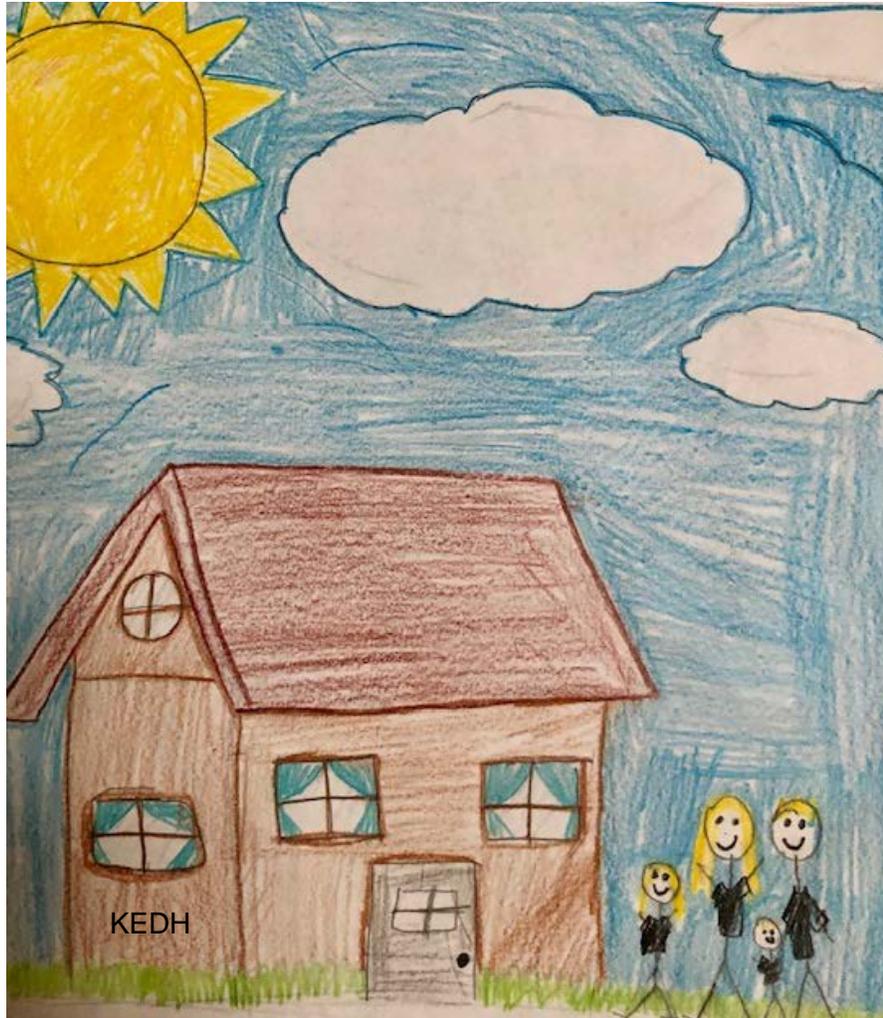


A Kentucky Grandparent and Relative Caregiver Handbook



A Caregiver's Guide created by Kinship Families Coalition of Kentucky in collaboration with the University of Kentucky Cooperative Extension Office

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Acknowledgement and Appreciation

We'd like to thank everyone who participated with the making of this handbook. It is our hope that it will help kinship families in Kentucky who step up and care for our kids. A special thanks goes to the Brookdale Foundation, Kentucky Youth Advocates, the University of Kentucky Cooperative Extension Office and Grandparents as Parents (GAP).

INTRODUCTION

Dear Caregiver,

You are not alone. By the time you find this book you've probably had a lot of questions. You may even be feeling a bit overwhelmed and unsure of how to navigate the system you must now work within. This handbook is meant as a reference guide to enlighten you on resources and information that may be available to you and your family. First and foremost, take your time as you read through all the services and make notes. Write down questions and reach out to others that may support you along the way. ***Understand that services, processes and information may change.***

The information provided is not meant as legal advice or formal DCBS operating procedures, but as a mechanism to inquire further about the latest information available. As always, we encourage you to talk with your social worker or advocate for more formal information and services.

Most of all, thank you for what you do to keep Kentucky's children safe and loved. Your tireless dedication provides hope for future generations.

Note: *We know there's a lot to understand. At the end of the handbook, there is a listing of Terms and Definitions to help you with the alphabet soup of terminology you will hear in and outside of court.*

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CHAPTER ONE

GETTING STARTED - A FEW BASICS TO KNOW UPFRONT

1. **Children of Native American Culture:** If a child is part of a sovereign nation this information should be immediately flagged to the courts, advocates and social worker right away. There may be different processes for that child. This is covered in the Indian Child Welfare Act (ICWA). For more on this go to: <https://www.childwelfare.gov/topics/systemwide/diverse-populations/americanindian/icwa/>

2. **Create A Binder or Folder For All Your Needed Documentation:** It's important to keep all the needed information in one place. There's a lot of paperwork that you will find you will be gathering as time goes by. Here's a few things that you may need to collect:

a. **Appointment Letter and Custody Papers:** You should receive an appointment letter along with custody papers which allows you to make educational and medical decisions and shows that you have the children in your care at this time. Make sure you have several copies. You will need to show a copy to the doctor's office, school and other places. **Always keep one copy with you for emergencies.** Some caregivers store a copy in their glove box in the car or put a copy in their backpack, briefcase or purse.

b. **Child Specific Documents:** You will need to ***get a copy of the child's birth certificates and social security cards.*** The social security numbers will typically be on the appointment letter from your social worker. If the child is enrolled in school, you can usually get a copy of both from their school (you will need your appointment letter and court papers to do so). It is recommended that you apply for original documents, but copies always help at the start. You may also need a ***medical card*** for the child.

If the child doesn't have medical insurance, they should qualify for Medicaid coverage for their health care. You need to ask the social worker for this information. More on the medical is listed under the 'Financial Assistance, Services and Resources' section.

c. Keep Copies of Everything You Sign: It is always better to have a copy of everything you sign as a reference later – even if you have to take a picture on your phone. Make notes after phone calls, emails or visits and court dates. It doesn't have to be in great detail, just document any pertinent information and outcome from the event. It helps if you need to file an appeal or grievance to know what you may have agreed to. It's also a good way to recall services that you have applied for that may be pending. This is critical as you learn more about how the system works so that you can recall what agreements you've made.

d. Create A Contact Page: You should also create a contact page with important numbers or email information. This typically includes the child's social worker (during and after work hours), school, doctor, counselor, and more. Having this information in one place will help you long term. A blank page is provided for you to use at the end of this chapter.

e. Educational Information: Go to the child's school and sit down and talk with the Guidance Counselor, Family Resource Coordinator and/or the Principal. Review the child's aptitude testing and grades, including previous attendance reports. It's very helpful to understand where the child is educationally and any challenges you may be facing. Should there be issues, make sure you share this information with your social worker. Get copies of everything you can. You will need your appointment letter and custody papers when you go to this appointment. More is covered under the 'Tips To Help You' section.

3. Reach Out To A Support Group Or Child Advocacy Group: You may not realize it right now, but you need a network of people who understand a little about what you are going through and have been through the

system themselves. Support or advocacy groups may help explain things to you or connect you with local resources.

The Kinship Families Coalition of Kentucky has a listing of resources on their website kinshipky.org and they also have a Facebook page. You can also check with your ***local cooperative extension office*** and/or ***Family Resource Youth Center Coordinator*** (FRYSC) at your local school. More information is covered under the 'Financial Assistance, Services and Resources' section.

4. Critical Decisions with Time Constraints: There are some benefits and services that need to be requested early in the process. It is highly recommended that you check these and all services as soon as possible under the Financial Assistance, Services and Resources section. Some examples are:

- DPP 1278 Relative Placement Benefit (\$350 per child for clothing and essentials)
- DPP 178 Options and Available Services for Relative and Fictive Kin Caregivers (election of potential foster pay)
- Child Care (If you are working, child care support is available)
- KTAP (Kentucky Transitional Assistance Program)

5. Never Be Afraid to Ask A Question: If you aren't sure about something, ask your social worker. If you feel you need further clarification, ask for a reference location for the information in writing. It's always good to find out where the information source comes from so that you can reference it later if you have questions. You may want to be ask about standard operating procedures (SOPs) or pamphlets. Make sure you explain to your social worker that you aren't challenging his/her knowledge and expertise, but just trying to understand everything to support all involved in the system as you walk through the processes.

Kinship Hotline: You can always contact the Cabinet for Health and Family Services' kinship hotline and ask questions by phone and/or email. You will need the case number and the child's full name and date of birth. Everything is on the court papers. It is highly recommended that you email so that you can keep a copy of all your questions and answers. ***The hotline contact info is: relative.supports@ky.gov, phone: (877) 565-5608.***

6. Supervisory Chain or Appeals: If you feel something isn't right or you've been denied a service wrongly, you have the right to elevate and inquire or appeal. It is recommended that you try to work through the social worker first. If that isn't successful, here's the following next-step contacts:

a. Social Worker Supervisor (check with social worker or local DCBS office): https://prdweb.chfs.ky.gov/Office_Phone/index.aspx

b. Senior Regional Advisor (SRA): The SRA is grouped within regional counties. You can locate this information at <https://chfs.ky.gov/agencies/dcbs/dsr/Pages/default.aspx> and there is a map with names and numbers at <https://chfs.ky.gov/agencies/dcbs/dsr/Documents/sraregionalmap.pdf>

c. Senior Director of Senior Regional Advisor (SRA): This is the director of all SRA's. Ask for the Director of Service Regions at 502-564-3703.

d. Office of the Ombudsman: The role of the Ombudsman is to be your advocate. Their phone number is 800-372-2973 or 502-564-5497 and email is CHFS.Listens@KY.GOV. Their website is located at: <https://chfs.ky.gov/agencies/os/omb/Pages/default.aspx>. You can contact the Ombudsman at any time, but it's recommended to try the main supervisory chain first. **KEEP COPIES OF EVERYTHING YOU SEND.**

7. Income Tax: A child can only be claimed by caregiver or parent household, not both. Two taxpayers cannot claim the same child. The child must be younger than 19 years old. However, if the child is a full-time college

student, the child can be claimed until 24 years old. If the child has a disability, there is no age limit for being claimed. If the child earns money themselves, to be claimed as a dependent, their income cannot be used to support more than half their needs. The child must live with you for more than six months out of the tax year. Should the parents file first and claim the children before you have filed and you have had the child six months or more, you can still file and attach court papers (if you have them) or other documentation. The IRS will work with you to sort this out. For more information, you can contact:

- Internal Revenue Service (IRS): 800-829-1040 or <https://www.irs.gov/>

- Kentucky Department of Revenue: 502-564-4581 or <https://revenue.ky.gov>

8. Legal Services: There are not a lot of free legal services for kinship caregivers but there are some. You can ask the social worker and the court to provide an attorney, but that would be up to that individual court to determine. You may have to procure your own attorney if you feel you need one. Checking with local legal aid is always recommended. If you aren't sure, check with your local kinship support group to see what they may know about available legal resources in your community.

