to Know

Foster youth who have been interviewed about their experiences expressed the following:

There is a lack of stability in our lives.

Some of our experiences are:

- Changing foster homes unexpectedly.
- Changing schools constantly.
- Always losing friends and needing to make new ones.
- Having to adapt to new communities.
- Having to adapt to new environments.
- Always getting new case managers.
- Always getting new therapists.

Here is what we recommend:

- If we have to move, tell us why.
- Don't let resource parents pack our stuff without our permission.
- Resource parents need better training including listening to other foster youth. Foster youth could help train resource parents.
- Don't let foster families tell other people, even relatives, about our background or the things they read in our file.
- Don't read our files and think you know us.
- We need to be more involved in all the decisions affecting our lives.

- Inform us of our rights; about our case; of our court dates and the purpose of each hearing; who our attorney is and how to reach them.
- Communicate with us. There needs to be better communication between foster youth, resource parents, and case managers.
- Train teachers and counselors about foster care.
- Let me practice my religion, no matter what it is.
- Help us stay in touch with our family and siblings.
- Help us with our problems; don't just medicate us.
- Give us more positive encouragement; stress what can be done and help us do it.
- Treat us like you'd treat your own children.
- Treat us with respect, like we are of importance.
- Respect our cultural and family values.
- Don't expect us to be perfect.
- Encourage our goals, no matter how idealistic they may seem.
- Don't assume anything is unrealistic.
- Foster our dreams.

Your Role in Helping Children and Youth Make Transitions from Foster Care

Resource parents can contribute to successful transitions of children and youth from foster care. Moving from a foster home is often emotionally difficult for the child or youth and they will need support to get through it. It can also be a difficult time for resource parents, their families and their friends. When a child is moving, you can help by:

- Talking with the child or youth about all the plans and specific steps involved in the move.
- Involving the child and her parents, prospective adoptive parents, kin or other caregivers in planning how the move will occur.
- Explaining the details of any court appearances during the transition time.
- Communicating with the CUA Case Manager, parents and caregivers about how the child or youth is handling the upcoming move.
- Planning a special way to celebrate the time the child was with the foster family.
- Updating the lifebook to include information and pictures of your home.
- Preparing for grieving behaviors in the child or youth, as well as in other members of your family.
- Speaking positively about the family or placement to which the child is moving.
- Sharing educational information such as any issues or concerns, progress, milestones and concrete transition plans for education stability and continuity.



Your Role as a Resource Parent in Special Situations

- Parenting a Youth with Special Medical Needs or Disabilities
- Parenting a Youth with Special Emotional or Behavioral Health Needs
- Parenting a Youth Who is Racially or Ethnically Different From You
- Parenting a Youth with Issues Related to Sexual/Gender Orientation
- Parenting Youth as They Prepare for Adulthood

Parenting a Youth with Special Medical Needs or Disabilities

Children who have special health care needs include youth with a variety of actual or potentially disabling conditions. A recent study indicates that there are about 10 million children in the United States with a chronic health care condition and about 4 million of them have a health condition that interferes with normal childhood activity.

When you are preparing for becoming a resource parent, the agency may ask you if you are willing to take a child with special health care needs or disabilities. Before responding, here are some things to think about:

- There are special needs that each one of us can easily handle, some that we can learn to handle, and some that we are not suited to handle. The key is figuring out which is which.
- The special needs you may be suited to handling are conditions you are familiar with or have experienced in your own home or family or workplace. For example, you may have had a relative who had asthma as a child, or who needed a leg brace to walk. You may know individuals who are deaf or learning disabled. Make a list of all the medical conditions and disabilities you have some experience with. You might be surprised how long your list is.
- Read about some of the conditions you think you could learn to cope with and to incorporate into your family routine. Can your home, for example, be made wheelchair accessible? Your bathroom?

Common Conditions Children in Foster Care May Present:

You will hear many different medical and

psychological terms as workers discuss the needs of specific children and youth in your care. Look them up, read, ask your family doctor and other resource parents about them. The more you learn, the less intimidating the condition will sound.

A short list of the most common conditions and/or disabilities among children and youth in foster care include:

- Developmental delays or lags
- Fetal alcohol exposure
- Pre-natal drug exposure
- Down's Syndrome
- Cerebral Palsy
- Speech delays and disabilities
- Hearing and vision problems
- Allergies, asthma, and related difficulties
- Birth defects correctable with surgery
- Enuresis (bed-wetting) or encopresis (soiling)

When you have a child with special health care needs or disabilities in your home, you will need to become comfortable dealing with the medical community, as well as learning to care for the child in the home setting. Your role may also include teaching the child's parents how to care for these special needs in preparation for reunification. If the child is to be adopted by a family other than yours, or moved to the home of a permanent legal custodian, you may play a similar role, teaching and mentoring the new family in caring for this child's unique needs. Finally, as children grow older, they will need help learning how to manage their own health care needs.

Working with the Medical Community

When a child with special physical or medical needs comes into your home, you will want to ask some basic questions, including:

- How are current health needs being met?
- Are all health needs identified?
- Who are the current providers and will the child have to change providers?
- Is the medical coverage in place and activated?
- To what extent is the child or youth active in caring for her own health needs?
- What services related to the special needs are already in place? Are there other services needed?
- Does the child or youth receive services through the Department of Public Health Special Needs Division or SSI? Will she be eligible for these services or supports when returning home or moving into a permanent family?

Advocating for the Child

Know how to find providers and access services in your community and make a list of resources that help parents of children with special needs. Consider parent-to-parent organizations (organizations run by parents which provide support, information and mentoring), as well as any that are disability specific, or those that are offered by city, county or state agencies, churches, schools, hospitals, etc.

On the Internet: There are many resources for parents of children with special needs on the Internet. A good place to start is the Pennsylvania Special Kids Network.

In addition to locating resources, you will need to develop your advocacy skills. Some

of the steps include:

- Build relationships and develop professionalism. You want to build partnering relationships and communicate as peers with professional service providers. These relationships will be of great value over time.
- Be organized and accessible. Many resource parents keep logs or journals or notebooks with all of the medical and educational information related to the child and the providers involved. Several organizations including Family Voices and Parent to Parent of Pennsylvania, have examples of these notebooks and may be able to help you develop your own. See Appendix Seven on page 78 for additional information.

Caring for the Child in your Home

There are several special considerations when caring for a child or adolescent with special physical or medical needs in your home.

- Be sure you know how to use any special equipment she has and who to call in case of a malfunction or other equipment problems.
- Learn how to administer any medications she receives, and also learn who is allowed to administer them. For example, in most cases, you will not be able to allow another child, even a responsible older teenager, to give medications to a child.
- Be aware of how the medical condition affects nighttime care and sleep routines. Will someone need to check on the child during the night?
- Be aware of any food or dietary restrictions the child has and be sure that anyone who may offer meals or snacks to her understands these issues.

- Discuss the child's special needs with her and other members of the family and help them develop responses to questions they might receive at school, church or in the community.

Supporting a Youth Living with Special Needs

Children and youth with special needs may be fearful of or have concerns or questions about doctors or hospitals and may need preparation and support for coping with medical appointments and procedures. You can work with the CUA Case Manager, parents and/or therapists to help prepare a youth for each doctor or hospital visit. Some of the more common fears children experience are:

- Separation from parents, siblings, and home environment while receiving medical care.
- Pain.
- The doctor's mannerisms may be scary.
- The unknown.
- Guilt—"I caused my illness."

In addition, adolescents may have some of the following concerns:

- Being talked down to or treated disrespectfully by medical professionals.
- Loss of privacy.
- Missing school, work or extracurricular activities for medical reasons.
- Impact of medical challenges on developing sexuality and relationships.
- Managing medical needs when on a job, traveling away from home or at college.

