

Division of Children and Family Services	
Protection and Safety Procedure Update #4-2015	
Regarding:	Clarification of Foster Care Reimbursement Rates and the Use of the Nebraska Caregiver Responsibility Tool
Date Effective:	February 5, 2015
Contact:	Jodi Allen at Jodi.allen@nebraska.gov
Issue by:	Tony Green, Acting Director, Children and Family Services

Philosophy:

When children cannot reside safely in their own homes, foster parents provide a safe, stable and nurturing home for children. Foster parents may be relatives to the child(ren) (except stepparents or parents whose rights were previously terminated), kinship to the child(ren) (persons unrelated but having a significant prior relationship), adult siblings of the child(ren); and, foster parents may be licensed or unlicensed.

Procedure:

In order to determine the rate at which a foster parent is reimbursed for the care of a child placed in their home, two documents must be completed by the CFS Specialist:

- (1) The Structured Decision Making Family Strengths and Needs Assessment (FSNA) **or** the Child and Adolescent Strengths and Needs Assessment (CANS); **and**,
- (2) The Nebraska Caregiver Responsibility Tool (NCR).

The CFS Specialist shall first complete the FSNA or CANS to determine the child’s needs and document these within N-FOCUS. The FSNA is entered into N-FOCUS directly. The CANS should be completed in hard copy and scanned under the child’s name in the Placement Section of N-FOCUS. The CFS Specialist will then complete the NCR Tool to document the care and effort the foster parent is making to meet the child’s needs. The FSNA or CANS **and** the NCR must be completed by no later than thirty calendar days after the child’s initial placement.

The Nebraska Caregiver Responsibility Tool describes eight areas of care:

- (1) Medical/Physical Health and Well-Being;
- (2) Family Relationships/Cultural Identity;
- (3) Supervision/Structure/Behavioral and Emotional;
- (4) Education/Cognitive Development;
- (5) Socialization/Age Appropriate Expectations;
- (6) Support/Nurturance/Well-Being;
- (7) Placement Stability; and
- (8) Transition to Permanency and/or Independent Living.

Within each of the eight areas of care are three levels. Whenever a Level 2 or Level 3 ranking is selected under one of the areas of care, the CFS Specialist must describe and document in narrative on the NCR Form under the section “Outline the Caregiver Responsibilities,” the additional care the foster parent has committed to provide that supports a Level 2 or Level 3 ranking in each area of care. The documentation must describe the specific activities that the foster parent(s) will engage in that meet the definition of a Level 2 or Level 3 ranking, including intensity and frequency of those activities. Whenever a Level 1 ranking is selected under one of the areas of care, additional documentation is not necessary.

The CFS Specialist will complete the NCR Tool during a face to face meeting with the foster parent(s), and will invite the foster care agency representative if the foster parent is supported by a contracted agency. The CFS Specialist, foster parent(s), and foster care agency representative (when present), must sign and date the NCR Tool to document their participation in the completion of the tool. The CFS Specialist will then present the signed NCR Tool to his or her supervisor, or the supervisor's designee, for supervisory review, approval, and signature. Once the supervisor or the supervisor's designee has signed and dated the NCR Tool, it must be scanned into N-FOCUS under the child's name in the Placement Section, and also entered directly into N-FOCUS under the Payment Determination icon within the CFS program case.

The only exception to a face to face meeting to complete the NCR Tool is when the child is placed in a foster home outside of Nebraska. If the child is placed outside of Nebraska, the completion of the NCR Tool may occur via a telephone conference call with the foster parent, the CFS Specialist, and the foster care agency representative if applicable. The CFS Specialist shall document, in the narrative section of N-FOCUS, the date and time of the telephone conference call and who was present on the telephone conference call.

The level of parenting the foster parent agrees to provide, along with the age of the child, will determine the daily reimbursement rate calculated through N-FOCUS.

Children Initially Removed and Placed in Foster Care:

When a child is initially removed from his or her home and placed in foster care, the foster parent will be reimbursed at the essential rate for the child's age.