Note: *There is a \$500 credit towards de facto custodianship from 2018 Kentucky House Bill (HB-1). (This is under the 'Types of Custody' section).*

9. Memory Book: It is highly recommended to create a memory book of pictures, flyers of special outings, honor ribbons or memorabilia from a variety of events. Sometimes children are bounced in and out of the child welfare system and homes and this helps them to have some sense of who they are, their memories of loved ones and their accomplishments.

Important Information For Your Binder

Health Information:

Medication(s): _____

Allergies or known Medical Conditions: _____

Physician: _____

Pharmacist: _____

Health Insurance Information: _____

Dentist: _____

Counselor/Therapist: _____

Eye Doctor: _____

Other: _____

Emergency: 911 and Poison Control 1-800-222-1222

Important Information For Your Binder:

School: _____

Social Worker: _____

DCBS Office: _____

CASA (if assigned): _____

Attorney: _____

Guardian ad Litem: _____

Baby Sitters: _____

Other: _____

Emergency: 911 and Poison Control 1-800-222-1222

CHAPTER TWO

EXPLAINING KINSHIP CARE

1. **Different Types of Categorized Kinship Care:** To date, there are approximately 96,000 children in Kentucky that live in kinship care (the highest in the nation) and most of those children live with grandparents. There are three basic categories of kinship care:

a. **Informal Kinship Care:** Children who live with relatives or close family friends who have varying types of informal custody arrangements made within those families. The Department of Community Based Services (DCBS) is not involved.

b. **Kinship Care/Fictive Kin:** Children who are placed with relatives (kinship) or close family friends (fictive kin) as a result of an investigation and removal by DCBS—custody of the child is maintained by the relative or DCBS.

c. **Relative Foster Care:** Children placed with relatives or close family friends who have become certified as foster parents—custody of the child is maintained by DCBS though the relative manages day to day care.

2. **Kinship Care Programs:**

a. **Kinship Care Program (Pre-Moratorium):** Prior to the spring of 2013, Kentucky had a kinship care program where kinship providers received a \$300 per child assistance until the child turned 18. Due to state budget constraints, the program ended in 2013. However, those that were already enrolled into the program were able to continue receiving assistance. Those caregivers must re-certify their eligibility for the program annually.

Note: Should a provider have issues with this recertification process, you can request an extension and it is highly advised to talk with a local advocacy group for more information.

b. DO vs Glisson (Relative Foster Pay): On Jan 27, 2017, the Sixth Circuit Court ruled that the Cabinet for Health and Family Services (CHFS) also known as the Cabinet, must provide foster care payments to “approved” relatives caring for children placed by the Cabinet, affirming the core belief in the importance of family. The ruling had been appealed, but in October 2017, the U. S. Supreme Court denied the request to hear the case, which kept the Sixth Circuit Courts ruling in place. The DO vs Glisson ruling meant that Kentucky must pay relatives the same as licensed foster parents. This is for formalized placements by DCBS and while the case is active. The DCBS published their eligibility criteria based on the ruling as follows and can be found at <https://chfs.ky.gov/Pages/search.aspx?terms=DO+vs+Glisson&affiliateId=CHFS>.

However, every case situation is different, you can inquire further at the kinship hotline: **relative.supports@ky.gov**, phone: **(877) 565-5608**.

DCBS Published Eligibility Criteria - DO vs Glisson:

- Individual must be a relative with an approved home evaluation;
- The child must currently be in CHFS custody; or the child has been placed in CHFS custody for the current removal period prior to the relative or fictive kin receiving temporary custody;
- The relative or fictive kin has not yet obtained permanent custody through a DNA-9 (Permanent Custody Order).

Note: There are pending class action legal suits regarding the DCBS interpretation of some of the criteria.

c. Paperwork for Placement Under the Kentucky Relative Caregiver Program: You should have been given a DPP 178 *Acknowledgement Statement: Options and Available Services for Relative and Fictive Kin Caregivers* form to select one of three different options on how you will care for the child. Note that once this selection is made, it cannot be revoked under normal circumstances. However, if you believe there was an unusual circumstance, you can always file an Ombudsman complaint or do an appeal.

- **Option 1 - Caregiver has a custody arrangement prior to DCBS involvement:** The first option states that a caregiver had made arrangements prior to Department of Community Based Services (DCBS) involvement and are not selecting foster care assistance. This selection could possibly affect other potential services; each individual case would have to be evaluated. You could have your social worker explain your situation and go to the KYFaces website and inquire there as well.

- **Option 2 - Caregiver chooses to seek temporary custody:** This means you will care for the child in a temporary custody status and still follow DCBS and court requirements. DCBS most likely continues to monitor and stay involved regardless if they've filed a Dependency, Neglect and Abuse (DNA) case with the courts. *Note: there has been confusion about a caregiver's ability to keep the kids in their care if they don't have "temporary custody" as in this option, but depending on the situation you can.*

If DCBS is involved in the case, they will notify you of the fact that, should they deem it appropriate, they can remove the child at any-time.

- **Option 3 - Caregiver chooses to seek approval as a DCBS foster parent:** This option is choosing to seek approval as a DCBS foster parent. Often times a caregiver believes that hearing that the child will remain in the custody of DCBS means that they can't continue to care for the child — that's not true. While a case is active,

this option allows you to care for the child (assuming you meet all criteria) and collect foster care pay. You will have to take additional training, but as long as you meet the instructions and guidelines from the court and CHFS, you should be able to continue to care for the child. *Note: payment usually starts at six dollars a day until all the paperwork is completed and approval as a foster parent is complete, but further payment is paid retroactively.*

Under KYFaces website, there is a video that explains further. Go to “Foster Care/Adoption” tab and then to “Videos”:

<https://prd.webapps.chfs.ky.gov/kyfaces/Home/Videos?tab=kinship>.

d. The Kentucky Relative Caregiver Program provides other services and you can check those out at <https://chfs.ky.gov/agencies/dcbs/pages/default.aspx> and the kinship navigator portal at <https://prd.webapps.chfs.ky.gov/kyfaces/Kinship/HowWeSupportYouKinship>

To read more on kinship care, you can go to the Kinship Families Coalition of Kentucky website at kinshipky.org.

CHAPTER 3

AT THE BEGINNING: REMOVAL OF A CHILD TO KINSHIP PLACEMENT

1. **What is Dependency, Neglect and Abuse (DNA):** This is when a parent or guardian does not provide basic essential care and protection of the child in their care. It could be any of the following and/or more:

- Fails to provide basic supervision, shelter, clothing, education and care.
- Creates or allows risk and/or acts of sexual abuse and exploitation.

You can read more on DNA and reporting abuse at:

<https://chfs.ky.gov/agencies/dcbs/dpp/Pages/default.aspx>

2. **Removal of the Child:** Should the social worker determine there is sufficient information/evidence that a child is at risk, not safe or has been harmed, they will petition the courts to remove the child. There will be an emergency custody order (ECO) filed and a hearing will be scheduled to review the situation to be held within 72 hours. Should the days of the week fall around a weekend or holiday, the 72 hours is extended to the next business day. For more information you can go to:

<https://manuals.sp.chfs.ky.gov/chapter2/03/Pages/211InvestigationProtocol.aspx> and <https://chfs.ky.gov/agencies/dcbs/dpp/cpb/Pages/default.aspx>

3. **Placing the Child with You:**

a. **Understanding the Circumstances:** Having a child placed with you can be stressful due to the circumstances that caused it. Remember that it is the social worker's job to ensure the safety and welfare of the child. You will be asked many questions about your home situation.

Gather as much information as you can regarding what has happened. If it's abuse, ask what kind and gather information as to what you can and cannot discuss with the children at the beginning. You will be expected to take the child for a physical exam within two weeks of having the children placed with you (you will get specific requirements from your social worker). *It is highly recommended that you briefly check the child for any physical markings or bruises while the social worker is first with you and document that with the social worker present.*

b. Background Checks: It's almost always better for a child to be placed with someone they know, such as family. The social worker will collect basic information about you and other adults in your home to conduct a criminal background check. They also look in their own system called the Child Abuse and Neglect Registry and check for a prior history of child abuse and neglect. If you passed the basic background checks, the social worker will want to walk through your home and conduct a home assessment/evaluation.

c. Home Assessment/Evaluations: For a child to stay with you, the social worker must make sure that you are able to provide a home that is adequate and safe for the child's care. They will be checking for things such as the child having their own bed, working smoke detectors throughout the home, sufficient food, medications stored securely and that you have sufficient transportation to transport the child to appointments and other needs. They may also collect basic health history information from you and your spouse/partner to ensure that you are physically and mentally able to care for the child and to go through the court processes.

Some caregivers have one evaluation that day and others have a follow-up formal home assessment scheduled at a later date. The initial walk through is considered an initial or informal assessment. Should you have been denied, you can always appeal to the court.