There are many ways resource parents can help youth through these fears, including:

- Explain purpose of all visits and/or interventions.
- Address any guilty feelings the child may have. Let them know that what they are experiencing is not caused by anything they did or forgot to do.
- Acquaint the youth with others who have same or similar conditions.
- Tell the child what to expect. If age appropriate and helpful, considering using role play, doll play or books.
- Involve the youth in the process ahead of time by gathering information to bring to doctor, writing out questions to ask doctor, taking a tour of medical facilities, etc.
- Teach the youth specific self-care and health care management skills so she can have confidence when away from home.
- Include the youth respectfully in all conversations and decision making when meeting with doctors and other medical providers.
- Teach the youth in your care how to access health insurance, make appointments, locate specialists and obtain prescriptions.

Older Youth with Special Needs

When a youth with special needs approaches his or her late teens, there are services within the adult world that may become available. If you are caring for a youth with special needs who is 14 or older, there are some special things to be aware of:

- The child's IEP (Individual Education Plan) must address "transitional" needs, that is the special preparation this youth may

need for becoming independent and self-sufficient in the future.

- The Office of Vocational and Rehabilitation Services can become a resource for the youth in planning for college, vocational school or work.
- The youth should begin to take an active role in caring for her own health care needs, including knowing how to administer her own medications, care for equipment and even schedule appointments.
- The “Healthy and Ready to Work” program (see Resource Directory) has many helpful tools for youth with special needs.

Parenting a Youth with Special Emotional or Behavioral Health Needs

Many of the same issues, questions and challenges related to caring for a youth with special medical or physical needs also apply to caring for a child or youth with special emotional or behavioral health care needs. Some common emotional or behavioral challenges that a youth in foster care may have, include:

- ADHD – Attention Deficit Hyperactivity Disorder.
- AD – Attachment Disorder.
- ODD – Oppositional-Defiant Disorder.
- Depression, Mood disorders.
- PTSD – Post-traumatic Stress Disorder (from abuse).
- Acting-out associated with previous sexual abuse.
- Chronic lying, stealing, or violence.
- Risk factors for other mental illnesses.

Youth with these special needs will not “look” different than other children and youth—they are not in wheelchairs, nor do they use tubes for feeding. They may have no, or only subtle, visible cues to the fact that they have any special needs at all.

Factors that can cause or contribute to emotional or behavioral health needs include:

- A history of abuse—physical, sexual or verbal/psychological.
- Attachment disorders.
- Severe grief reactions to the separation from or loss of family.
- Psychiatric/chemical disorders.
- A history of neglect—routinely or consistently being deprived of basic needs.
- Emotional deprivation.

Every youth comes into a “new” family with a certain amount of baggage: rejection, loss, grief, identity issues, etc. As she “settles” into the foster family, some of these issues will be best worked through within the family over time, while others will require additional, outside help.

How can you know when such help is needed? While some children and youth may come into your home with previously identified special emotional or behavioral needs, in other cases, the resource parent may be the first person to become aware of and identify these issues and the need for help or therapeutic intervention.

With intervention, many problems can be worked through and resolved in a healthy manner. Without such help, children and youth grow up under the burden of this “baggage” and may be subject to a higher risk-status of developing lifelong problems

such as substance abuse, severe emotional challenges or even criminal behavior. The preventive steps we take now can reap significant benefits for her future.

Red Flags

Following is a list of possible “red flags” that may indicate a need for outside resources. Please keep in mind that all youth are likely to display some of these indicators at various times. The need for intervention is more likely if the child or youth displays several at once, or some over longer periods of time.

Things that happened to the child/youth:

- Severe illness or forced separation from primary caregivers in the first three years of life.
- Neglect of physical needs, especially during the first two years of life.
- Physical abuse at any time, but especially during the first two years.
- Sexual encounters of any kind during childhood.
- Child witnessed traumatic events, domestic violence, alcoholic or drug-addicted parents, a parental death, a sibling death, a destructive fire, etc.
- Child was forced to participate in a church or group that practices frightening rituals, animal sacrifices, etc.
- Child was left alone for long periods.
- Child was locked up.

Behaviors a youth may exhibit:

- Indiscriminately (physically) affectionate.
- Refusal or fear of appropriate affection with parents.

- Excessive clinging on, need for physical affection or attention.
- Preoccupation with bodily functions, especially vomit, bleeding, urination and defecation or sexual functions.
- Exhibiting sexually aggressive behaviors, coercing others into sexual activity.
- Destructive to self, others, animals, material things.
- Lack of impulse controls, short attention span, hyperactivity.
- Difficulty and/or obsession with food, overeating, bingeing, refusal to eat, abnormal eating patterns, etc.
- Preoccupation with images of death, violence, and gory, graphic details.
- Inability to discriminate between lies and realities and/or telling of crazy, obvious or outrageous lies.
- Experiencing hallucinations, delusions, hearing voices or other bizarre behaviors.
- Extreme difficulty with forming peer friendships.
- Frequent bursts of seemingly unexplained anger.
- Expressing thoughts, feelings or behaviors related to suicide.
- Expressing thoughts, feelings or behaviors related to causing serious injury or death to others.

If you notice that a youth in your care has several of these red flags, or even just one that seems to be particularly intense or concerning, talk with the agency case-worker about obtaining a thorough behavioral health assessment or evaluation for her. Then, work with the youth herself, her

CUA Case Manager and therapist to create and implement a developmentally appropriate and individualized intervention plan.

Parenting a Youth Who is Racially or Ethnically Different From You

As a resource parent, you may be called upon to parent a child or youth who is racially or ethnically different from you. While in many ways, day to day life with this youth will be no different than with any other, we live in a society that is often deeply divided by issues of race, and we need to be aware of the impact of these social messages on our own views and on the children and youth we care for. As a resource parent, you will want to help each youth in your home feel comfortable with and proud of her own heritage, while also being tolerant and accepting of others.

How will transracial or transethnic parenting change your family?

Here are some questions to consider:

- What does becoming a transracial or transethnic family mean to you?
- How does your extended family feel about people of different races?
- Describe your current personal links and connections with specific communities—racial, ethnic, or religious communities. Include your network of friends, neighbors in your workplace, social life, church, etc.
- How will you expand upon these links and connections to meet the needs of children and youth in your care?
- What do you anticipate being the greatest challenge a youth who is racially or ethnically different from you will face in your home? In your neighborhood? How can

you help her to cope with these challenges?

- What resources do you anticipate needing to be better equipped to parent a youth not of your race or ethnicity? What provisions have you made to locate and obtain these resources?
- What benefits and advantages do you enjoy in your community due to your race or culture that a child or youth of a different race or culture may not enjoy?
- What stereotypes or prejudices are you aware of that you personally struggle with? How did these come about? What have you done to “check out” the basis for these stereotypes? How do these prejudices affect your life and decision making?
- Would you have dated a person outside of your own race or culture? Would you have married a person outside of your race or culture? Why or why not?

Development of Identity and Self Esteem in Children and Youth

Parenting a child or youth whose racial and/or ethnic background is different than one or both resource parents presents a variety of issues at different stages of development. Here we discuss some of the issues that might arise at various developmental stages as they relate to racial identity and building of self-esteem:

Pre-School Years

- The people that the child looks up to and spends the most time with look different from her. It will be natural for her to want to resemble those people she loves. Comments such as “When I grow up, I will have blond hair like yours” are not uncommon.
- Think about ways that you and the child

can look alike perhaps by some special item of clothing, purse, shoes, or even hair style.

- Provide dolls and books that represent people from diverse backgrounds.

School-Age Years

- The child will need help understanding her heritage and background.
- She needs to be able to begin to develop a response to the question “Who Am I?”
- Celebrate all cultures within the family.
- Point out ways that your individual backgrounds are similar as well as different.
- Acknowledge the prejudices the child faces. Share in the feelings prejudice produces. Do not brush these feelings aside.
- Teach problem solving skills and techniques.
- Provide regular opportunities for the child to be among people who do look like, or talk like she does—consider school, church, recreational activities, etc.

Adolescence

- This is an intense time of figuring out “Who Am I?” Curiosity about racial identity and background may become stronger, particularly if she has not had the opportunity to know one parent (often father) or the extended family representing one side of their heritage.
- Dating issues arise. Look at your community and circle of friends—how many of the people you associate with would wholeheartedly accept your son or daughter dating theirs?
- Teens may develop a new or renewed interest in their native land, language, or become involved with a very culturally

specific group, change the way they dress, the name they wish to be called, etc.

