

## INSTRUCTIONS FOR COMPLETING APPLICATION FOR STATE MATERNITY FUND DSS 6187 (Rev. 06/06)

The State Maternity Fund (SMF) is available to supplement approved residential placements for up to six months (183 days) for pregnant women and youth who are North Carolina residents, provided there is sufficient funding available. Residential placements that may be acceptable include boarding arrangements for women 18 and older, licensed family foster homes, placement with non-legally responsible relatives, and licensed NC maternity homes.

### Overview

This form is a revision of, and replacement for, DSS-6188 (Rev. 2-93) or earlier versions as well as the Draft DSS-6187-A (11-02). For those wishing to complete the form by hand, instructions are provided below. However, this form has been designed to provide an interactive format for caseworkers wishing to complete the form using Microsoft Word on the computer. Many of the blocks that need to be filled in have drop-down features with selections available. Other blocks provide space for the caseworker to fill in the appropriate information. Whenever help is needed, the caseworker need only click on the area to be filled in and press the F1 key. Because help space is limited, it is recommended that all caseworkers review the instructions about family income (sections 2.P – U) below.

### Instructions

1. **Agency Information.** There are only two agencies that may apply for State Maternity Funds – local departments of social services and licensed adoption agencies. Adoption agencies' applications are limited to a collective total of no more than 64 annually. Provide complete information in spaces A – E on your agency and you. The telephone number that is needed is the one that reaches the indicated caseworker. Provide an extension number if there is one.
2. **Applicant Information.** In sections A – D provide applicant's name, including middle initial and citizenship status. If applicant is a US citizen, under section E identify the method in which citizenship status was verified. If she is not, attach a legible copy of the front and back of her immigration papers or card to the application. In sections F, G & H indicate her birth date (month, day, year) and race (American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White) and ethnicity (Hispanic or Latino, Non Hispanic or Latino). In sections I – J list number of previous pregnancies, if any, and indicate how many resulted in live births, abortions, or others. If there is none, indicate with a zero. In section K indicate marital status as Divorced, Married/Separated, Single, or Other. In section L list the highest grade completed. In section M indicate current living arrangement as Homeless, Maternity Home, Non-Relative, Parents/Relatives, or Other. In section N list applicant's current address unless it is a maternity home or other SMF allowed placement. In that case, list applicant's last address prior to this placement. In section O indicate expected delivery date. The expected date must be written including month, day, and year. In section ZP provide a date that you expect applicant will be admitted to the residential placement.

In section Q provide the name of all adults and children living in the address you listed in section N. Indicate age and relationship to applicant. Do not include the applicant. If an adult, list age as "adult" and if a minor, list the actual age. Show relationship of the person named to the applicant (for example, father, mother, son, daughter, cousin, grandmother, friend, step-parent, unrelated, etc.). In sections R – S provide the name of the current business/agency if applicant is employed and the address of that business. Otherwise, indicate with a N/A. In section T list all sources of income in the household including work, SSI, TANF, child support, etc. Indicate gross monthly amount for each source.

The SMF is a supplement to the applicant's residential placement. It is important that all sources of support be identified. If monies are available to supplement the SMF, \$23 a month will be reserved for the applicant's personal needs. The State Maternity Fund Coordinator will compute that from the information supplied in the application. If employed, at least 1/4 of the applicant's income is expected to go toward the placement. If she receives SSI, child support, or parental death benefits, it is

expected that all will go toward the placement. In section U fill in the monthly amount that will be contributed by each source.

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 V. 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 of 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 W.

3. **Problem Assessment and Service Plan.** The problem assessment and service plan are vital not only in determining the most appropriate placement for the applicant, but also for ensuring that her current needs and future needs are being addressed. In section A describe any high-risk factors such as fragile medical conditions, drug/alcohol abuse, domestic violence, emotional issues, runaway behaviors, etc. that might precipitate a negative outcome for this applicant or her child. While the applicant may change her plan as her pregnancy develops, in section B describe her current plan for herself and her child. Is she planning on raising the child? If so, will she go home or to her home community? Is she planning on placing the child?

In section C describe her support system. What are the strengths and weaknesses of this system? Are family and friends local or are they living in other cities or states? How will they support her now and after the child is born? In section D describe the referring agency's efforts to locate local resources to meet applicant's need and avoid out-of-home or out-of-community placement.

Since the SMF provides support for 4 types of residential placement - boarding arrangement, non-legally responsible relative, home meeting family foster home standards, or maternity home, - in section E describe which type. If it's a maternity home placement, why this particular maternity home. In section F indicate if applicant has used SMF funds before? If so, when and where? Did she place the child for adoption or decide to parent. If she chose to parent, where is the child currently living?

In section G, indicate what agency/entity currently is providing this specified service currently as well as what agency/entity will be providing the specified service while in maternity care and after release. If the service is not needed put an "X" in that space. If the applicant has refused the service, indicate with an "X" as well.

**The referring agency is expected to be involved with the applicant during her pregnancy and, if needed, afterwards.** In section H, describe your agency's plan. If caseworker is other than the one making application, include name and telephone number of the caseworker from your agency that will follow this applicant through her pregnancy and return to the community. If the space provided is not sufficient for your response, please attach an additional page to the application.

- 4. Recommended Residential Care Plan.** In section A put an X in the appropriate box. If the choice is a maternity home, put the name in the space provided. Prior to submitting this application, the caseworker is responsible for contacting the proposed living arrangement to determine space availability as well as appropriateness. In section B provide information about how this placement meets the applicant's needs while supporting the most probable plan after delivery. Also indicate why this is the most cost effective placement available to meet her needs. In section C provide the name of the practice providing current medical care as well as the practice's address and phone number (including area code).

Complete section D if the alternative living arrangement is other than a maternity home. Section D.1 asks if a copy of DSS-6189 (Rev. 11/03) is attached to the application. Indicate either yes or no. The application will not be considered complete until the form is attached. In sections D.2 – D.4 indicate the date of your agency's on-site visit, the name of the person maintaining the living arrangement, and the complete address.

It is expected that the applicant will have her own bed, opportunity for privacy, and a clean and safe environment. In section D.5 provide information that indicates these conditions have been met. It is also expected that the applicant will have nutritious meals and snacks to support her pregnancy. In section D.6 provide information that indicates these conditions will be met.

It is expected that the applicant will have opportunity to wash and dry her clothes. In section D.7 provide information that indicates this condition has been met. Another expectation is that the applicant will have need for transportation to medical appointments, grocery or personal shopping, recreation, education, exercising of her faith, etc. In section D.8 provide information that indicates these conditions have been met.

Many of the applicants are first-time mothers and will have questions about pregnancy as well as birth. Many feel unsupported by family/friends. Explain in section D.9 how this placement will provide this type of support. Complete section D.10 if the applicant has special needs as indicated earlier in the section about high-risk pregnancy. If there are other needs, such as education, that have not been addressed thus far in the application, do so here.

- 5. Certification.** The applicant must sign section A and date section B. The parent of a minor must sign section C and date section D. See section 2.U for help in determining if a parental signature is needed for the minor. The caseworker must sign section E and date section F. Dates may be typed. Signatures must be originals.

Mail the form with **original** signatures to the following address:

State Maternity Fund Coordinator  
Foster Care & Adoption Policy Team  
Family Support & Child Welfare Services  
NC Division of Social Services  
PO Box 10063  
Hickory NC 28603

If you have additional questions, ask for the State Maternity Fund Coordinator at (704) 462-2686.

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Family Support & Child Welfare Service