Note: *if you are being certified as a licensed foster parent, more strict requirements may apply.*

A link to the Health and Safety Check used is located at: <https://manuals.sp.chfs.ky.gov/chapter5-8/Pages/5-1-Relative-and-Fictive-Kin-Evaluation-and-Placement-Consideration.aspx> then click on the DPP 1277 Safety Check Review. Or see form on page: 58

d. Visitations: You may be given strict instructions at the beginning about allowing parental visitations with the child. Follow all instructions very carefully. If you aren't sure, don't assume – always make sure you understand the conditions of a visit so that you can continue to care for the children. If you have an appointed visit scheduled, always be on time.

- **Supervised Visits:** After placement, you may be required to bring the child to supervised visits. You may be asked to host them at your house or to monitor in public, such as the park or restaurant, or to drop them off at the DCBS office. Talk with your social worker about your preferences and comfort level. The number of visits will most likely increase, if the parents progress with their case plans.

- **Unsupervised Visits:** At some point, you may be required to drop the children off with the parents for unsupervised visits. This could be a few hours or even overnight. Talk with your social worker for any concerns you have.

e. Permanency Plan (PP) is established which will address the needs of the child (temporary placement, counseling or physical care). The goal is to help the child heal from any trauma and abuse and create a roadmap for potential reunification with the biological parents.

f. Other Paperwork: You will have to sign other paperwork and each case and situation varies. If you have questions, you can always talk to your social worker and/or email the kinship hotline at relative.supports@ky.gov or call at (877) 565-5608.

CHAPTER 4

TIPS FOR ENGAGING WITH THE BIRTH PARENTS

1. **It Can Be Personal:** Engaging with the birth parents of the child you are raising can be complex, especially when one or both parents have a substance use disorder and you are related to them. Whether they are currently using or not, it can be difficult.

As a relative to the child, you are also a relative to the child's parents. You may feel a sense of commitment or obligation to try to help the child's birth parents while also protecting the child. It may feel like managing these two priorities conflict with one another. Sometimes you may struggle with:

- A history of broken trust between you and the child's parents because of issues related to substance use.
- Concern that if you do not have legal custody of the child, you may be fearful that the child's parent will come and take the child away if they are unhappy with the way you interact with them.
- You may struggle with how, when, where or whether to give the child opportunities to safely connect with their birth parents.
- Other family members may have strong opinions about how you should manage the relationships, which may be different than your own opinion or that of the courts.
- You may find it difficult to both respect important traditions of the child's experience with their birth parents while also creating new healthy traditions as a kinship family.
- You may find it difficult to separate your feelings about the birth parent's treatment of their child and the child's desire to see them.

It's very important to take the time to talk with a friend or a support network.

2. **How A Substance Use Disorder Can Impact the Ability to Care For a Child:** Many people know substance use disorders by their stigmatized name, "addictions." Experts now know that substance use disorders are

diseases. They change the way a person's brain functions and impact their decision making, impulse control, and basic survival instincts. Substance use disorders can make it very difficult for someone to take care of their own basic needs, let alone the needs of their child. Additionally, substance use disorders are a relapsing disease, which means returning to use after a period of sobriety is common. This can be difficult for everyone who is involved in the life of someone with an addiction, especially children. It is important to remember that a person with a substance use disorder is sick and not a bad person. In fact, many people with substance use disorders have histories of past trauma and/or co-occurring mental health disorders that need to be addressed in addition to their substance use disorders.

3. Managing the Relationship Between the Child I Am Raising And Their Birth Parent:

a. Modeling Efforts: To have a healthy relationship with the child's parents is important for both the child and the parents. It is also important to let the parents know you want and seek to help them to have a healthy relationship with their child. Talk with the child about the visit later and help them sort out their feelings where possible. Make sure you are following instructions from any therapist and/or the courts on contact first.

b. Maintaining Boundaries: A key part of managing the relationship between the child and their birth parents is to maintain boundaries. This helps ensure the child is safe physically and emotionally and can help parents who are working on recovery. If there are legal boundaries set in relation to visits, follow them.

c. Setting Boundaries: If there are no legal boundaries, seek to set firm but fair boundaries. Create a written agreement with the parent about what is appropriate and inappropriate behavior for visits. Have written consequences (for example, a three-strike system) in case the parent does not abide by the agreement. If you cannot come to an agreement, consider talking with a mediator or neutral third party who can help you come to one. If the child is in therapy or seeing a counselor, consider talking with the counselor at the end of the session about the best ways to conduct safe visits with the parents. The child should not be present for this conversation. The counselor should be able to factor in what the child is sharing and provide helpful ideas.

4. Talking With Birth Parents About Their Behavior: Be open and honest with the parents in a way that is respectful and supportive. Talk with them privately – not in front of the child or anyone else. Explain the reason behind your decisions. Acknowledge the parent’s successes and growth. If you aren’t sure, talk with your social worker or counselor.

5. Managing My Feelings and Relationship with the Child’s Birth Parents: Being aware of your own feelings about the birth parents will help you manage the relationship in a way that is more helpful to you, the child and the parents. Emotions may range from sadness, anger, and fear for their safety to joy in their successes.

Issues of trust also impact the relationship. It may be difficult to feel you can trust parents with a substance use disorder, especially if they have lied to you in the past. Try to be cautiously optimistic. Give parents the benefit of the doubt, while doing what you can to make sure the child is as safe as possible.

6. Preparing For Visits: Visits between the child and their birth parents are often stressful for everyone involved. Being aware of the emotions each family member may be experiencing can help you prepare for and manage the visit.

a. Managing Expectations: As a caregiver, you are concerned about managing the child’s expectations and protecting their physical and emotional health. You may be concerned about the well-being of the parents and whether they are seeking or engaging in recovery. The child may be simultaneously managing feelings of excitement, anger, and sadness before, during and after the visit. Birth parents also come with a set of stressors related to their struggle with drug and alcohol use, their own feelings of inadequacy because they are not able to safely raise their child, and concern about how the child may react to them during the visit.

Depending on the child’s age and maturity, consider seeking their input on planning the visit. Make sure to tell them that keeping them safe is your priority. If the child does not want to visit their parents but is legally required to, tell them you understand that they are upset or hurt and remain positive about the visit. Let the child know when the visit is planned so they have time to emotionally prepare. Find out what the child would like to do

on the visit. Try to arrange an activity if it is reasonable or work with the child to come up with a similar activity. Consider the impact of the location on the child and parents' visit. Talk to the child's counselor and seek their advice.

If the parents have missed visits in the past and you are worried that they might not show up, hold the visit somewhere where you could do a fun activity with the child if the parents do not make it. Always document and report missed visits or concerns and report to your social worker.

b. Concerns During A Visit: If you are worried that the parents may currently be using drugs or you are aware of any other concerns, talk with your social worker immediately.

c. Discussions with My Relative Child About Their Birth Parents: Be honest, fair and non-judgmental when talking about the parents. Try to focus on the positives of the parents. For example, "Your dad loves you so much" and "Your mom works hard to get better so she can see you more often." Do not talk disrespectfully about the parents, and especially not if there is any possibility the child will hear it. It is good practice not to talk disrespectfully about the parents at all, but venting to a trusted person about your feelings is okay. Remember that the child still loves their parents and may want to have a good relationship with them.

d. Discussing Parents who are in Prison: It is always important not to lie to the child you are raising. Explain to them gently and honestly that the birth parent broke the law and is now in jail or prison. Share that this does not mean their parent is a bad person. Let the child know that they can write letters, draw pictures, send photos or visit their parent if the prison allows it. Some prisons have programs to make family visits easier, so you can call the prison and ask about visitation and correspondence. It is advised to discuss visitation options with a counselor.

*Used with permission from <https://www.gu.org/resources/grand-resource-helpfor-grandfamilies-impacted-by-opioids-and-other-substance-use/>

CHAPTER 5

THE COURT PROCESS

1. The Court Process: This can be challenging and possibly confusing as you navigate through all the different hearings and try to learn all the terminology. Family court judges may vary in how they hold hearings (some may be in person and some paper reviews). Also, in the chapter **Terms and Definitions**, we've provided a listing of much of the lingo you may hear.

a. Initial Court Hearing: A social worker can file an emergency custody order (ECO) to have the child removed or a child is removed at a temporary removal hearing (TRH). A Temporary Removal Hearing (TRH) happens after a removal due to an ECO (within 72 hours) or if another party requests a Temporary Removal Hearing. At a temporary removal hearing, the court determines whether there are reasonable grounds to believe that the child would be dependent, neglected or abused if returned to or left in the custody of his parent or other person exercising custodial control or supervision even though it may not have been proved conclusively who perpetrated the dependency, neglect or abuse. A weekend or holiday does not count as part of the 72 hours. For example, if a child is removed on a Thursday, the hearing would not be until Monday. If there is a holiday on the weekday, the date may extend further.

At the initial hearing, CHFS will make their case that the child should not remain at home and explains the basic circumstances for why the child or children were removed. If the Judge concurs, then the child is formally and temporarily placed with suitable family first (you) or where they feel the child is best served. Should there not be sufficient evidence for removal, the child remains with the parent/guardian.

b. Five Day Conference/Initial Case Planning: There is typically a meeting five business days after the Temporary Removal Hearing. This is

to go over tasks for each stakeholder. A case performance plan for the biological parents must be completed in order for the children to be returned. As a caregiver, you will be required to ensure proper care, follow established visitation agreements, and more.

c. Adjudicatory Hearing: Held by the juvenile and/or family court to determine if there is enough evidence to prove that a child was abused, neglected or abandoned, or if there is another legal basis for the state to intervene to protect the child. This is also referred to as a “fact-finding hearing”. This is typically held at 15-90 days after the first hearing.

d. Dispositional Hearing: Hearings to determine what needs to happen with the child and the family while the case is in discussion. An example would be to review where the child would live or who will have legal custody, or even what services are needed to reduce the risk and to address effects of maltreatment. This is typically held after the second hearing (3 to 30 days after the second hearing).

e. Permanency Hearing: This determines if a child should be reunited with the parents or if there will be a Termination of Parental Rights (TPR). The outcome is to determine some type of permanent placement as the case comes to a close. If there is a TPR, the children remain with the caregiver or foster care. This hearing is typically at a 12 to 18 months timeframe. Note: If the children remain with you permanently, you may lose some of the kinship benefits. Always have a conversation with your social worker before the hearing to make sure you understand and can plan financially.

f. Termination of Parental Rights (TPR) Hearing: A hearing to determine the removal of parental rights.