- It is especially critical to provide adolescents with mentors, role models and other opportunities to be among people with the same racial or ethnic background as their own. Ask your agency worker how this might be best accomplished.

Parenting a Youth with Issues Related to Sexual/Gender Orientation

No one really knows how many lesbian, gay, bisexual, transgender or questioning (LGBTQ) youth are in the foster care system, although studies indicate that these youth may make up approximately 10 percent of all youth in foster care in urban areas such as Philadelphia. Many of these youth endure further harassment or abuse related to their sexual orientation after being placed in foster care. As a result, they are at a high risk for serious emotional challenges as well as for running away.

While many LGBTQ youth enter foster care for reasons of neglect or abuse similar to other youth in foster care, others enter care specifically because of their sexual orientation issues. They may have been forced to leave their homes as a result of conflict over sexual identity or behavior. Or, they may enter the system as a result of problems in school stemming from harassment and discrimination faced there.

As a resource parent, it is important to ensure that all children and youth in your home are both physically and emotionally safe and protected from harassment and discrimination.

Understanding Sexual Orientation

Sexual orientation refers to a person's sense of self identity and sexual attraction to members of other, the same or both sexes. Research indicates that there is a continuum of sexual orientation, with some individuals exclusively attracted to members of the opposite sex, some exclusively attracted to members of the same sex and some in between, attracted to members of both sexes.

Learning about, exploring and awakening to sexual feelings are all a normal part of adolescent development. It is also normal for youth to question their own sexual identity and orientation during this period of development and perhaps to experiment with different sexual behaviors. In addition, youth who have experienced abuse or neglect may have specific sexual questions, confusion or fears. It is important to be supportive and understanding of youth who are going through this often scary developmental stage. Youth who are questioning their sexual identity, or beginning to recognize feelings of attraction to members of the same sex, may need to be provided with caring and competent therapists who can help them to feel safe and protected as they seek answers and explore issues related to their sexuality.

It is important to understand that neither heterosexuality nor homosexuality is "contagious." Sexual orientation is not learned or imposed upon youth by exposure, nor are LGBTQ youth any more likely than heterosexual youth to "prey upon" or act out inappropriately with other children. Neither can sexual orientation be "unlearned" and attempts to do so can be damaging to youth. See the LGBTQ Resources in the Resource Directory on page 76.

Providing the Support LGBTQ Youth Will Need

There are several things you can do as a resource parent to ensure that these youth receive the understanding and support they need for healthy and positive development. Some of these include:

- Recognize that you may be already parenting LGBTQ youth.
- Be aware of your own personal feelings or beliefs that might conflict with your responsibilities to LGBTQ youth in your home.
- Educate yourself and others about LGBTQ youth.
- Let the youth in your home know that you are comfortable with people who are LGBTQ.
- Display visible signs such as posters, stickers or books that demonstrate an acceptance of LGBTQ people.
- Eliminate anti-LGBTQ slurs. Use gender-neutral language when talking to youth. For example, instead of asking a teenaged boy whether he has a "girlfriend," ask if he has "someone special in his life."
- If a youth is letting you know that he or she is LGBTQ, don't ignore it. Talk to them about it.
- Protect LGBTQ youth from bias and harassment.
- Ensure that all youth in your home, including LGBTQ youth, have access to appropriate reproductive and sexual health care services and caring professionals who can answer questions about a range of sexual health issues ranging from sexually transmitted diseases, to living with HIV/AIDS, to reporting and coping with

sexual harassment, attacks or rape.

- Help an LGBTQ youth find resources and support in the community. The Statewide Pennsylvania Rights Coalition (SPARC—contact information in the Resource Directory on page 77) is a good place to begin.
- Consider joining a support group for parents of LGBTQ youth like Philadelphia Family Pride, found in the Resource Directory, so that you will be supported in your own efforts to parent the youth in your home.

Parenting Youth as They Prepare for Adulthood

For most parents, preparing their children for independence and adulthood is a life-long task, beginning in very early childhood. Each time a parent teaches a child to master a life skill, such as tying shoes, or toilet training, that child is a step closer to successful life as an independent adult one day. As children grow into adolescents, this preparation for adulthood takes on a new sense of importance. Parents begin to teach their teens about managing a checkbook, getting and keeping a job, planning a menu and shopping for groceries, etc. Even when youth move away from their parents' home for college, the military, marriage or their first independent apartment, in most cases, they still have access to their parents and other family members for advice, help and even financial support when needed.

Yet, for children and youth in foster care, the acquisition of life skills in this “normal” sequence does not always happen, and when they leave care at the age of 18 or 21, they often do not have access to the safety net of

a supportive and financially stable family to assist them in these ways. Therefore, resource parents of adolescents should pay particular attention to their need to learn and master the skills that will help them manage their lives as independent adults.

Some of the skills a resource parent should encourage a youth to develop, and provide opportunities within the home to practice, include:

- Budgeting and money management, including handling their own money, establishing credit and learning to save for future needs.
- Menu and nutrition planning, grocery shopping and food preparation.
- Seeking, obtaining and holding onto a job.
- Managing their own health care, including making appointments, locating services, taking medications.
- Preventing unintended pregnancies and preparing for healthy sexual relationships.
- Seeking and obtaining an apartment.
- Care of clothing and personal items.
- Managing their own transportation needs, including using public transportation, driver's education and exploration of obtaining a driver's license (discuss legal and insurance issues with the youth's case manager).
- Planning for post-secondary education, including meeting pre-entry requirements, testing, application deadlines, campus visits and interviews, and financial aid.
- Managing adult relationships, including knowledge of safety, personal boundaries and other relationship skills and issues.

- Crisis management—knowing how to seek resources and who to call in an emergency.

In Philadelphia, the Achieving Independence Center (found in the Resource Directory on page 79) provides support for the development of many of these skills for youth in foster care. Resource parents should advocate for youth in their home to receive the full range of independent living services for which they are eligible.

Some youth may have additional special needs during this transitional time in their life. For example, you may be asked to provide a foster home to an adolescent who is already parenting a young child. In such instances, your role may include assisting in child care, and modeling parenting skills. Or you may be the resource parent of an adolescent with significant developmental disabilities, in which case, the Office of Vocational Rehabilitation Services (found in the Resource Directory on page 79) can provide support beyond those provided by the Achieving Independence Center.

In all of these instances, the most important element is to engage and involve the youth herself in the development of skills and the utilization of available resources.

A photograph of a man, a woman, and a baby in a stroller walking through a park. The man is on the left, wearing a dark jacket and a patterned scarf. The woman is on the right, wearing a light-colored jacket and a patterned scarf. The baby is in a stroller in the foreground. The background shows trees and a path. The entire image has an orange tint.

