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|  | CHILD WELFARE COMMUNICATION |
| **PART A: *Please complete one form for each child for whom assistance is requested.***  Please select program:  Relative Caregiver Program (RCP)  Non-Relative Caregiver Financial Assistance (NCFA)  Foster Care Board Payment  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_ Region/Circuit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_  SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Caregiver’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **PART B: Child’s Information** **(To be completed by CBC/Contracted Provider)**  Date Child Adjudicated Dependent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Home Study Completed in FSFN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Court Approved Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FSFN Child ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Has the family been assessed for Level I Licensure and/or GAP?  YES  NO | | |
| **PART C: Complete only for RCP when the child in Part “B” above is a half-sibling who is not related to the caregiver.**  Name of the child in the placement who is related to the Caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Child Adjudicated Dependent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Home Study Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Court Approved Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ FSFN Child ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Check if this child who is related to the caregiver has a Relative Caregiver Program payment or application. | | |
| **PART D: Complete for Caregivers who receive a Foster Care Board Payment.**  Foster Care Payment Begin Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **PART E: Request to END a Placement with a Caregiver receiving NCFA.**  **Please submit this section to:** [**hqw.nonrelative.caregiver@myflfamilies.com**](mailto:hqw.nonrelative.caregiver@myflfamilies.com)  FSFN Child ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Placement End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Placement End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please select one of the below:**  Ending Purpose: Admin Change Within Removal Epsd End Reason:  Ending Purpose: Discharge from Removal Epsd End Reason:  Ending Purpose: Placmnt Change w/in Removal Epsd End Reason: | | |
| **PART F: Request to update Permanency Goal.**  Parent’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_  Current Permanency Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **PART G: Information of staff completing form and affirming accuracy.**  Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Location/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **CBC/Contracted Provider, please submit this form (except for section E) to the following email addresses based on your Region:**  Southeast: [SER.CIC.Inbox@myflfamilies.com](mailto:SER.CIC.Inbox@myflfamilies.com)  Northwest: [NWR.CIC@myflfamilies.com](mailto:NWR.CIC@myflfamilies.com)  Northeast: [NER.RELATIVE.CAREGIVER@myflfamilies.com](mailto:NER.RELATIVE.CAREGIVER@myflfamilies.com)  Central : [CNR.D13ESS.CIC@myflfamilies.com](mailto:CNR.D13ESS.CIC@myflfamilies.com)  SunCoast: [SCR.ACCESS.CIC@myflfamilies.com](mailto:SCR.ACCESS.CIC@myflfamilies.com)  Southern: [FCS@citrusfcn.com](mailto:FCS@citrusfcn.com) | | |