

Relative Interest Form

I, _____ understand that _____
Relative's Name Child/ren's Name(s)

_____ (has been/have been/will be) placed in the custody of _____ (County DSS), and may be in need of a temporary and or permanent home. Children also benefit from having a family connection and receiving support from their relatives.

1. Please indicate if you wish DSS to consider you for having contact with the child/ren, such as writing letters, phone contact, visitation or other type of involvement:

| | | |
|-------------------------|--|---|
| <i>(Check only one)</i> | | Yes. <u>Do</u> consider me for having some type of contact with child/ren. |
| | | No. <u>Do not</u> consider me for having contact with child/ren. |

2. Please indicate whether you wish DSS to consider you as a possible temporary placement (see back of this form for description of temporary placement options):

| | | |
|-------------------------|--|--|
| <i>(Check only one)</i> | | Yes. <u>Do</u> consider me as a temporary placement for child/ren. |
| | | No. <u>Do not</u> consider me as a temporary placement for child/ren. |

3. Please indicate whether you wish DSS to consider you as a possible permanent placement (see back of this form for description of permanent placement options):

| | | |
|-------------------------|--|--|
| <i>(Check only one)</i> | | Yes. <u>Do</u> consider me as a permanent placement for child/ren. |
| | | No. <u>Do not</u> consider me as a permanent placement for child/ren. |

To be considered for any of the above options, please sign, date and return this form in the self addressed envelope within 30 days. If you do not return this form or if DSS is unable to communicate with you in some other way, DSS will assume that you are currently unable to provide a family connection or a home for the child/ren to live. If you are unsure and would like to discuss the child/ren's needs and options available to you, please contact _____ (social worker) at _____ (phone number).

_____ / /
(Relative Signature) (Date)

Contact Number: (_____) _____ Email: _____

cc: case file Date mailed to relative: _____

When children are removed from the custody of their parents they may be placed in a temporary home. Below you will find **temporary placement** options that relatives may provide:

| | Kinship Provider (Non-Licensed) | Licensed Foster Care/Kinship Provider |
|---|---|---|
| Requirements for <u>temporary</u> placement resource Criminal and child welfare background checks are required for both options | Kinship home assessment; Court approved/designated | Participate in 30 hours of pre-service foster parent training; First Aid/Universal precautions/CPR training; fire inspection; fingerprint check; physical exam; provide identification document (driver's license, social security card, auto insurance etc); proof of adequate income to support self; Approved home study |
| Financial supports that <u>may</u> be available to children/relative providers | Work First grants, medical/dental coverage, food stamps, daycare, unlicensed kinship payments | Foster care reimbursement payments, medical/dental coverage |

When children are not able to return to the care their parents, an alternate permanent placement is made for children. Below you will find **permanent placement** options that relatives may provide:

| | Adoption | Guardianship | Legal Custody |
|--|---|----------------------------------|--|
| Requirements for <u>permanent</u> placement resource Criminal and child welfare background checks are required for all options | Approved adoption home study | Guardianship suitability study | Home study Court sanctioned |
| Financial supports that <u>may</u> be available to children/relative providers | Adoption assistance payments, medical/dental coverage; Adoption tax credit for adoptive parents | Subsidized guardianship payments | Work First grants, medical/dental coverage, food stamps, daycare |