Important Information

- **Appendix One: Safety Checklist**
- **Appendix Two: MEDICAID and EPSDT Fact Sheet**
- **Appendix Three: Supporting Children in the Recruitment Process for a New Permanent Home**
- **Appendix Four: Glossary of Terms**
- **Appendix Five: Bill of Rights for Children in Foster Care**
- **Appendix Six: Resource Family Care Act**
- **Appendix Seven: Resource Directory**
- **Appendix Eight: Community Umbrella Agency (CUA) Geographic Zones**

APPENDIX ONE

SAFETY CHECKLIST

- ☐ The home has working smoke detectors. The family practices fire drills.
- ☐ There are no fire hazards, all electrical cords are in good condition, electrical outlets are plugged with safety caps.
- ☐ Matches are not accessible to children.
- ☐ A fire extinguisher is working and easily accessible.
- ☐ Radiators, hot water pipes, stovetop and fireplaces have covers or barriers that prevent children from getting burned.
- ☐ Toilets flush and plumbing is in working order. A first aid kit is accessible and well stocked.
- ☐ Emergency phone numbers are visibly posted. All exits are accessible and free of clutter.
- ☐ Stairways have guards or railings, are sturdy and well lit.
- ☐ Windows, including screens, are fastened securely to prevent children from falling out.
- ☐ All medicines are clearly labeled and stored in a locked facility.
- ☐ Knives, scissors and other sharp objects are kept out of children's reach.
- ☐ All firearms are equipped with a trigger-lock and stored, uncocked, unloaded, in a locked place that is inaccessible to any youth in the home. Keys to the locked container are also stored in a place that is inaccessible to children and youth in the home. Firearms should not be stored with valuables.
- ☐ Tools, especially power tools, are stored safely and are not accessible to children.
- ☐ TVs, VCRs, computers and other equipment are secured on stands to prevent tipping or collapse.
- ☐ Cleaning agents are stored in original containers and kept out of reach of children.
- ☐ Infant cribs, playpens and changing tables meet current safety standards.
- ☐ There are no poisonous plants in the house.
- ☐ The yard is fenced or otherwise safe for small children.
- ☐ Equipment and garden tools such as lawnmowers are inaccessible to small children.
- ☐ There are no pets that can harm a child.
- ☐ The play area is free of sharp or otherwise dangerous objects.
- ☐ If yard includes a trampoline or swimming pool, there are barriers that prevent access to unsupervised children.
- ☐ All play equipment including swings, slides, climbing toys are rust free and in good repair.
- ☐ Car seats meet current safety standards and weight and age requirements.

APPENDIX TWO

MEDICAID AND EPSDT FACT SHEET

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA 89) legislation and includes periodic screening, vision, dental, and hearing services. In addition, section 1905(r)(5) of the Social Security Act (the Act) requires that any medically necessary health care service listed at section 1905(a) of the Act be provided to an EPSDT recipient even if the service is not available under the State's Medicaid plan to the rest of the Medicaid population.

The EPSDT program consist of two mutually supportive, operational components:

(1) assuring the availability and accessibility of required health care resources; and
(2) helping Medicaid recipients and their parents or guardians effectively use these resources. These components enable Medicaid agencies to manage a comprehensive child health program of prevention and treatment, to seek out those who are eligible and inform them of the benefits of prevention and the health services and assistance available and to help them and their families use health resources, including their own talents and knowledge, effectively and efficiently. It also enables them to assess the child's health needs through initial and periodic examinations and evaluations, and also to assure that the health problems found are diagnosed and treated early, before they become more complex and their treatment more costly.

Periodicity Schedule

Periodicity schedules for Periodic Screening, Vision, and Hearing services must be provided at intervals that meet reasonable standards of medical practice. States must consult with recognized medical organizations involved in child health care in developing reasonable standards.

Dental services must be provided at intervals determined to meet reasonable standards of dental practice. States must consult with recognized dental organizations involved in child health care to establish those intervals. A direct dental referral is required for every child in accordance with each state's periodicity schedule and at other intervals as medically necessary. The periodicity schedule for other EPSDT services may not govern the schedule for dental services. It is expected that older children may require dental services more frequently than physical examinations.

The EPSDT benefit, in accordance with section 1905(r) of the Act, must include the following services:

Screening Services

Screening services must include all of the following services:

- Comprehensive health and developmental history – Including assessment of both physical and mental health development.
- Comprehensive unclothed physical exam.
- Appropriate immunizations – According to the schedule established by the Advisory Committee on Immunization Practices (ACIP) for pediatric vaccines.

- **Laboratory tests** – Identify as statewide screening requirements the minimum laboratory tests or analyses to be performed by medical providers for particular age or population groups.
- **Health Education** – Health education is a required component of screening services and includes anticipatory guidance. At the outset, the physical and/or dental screening provides the initial context for providing health education. Health education and counseling to both parents (or guardians) and children is required and is designed to assist in understanding what to expect in terms of the child's development and to provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention.
- **Vision Services** – At a minimum, include diagnosis and treatment for defects in vision, including eyeglasses. Vision services must be provided according to a distinct periodicity schedule developed by the State and at other intervals as medically necessary.
- **Dental Services** – At a minimum, include relief of pain and infections, restoration of teeth and maintenance of dental health. Dental services may not be limited to emergency services. Although an oral screening may be part of a physical examination, it does not substitute for examination through direct referral to a dentist. A direct dental referral is required for every child in accordance with the periodicity schedule developed by the State and at other intervals as medically necessary. The law as amended by OBRA 1989 requires that dental services (including initial direct referral to a dentist) conform to the State periodicity schedule which must be established after consultation with recognized dental organizations involved in child health care.
- **Hearing Services** – At a minimum, include diagnosis and treatment for defects in hearing, including hearing aids.
- **Other Necessary Health Care** – Provide other necessary health care, diagnosis services, treatment, and other measures described in section 1905(a) of the Act to correct or ameliorate defects, and physical and mental illnesses and conditions discovered by the screening services.
- **Diagnosis** – When a screening examination indicates the need for further evaluation of an individual's health, provide diagnostic services. The referral should be made without delay and follow-up to make sure that the recipient receives a complete diagnostic evaluation. If the recipient is receiving care from a continuing care provider, diagnosis may be part of the screening and examination process. States should develop quality assurance procedures to assure comprehensive care for the individual.
- **Treatment** – Health care must be made available for treatment or other measures to correct or ameliorate defects and physical and mental illnesses or conditions discovered by the screening services.
- **Lead Poisoning Prevention** – All children are considered at-risk and must be screened for lead poisoning. Screening for lead poisoning is a required component of an EPSDT screen. Current CMS policy requires a screening blood lead test for all Medicaid-eligible children at 12- and 24-months of age. In addition, children over the age of 24 months, up to 72 months of age, should receive a

screening blood lead test if there is no record of a previous test. Any additional diagnostic and treatment services determined to be medically necessary must also be provided to a child diagnosed with an elevated blood lead level.

State Medicaid Agency Required Activities

- States must inform all Medicaid-eligible persons under age 21 that EPSDT services are available.
- States must set distinct periodicity schedules for screening, dental, vision, and hearing services.
- States must report EPSDT performance information annually (CMS Form-416).
Centers for Medicare & Medicaid Services
7500 Security Boulevard,
Baltimore MD 21244-1850
www.cms.hhs.gov/medicaid/epsdt

APPENDIX THREE

SUPPORTING CHILDREN IN THE RECRUITMENT PROCESS FOR A NEW PERMANENT HOME

When a resource family is unable to make a permanent commitment to a child in its care, the foster care agency will begin special efforts to find another permanent home for the child. As part of these efforts the child might be photographed for a photolisting book, newspaper feature or website, participate in a televised recruitment feature such as Wednesday's child or a "matching party" where children in need of adoption meet prospective adoptive parents in a fun, social setting. Below are some tips for helping to support the child through this process. You can also discuss this with your CUA Case Manager or Resource Parent Support Worker so that you feel confident about your role and the support you are able to provide.

Before an adoption recruitment event:

- Describe and explain the event to the child.
- Tell her who will be present .
- Tell her who to expect to be watching if it is on TV or the Internet.
- Go over the plans—who, what, when and where.
- Don't forget "Why." Explain that this is not only an opportunity to meet a family that might become her new family, but it is also a chance to help recruit families for other children who are waiting for a family.
- Enlist the child as a partner in the project. Through her participation, she is helping herself and other children by educating others about children in foster care who need families.
- Talk about how it might feel if friends or

schoolmates see the event—offer to come visit their school and talk to classmates or teachers if this would be helpful.

- Bring an item to the event that will help the child talk about herself. A favorite book or sports item, a trophy or certificate, a homemade craft item, a photo album, or something that represents a hobby or talent.
- Talk about being polite, yet being yourself.
- Let her know she does not have to answer every question.
- Remind her not to share information that is too personal—such as her last name, address or school name.
- Role play some of the possible questions that she might be asked—let the youth have a chance to play the role of reporter.
- Work together to make a list of special topics the youth would like to talk about—hobbies, awards, likes and dislikes, favorite subject in school, pets, etc.