2. Other Significant Roles in Court:

a. Guardian Ad Litem (GAL): Appointed for the child to represent the best interests of the child throughout the entire court process.

b. Court Appointed Special Advocate (CASA): Sometimes the court will appoint a CASA to your child. This may happen early in the court process or later. However, this means you may have to comply with other required home visits (typically once a month) in addition to the social worker visits. *Some of these visits may be unannounced.* The CASA is not there to judge you, but to be the eyes, ears and voice of the child. They are to assess how the child is adapting (educationally, physically and emotionally) and make recommendations to the court. They not only check in at your home for a visit, but may also monitor the biological parents with the children at their visits. They make court recommendations that are separate from the social worker. They are a separate and distinct voice for the child. For more information about CASA: <https://nationalcasagal.org/our-work/the-casa-gal-model>

CHAPTER 6

TYPES OF CUSTODY

1. Guardianship: A legal procedure in Kentucky that gives a caregiver a legal authority to take a child for medical care and to sign for school-related activities. This doesn't suspend the parental rights.

To file for guardianship, you must go to District Court (unless done in family court in an active DCBS case) and file a petition. If the parents will not be in court for the hearing, you must provide a notarized letter from one or both parents stating that you are caring for the child, or provide a certified letter sent to each parent's last known address telling them of the court date and reason for it. This must be done prior to the court granting any guardianship. The judge must make the decision and you should have formal paperwork from the proceeding outcome. To apply, call your local courthouse and usually the local county attorney will provide assistance.

Note: *There will most likely be court fees but this can be done without an attorney. If you cannot afford to pay these fees ask about an "in forma pauperis" statement at the time you file. If you qualify for "in forma pauperis" the above fees may be waived.*

2. Informal Custody: Informal custody is an arrangement that is not within the court system and in most cases an arrangement by the caregiver and the parents or formal guardian. In order to make sure that the informal caregiver ensure that the child is enrolled in school and will receive health care, it is recommended to get a Caregiver's Authorization Affidavit. The Caregiver's Authorization Affidavit serves as a template for caregivers without legal custody to get the authorization needed to address the educational and/or medical needs of the children they are caring for. The form was created in order to help relative caregivers easily without consulting an attorney. This form can be found at <http://kinshipky.org/forms/>. The affidavit is good for one year and must be notarized. It can be renewed annually unless revoked by parents, de facto custodian, guardian or legal guardian.

3. Temporary Custody: Temporary custody is much different from guardianship in that the parental rights of the natural parent have been suspended (not terminated), and you must assume the legal rights and obligations that accompany full-time care of the child. Temporary custody is viewed as temporary because the court is hoping to return the child to the custody of the parents at a future date, but this is not always the case. The child can remain in your custody until he or she is eighteen years of age on a temporary custody order. Often times as the case progresses and at closure, if the child is going to remain with you permanently, you should receive the status of permanent custody. You must comply with the court established guidelines for care.

4. Relative Foster Care: Foster care is an option where you can continue to care for the child and receive assistance as regular foster parents do. This is possible when the Cabinet for Health and Family Services has custody of the child. You will have to complete training and meet eligibility requirements. The foster care placement status remains until the case is closed and permanency is achieved. If a child ages out at age 18, there may be additional benefits or options for the child to access. Talk with your social worker and make sure you understand everything before you sign any paperwork. On the KYFaces website, there is a video that explains further – go to “Foster Care/Adoption” tab and then to “Videos”:
<https://prd.webapps.chfs.ky.gov/kyfaces/Home/Videos?tab=kinship>.

5. Permanent Custody: Permanent custody is one step further than temporary custody in that it is not as likely the parent will regain custody.

Note: *The parents can always petition the court to revisit custody arrangements. There can also be varying types of permanent custody. Sole custody is that you solely have the child but there can be shared custody depending on the court’s determination regarding visitation.*

6. Adoption: Adoption is the legal recognition of an individual as the child's parent. This process terminates all natural parental rights, including the right to visitation as well as all financial obligations to the child. The adoptive parents assume all of these rights as well as responsibilities. Adoption is the only way you can guarantee that the biological parent(s) will never regain custody. Pursuing adoption can create additional challenges and necessitate legal counsel. Because adoption is permanent, there will be many opportunities given to the parent to be reunited with the child, especially if the parent is contesting the process. To allow for adoption, the parent must voluntarily terminate his or her own rights or be proven unfit, and the court must then legally recognize the termination.

Every situation has different circumstances, so it is important that you discuss your particular circumstances with an attorney. You must have an attorney to file for adoption, as all legal steps must be taken. Also be sure to discuss any financial concerns prior to filing for adoption – this can save you much time and frustration later! For most relative caregivers, there isn't much legal support for adoption but always check with your social worker and local legal aid office to make sure.

For those who are kinship foster parents under the federal Family First Act, adoption support may be provided. Ask your social worker up-front.

7. What is a De Facto Custodian? A de facto custodian is a person other than a biological parent who has been the primary caregiver and financial supporter of a child for six months if the child is 3 years old or less or a financial support for a year or more for a child older than three years old. A de facto custodian has to be recognized by a court and it allows them equal status as the biological parents in court. Often times, in normal family court proceedings, de facto custodianship is not required but different circumstances may present themselves in such a way that you want to pursue this status. For more information and understanding you can ask your social worker or consult an attorney. Kentucky House Bill 1 of 2018 provided a \$500 credit for legal support for de facto status. Ask an attorney about this credit.

CHAPTER 7

FINANCIAL ASSISTANCE, SERVICES AND RESOURCES

1. Relative Placement Support Benefit (RPSB): Relatives may be eligible to receive a one-time monetary benefit that can help with basic needs when the child is first placed with you, such as furniture, clothing, shoes, car seats or a deposit for a larger apartment. *Note: This benefit is not available to fictive kin caregivers.*

You should be asked to sign a *DPP 1278 Relative Placement Support Benefit Acknowledgement Form*. At the bottom of this form, you will be asked to select one of two options. The first option acknowledges that you've been made aware of the RPB and that you are interested in the benefit. The second option is that you are not interested. Understand that if you select the second option (not interested) that you are essentially waiving the RPSB permanently. Once you have this conversation with your social worker, follow-up to ensure you get this payment. Email the kinship hotline to check on the status or request a follow-up on all available services at relative.supports@ky.gov.

Note: The Kinship Families Coalition of Kentucky has been working with state legislators to modify the RPB from the “once in a lifetime of the child” assistance and change it to “at placement”. This would help caregivers provide basics for a child if the child is in and out of the system more than once.

Relative Placement Benefit Payments:

- \$350 for one (1) child
- \$700 for two (2) children
- \$1,050 for three (3) children
- \$1,400 for four (4) children
- \$1,750 for five (5) children; and
- \$2,100 for six (6) or more children (capped amount)

2. Kentucky Transitional Assistance Program (KTAP): KTAP is a monetary assistance program that provides financial assistance to needy dependent children in Kentucky and the parents or relatives with whom the children are living if eligibility criteria are met:

- a. The applicant must be a U.S. citizen or qualified “alien.”
- b. There may be requirements such as having the parents pay child support.
- c. Caregivers cannot receive KTAP benefits for children if the parents reside in the same household.
- d. This benefit is not available to fictive kin caregivers for fictive kin children but may be available to caregivers for their own children.

Note: *If you are a kinship care provider you can apply using the child’s income not yours (most children don’t have an income).*

To apply, please contact Family Support at (855) 306-8959. Your social worker can provide information but information can also be found at KY-FACES: <https://prdweb.chfs.ky.gov/kyfaces/Kinship/HowWeSupportYouKinship>.

KTAP Income Parameters

Family Members	Monthly Gross Income Limits	Maximum Payment Amounts
1	\$742	\$186
2	\$851	\$225
3	\$974	\$262
4	\$1096	\$328
5	\$1218	\$383
6	\$1340	\$432
7	\$1462	\$482

KTAP Payments

Number of Children	Maximum KTAP Payment
1	\$186
2	\$225
3	\$262
4	\$328
5	\$383
6	\$432
7 or more	\$482

(Taken from KY FACES Website KYFACES: <https://prdweb.chfs.ky.gov/ky-faces/Kinship/HowWeSupportYouKinship>)

3. Supplemental Nutrition Assistance Program (SNAP): Formerly known as Food Stamps and is a federal and state funded program to help low-income families buy the food they need to stay healthy. If your household is approved, you will receive an Electronic Benefit Transfer (EBT) card and benefits will be deposited into an account each month. You will use the EBT card and a pin number to access the food stamp account.

For this assistance program, the entire household must meet eligibility requirements and provide proof of their statements about household circumstances. Because children cannot be counted as a separate family unit, all combined income coming into the household needs to fall below the limits. The program is available to all eligible households regardless of the age of the children. The amount of benefits a household receives is based upon the number of individuals in the household and the household income after allowable deductions, such as rent, utilities, and child care expenses.

Call or visit your local DCBS office to apply. You will need to bring information about the combined resources of your household and any sources of income for the household. You can inquire more about this by calling DCBS Family Support (855)-306-8959 or go to the following link: <https://chfs.ky.gov/agencies/dcbs/dfs/nab/Pages/snap.aspx> or <https://prd-web.chfs.ky.gov/kyfaces/Kinship/SNAP> and your local DCBS office.

4. Women, Infants and Children (WIC): A short-term supplemental nutritional program that helps families access healthy foods. Those that qualify for services are expectant mothers, new mothers and/or infants and children under the age of 5. You must have custody of the child for him or her to be eligible for this benefit.