The CFS Specialist and the CFS Supervisor, or the supervisor's designee, has a maximum of thirty (30) calendar days from the date of placement to complete all of the following:

- (1) The FSNA or CANS to assess the child's needs; and,
- (2) The NCR Tool to determine if a higher level of parenting will be provided by the foster parent to meet the unique needs of the child; and,
- (3) Sign and date the hard copy of the NCR Tool; and,
- (4) Enter the NCR Tool on N-FOCUS; and,
- (5) Finalize the NCR Tool on N-FOCUS (by the supervisor or supervisor's designee).

Upon completion of the NCR Tool, the foster parent's rate of reimbursement may be increased from the essential level of parenting to the enhanced level of parenting or to the intensive level of parenting. The increased rate of reimbursement shall be effective on the date the CFS Supervisor or the supervisor's designee approves, signs, and dates the hard copy of the NCR Tool.

The NCR Tool must be scanned into N-FOCUS only when the foster parent (s), foster care agency staff person (when present), CFS Specialist, and CFS Supervisor or the supervisor's designee have all signed and dated the NCR Tool indicating their agreement with the information contained in the tool. The assigned Income Maintenance Foster Care (IMFC) Worker will authorize the foster care reimbursement rate once the NCR Tool has been scanned into N-FOCUS with all of the required signatures, with the start date being the signature date of the CFS Supervisor or the supervisor's designee.

Children Who Experience a Planned Placement Change: When a child changes placement from one foster home to another or enters a foster home from a more restrictive level of care, the child's unique

strengths and needs are already known and documented on the FSNA or CANS by the CFS Specialist. The NCR Tool, however, must be completed again in order to determine the level of parenting that will be provided by the new foster parent(s).

The CFS Specialist will complete the new NCR Tool during the face to face visit with the foster parent(s) at the time the child is placed in the foster home. The CFS Specialist will include the participation of the foster parent(s), and the foster care agency representative (when present) if the foster parent is supported by a contracted foster care agency. The foster parent will be reimbursed at either the essential level of parenting, the enhanced level of parenting, or the intensive level of parenting daily rate depending on the care the foster parent has committed to provide to meet the child's unique needs.

The CFS Specialist, foster parent(s), and foster care agency representative (when present), must sign and date the NCR Tool to document their participation in the completion of the tool. The CFS Specialist will then present the signed NCR Tool to his or her Supervisor or the supervisor's designee for supervisory review, approval, and signature. Once the supervisor or supervisor's designee has signed and dated the NCR Tool, it must be scanned into N-FOCUS under the child's name in the Placement Section, and also entered directly into N-FOCUS under the Payment Determination icon within the CFS program case.

The daily rate of reimbursement calculated through N-FOCUS will be the rate authorized to pay the foster parent. The assigned Income Maintenance Foster Care (IMFC) Worker will authorize the foster care reimbursement rate once the NCR Tool has been scanned into N-FOCUS with all of the required signatures, with the start date being the signature date of the CFS Supervisor or the supervisor's designee.

Please note:

- (1) In situations where a child is hospitalized or runs away and returns to the **same** foster home, a new NCR Tool does not need to be completed with the foster parent unless requested. The rate of reimbursement will remain at the prior authorized rate.
- (2) If it is urgent and necessary to remove a child from a foster home placement or from his or her own home after hours, on weekends, or on holidays; and, the CFS Specialist is not able to access specific information regarding the child's needs and determine the level of parenting required to meet those needs, a CFS Specialist must meet face-to-face with the foster parent and the foster care agency representative (if applicable) to complete the NCR by the next business day following placement of the child. The CFS Specialist must then present the signed NCR Tool to his or her Supervisor or the supervisor's designee for supervisory review, approval, and signature by the next business day following placement of the child. The foster parent will be reimbursed at the essential rate for the child's age until the date the NCR Tool is completed and signed by the supervisor or the supervisor's designee.
- (3) Foster care reimbursement rates **do not transfer** from one foster parent to another.