After an event:

- Provide a "de-briefing" opportunity for the child or youth.
- Follow up with the child's social worker and find out what the next steps are so you can keep the child informed.
- Keep the child posted about the process, the responses the agency is getting, etc. If there are not a lot of (or any) responses, be reassuring to the child, remind her that it often takes time to find the right family, and provide opportunities for her to express her feelings.

APPENDIX FOUR

GLOSSARY OF TERMS

While not all-inclusive, this glossary provides definitions of many of the terms used in this handbook and many common terms resource parents may encounter.

Abuse, or Child Abuse: An injury or pattern of injuries to a child that is non-accidental and the result of acts or omissions of a child's caretaker. Types of abuse include physical abuse, sexual abuse and denial of critical care including medical or psychiatric care.

Access Card: In Philadelphia, this is another name for the Medicaid program, which provides access to medical care for children in foster care.

Achieving Independence Center: Philadelphia's "one-stop" center for the provision of many services, including Independent Living services for youth in foster care who are approaching adulthood. Contact information is provided in the Resource Directory on page 79.

Adoption: The creation of a new, permanent legal family for a child or youth. The adoption process involves the termination of the parents' rights and the creation of parental rights to a new caregiver(s). Adoptive families may or may not be related to the child or youth before the adoption.

Adoption Assistance or Subsidy: Financial assistance available to families who adopt children from foster care. This assistance is designed to help the family meet the regular and special needs of the young person. Discuss this with your agency case manager if adoption is being considered as a child's permanency plan.

Adoption and Safe Families Act (ASFA): A federal law, passed in 1997, which has many provisions related to the safety, permanence and well-being of children in foster care, including timelines states must follow, with some exceptions, related to termination of the parents' rights and securing permanent homes for children.

Advocate, or Child Advocate: In this handbook, this term is used to describe the attorney assigned to represent the child or youth in all legal matters and court proceedings related to her case.

Adjudication or Adjudicatory Hearing: A hearing to determine if the allegations in a petition presented to the court are true.

Aging Out: When a youth leaves foster care because they have reached a certain age (18 in most cases in Philadelphia) without obtaining permanence through returning home, adoption or PLC.

Another Planned Permanent Living Arrangement (APPLA): An alternative, permitted under Adoption and Safe Families Act (ASFA), that allows a youth to have a goal permanence that is not return home, adoption or PLC. APPLA is not as legally or emotionally secure as the three principle permanency options and least likely to be encouraged or supported by DHS and/or the court.

Appeals: Someone asks for a hearing to change the court's decision. Any court decision is subject to an appeal.

Biological Parents or Birth Parents: The child/youth's family of origin: the person(s) who gave birth or fathered the child.

Caretaker: A person responsible for the day-to-day care of a child or youth.

Case Manager: A person who works with youth and their families to provide services and support, with the goal helping the youth achieve permanency. In Philadelphia, the case manager will be part of the Community Umbrella Agency (CUA) staff.

Child: In this handbook, the terms "child", "children" and "youth" are all used to describe individuals between birth and the age of 18. The term "child" is frequently used to describe younger children (birth to age 12) and the term "youth" is frequently used to describe adolescents (ages 12 to 18).

Child Protective Services (CPS): The portion of DHS charged with investigating abuse or neglect allegations and providing ongoing social services to families where abuse and neglect of youth has been reported.

ChildLine: Pennsylvania's toll-free telephone number—1-800-932-0313—to report suspected abuse or neglect of a child. A ChildLine clearance documents that a person—such as a prospective resource parent—has not been found guilty of abusing a child in Pennsylvania and this clearance is required for resource parent approval.

Commissioner's Action Response Office (CARO): Responds to questions, concerns or complaints about any services provided by the Philadelphia Department of Human Services or its contracted providers including Community Umbrella Agencies (CUAs).

Concurrent Planning: A process that allows for DHS and the child's permanency planning team to work on two or more permanency plans at the same time. For example, while primarily focusing on reunifying a child with her parents, the team may also begin to consider and plan for adoption or PLC if reunification is not successful within desired and/or legally required time frames.

Confidentiality: Protection of information related to a child's identity, life and circumstances, and that of her family, from inappropriate disclosure to other parties. A release of information may be signed to give permission for professionals and others to have access to that information if appropriate.

Continuance: When a court hearing is not completed, it can be “continued” to another date. A continuance may occur when someone whose presence is needed does not come to court, or when the judge does not have sufficient information to act on the case.

Court Appointed Special Advocate (CASA): An adult volunteer, assigned by the court to serve as an arm of the court to independently investigate the best interests of the child and act as a liaison in court proceedings. The CASA and the youth should talk on an ongoing basis.

CUA: Abbreviation for Community Umbrella Agency, which is a community-based provider that is responsible for service delivery to all youth in placement. All children in placement are assigned a CUA Case Manager. To find your local CUA, see Appendix Eight on pages 79 and 80.

Custodian: A person or agency designated by the court with the rights and duties to provide for all of the child or youth’s needs for protection, food, clothing, housing, education and medical care.

Dependency Case: This is the term used to describe the court case related to a child in foster care.

DHS: Abbreviation for Department of Human Services, the over-seeing agency for foster care in Philadelphia.

Disposition: This is the decision about where a child or youth should live (such as in state custody), as well as what the parents, DHS and the youth must do to address the problems that brought the youth into care.

Early Intervention (EI): A program that provides a range of services to young children (up to age 5) to help them overcome developmental delays. Children in foster care are eligible for early intervention services when needed. If you suspect a child has delays, talk to your agency caseworker about early intervention services, or call ChildLink at 215-731-2110.

Education Decision Maker: The child’s birth parents remain education decision makers. If they are deceased, cannot be identified, or located or if their rights have been terminated, the foster or adoptive parent or legal guardian are considered the education decision makers.

Emancipation: A youth who is legally declared an adult (by a court) prior to age 18. A youth in foster care who emancipates is no longer a ward of the court (or in foster care).

EPSDT: The Medicaid Early, Periodic Screening, Diagnosis and Treatment Program. This program requires regular check-ups and screenings for physical and mental development. Services related to the diagnosis and treatment of any abnormalities, delays or diseases discovered must also be provided. Please see a more detailed description in Appendix Two on page 61.

Family and Community Support Center: A unit of DHS' Children and Youth Division that offers prevention services related to housing, child care, education, domestic violence and other community resources.

Family Court: In Philadelphia, this is the court that hears most cases related to children and youth in foster care. The Family Division, also referred to as Family Court, is one of the three major divisions of the Philadelphia Court of Common Pleas. The Family Division is made up of two branches, the Juvenile Division and the Domestic Relations Division. Most of the court hearings related to children and youth in foster care take place in the Juvenile Division and are referred to as dependency cases.

Family Team Conference: A meeting which brings together a team of people, including the child or youth, her family, foster family, relatives, agency caseworkers, legal advocates and others who care about and/or have information about the child, to develop permanency plans for the child or youth.

Foster Care: Temporary care provided to children or youth who are removed from their family's custody and are placed in state custody. Foster care is 24-hour care with a person or agency that is approved by the state to provide this care and includes placement with relatives, foster families, group homes, shelters and other placements for children under the age of 18.

Resource Parent, Foster Parent or Foster Family: A parent or family that has been approved by the State to provide temporary 24-hour care and protection to a child or youth who has been removed from her family, generally for reasons of abuse or neglect. Foster families can be either relatives or non-relatives of the child being placed.

Foster Home: A temporary home where a youth may live while in the custody of the County.

GED: General Equivalency Diploma, a diploma that is equivalent to a high school diploma, which demonstrates that a person has shown satisfactory competence through testing in a variety of subjects including literacy, math, social and natural sciences.

Group Home: A home that cares for several foster youth, often using case managers for supervision instead of resource parents.

Guardian ad Litem (GAL): A person appointed by the court to represent the best interests of the child or youth in any legal proceedings involving the youth. The GAL and the youth should talk on an ongoing basis.

Guardian, or Guardianship: A person who is not the parent of the child or youth, but has been appointed by the court to have responsibility for the youth including certain legal rights and duties.