There is an income guideline for WIC, but the guidelines are more generous than many other programs. WIC does not use the same standards as other agencies, so you need to call to find out whether your grandchild qualifies. This program does not work with the Child Support Enforcement Offices, so they will not attempt to contact the parents for reimbursement. You should plan to bring proof of the child's identification, household

income, and proof of residency. You should also bring information about any other benefits the child or your household is receiving. There are WIC offices located in each county. To find out where the office is located in your county, call the Health Department for the phone number. You should schedule an appointment and when you call you should tell them that you will be applying for your grandchild or relative. They will be able to provide you with all of the information you need to apply. For more information call (800) 462-6122 or visit: <https://chfs.ky.gov/agencies/dph/dmch/nsb/Pages/wic.aspx>

5. Social Security: Your child may be eligible for benefits from Social Security in a variety of ways:

a. Supplemental Security Income (SSI): Your child (birth to age 18 or 22, if regularly attending school) may qualify for SSI if he or she has a disability that severely limits his or her activities and/or the condition has lasted or is expected to last for at least a year, and the child has little or no income or resources.

b. Social Security Disability Insurance (SSDI): SSDI provides monthly benefits to disabled workers who have earned sufficient credits by working to be insured under Social Security. These benefits may also be paid to disabled widows or adult children disabled before age 22.

c. Retirement Benefits: If you have a dependent child and receive Social Security retirement benefits, your child may receive a monthly payment up to one half of your retirement benefit amount. The child must be unmarried and under the age of 18 (19 if in school) or disabled

To apply for any of these benefits, you will want to arrange a phone or in-person appointment. When you set up the appointment, ask what information and documents you will need to bring with you that they may want to see. You can inquire by calling: (800)-772-1213, Monday- Friday, 7 AM- 7 PM or visiting www.socialsecurity.gov

6. Child Care Assistance Program (CCAP): The Child Care Assistance Program (CCAP) offers access to quality child care by providing financial assistance to help cover the cost of child care. To be eligible, you must be a resident of Kentucky and your child a U.S. citizen or qualified “alien.” In order to be eligible for this program, parents must be employed. Single parents must work an average of 20 hours per week and couples must work 40 hours combined. You may also be eligible if you meet one of the following requirements: have child protective or preventive services authorization, are a participant in the Kentucky Works Program, are a teen parent attending high school or pursuing a GED, or have a child under age of thirteen. Parents requesting child care for children over the age of thirteen must provide proof to show the child’s inability to care for himself or herself.

Relatives and fictive kin caring for children due to a protective or preventative child safety issue are not required to pay a co-pay for child care, regardless of their income. Renewal of child care assistance can be requested every twelve (12) months as long as the family needs child care within the age limits that apply to all children and families. More detail on this program is located at <https://chfs.ky.gov/agencies/dcb/dcc/Pages/ccap.aspx>. It is recommended that you talk to your social worker or inquire at the kinship hotline at relative.supports@ky.gov, phone: (877) 565-5608. You can also check out more tips on child care under the ‘Tips for You’ chapter. Note: Always ask about the length of any program because sometimes there are unique conditions that may end the service unexpectedly.

7. Medicaid: Medicaid is an assistance program that provides complete health care coverage for low income children and their parents, guardians, and caretakers, SSI recipients, children in foster care, pregnant women and certain aged, blind and disabled individuals. For a medical card, you do not have to have legal custody of the child to apply for benefits, but you must be a relative. You may apply for this benefit without applying for K-TAP or other services. This benefit is based on the income of the child alone if he

or she is without a parent in the house. Relative caregiver income is exempt. As with K-TAP, you must comply with Medical Support Enforcement to help recover medical expenses that the state must pay out for the child. Call your local DCBS office and schedule an appointment. You will have to provide them with the following information:

- Proof of your relationship to the child
- Information about the parents
- Verification of household size and names
- Verification of child income and resources
- Social Security card, if already issued

For more information: Call: (800) 635-2570 or visit: <https://benefind.ky.gov/>

8. Medicaid Contacts:

a. Managed Care:

- Kentucky Medicaid Managed Care or Kentucky Medicaid Program
- Kentucky Medicaid Managed Care Hotline, 8 a.m. to 5 p.m. Eastern Time, Mon.-Fri.: 1 (855) 446-1245
<https://chfs.ky.gov/agencies/dms/Pages/default.aspx>

b. MCO CONTACTS FOR MEMBERS AND PROVIDERS:

- Aetna Better Health Of Kentucky (serving Medicaid enrollees outside the Passport region)
<https://www.aetnabetterhealth.com/kentucky/>; 1 (855) 300-5528
- Anthem BCBS Medicaid
<https://mss.anthem.com/ky/home.html>; 1 (855) 690-7784
- Humana CareSource
<https://www.caresource.com/members/>; 1 (855) 852-7005

- Passport Health Plan

<http://passporthealthplan.com/>; 1(800) 578-0603

- WellCare of Kentucky (serving Medicaid enrollees outside the Passport region)

<https://www.wellcare.com/Kentucky>; 1 (877) 389-9457

9. Kentucky Children’s Health Insurance Program (KCHIP): A federally funded program that provides free or low cost health insurance for Kentucky’s children. The income limits for KCHIP are more generous than those for Medicaid. KCHIP covers children whose family income is too high for Medicaid but too low to afford private health insurance. If the child you are raising already has health insurance or Medicaid, you do not need to apply. A child should be considered for this program regardless of the relative caregiver’s income. It is not necessary to have legal custody of a child to apply for this benefit and you may apply without applying for other services.

As with K-TAP and Medicaid, the state will seek out the child’s parents for financial support. Call or visit your local DCBS office, call the toll-free number below to request an application, or download one from the KCHIP website. Once all of the information is received, you will receive a letter telling you whether or not your child has been approved. If your child is approved, you may owe a monthly premium. The approval letter will state how much you owe and you will receive a bill in the mail. Call: 1-877-KCHIP-18 or Visit: <https://benefind.ky.gov/>

10. School and Community Nutrition Programs: Good nutrition makes a vital contribution to physical development and cognitive performance. The Kentucky Department of Education administers several programs that deliver quality nutrition and nutrition education to Kentucky students and other citizens. For more information you can call: (502) 564-5625 or visit: <https://education.ky.gov/federal/SCN/Pages/SchoolAndCommunityNutrition.aspx>

a. Child and Adult Care Food Program: The Child and Adult Care Food Program (CACFP) is a federally funded program that provides meal

reimbursement to child care centers, head starts, adult day care centers, emergency shelters, after school programs, and family daycare homes for serving nutritious meals and encouraging healthy eating habits.

b. School Meals Programs: The School Meals Programs includes the National School Lunch Program, School Breakfast Program, Seamless Summer, and Special Milk Program. Each of these federally funded programs helps fight hunger and obesity by reimbursing public schools, private non-profit schools, after-school programs and residential child care institutions for providing healthy meals and snacks to children. Talk with your Family Resource Youth Center Coordinator at the child's school.

c. Summer Food Service Program: The Summer Food Service Program (SFSP) is a federally funded program that ensures that low-income children continue to receive nutritious meals when school is not in session. Just as learning does not end when school lets out, neither does a child's need for good nutrition. Talk with your Family Resource Youth Center Coordinator at the child's school.

11. Community Collaboration for Children (CCC): These are in-home based services that educate, strengthen, and support families to prevent child abuse and neglect. These services address children's physical, mental, emotional and educational needs while strengthening and supporting families. CCC accepts referrals from community partners, self-referrals, family, friends, and the Department for Community Based Services (DCBS). CCC services are available free to families whom maintain custody of children across the state. Some of CCC's services are for the following:

- Children with disabilities
- Teenage parents and parents who are young adults
- Parents with disabilities
- Single family households
- Families with young children
- Low-income families – families in poverty
- Families who are struggling
- Children who are truant or exhibiting problems in a school system
- Grandparents or caregivers raising children

- Homeless families and those at risk of homelessness
- Unaccompanied homeless youth

For more information, refer to the CCC directory: https://prdweb.chfs.ky.gov/kyfaces/Content/docs/CCC_Directory.pdf

Excerpt of this program was taken directly from DCBS KYFaces at: <https://prdweb.chfs.ky.gov/kyfaces/Kinship/CommunityCollaboration>

13. Early Childhood Mental Health Program (ECMHP): The primary goal of ECMHP is to provide program and child-level consultation on social, emotional and behavioral issues to programs that serve children from birth through age 5 to help with social, behavioral and emotional needs. To evaluate and assess for potential therapeutic services. For more information, contact (502) 564-3756 or visit Governor's Office of Early Childhood at <https://kidsnow.ky.gov/Pages/index.aspx>.

Excerpt of this program was taken directly from DCBS KYFaces at: <https://prdweb.chfs.ky.gov/kyfaces/Kinship/ECMHP>

14. First Steps: A statewide early intervention program that aids children with developmental disabilities from birth to age 3 and their families. These services may be provided in the home, child care. A child's eligibility is determined in one of two ways:

- **Developmental Delay:** If an evaluation shows that a child is not developing typically in at least one of the following skill areas such as, communication, cognition, physical, social and emotional or self-help.

- **Established Risk Concern:** Should a child receive a diagnosis of physical or mental condition with high probability of resulting developmental delay such as Down Syndrome.

For more information you can go to:

<https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/firststeps.aspx>. Anyone can refer a child for First Steps services by calling (877) 417-8377 or (877) 41STEPS.

Excerpt of this program was taken directly from DCBS KY Faces at: <https://prdweb.chfs.ky.gov/kyfaces/Kinship/FirstStepsProgram>

15. Known Clothing Closets:

a. **Jack's Closet (Northern KY):** (513) 607-0514; <https://www.facebook.com/jacksclosetCUMC/>

b. **Hope's Closet (Louisville):** (502) 299-2397; www.hopesclosetky.com

c. **Grace's Closet (Madison):** raisingarrowsministry@gmail.com; <https://www.facebook.com/RaisingArrowsMinistry/>

d. **Jacks Closet (Northern KY):** (513) 607-0514; <https://www.facebook.com/jacksclosetCUMC/>

e. **The Moses Basket:** Located in - Carlisle County, Ballard County, Graves County, Hickman & Fulton County, Livingston and Crittenden County, Calloway County, Caldwell/Lyon County

You can search for each county at themosesbasket.com.