Additional Times When the Nebraska Caregiver Responsibility Tool will be Completed:

The Nebraska Caregiver Responsibility Tool will also be completed within 30 calendar days at the following times:

- At the request of the foster parent(s);
- At the request of the agency supporting the foster parent(s);
- At the request of the Division of Children and Family Services;
- When the Permanency Plan changes for the child;
- When the child's circumstances change (such as a significant change in the child's needs which require the foster parent to provide additional care); or,

- Every six months following the date of placement unless one has been completed within the prior 6 months.

The CFS Specialist must update the NCR on N-FOCUS whenever a child turns age 6 and age 12 so that the foster care rate can be changed to reflect the correct age of the child. A new NCR is not required in these situations. As a reminder, the CFS Specialist will receive an alert from N-FOCUS one month prior to when the child turns age 6 or age 12. The assigned IMFC Worker will also receive an alert whenever a child turns age 6 or age 12, and will authorize the new foster care reimbursement rate once the NCR has been updated on N-FOCUS, with the start date being the date of the child’s 6th or 12th birthday.

Exceptions to the Intensive Parenting Reimbursement Rate:

Occasionally a child’s medical, developmental or therapeutic needs may require a higher level of care by the foster parent than the intensive level of parenting rate that the NCR Tool calculates. Whenever a higher level of care is suspected by the CFS Specialist, s/he will consult with the CFS Supervisor, the CFS Administrator and the Service Area Administrator to determine if a higher level of payment to the foster parent(s) and/or the agency supporting the foster parent(s) if applicable, should be considered. If so, the increased level of care expectations must be documented in a Letter of Agreement and approved by designated CFS Central Office staff. All approved Letters of Agreement will be monitored by Central Office DHHS-CFS staff.

Completion of the Nebraska Caregiver Responsibility tool prior to Adoption or Guardianship

Subsidy Signing:

In order to determine the rate of an adoption or guardianship subsidy, the Nebraska Caregiver Responsibility Tool will be completed during a face to face meeting between the CFS Specialist, the prospective adoptive parent or prospective guardian, and the foster care agency representative if applicable, within six months of the finalization of the adoption or guardianship. If the provisions of the subsidy include a maintenance payment, the daily rate of the adoption or guardianship subsidy must be less than the rate determined through the Nebraska Caregiver Responsibility Tool in accordance with 479 NAC 8-001.02C and 479 NAC 7-005.

Foster Care Rates:

Foster care reimbursement rates are based on the age of the child and the level of parenting the foster parent agrees to provide in order to meet the unique needs of each child in their care. The NCR Tool is used to determine the level of parenting. The rates for each level of parenting are as follows:

Age:	Essential Parenting:	Enhanced Parenting:	Intensive Parenting:
0-5	\$20.00	\$27.50	\$35.00
6-11	\$23.00	\$30.50	\$38.00
12-18	\$25.00	\$32.50	\$40.00

Attachment: Nebraska Caregiver Responsibility Tool

References: Nebraska Revised Statute: 43-4211 (2013)

Nebraska Caregiver Responsibilities (NCR)

Child's Name: _____

Child's Master Case # _____

Today's Date: _____

Last Assessment Date: _____

Previous Score: _____

Assessment Type:

- | | | |
|---|---|---|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Request of Foster Parent | <input type="checkbox"/> Change of Placement |
| <input type="checkbox"/> Reassessment (6 months from date of previous tool) | <input type="checkbox"/> Request of Agency/Department | <input type="checkbox"/> Permanency Plan Change |
| | | <input type="checkbox"/> Change of Child Circumstance |

Worker Completing Tool: _____

Service Area: _____

Caregiver(s): _____

Child Placing Agency: _____

CPA Worker: _____

The Nebraska Caregiver Responsibility document is to be completed within the **first 30 days of a child's placement in out-of-home care or when there are changes that may impact the responsibilities of the caregiver as defined above.**

Forms should be filled out during a face-to-face meeting with the foster parent, the assigned worker, and the child placing agency worker (if applicable). Foster parents and the child placing agency worker (if applicable) should receive copies of the tool.

