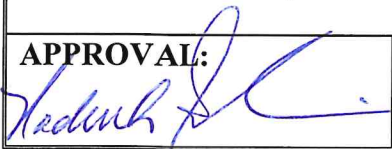




## Policy and Procedures

<b>DEPARTMENT NAME: Kinship</b>		
<b>SUBJECT: Kinship Search Referral Process</b>		<b>POLICY NUMBER: KD-001</b>
<b>APPROVAL:</b> 	<b>EFFECTIVE DATE:</b> 5/13/2021	<b>REPLACES : PD-004 dated 4-10-13</b>

- I. **PURPOSE:** This policy has been developed to address the process to obtain services from Children's Network's Kinship Search Specialists for purposes of locating relatives / non-relative caregivers and completing home studies with a recommendation regarding the child's placement.
- II. **REVIEW HISTORY:** This policy replaces the previously approved PD-004, dated 4-10-13.
- III. **CONTACT:** Children's Network's Director of Kinship
- IV. **PERSONS AFFECTED:** Staff at the Children's Network of SW Florida and its subcontracted case management organizations.
- V. **POLICY:** This policy addresses the processes and parameters for referrals to Kinship Search Specialists to locate potential relatives / non-relatives for placements of children in out of home care and to complete the subsequent homes study of such caregivers.
- VI. **RATIONALE:** It is recognized and accepted that extended family relationships or relationships with non-relatives is important to the child who has been separated from their biological parents. Relatives and non-relatives can be a valued resource to the family and these relationships may provide alternatives to foster care placement. It is further recognized that such relative / non-relative placements can contribute to the permanency and stability of children in the child welfare system and should be addressed in the most effective manner possible.
- VII. **CROSS REFERENCES:**
  - A. Chapter 39.5085 F.S.
  - B. Chapter 39.521 F.S.
  - C. CNSWFL Policy QM - 009

## VIII. DEFINITIONS:

- A. Assessment: the process of determining the appropriateness of a relative or non-relative placement option for a child in out of home care utilizing the FSFN Unified Home Study Guide.
- B. Home Study – an assessment of a potential placement for a child based on the FSFN guidelines in the Unified Home Study template.

## IX. PROCEDURES:

- A. Kinship Specialists will attend shelter hearings whenever possible to obtain information regarding possible relative / non relative placement options should the child be separated from the parent or guardian. If relatives / non-relatives are identified, the Kinship Search Specialist will communicate the assigned Child Protective Investigator to assist in the completion of a home study, and make recommendations regarding placements.
- B. Referrals to search for parents and relatives of children placed in out of home care must be submitted via the Relative Search Email drop box. If the Family Information Technologist (FIT) identifies and locates relatives after completion of a diligent search process, letters will be sent by the CMO Point of Contact to the prospective caregiver to determine their interest as a placement option. Should the relative express an interest in the child, the case manager will be advised to determine the appropriateness of the possible placement.
- C. Referrals by the child's case manager to the Kinship Specialist to complete a relative / non-relative home study will be addressed in accordance with the following guidelines:
  - 1. Referrals with specific deadlines or special circumstances – The case will be accepted on a case by case basis, depending on the individual circumstances.
  - 2. Children placed prior to or during the home study process by the case management organization – a referral will not be accepted and the home study will not be completed by the Kinship Search Specialists. This is considered an emergency placement and will be completed by the case manager.

3. Judicial Action:
  - a. Placements ordered by the courts – The home study will be completed by the case management organization. If a placement is ordered while the home study is in process, the Kinship Specialist will continue with the assessment of the home and make a recommendation to the case manager.
  - b. Home studies ordered by the courts – A referral will be made to the Kinship Search Specialist to complete the family assessment with recommendations.
4. Emergency Placements - Home studies for emergency placements will be completed by the case management organization.
5. Home studies for back-up caregivers, respite care, babysitters, etc. will be completed by the case management organizations.
- D. Once an approved home study has been completed, the relative search specialist will notify the case management organization and Children's Legal Services.
- E. When a home study is completed by the Kinship Search Specialist, a staffing will be conducted within three business days with the case manager and supervisor to review the home study and placement recommendation. If it is determined by the case manager that the relative/non-relative placement will be in the best interest of the children the Kinship Search Specialist will assist the case manager in completing the Affidavit for Change of Custody. The Kinship Search Specialist will submit the completed home study and Affidavit for Change of Custody to Children's Legal Services to be filed with the Court. If the home study and Change of Custody is approved by the Court, the Case Management Supervisor will develop a plan of action and services to address the safety needs of the child for the caregiver with whom the child will be placed. If the home study is denied or the home was not selected for placement, the child will be notified verbally by the case manager within 5 business days and documentation of discussion will be entered into FSFN. The Kinship Search Specialist will notify the Quality Management Supervisor of the need for a Transition staffing to be held to develop a plan with specific action steps to be taken to facilitate the placement if home study is approved, .
- F. The Kinship Search Specialist will follow up with the case manager to ensure the placement has occurred or to determine reasons the child was not placed.