16. Additional Caregiver Contacts:

a. **AARP Grandparent News:** www.aarp.org/grandparents

b. **Amachi Central Kentucky:** (859) 389-8279 or visit: <https://www.lexlf.org/amachi-central-kentucky-1> Amachi Central Kentucky is a mentoring program that seeks to pair caring, positive adults with children and youth in the bluegrass who have one or both parents in state or federal prison or are affected by incarceration in some way. While there are many programs to help those in prison, there are few viable programs to address the specific needs of the children left behind. Amachi is a passionate response to the needs of children impacted by incarceration. Amachi is designed to address their needs and alter the potential negative direction of these children's lives through mentoring.

c. **Adult and Child Health (Dept for Public Health):** (800) 462-6122. For information on child health and family health improvement programs.

d. **Benefind:** (855) 306-8959 or visit: <https://benefind.ky.gov>. Benefind allows Kentucky's families to easily access public assistance benefits and information 24/7 through an online application and account. The goal of Kentucky's public assistance programs is to build strong families and obtain services such as food, cash and medical assistance to become self-sufficient.

e. Benefits Check Up: www.benefitscheckup.org. There are over 2,500 benefit programs available nationwide. Find out what may be available in your area.

f. Big Brothers Big Sisters: (859) 231-8181 or visit: www.bbbs-bluegrass.org. The agency matches children, ages 6-13, with adult volunteers to have fun together, share experiences, concerns, and accomplishments. Children are matched with volunteers based on the child's specific needs and interests. Most of the children in the program come from a single parent/guardian home but each situation is considered on a case by case basis.

g. Bluegrass Area Agency on Aging and Independent Living: (866) 665-7921 or visit: www.bgaail.com. The Bluegrass Area Agency on Aging and Independent Living will promote and provide for the development of community based systems of care which include: planning, access and delivery of services, coordination of activities and programs, as well as advocacy on behalf of and education for older persons, disabled individuals and care givers in the communities of the Bluegrass.

h. United Way of Kentucky: An organization that may help connect you with health, education and/or financial resources or support in your community. <https://www.uwky.org/about>. 502-589-6897.

i. Cooperative Extension Offices (Co-Ops): Extension offices are a great resource for further information and support services directly in your local area.. Services include research based information, education classes and training programs in agriculture, family consumer sciences, and 4-H and youth development. Some co-ops assist in hosting or facilitating kinship support groups. <http://extension.ca.uky.edu/county>.

j. Catholic Charities: (502)-637-9786 or visit: <http://www.catholic-charitieslexington.org/counseling.html> Catholic Charities' counseling program is a non-denominational, non-profit program. The counselors offer adult, individual, marital relationship, family, adolescent, parenting, grandparenting, and child therapy for a wide range of issues. Counselors are available to facilitate groups. Hours are weekdays and several evenings during the week.

k. Child Abuse/Adult Abuse: (877) 597-2331. To file a report of any kind for child and/or adult abuse.

l. Child Care Resource and Referral: (877) 316-3552. Provides referral to child care resources in your area.

m. Child Support Info/Enforcement Hotline: (800) 248-1163, for more information or questions concerning child support or enforcement. This number can be used to direct you where you need to go to gather information.

n. Community Action: (800) 456-3452 or visit: <https://www.capky.org/>. There are outreach offices in all 120 Kentucky counties, Community Action agencies provide life-changing resources to support a wide array of service areas, including food security, transportation, home energy, early childhood education, senior support, emergency services, housing, workforce development, family advocacy and more.

o. Generations United: (202) 289-3979 or visit: www.gu.org
The mission of Generations United is to improve the lives of children, youth, and older people through intergenerational collaboration, public policies, and programs for the enduring benefit of all.

p. God's Pantry: (859) 255 6592 or Visit: <https://godspantry.org/>
God's Pantry Food Bank serves 50 counties in central and eastern Kentucky in partnership with more than 400 food pantries and meal programs.

q. Kinship Families Coalition of Kentucky: The Kinship Families Coalition of Kentucky is a community group dedicated to raising awareness of the issues surrounding kinship care in Kentucky and forwarding recommendations for policy changes to increase supports for kinship families. Members from across the state of Kentucky include relative caregivers, advocacy organizations, and support service providers. The mission is to promote policies and facilitate connections to increase supports for and with kinship families. The Kinship Coalition is always looking for other caregivers and caring organizations to join in our mission. You can read more at kinship.ky.org. The Kinship Families Coalition of Kentucky site has a tab where you can find a local support group near you.

r. Kentucky Youth Advocates (KYA): Credible advocacy organization that often publishes and promotes policies through their Blueprint for Kentucky's Children. KYA provides research affecting every child in their Kentucky KIDS COUNT annual publications. Read about the KYA mission at <https://kyyouth.org>. KYA reviews data and pursues legislative changes to make Kentucky a better place for children.

s. Department of Community Based Services (DCBS): (855) 306-8959 or Visit: <https://chfs.ky.gov/agencies/dcbs/Pages/default.aspx> DCBS is a department of the Cabinet for Health and Family Services. The divisions of DCBS are Family Support (food stamps, medical, welfare, etc.)

and Protection & Permanency (child and adult abuse and neglect, foster care, and adoptions, etc.) NOTE: most public assistance applications are taken at local DCBS offices or online at <http://benefind.ky.gov>

t. Department for Housing: (800) 669-9777, For information on fair housing rights and responsibilities and accepts complaints of housing discrimination. Also, provides general information on U.S. Housing and Urban Development (HUD) programs.

u. Food and Drug Administration: (800) FDA-4010. For more information on food, dietary supplements, and cosmetic safety, as well as the Food Safety Modernization Act (FSMA).

v. Food Stamp Case Changes Reporting: (800) 306-8959, To file a report of changes concerning food stamps.

w. Grandfamilies State Law & Policy Resource Center:
www.grandfamilies.org

x. Home Health Agency Hotline: (800) 635-6290, For more information or to file a complaint against your home health agency provider.

y. Immigrant Eligibility for Public Benefits: (859) 233-3840, For information and assistance to obtain green cards, family petitions, and citizenship. Also, helps provide U.S. Visa for foreign nationals who are victims of crime, violence, or trafficking.

z. Kentucky Foster Adoptive Caregiver Exchange System: (877) 565-5608 or Visit: <https://prdweb.chfs.ky.gov/kyfaces/>. Familial and fictive relationships and attachments are paramount for a child's well being. Relatives and fictive kin caregivers undertake the responsibility of caring for their loved ones and are a valuable resource to the Commonwealth. These caregivers also need resources and support to ensure their success.

CHAPTER 8

ADVOCACY

1. Being an advocate can be done in many ways. Caring for your children is one. However, if you want to be more involved and advocate for change, you can begin by being a registered voter. Know your state Senator and Representative and reach out to them on the issues that are important to you. You can also join a local support group and see what you can do together as state legislators are open to visiting local groups. You can also reach out to other advocacy groups in your community or state, such as the Kinship Families Coalition of Kentucky at kinshipky.org.

You can find your legislators at: <https://apps.legislature.ky.gov/findyourlegislator/findyourlegislator.html> or <https://www.usa.gov/elected-officials>. You need to know who represents you at all levels: your state House Representative, State Senator, Congressional Representative and U.S. Senator. Remember that they represent you and your community. You may not agree with everything, but you get to vote for who speaks for you.

2. Connect with Legislators: Once you know who your legislators are you should connect with them. Determine what works best for you and them ahead of time. If you write or email and the correspondence is too long, they probably won't read it. Always tell your story, but keep it short, simple and focused. If you meet in person or talk via phone, think ahead of time about what you will say so that you will remain focused despite any emotion you may feel regarding your story.

a. Phone Calls: Try calling your legislator's district office. If you do not speak with the legislator, ask the name of the person with whom you are speaking. Leave a message with your phone number if you do not speak with someone directly. In your phone conversation, be sure to say where you live and why the issue is important to you. If you are calling about a specific bill, state the name and number, if known. Keep your call focused and pick a few talking points to focus on. Ask the legislator's position on the issue. Thank the legislator or aide for his or her time.

b. Writing (Letter or Email): Be very specific about why you are writing. Make the subject line count. Keep the correspondence brief and to the point. Write in a way that educates without a threatening or condescending tone. Follow up after your legislator votes and let him or her know that you agree or disagree and why. For letters, you should use your own stationery or colored paper. Avoid form letters or mass mailings. Be sure to include your name, address, and phone number. For letters or emails, avoid abbreviations or symbols that might be confusing. If you don't know something they ask (detailed research information, for example), say so and follow-up later.

c. Don't Give Up: Sometimes it takes several contacts to be heard, just don't give up. Persistence is the key to making change. If you aren't sure and want to learn more, you can go to <https://kinshipky.org/ways-to-act/> **for more tips and information.**

CHAPTER 9

TIPS TO HELP YOU

1. Understanding and Managing Stress:

a. Signs of Stress in Children: Any of the signs below can impact a child's ability to behave, learn, or heal. Children in kinship care experience a lot of feelings of uncertainty; they need to be reassured that they will be safe, stable, and taken care of in their new environment. Be honest with the children in your care and encourage them to ask questions and talk through their feelings. By allowing a child to connect the dots between their thoughts, feelings, and actions overtime they can learn how to develop appropriate behaviors and responses to future situations. Signs to watch for:

- Headaches, difficulty concentrating, poor memory, or mental fatigue
- Nervousness, easily startled, rapid heartbeat
- Sleeping too much or too little
- Complaints of aches or pains, muscle tensions, illness, digestive problems or nausea
- Anger outbursts or reckless behavior, irritability, edginess or agitation
- Unable to communicate what they want or have difficulty with social boundaries
- Anxious, distrusting of others, depression or isolation
- Nightmares, flashbacks or other disturbing thoughts

b. Adverse Childhood Experiences (ACEs): ACEs are potentially traumatic events, such as witnessing violence, experiencing abuse, or having a parent who is incarcerated. More than 24% of Kentucky kids have experienced at least two ACEs—the 8th highest rate in the country. ACEs have lifelong effects on health and overall success and well-being, but there are steps we can take to reduce the impact of ACEs so that Kentuckians grow up healthy and hopeful. To learn more go to the National Child Traumatic Stress Network at <https://www.nctsn.org>. Check out the Face It Movement's resource on surviving, healing, and thriving after experiencing a traumatic event: https://faceitabuse.org/wp-content/uploads/2020/03/THRIVE_Brochure_2020.pdf