Individual Education Plan (IEP): A written plan for children receiving special education services through the schools. The plan is developed with the participation of the child or youth, her parents, the school and others familiar with the child's educational needs. The plan must be periodically reviewed, updated, and must include specific goals and objectives.

Independent Living Program (ILP): Also known as the Chafee Foster Care Independence Program, this is a federally funded program providing services to foster youth to prepare them for adulthood, including development of life skills such as money management, job readiness, menu planning and preparation, etc. The federal program also provides funds for college scholarships, and in some cases may provide for room and board assistance for youth over the age of 18. Independent Living is not a permanency plan for a youth, but rather a set of services related to preparation for adulthood.

Interstate Compact on Adoption and Medical Assistance (ICAMA): An agreement between states to ensure that children who are placed across state lines for adoption are able to receive medical care and medical coverage through Medicaid.

Interstate Compact on the Placement of Children (ICPC): An agreement among states to ensure protection and services to children and youth when they are placed across state lines for foster care, adoption or living with a relative. Both states ("sending state"—the state the child currently lives in, and "receiving state"—the state the child is going to) must complete required paperwork to demonstrate that the legal protections and requirements of the ICPC have been met before a child can be moved across state lines.

Judge: The judge decides what is best for the youth. The judge issues court orders, reads reports, hears arguments and decides whether the youth should be placed or continued in the custody of the State. The judge also makes final decisions on permanency plans.

Kinship or Kinship Care: 24-hour care for children and youth provided by relatives such as grandparents, aunts, uncles or even older (adult) siblings. This may also be called relative care. In Philadelphia, kinship caregivers are required to be approved by the same standards as non-relative foster parents when providing care for a child in DHS custody.

Lifebook: A scrapbook which records pictures and special events to help a child or youth develop a sense of identity and history. It typically includes pictures and stories about people, events and places that are important to the child's history and life.

Mandated Reporter: A person who is designated by law to report suspected abuse or neglect of a minor child. Resource parents, teachers and case managers are just a few of the designated mandatory reporters.

Maintenance Payment: The monthly payment issued to resource parents for the child's care and covers basic costs such as food, clothing, shelter, school supplies, grooming, transportation, and recreation.

Medicaid: A federal and state-funded medical and health care assistance program to which all children in foster care are eligible. In the five-county region, Medicaid is a managed care program called HealthChoices. It includes special assessments and services for children under the EPSDT program.

Neglect: The failure of the person responsible for the care of a child to provide adequate food, shelter, clothing, medical care or supervision necessary for the child's health and welfare.

Notice of Hearings: Everyone involved in a youth's case must be served with a notice telling them when and where court hearings will take place. People required to receive such notice include the youth, parents, resource parents, the agency with custody, and legal advocates assigned to all parties. A resource parent has a right to notice, but is not considered a "party" to the case and therefore, does not have an assigned legal advocate.

Permanency Hearing: A court hearing to consider a child or youth's need for secure and permanent placement in a timely manner. The hearing must be held within 12 months of a child's placement in foster care, and revisited thereafter until permanence is achieved.

Permanency Planning: Planning for a child or youth to have a permanent legal home and family. The preferred permanency options are reunification, adoption and PLC. Other legally available permanence options include placement with a fit and willing relative or "Another Planned Permanent Living arrangement (APPLA)" although these last two are not as desirable because they do not provide the same level of emotional and legal security as the first three.

Permanent Legal Custodianship (PLC): Makes another person, often a family member, the child's permanent legal guardian. PLC is intended to be a permanent arrangement, but, unlike adoption, does not involve termination of the parents' rights. Under PLC, the parents may retain certain rights, such as visitation, that they would not have under adoption. The guardian receives a stipend equal to a foster care payment.

Resource Parent/Resource Family: Another term for foster or kinship parents/family.

Respite Care: Temporary care for a child or youth, intended to give either the youth or caregiver (or both) a break.

Reunification: Services that can bring a youth back to the family from which she was removed by working on the problems that caused the separation of the child or youth from the family. Most often, reunification involves the child's birth family, but in cases where a child was removed from an adoptive family or PLC or other legal guardian, reunification can also occur.

Shelter Care Hearing: The hearing at which the court determines whether it is necessary to place or keep a child in out-of-home care. In Philadelphia, this hearing must be held within 72 hours of a child's removal from her home.

Sibling or Sibling Group: A sibling is the brother or sister of a youth. A sibling group is a group of two or more siblings. DHS' policy is to keep siblings together when in foster care, and for the purpose of permanency planning.

Single Case Plan: A family-driven plan for the child and family developed in collaboration with all stakeholders. The plan describes the family's strengths, needs, goals and services, which will help the family address the problems that brought the child into foster care and move towards creating safe permanence for the child in a timely manner.

Special Needs Child: Within foster care, this term usually refers to a child who is over the age of five, a member of a minority racial group, a member of a sibling group, and/or a child with a physical, mental or emotional disability. Children with special needs are generally eligible for special services and also for adoption assistance if they are adopted from foster care.

Supplemental Security Income (SSI): Funding provided through the Social Security Administration (SSA) to eligible children and adults with disabilities.

Surrogate Parent: A person who is appointed by the Department of Education to make sure that a child or youth's special education needs are being met.

Statewide Adoption Network (SWAN): Pennsylvania's program for expediting and supporting the adoption of children in foster care.

Termination of Parental Rights (TPR): If family reunification has been ruled out and adoption is a possibility for the child, the Department may petition (request) for termination of the parents' rights to the child. If the court terminates parental rights, it means the child is free for adoption. It also means that the parents have no legal rights pertaining to the youth anymore.

APPENDIX FIVE

BILL OF RIGHTS FOR CHILDREN IN FOSTER CARE

The Children in Foster Care Act of 2010 guarantees the following rights to children in placement:

- The right to be treated with fairness, dignity, and respect.
- The right to be treated without discrimination based on race, color, religion, disability, national origin, age, and gender.
- The right to be treated without harassment, corporal punishment, unreasonable restraint, or physical, sexual, emotional, and other abuse.
- The right to live in the most family-like setting that meets your needs.
- The right to be given enough food and food of good quality.
- The right to clothing that is clean, seasonal, and age and gender appropriate.
- The right to get all of the medical and mental health services that you need.
- The right to take part in developing your medical or mental health treatment plan.
- The right to agree to medical and mental health treatment, including medication.
- The right to visit your parents at least every other week.
- The right to have contact with your family.
- The right to be placed with your siblings, or visit with them at least every other week.
- The right to be placed with your kin and relatives, if possible.
- The right to be placed with families that have supported you before, if possible.
- The right to have all the contact information for your guardian ad litem, attorney, court-appointed special advocate, and members of your planning team.
- The right to be in a place that maintains your culture.
- The right to be able to stay in the same school when you change placements.
- The right to be able to take part in extracurricular, cultural, and personal enrichment activities.
- The right to have the opportunity to work and develop job skills.
- The right to get life skills training and independent living services.
- The right to have your case and personal information kept confidential.
- The right to get notices of court hearings for your case, and have the ability to attend the hearings.
- The right to take part in religious services and observances.
- The right to a permanency plan that you helped create and that you can review.
- The right to get notice that you can ask to stay in care after you turn 18.
- The right to get notice of the grievance policy from the county or private provider agency.
- The right to be able to file a grievance, to receive the agency's grievance policy, and to have your rights and the grievance policy explained to you in way that you understand.
- The right to exercise parental and decision-making authority for your child (if you are a parent).

APPENDIX SIX

RESOURCE FAMILY CARE ACT

The Office of Children, Youth and Families expects all public and private social service agencies that approve resource families to have in place written protocols that document how the agency insures that the following provisions of the Resource Family Care Act are standardized as part of the agency's best practice.