X. **EXHIBITS:**

A. Relative Search Referral Form

B. Diligent Search Referral Form

C. Home Study Staffing Form

D. Transition Staffing Form

**EXHIBIT A**  
**Relative Search Homestudy Referral**

<b>Date of Referral:</b>	<b>Case Manager:</b>
<b>Agency:</b>	<b>Unit #:</b>
<b>FSFN Case ID#:</b>	<b>Office #:</b> <b>Cell #:</b>
<b>County (case):</b>	<b>Supervisor:</b>
<b>Case Name:</b>	<b>Office #:</b> <b>Cell #:</b>
<b><i>Date Homestudy Needed:</i></b>	

Primary Language of Potential Caregiver:  English  Spanish  Creole

<b>Caregiver Name</b>		<b>Caregiver Name</b>	
<b>Relationship to Child (ren)</b>		<b>Relationship to Child(ren)</b>	
<b>DOB</b>		<b>DOB</b>	
<b>Social Security #</b>		<b>Social Security #</b>	
<b>Phone #</b>		<b>Phone #</b>	
<b>Address</b>		<b>Address</b>	

Child(ren) to be Placed	FSFN Child ID	DOB	Current Placement Type	Victim or Perp of Sexual Abuse y/n. <i>If yes, specify victim, perp or both.</i>

Have child(ren) already been placed with above caregiver? Yes \_\_\_ Date? \_\_\_\_\_ No \_\_\_

Is request for purpose of backup placement/respice/babysitting? Yes \_\_\_ No \_\_\_

Permanency Goal: \_\_\_\_\_

**Reason for Request**

- |  |   |
|--|---|
| <input type="checkbox"/> Returned from a runaway episode                               | <input type="checkbox"/> Currently in foster care without a notice of change of placement |
| <input type="checkbox"/> Residing in a shelter   | <input type="checkbox"/> Judge ordered home study to be completed                         |
| <input type="checkbox"/> Disrupting a relative placement                               | <input type="checkbox"/> CLS request for filing   |
| <input type="checkbox"/> Currently in foster care with a notice of change of placement |   |

**Concerns about Potential Caregivers; Behaviors and/or health issues of Child(ren)**

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**Exhibit B**

**Relative Search Diligent Search Referral**

<b>Date of Referral:</b>	<b>Case Manager:</b>
<b>Agency:</b>	<b>Unit #:</b>
<b>FSFN Case ID#:</b>	<b>Office #:</b> <b>Cell #:</b>
<b>County (case):</b>	<b>Supervisor:</b>
<b>Case Name:</b>	<b>Office #:</b> <b>Cell #:</b>

Child(ren) to be Placed	FSFN Child ID	DOB	Social Security #	

<b>Mother's Name</b>	
<b>DOB</b>	
<b>Social Security #</b>	
<b>Address</b>	
<b>Phone #</b>	

<b>Father's Name</b>	
<b>DOB</b>	
<b>Social Security #</b>	
<b>Address</b>	
<b>Phone #</b>	

**Other Possible Relatives or (Alleged Fathers)**

Name	SS#	DOB	Last Known Address	Relationship to Child

Have relatives been explored and ruled out? Yes \_\_\_ Names: \_\_\_\_\_ No \_\_\_

Is TPR pending? Yes \_\_\_ No \_\_\_

**Information on parents and child(ren), including concerns about behaviors and/or medical issues of the child(ren)**

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EXHIBIT C
Home Study Staffing

Staffing Date: (Must be held within 3 business days of completion of Home Study)

CASE NAME: AGENCY:

CLS ATTORNEY:

GAL VOLUNTEER:

GAL CHILD ADVOCATE MANAGER:

CURRENT CAREGIVER:

PROSPECTIVE CAREGIVER:

Child #1:

Child #2:

Child #3:

UHS TYPE:

- Relative
Non-Relative

HOME STUDY APPROVAL/DENIAL DATE:

IF HOME STUDY IS DENIED HAS THE CHILD BEEN NOTIFIED BY THE CASE MANAGER WITHIN 5 BUSINESS DAYS? YES DATE OF FSFN ENTRY

POTENTIAL BARRIERS TO ACHIEVING PLACEMENT:

Blank lines for potential barriers to achieving placement.



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**PLAN OF ACTION AND SERVICES FOR THE FAMILY WHERE CHILD IS PLACED TO ADDRESS CHILD'S SAFETY NEEDS:**

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**ADDITIONAL COMMENTS:**

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**DATE AND TIME OF TRANSITIONAL STAFFING:**

**(Must be within 5 business days of homestudy staffing)**

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**In Attendance:**

SIGNATURE

TITLE

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## TRANSITION PLAN

**Child #1:**

**Child #2:**

**Child #3:**

**Child #4:**

**Child #5:**

On (date) it was determined that it is in the best interest of the above-mentioned children to begin transitioning from the foster home of (foster parent names) to:

**X Relatives/Non-Relatives-(prospective caregiver name(s))**

**Daytime unsupervised/overnight visits will commence...**

**Additional Comments:**

**The children will transition to their new placement upon (i.e. approval of the court. Since all parties agree with the change of placement, a stipulated order will be sought.)**

*(please note that all dates are pending based on child/family's needs)*

**In Attendance:**

**(see attached sign-in sheet)**

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