|  |  |
| --- | --- |
|  | 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**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 Northwest: NWR.CIC@myflfamilies.com Northeast: NER.RELATIVE.CAREGIVER@myflfamilies.com Central : CNR.D13ESS.CIC@myflfamilies.com SunCoast: SCR.ACCESS.CIC@myflfamilies.com Southern: FCS@citrusfcn.com  |