

STATE MATERNITY FUND: INSTRUCTIONS FOR COMPLETING DSS 6187 APPLICATION

The State Maternity Fund (SMF) is available to supplement approved residential placements for up to six months (183 days) for North Carolina residence who are pregnant without available and safe housing. Funding is limited for each state fiscal year. Placements that are acceptable include licensed NC Maternity Homes, boarding arrangements for women 18 and older, licensed family foster homes, and placement with non-legally responsible relatives.

Applications can only be completed by Local County DSS Agencies or NC Licensed Adoption Agencies.

1. Agency Information

(A-D): Indicate County or Adoption Agency name. Adoption agencies' applications are limited to a collective total of no more than 64 annually. Provide case worker contact information.

An E-mail address is needed questions and notification of application status.

2. Applicant Information

(A-P): Complete all available data concerning the client. US Citizenship must be verified. If the client has no permanent housing, provide her last **permanent** address.

The Expected Delivery Date must be provided and should be verified by a medical statement.

Indicate either the actual or the anticipated admission date for the client.

(Q-U): Provide information on the family unit and any resources available. If the client is employed, supporting documents should be reviewed to determine the average monthly income. If any supporting resources are identified to assist in the cost of care, indicate the monthly amount. All social security payments must be disclosed on the application.

The State Maternity Fund is a supplement to the applicant's placement. It is important that all sources of support be identified. When resources are available, a monthly amount will be reserved for the applicant's personal needs. The SMF Coordinator will determine the requirements from the information supplied in the application and other verification of funds. If employed, at least 25% of the applicant's monthly income is expected to go toward the placement. If she receives disability or death benefits, it is expected that ALL will go toward the placement, less personal allowance.

(V): Only complete this section for minor clients or DSS Extended Foster Care clients.

If the applicant is younger than 18, provide the name of her parent, including middle initial, the parent's social security number, name of present employer, and the employer's address in section U. If the parent is unemployed, indicate with a N/A. If the parent is a US citizen, answer that block with a "yes." If not, attach a legible copy of the front and back of the immigration papers or card to the application.

There are certain circumstances that may allow a minor applicant's parental and family information to be excluded:

- 1. The minor applicant has no parent or legal guardian who is living, or the whereabouts of the parent or legal guardian is unknown; or*
- 2. You determine that the physical health or safety of the minor applicant or her dependent child would be jeopardized by living with a parent or legal guardian; or*
- 3. The minor applicant has lived apart from any parent or legal guardian for a period of at least one year prior to either the birth of her child or prior to the date of the application; or*
- 4. The parent or legal guardian will not allow the minor applicant to live in his home; or*
NOTE: In all the instances discussed in 1. through 4., the minor applicant may be at risk. Make a referral to the Child Protective Services Unit, if appropriate.
- 5. The county director of social services or his/her designee determines on an individual case basis that because of a reason not listed above, it would be detrimental to the minor parent to live with her parent or legal guardian.*

AND

- 6. There is no other adult supervised arrangement where the minor applicant may live. The adult does not have to be related to the minor applicant.*

*If you believe the minor applicant's circumstance meets one of the first five circumstances and the sixth circumstance, attach documentation. **Do not complete Section V.***

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(W): Information concerning the expectant father should be provided by the client along with his current and future involvement. Client may choose not to provide information, in that case indicate "not identified".

3. Problem Assessment and Service Plan

(A-C): Review each question with the client and provide information concerning her current and past circumstances. As questions are reviewed, worker should assess the client's current and future needs as part of her service plan. For any previous pregnancies (Section 2.I), worker should enquire about the status and location of the children.

If the client has any high-risk factors, they should be indicated. These can include ongoing medical conditions, drug abuse, alcohol abuse, domestic violence, mental health issue, previous child protective services involvement, incarcerations, homelessness, etc.

Describe her support system along with any strengths and weaknesses. Discuss any family and/or friends, their local and they support the client.

Along with the client develop a plan on how the client plans to support herself and the baby after delivery. Determine what support systems will be in place to achieve these goals.

(D): Specify the existing circumstances requiring the need for placement. Discuss why is this placement is being considered and the client's expectations.

(E): Describe the referring agency's efforts to locate local resources to meet applicant's need and avoid out-of-home or alternative community placement. List any other agencies the applicant has contacted for assistance with the current pregnancy.

(F): Specify if applicant has used NC State Maternity funds in the past.

If she has received services, provide the dates and location. Also indicate the current location of the child, their situation or if they were placed for adoption.

(G -various columns): Review the lists services indicated. Update each item for the applicant. Indicate which services are currently being provided and by what agency/entity. Determine which services applicant plans to acquire and what agency/entity will be providing them. If the service is not needed or refused by the applicant, put an "X" in the appropriate space provided.

(H): The referring agency is expected to be involved with the applicant during her pregnancy, describe your agency's casework plan and specify how often contact will take place. The caseworker listed in Section 1 should be the worker assisting the client throughout her stay in the SMF placement. If there are actually two workers, the second worker's information can be added to this section.

(I): Specify how the service plan will promote sexual responsibility to avoid future unplanned pregnancies.

4. Recommended Residential Care Plan.

Select the Maternity Home applicant will be entering.

Caseworkers should assist the client in determining suitability and availability of the home selected.

If the client is requesting an alternative living arrangement, complete the additional form and confirm eligibility directly with the State Maternity Fund Coordinator.

Provide information about how this placement meets the applicant's needs and what makes this the most cost-effective placement.

Supply the name and location of applicant's current medical care provider.

5. Certification

The State Maternity client and Case Worker must sign and date the application.

(Refer to Section 2.V2. for help in determining if a parental signature is needed).

Completed application and supporting documents should be sent to the individual indicated on the form.