- Notification of scheduled meetings to allow resource families to actively participate in planning for the children
- Provision of support services consistent with the child's permanency plan to assist the resource parents
- Timely, open and complete responsiveness from the agency when contacted by a resource family regarding their role and the care of the children
- Provision of information about the children's medical, behavioral, family history, education, and placement history
- Consultation with the resource family in developing the child's permanency plan
- Consultation with the resource family in the decision to release their address to the child's parent and notification prior to any such release
- Assistance with the coordination of services to the resource family as needed in dealing with the loss of, or separation from a child in their care
- Provision of all written agency procedures related to the resource family roles
- Provision of appropriate training to enhance the skills and performance of the resource family
- Provision of information on how to receive services and reach agency personnel 24/7
- Assurance of confidentiality regarding any abuse allegations made about a resource family household member, as long as such assurance does not compromise the safety of the child
- Provision of the opportunity for resource parents to be heard regarding agency decisions and practices involving the child in their care and assurance that the agency will in no way discriminate or retaliate if resource parents make appropriate inquiry about such decisions or practices
- Inclusion of a resource family, if interested, as an adoption candidate for children whose goal has been changed to adoption
- Assurance that the resource family's right to be notified of any court proceedings related to the child in their care happens as soon as the agency receives the information
- Assurance that the right of the resource family to be heard during any court proceeding related to the child in their care is preserved and encouraged
- Assurance that no resource parent shall be denied consideration as an adoptive parent solely because the resource parent cannot be accessed as a resource parent in the future.

For more information on the Resource Family Care Act Contact: The PA State Resource Family Association 1-800-951-5151

APPENDIX SEVEN

RESOURCE DIRECTORY

Adoption

National Adoption Center

1500 Walnut St
Suite 701
Philadelphia, PA 19102
215-735-9988; 1-800-TO-ADOPT
nac@adopt.org
www.adopt.org

Information, referral and matching services for families in the Delaware valley area.

AdoptUSKids

605 Global Way, Suite 100
Linthicum, MD 21090
1-888-200-4005

info@adoptuskids.org
www.adoptuskids.org

National photo listing of children awaiting adoption in the U.S. plus adoption information.

North American Council on Adoptable Children (NACAC)

970 Raymond Ave, Suite 106
St Paul, MN 55114
651-644-3036
info@nacac.org

www.nacac.org/

National foster care and adoption information and advocacy.

Statewide Adoption and Permanency Network (SWAN)

1-800-585-SWAN
www.adoptpakids.org/

Information about adoption and waiting children in Pennsylvania.

Together as Adoptive Parents

478 Moyers Road
Harleysville, PA 19438
215-256-0669
taplink@comcast.net
www.taplink.org/

Support for adoptive, foster and kinship families in Pennsylvania

Advocacy

Child Welfare League of America (CWLA)

1726 M. St N.W., Suite 500
Washington, DC 20036
202-688-4200
www.cwla.org

Information on all aspects of child welfare including many excellent books and materials related to foster care.

Public Citizens for

Children & Youth (PCCY)

1709 Ben Franklin Parkway, 6th floor
Philadelphia, PA 19103
215-563-5848

info@pccy.org www.pccy.org

Advocacy for all children's' issues in Philadelphia area.

Concerns/Complaints

The Commissioner's Action Response Office (CARO)

215-683-6000
dhscaro@phila.gov

Court and Legal Resources

Juvenile Law Center (JLC)

The Philadelphia Building
1315 Walnut Street, 4th floor
Philadelphia, PA 19107
215-625-055; 1-800-875-8887
www.jlc.org

JLC provides info and advocacy on laws and issues affecting children in foster care and the juvenile justice system.

National Center for Youth Law

405 14th Street; 15th floor
Oakland, CA 94612
510-835-8098
info@youthlaw.org www.youthlaw.org
Provides information on both juvenile justice and child welfare issues.

PA Legal Services

118 Locust Street
Harrisburg, PA 17101
1-800-322-7572
www.palegalservices.org
Provides information about legal services available throughout the state of PA.

Philadelphia Family Court

1501 Arch Street
Philadelphia, PA 19102
215-686-4000
www.courts.phila.gov/common-pleas/family
Provides information about Family court cases.

Support Center for Child Advocates

1900 Cherry Street
Philadelphia, PA 19103
267-546-9200
www.advokid.org
Provides legal services and advocacy on behalf of youth in foster care, trains volunteer attorneys to provide legal services to abused or neglected children.

Education

Education Law Center (ELC)

1315 Walnut Street
Suite 400
Philadelphia, PA 19107
215-238-6970
www.elc-pa.org
ELC provides free information service for families about students' legal rights and other educational issues.

Great Philly Schools

www.greatphillyschools.org
Websites that provide comprehensive information about k-12 education and early childhood education including academic results, safety, demographics, and more.

Philadelphia School District Office of Early Childhood Education

440 N. Broad Street
Room 2014
Philadelphia, PA 19130
215-400-4270
webgui.phila.k12.pa.us/offices/e/earlychild
Learn how you can participate in the District's preschool services and programs that enroll more than 9,500 children annually including Head Start and Pre-K Counts

Wrightslaw

webmaster@wrightslaw.com
www.wrightslaw.com
Information about special education law and advocacy for children with disabilities.

Income Support

Supplemental Nutrition Assistance Program (SNAP)

1-800-221-5689

www.fns.usda.gov/snap

This website provides information about eligibility for food stamps, how and where to apply and more.

Supplemental Security Income (SSI)

1-800-772-1213

www.ssa.gov/disabilityssi

A Federal program providing financial assistance to people with disabilities.

Women, Infants & Children (WIC)

1-800-WIC-WINS

www.pawic.com

Supplemental food for pregnant women, infants and young children.

Lesbian, Gay, Bisexual, Transgendered and Questioning Youth

The Attic Youth Center

255 South 16th Street

Philadelphia, PA 19102

215-545-4331

info@atticyouthcenter.org

www.atticyouthcenter.org

Counseling, support groups, after-school programs, free HIV testing and social and educational programming.

Equality Pennsylvania

1211 Chestnut Street, suite 605

Philadelphia, PA 19107

215-731-1447

info@equalitypa.org

www.equalitypa.org

Advocacy and legal services for gay and lesbian people in Pennsylvania.

The COLOURS Organization, Inc.

1207 Chestnut Street, 3rd floor

Philadelphia, PA 19107

215-851-1975

info@coloursorganization.org

www.coloursorganization.org

Support groups and prevention case management centered on HIV/AIDS education and awareness for LGBTQ youth of color.

PFLAG Philadelphia

P.O. Box 15711

Philadelphia, PA 19103

215-572-1833

www.pflagphila.org

Promotes the health and well-being of gay, lesbian, bisexual, and transgendered persons, their families and friends through support, education and advocacy.

Mazzoni Center

21 South 12th street

Philadelphia, PA 19107

215-563-0652

www.mazzonicenter.org

Free counseling for LGBTQ youth through the Open Door Program. Provides counseling for parents with LGBTQ youth and referrals to psychiatric and other psychological services as necessary.

Philadelphia Family Pride

PO Box 31848

Philadelphia, PA 19104

215-600-2864

info@phillyfamilypride.org

www.philadelphiafamilypride.org

Support groups, parenting workshops and social activities for LGBTQ families in Philadelphia.

Statewide PA Rights Coalition (SPARC)

1300A North 3rd Street Harrisburg, PA 17102
717-920-9537

webadmin@sparc-pa.org www.sparc-pa.org
A Pennsylvania statewide network advocating for civil rights for lesbian, gay, bisexual and transgender (LGBT) individuals.

Mental Health**Community Behavioral Health (CBH)**

801 Market Street 7th floor
Philadelphia, PA 19107
215-685-6440
dbhids.org/cbh

Manages behavioral health care for Philadelphia residents receiving Medicaid, which includes most foster children.

**Mental Health Association
of Southeastern Pennsylvania**

1211 Chestnut Street, Suite 1100
Philadelphia, PA 19107
215-751-1800 or 1-800-688-4226
www.mhasp.org

Support and advocacy for families facing mental health challenges.

Parents Involved Network

1211 Chestnut Street
Philadelphia, PA 19107
215-751-1800
pin@pinofpa.org www.pinofpa.org
Support for parents or caregivers of children with emotional disorders.