2. Solutions for a Caregiver to Help A Child's Stress:

a. Choices: A child may challenge (rebel to) a kinship caregiver's new authority and control. With children in these difficult situations, they may feel as though they have no control over anything. Giving a child the space to assert themselves, while maintaining structure and discipline, can be beneficial because it allows them to be more involved in decision making. Giving children choices allows them to have some control over the things that happen to them.

b. Stable Environments: The transition of a child moving into a kinship situation and settling in comes with some challenges. By establishing a routine, you and the child will feel more secure and structure in this new phase of life. Try to keep life as normal as possible for both of you. External order supports children's internal order. Children who are coming out of chaotic situations prior to moving in with a kinship caregiver may have difficulty adjusting. Be aware that this is a normal response for a child to have when adjusting to an unfamiliar environment. In addition, set clear behavior expectations for your child to follow. It may be beneficial to provide visuals for the rules, routines, and daily schedule so the child can predict what will happen next, reassuring them of the stability of the situation.

c. Positive Relationships: Be positive in your care by providing support and empowerment. Empower the child to have a healthy self-esteem and positive image about themselves. Also, provide support for children to have a sense of purpose in any activities or learning they choose to engage in, especially in providing positivity towards their future

3. Helping to Meet the Emotional Needs of Relative Caregivers: The role of transitioning from a grandparent, aunt, uncle, cousin or older sibling to a parent is a big change. During this transition time, it is important for kinship caregivers to remember to take care of themselves – in addition to the child. Self-care is extremely important. When the caregiver is taken care of then the children will be better off as well. Be aware that it is okay to have mixed feelings about taking the role of a caregiver and know that these are normal feelings to have. Make some time for yourself, including your own emotional and physical health.

a. Balance: Find time to rest and relax between work and home responsibilities. Take time to unplug from your busy schedule to relax.

b. Health: Take care of your body. Make sure to eat balanced meals, drink water, and get enough sleep.

c. Think Positive: While you may face challenges, make sure to keep a positive perspective. Find the positives in what you do.

d. Find a Safe Place to Share Your Feelings: Find someone you can talk with confidentially to help you sort out your feelings. It is highly recommended to find a local support group and people that understand what you are going through.

This section referenced and used from <https://www.grandfamilyguide.org/>

4. Tips for Navigating Child Care: Selecting a child-care center or certified home is one of the most important decisions that you will make as a caregiver. Part of making a good decision is to visit and observe the activities of the child-care provider, review the law regarding child-care centers, and trust your judgment. For child care resources and referral information, call (877) 316-3552. There is a child care referral phone line with a counselor available to answer questions and provide information Monday through Friday from 8:00 AM to 4:30 PM. For contact information from other areas of Kentucky visit: <https://chfs.ky.gov/agencies/dcbs/dcc/Pages/find-care.aspx>.

a. Paperwork – Take time to review the child-care provider’s policy and procedures.

- Is there a license or certificate posted? All child-care providers must have a valid license or certificate.
- Have you reviewed the compliance reports that are posted?
- Did you review the daily schedule to be informed the day’s activities and what children are learning?
- Did you see what foods are on the menu?
- Does the facility have the proper background check(s) for all staff?

b. Check the Premises – Take a tour of the inside and outside of the facility:

- Are the classroom play areas child-friendly and safe?
- Do you see any hazards? (cleaning chemicals, electrical cords, medications, or uncovered outlets)

- Is the center clean?
- Are furnishings child-sized?
- Is the outside play area safe, clean, and free from hazards?

c. Watch Interactions Between Staff and Children:

- Do the children have toys and play equipment?
- Are the toys appropriate and safe for the age of the children?
- Do children play outside?
- Do younger children play separately from older children?
- Do staff closely supervise the children?
- Is there enough staff in the classrooms for the number of children?
- Do the children seem occupied by the activities?
- Does the staff seem patient with the children?
- How does the center staff communicate with parents about issues?
- Did the center serve a healthy snack or meal?
- What does the center do when children misbehave?
- Your initial reaction is very important – ALWAYS TRUST YOUR JUDGMENT!

CHILD CARE LICENSING REQUIREMENTS

	LICENSED TYPE I	LICENSED TYPE II
Program Definitions	Non-dwelling - 4+ children Dwelling - 13+ children	Dwelling 7-12 Children
Qualifications and Requirements	Director - 21 years old with a high school diploma or GED and one of the following: <ul style="list-style-type: none"> • College degree • Competence based vocational training • 3 years full-time paid experience in child care • Certificate in child development services 	Meet requirements of Type I director OR be at least 21 AND <ul style="list-style-type: none"> • High school or GED or • Certificate in child development or • 1 year paid experience in child care
Training	<ul style="list-style-type: none"> • 6 hours orientation training within 3 months of employment for director and staff • 12 hours of training annually for director and staff 	<ul style="list-style-type: none"> • 6 hours orientation training within 3 months of employment for provider and staff • 12 hours of training annually for provider and staff
Health and Safety	<ul style="list-style-type: none"> • Staff member on duty current with CPR and First Aid certificates • Criminal records check for director and staff • TB skin test for director and staff • Child abuse neglect registry checks for director and staff • Nurse aide abuse registry checks for director and staff 	<ul style="list-style-type: none"> • Staff member on duty current with CPR and First Aid certificates • Criminal records check for provider, staff and adults in household • Provider, staff and adults in household checked for substantiated abuse and neglect • TB skin test for provider, staff and adults in household • Child abuse neglect registry checks for director and staff • Nurse aide abuse registry checks for director and staff
Inspections	Annually: <ul style="list-style-type: none"> • State Fire Marshal • Division of Licensed Child Care • Local Health Department 	Annually: <ul style="list-style-type: none"> • State Fire Marshal • Division of Licensed Child Care

CHAPTER 10

Terms & Definitions (Alphabet Soup)

Adjudicatory Hearing: Held by the juvenile and/or family court to determine if there is enough evidence to prove that a child was abused, neglected, or abandoned or whether another legal basis exists for the state to intervene to protect the child. Also referred to as a “fact-finding hearing.”

Adoption: When one adopts a child, they have all the rights and responsibilities of a biological parent. The birth parents no longer have any rights.

Best interests of the child: The debate the court has when deciding what type of services, actions, and orders will best serve a child.

Benefind: Public Assistance programs access for services such as food, cash, and medical assistance. Many DCBS services are accessed through Benefind: <https://benefind.ky.gov>

Cabinet for Health and Family Services (CHFS): State agency that oversees the healthcare and safety of children and adults. <https://chfs.ky.gov/>

Case Permanency Plan: The casework document that outlines the outcomes, goals, and tasks necessary to ensure the safe return of the child.

Child Care Assistance Program (CCAP): Monetary assistance for child care.

Child Protective Services (CPS): The social services agency designated to receive reports, conduct investigations and assessments, and provide intervention and treatment services to children and families in which child maltreatment is reported to have occurred.

Court-Appointed Special Advocate (CASA): A person, usually a volunteer appointed by the court, who works to ensure that the needs and interests of a child are fully protected.

Custody: When one is responsible for supporting and providing care for the child. In certain states, a child's parents may still retain some of their

rights — even if another has physical custody. A parent can voluntarily relinquish custody of a child to another through a written legal agreement, or it can be formally ordered by the court.

De Facto Custodian: A de facto custodian is a grandparent or other caregiver other than a biological parent who has been the primary caregiver and financial supporter of a child for at least the minimum time required under the statute. A grandparent or other caregiver of a child who qualifies as a de facto custodian has the legal right to be heard by a Kentucky court in a custody case. Without de facto custodian status, a kinship caregiver cannot seek custody of a grandchild without first proving that the biological parents are unfit to serve as parents.

Department of Community Based Services (DCBS): Child and adult protection agency, including foster care. Provides essential services for families in need. <https://chfs.ky.gov/agencies/dcbs/Pages/default.aspx>

Dependency Neglect and Abuse (DNA): When basic essential care and protection is not given to a child. Failure to provide basic supervision, shelter, clothing, education or care. A parent allows risk and/or sexual abuse and exploitation.

Dispositional Hearing: Hearings to determine what needs to happen with the child and the family while the case is in discussion (ex. where the child will live, who will have legal custody, and what services are needed to reduce the risk and to address the effects of maltreatment).

Due Process: The principle that every person is entitled to a fair and unbiased legal process.

Family First Prevention Services Act (FFPSA): Part of Bipartisan Budget Act (HR 1892) that provides federal funds for evidence based kinship navigator funds.

Fictive Kin: People not related by birth or marriage who have an emotionally significant relationship with an individual.

Foster Care: A substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility.

Guardian ad litem (GAL): A lawyer appointed by the court who represents a child in any case involving child abuse. Usually this person considers the best interests of the child and may perform a variety of roles, including those of independent investigator, advocate, advisor, and guardian for the child.

Guardianship: When one has the duty to care for a child if the child is taken away from their parent (or other legal guardian) by the courts. In some states, when someone takes guardianship of a child, a parent loses all their rights. The terms "custody" and "guardianship" can be mean different things in different states, so it is important to get the correct information for where you live.

Informal Kinship Care: Children who live with relatives or close family friends who have varying types of custody depending on arrangements made within those families.

Informal Custody: An informal arrangement that is not within the court system. Most often arranged by parents or formal guardian and caregiver.

Medicaid: Assistance program that provides health care coverage for low income children and their parents guardians and caretakers, disabled and blind individuals.

Kentucky Children's Health Insurance Program (KCHIP): Federal program providing free or low cost health insurance for Kentucky's children.

Kentucky Transitional Assistance Program (KTAP): Monetary assistance program that provides financial assistance to needy dependent children in Kentucky and the parents, or relatives with whom the children are living.