Other Community Resources**Philadelphia Department
of Human Services (DHS)**

1515 Arch Street
Philadelphia, PA 19102
215-683-4DHS(4347)
www.phila.gov/dhs

DHS works to protect children from abuse, neglect, and delinquency and to ensure their safety and permanency in nurturing home environments. Additionally, DHS' Family and Community Support Center provides access to a variety of community based resources related to housing, child care, education, domestic violence, and more.

Grand Central Inc

1211 Chestnut Street
Suite 200
Philadelphia, PA 19107
215-557-1554

grandcentralinc@msn.com
Resources and support for grandparents and other relatives raising children.

Resource Parenting**Fostering Families Today**

1-888-924-6736
louis@adoptinfo.net
www.fosteringfamilies.today.com
A quarterly magazine for foster families and professionals.

National Foster Parent Association

2021 e. Hennepin Avenue #320
Minneapolis, MN 55413-1769
1-800-557-5238
www.nfpaonline.org
A national organization which provides support for resource parents, and local resource parent organizations, as well as national advocacy on behalf of children and families.

PA State Resource Family Association

P.O. Box 60216
Harrisburg, PA 17106
1-800-951-5151

www.psrfa.org

Support, information and advocacy for Pennsylvania resource parents.

Philadelphia Resource Parent Association

1501 Cherry Street
Philadelphia, PA 19102
(Call for meeting locations)
267-532-8512.

philadelphiaRPA@gmail.com

A supportive organization for foster, kinship and adoptive parents in Philadelphia.

Sexual Health

Planned Parenthood of Southeastern Pennsylvania

1144 Locust Street
Philadelphia, PA 19107
215-351-5500

www.plannedparenthood.org/planned-parenhoodsoutheastern-pennsylvania
Works to protect and enhance reproductive freedom, to increase access to reproductive health care services and information, and to promote sexual health.

Special Needs

ChildLink

1500 Market Street, Suite 1500
Philadelphia, PA 19102
215-985-6891

fayetta@phmc.org

www.phmc.org (under Programs, click on the Services to Special Populations link, and click on Children w/Special Needs)
Provides information, evaluations, services and referrals for children from birth to age three who have developmental delays or disabilities, and their families living in Philadelphia.

Elwyn

111 Elwyn Road
Elwyn, Pa 19063
610-891-2000

www.elwyn.org

Services for infants and toddlers who show evidence of or are at risk for lags in physical, cognitive, language, speech and psycho-social development. Individual or group educational and therapeutic services are offered at either the center or in the community depending on the identified needs of the child and family.

Family Voices

3701 San Mateo Blvd NE, Suite 103
Albuquerque, NM 87110
505-872-4774

Toll Free: 888-835-5669

<http://www.familyvoices.org>

A national, nonprofit, family-led organization promoting quality health care for all children and youth, particularly those with special health care needs.

The PEAL Center

119 Penn Avenue, suite 400
Pittsburgh, Pa 15222
1-866-950-1040

info@pealcenter.org

www.pealcenter.org

Information and advocacy for parents and caregivers of children with special health care needs.

Parent to Parent of PA

717-540-4722

info@parenttoparent.org

www.parenttoparent.org

Connects families in similar situations with one another so that they may share experiences, offer practical information and/or support.

Special Kids Network

1-800-986-4550

www.gotoskn.state.pa.us

Comprehensive information and referral service for parents and caregivers of children in Pennsylvania with special needs.

Teens/Youth

Achieving Independence Center

1415 North Broad Street, Suite 100

Philadelphia, PA 19122

215-574-9194

A “one stop” center providing services to youth transitioning to independence.

Youth in foster care aged 14 and older are eligible for this program.

Office of Vocational Rehabilitation

444 N. 3rd Street, 5th Floor

Department of Labor

Philadelphia Pa 19123

215-560-1900

www.dli.state.pa.us/portal/server.pt/community/vocational_rehabilitation

Assists youth with special needs as they transition into vocational education or the workforce.

Health and Ready to Work

<https://www.disability.gov/resource/healthy-ready-to-work>

A federally-funded initiative for youth with special health care needs which helps them transition from pediatric to adult health care and to work and independence.

Includes information about benefits, civil rights, community life, education, emergency preparedness, employment, health, housing, technology, and transportation.

Transracial Resources

PACT: An Adoption Alliance

510-243-9460

info@pactadopt.org

www.pactadopt.org

Information for parenting children of color through foster care or adoption, transracial resources.

APPENDIX EIGHT COMMUNITY UMBRELLA AGENCY (CUA) GEOGRAPHIC ZONES

City Of Philadelphia | Department Of Human Services



CUA CONTACT INFORMATION

CUA 1

25th Police District
Eastern North Philadelphia
NET Community Care
4404 N. 5th Street
Philadelphia, PA 19140
267-339-0520
www.netcenters.org

CUA 2

24th and 26th Police District
Eastern North Philadelphia
Asociación Puertorriqueños en Marcha (APM for Everyone)
1900 N. 9th Street
Philadelphia, PA 19122
267-296-7200
www.apmphila.org

CUA 3

15th Police District
Lower Northeast
Turning Points For Children
4329 Griscom Street
Philadelphia, PA 19124
215-268-5845
www.turningpointsforchildren.org

CUA 4

2nd, 7th and 8th Police District
Far Northeast
Catholic Community Services
10125 Verree Rd, Suite 200
Philadelphia, PA 19116
267-341-1253
www.ccs-cua.org

CUA 5

35th and 39th Police District
Logan/Olney
Wordsworth
3300 Henry Avenue, Suite 600
Philadelphia, PA 19129
267-766-2000
www.wordsworthcua.org

CUA 6

5th and 14th Police District
Northwest Philadelphia
Tabor Northern Community Partners
57 E. Armat Street
Philadelphia, PA 19144
267-339-3171
www.tabornorthern.org

CUA 7

22nd Police District
North Central Philadelphia
NET Community Care
3133 Ridge Avenue
Philadelphia, PA 19132
267-339-0520
www.net-centers.org

CUA 8

1st, 3rd, 6th, 9th and 17th Police District
South Philadelphia
Bethanna
1212 Wood Street
Philadelphia, PA 19107
215-355-6500
www.bethanna.org

CUA 9

12th and 18th Police District
Southwest Philadelphia
Turning Points for Children
415 S. 15th Street
Philadelphia, PA 19146
215-875-8200
www.turningpointsforchildren.org

CUA 10

16th and 19th Police District
Mantua, Overbrook, Wynnefield
Wordsworth
3905 Ford Road
Philadelphia, PA 19131
215-642-5400
www.wordsworthcua.org

IMPORTANT CONTACT INFORMATION

My CUA Case Manager:

Name: _____

Agency: _____

Phone: _____

Email: _____

After-Hours Phone: _____

Supervisor's Name: _____

My Resource Parent Support Worker:

Name: _____

Phone: _____

Email: _____

Supervisor's Name: _____

My Family Doctor:

Name: _____

Office: _____

Phone: _____

After Hours Phone: _____

Email: _____

Child Advocate:

Name: _____

Phone: _____

Email: _____

Emergencies: 911

Child Abuse Hotline
215-683-6100

State Child Abuse Reporting Number
1-800-932-0313

Philadelphia Dept. of Human Services
215-683-4DHS (4347)

Family Court Information
215-686-4000

**Commissioner's Action
Response Office (CARO)**
216-683-6000

Juvenile Law Center
215-625-0551

Education Law Center
215-238-6970

Community Legal Services
215-981-3700

Support Center for Child Advocates
215-925-1913

Parent Action Network
215-PARENTS (727-3687)

**Public Citizens for Children
and Youth (PCCY)**
215-563-5848

Special Kids Network
1-800-986-4550

Community Behavioral Health
215-413-3100

ChildLink
215-731-2110

Achieving Independence Center
215-574-9194

PA State Resource Family Association
1-800-951-5151

Philadelphia Resource Parent Association
267-532-8512

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

NOTES



We make a difference in the lives of Philadelphia's children and families.

1515 Arch Street
Philadelphia, PA 19102
215-683-4DHS
www.phila.gov/dhs