Kinship Care: Children who were placed with relatives or close family friends as a result of an investigation and removal by DCBS. Custody of

the child is maintained by the relative or the Department of Community Based Services.

Legal Guardian: An adult to whom the court has given parental responsibility and authority for a child. Appointment as guardian requires the filing of a petition and approval by the court and can be done without terminating the parental rights of the child's parents.

Mediation: A voluntary process that allows the parties involved to agree on a permanency decision in the best interests of the child with the help of a trained, neutral, third party. Mediation generally avoids confrontational court hearings.

Memory Book: A binder or scrap book for a child to keep pictures and memorabilia as they grow up.

Permanency Plan (PP): Addresses the needs of the child. Part of establishing permanency with either parents or caregivers.

Permanency Hearing: Determines if a child should be reunited with parents or termination of parental rights.

Protective Custody: A form of custody required to remove a child from his or her home and place in out-of-home care. Law enforcement may place a child in protective custody based on an independent determination that the child's health, safety, and/or welfare is jeopardized. A child can also be placed in protective custody by court order.

Putative Father: Legal term for a man who is not married to the child's mother and who is alleged or claims to be the biological father of a child.

Relative Foster Care: Children placed with relatives who have become certified as foster parents- custody of the child is maintained by the Department of Community Based Services.

Relative Placement Benefit (RPB): A \$350 benefit for a child when first placed with a relative caregiver.

Relinquishment: The voluntary termination or release of all parental rights and duties that legally frees a child to be adopted. This is sometimes referred to as a “surrender,” or as making an adoption plan for one’s child.

Review Hearing: Held by the juvenile or family court to review case progress (usually every 6 months) and to determine the need for continued court oversight.

Safety Plan: A casework document developed when it is determined that a child is at risk of serious harm. In the safety plan, the caseworker targets the factors that are causing or contributing to the risk of imminent, serious harm to the child and identifies, along with the family, the interventions that will control the safety factors and assure the child’s protection.

Service Agreement: The casework document developed between the caseworker and the family that outlines the tasks necessary to achieve case goals and outcomes. A service agreement may also be known as a case plan.

Supplemental Nutrition Assistance Program (SNAP): State funded program to help low income families buy food.

Temporary Custody: Temporary arrangement by courts while the parental rights have been suspended.

Termination of Parental Rights (TPR): The voluntary or involuntary relinquishment of parental legal rights for the care, custody, and control of a child.

Women, Infants and Children (WIC): Short term supplemental nutrition program that helps expectant mothers, new mothers and/or infants and children under the age of 5.

Relative and Fictive Kin Service Array Worksheet

(DCBS Standards of Practice)

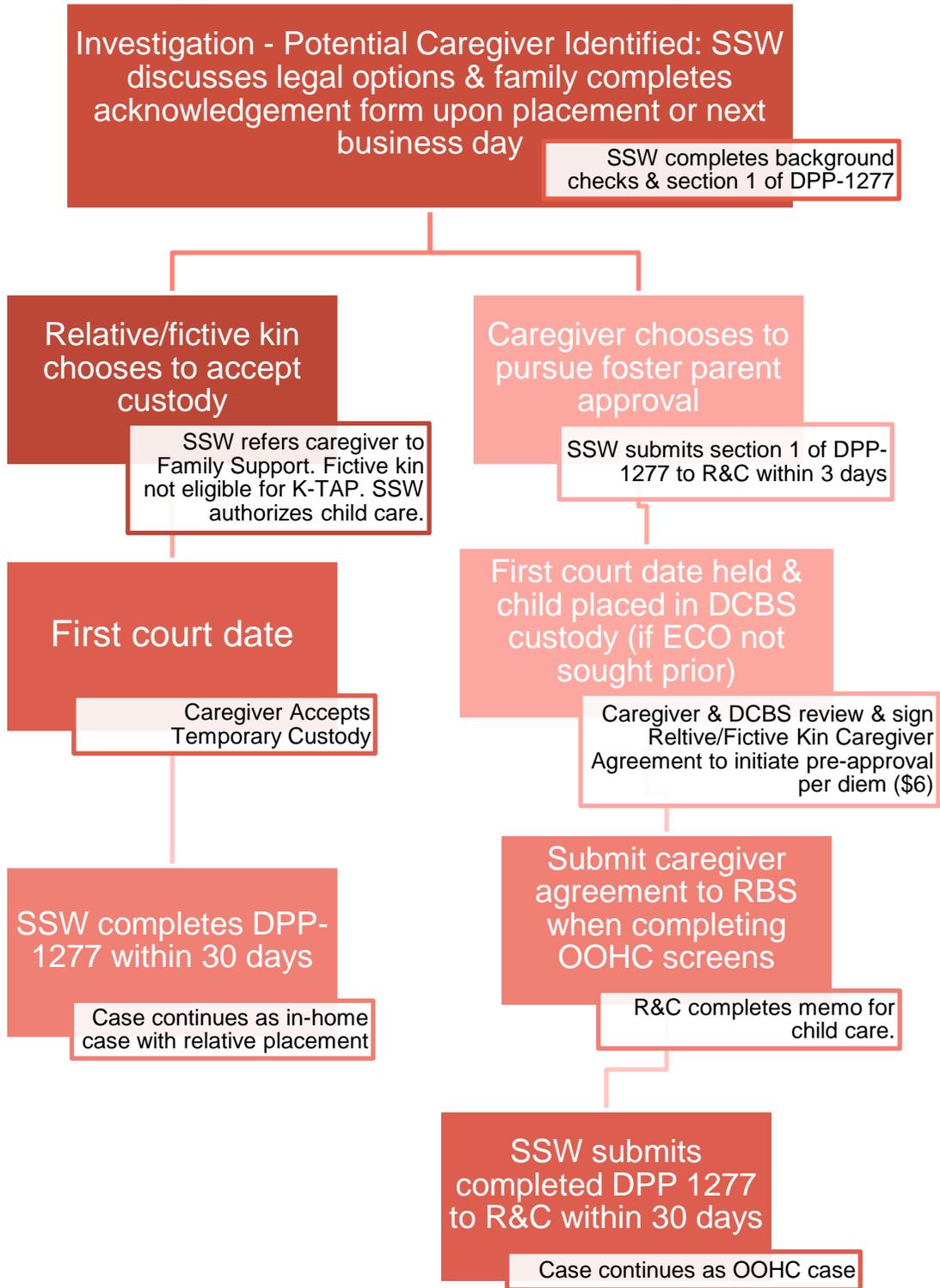
	Relative/Fictive Kin Caregiver (Take custody or control of the child)	Relative/Fictive Kin Caregiver (Pursue approval as a Child Specific Foster Parent)
Home Approval Requirements	<ul style="list-style-type: none"> • Approved Home Evaluation • Background Check (will require finger print check if the individual has resided out of state within the past five years) • Online Pediatric Abusive Head Trauma Course - only Fictive Kin caregivers 	<ul style="list-style-type: none"> • Approved Home Evaluation • Background checks, including fingerprint-based criminal background check • Online Pediatric Abusive Head Trauma Course
Additional Requirements	NONE	<ul style="list-style-type: none"> • Child must remain in DCBS custody • Attend Foster Parent Pre-Service training (5 hours face to face, 5 online courses) • Participate in the completion of a foster home study* • Provide documentation of physical health, marriage and divorce records, and other required home study paperwork
Agency Contact	<ul style="list-style-type: none"> • Monthly home visits by child's social worker 	<ul style="list-style-type: none"> • Monthly home visits by child's social worker • At minimum, quarterly home visit by foster family's assigned social worker • Re-evaluation and home study update
Long Term Placement Implications	<ul style="list-style-type: none"> • If reunification with birth family is not possible, the agency will request Permanent Custody to the relative/fictive kin caregiver • Legal guardianship may be sought by the caregiver • Independent adoptions are possible long-term options for relatives and fictive kin who choose to accept custody 	<ul style="list-style-type: none"> • If reunification with birth family is not possible, the agency will proceed with Termination of Parental Rights and Adoption by the relative/fictive kin caregiver • Permanent custody to the relative or fictive kin may also be an option, however, the per diem will end once custody is released from DCBS. Other

	Relative/Fictive Kin Caregiver (Take custody or control of the child)	Relative/Fictive Kin Caregiver (Pursue approval as a Child Specific Foster Parent)
Long Term Placement Implications (continued)		<p>supportive services may be available</p> <ul style="list-style-type: none"> • DCBS is seeking to establish the federal Guardianship Assistance Program in the near future, which would provide another option for permanency and long-term support without necessitating adoption
Financial Assistance	<ul style="list-style-type: none"> • Relative Placement Support Benefits are available for relative caregivers. This is not available for fictive kin. • Kentucky Transitional Assistance Program (KTAP) - * See attached rate chart • Childcare assistance for working caregivers • Medical Insurance –Medicaid • Food Stamps- based on financial eligibility • Information and referral to other state and community services 	<ul style="list-style-type: none"> • Relative Placement Support Benefits are available for relative caregivers. This is not an option for fictive kin. • Childcare assistance for working caregivers • Medical Insurance–Medicaid • Information and referral to other state and community services • Monthly maintenance per diem at a reduced rate prior to approval • Monthly maintenance foster care per diem at the appropriate rate after approval
Assistance Post-Permanency	<ul style="list-style-type: none"> • Some financial assistance in the row above may continue post-permanent custody, depending on the eligibility of the caregiver. • Aftercare planning to set up services and referral based on the needs of the child 	<ul style="list-style-type: none"> • Adoption subsidy (if the child meets eligibility) • Tuition Waiver (if the child is eligible for adoption subsidy) • Guardianship Assistance Program (once available) • Referral for post-permanency services specific to needs of child and family

*In order to become a Child Specific Foster Home, the home study must be approved.

**Relatives/fictive kin may be approved as a basic foster home type if they desire, meet the requirements, and if they are interested in fostering other children in out of home care.

Relative and Fictive Kin Service Array Flow Chart (From DCBS Standards of Practice)



**Once the relative/fictive kin accepts custody, children SHALL NOT enter DCBS custody for the purpose of the caregiver becoming of foster parent.