The first level (L1) is considered essential for all placements and the minimum expectation of all caregivers. **For each of the responsibilities, indicate the level of service currently required to meet the needs of the child (based on results of SDM and CANS). The focus is on the caregiver's responsibilities, not on the child's behaviors.** Each level is inclusive of the previous one. Outline caregiver responsibilities in the box provided for any area checked at a 2 or higher.

CIRCLE ONE ONLY

LOC 1 Medical/Physical Health & Well-Being	
L1	<p>Caregiver arranges and participates, as appropriate in routine medical and dental appointments; Provides basic healthcare and responds to illness or injury; administers prescribed medications; maintains health records; shares developmentally appropriate health information with child.</p> <p>Definition: Caregiver follows established policies to ensure child's physical health needs are met by providing basic healthcare and response to illness or injury. Caregiver contributes to ongoing efforts to meet the child's needs, by arranging, transporting and participating in doctor's appointments that is reflected in required ongoing documentation. Caregiver will administer medications as prescribed, keep a medication log of all prescribed and over-the-counter medication, understand the medications administered, and submit the medication log monthly.</p>
L2	<p>Caregiver arranges and participates with additional visits with medical specialists, assists with treatment and monitoring of specific health concerns, and provides periodic management of personal care needs. Examples may include treating and monitoring severe cases of asthma, physical disabilities, and pregnant/parenting teens.</p> <p>Definition: Additional health concerns must be documented and caregiver's role in meeting these additional needs will be reflected in the child's case plan and/or treatment plan. Caregiver will transport and participate in additional medical appointments, including monthly medication management, physical or occupational therapy appointments, and monitor health concerns as determined by case professionals.</p>
L3	<p>Caregiver provides hands-on specialized interventions to manage the child's chronic health and/or personal care needs. Examples include using feeding tubes, physical therapy, or managing HIV/AIDS.</p> <p>Definition: Any specialized interventions provided by the caregiver should be reflected in the child's case plan and/or treatment plan. Case management records should include narrative as to the training and/or certification of the caregiver to provide specialized levels of intervention specific to the child's health needs. Caregiver will provide specific documentation of specialized interventions utilized to manage chronic health and/or personal care needs.</p>
Outline the caregiver responsibilities:	

CIRCLE ONE ONLY

LOC 2 Family Relationships/Cultural Identity	
L1	<p>Caregiver supports efforts to maintain connections to primary family including siblings and extended family, and/or other significant people as outlined in the case plan; prepares and helps child with visits and other contacts; shares information and pictures as appropriate; supports the parents and helps the child to form a healthy view of his/her family.</p> <p>Definition: Caregiver follows established visitation plan and supports ongoing child-parent and sibling contact as outlined in case plan. Caregiver provides opportunities for the child to participate in culturally relevant experiences and activities. Caregiver works with parents and youth in ongoing development of youth's life book.</p>
L2	<p>Caregiver arranges and supervises ongoing contact between child and primary family and/or other significant people or teaches parenting strategies to other caregivers as outlined in the case plan.</p> <p>Definition: Caregiver provides and facilitates parenting time in accordance with the established parenting time plan and case plan. Caregiver provides regular instruction to parent outlining parenting strategies. This feedback must be reflected in Caregiver's required ongoing documentation.</p>
L3	<p>Caregiver works with primary family to co-parent child, sharing parenting responsibilities, OR supports parent who is caring for child AND works with parent to coordinate attending meetings AND appointments together. Examples include attending meetings with doctors, specialists, educators, and therapists together.</p> <p>Definition: Caregiver partners and collaborates with parents to ensure both caregiver and parent attends child's appointments and activities. Caregiver allows parental interaction in the foster home and provides support to the parent while the child is in the parent's home. Caregiver allows the parent to participate in daily routine of the child in the foster home (i.e. dinner, bedtime routine, morning routine). Documentation should illustrate caregiver's efforts to engage parent and shows examples of a transfer of learning to the parent.</p>
<p>Outline the caregiver responsibilities:</p>	

CIRCLE ONE ONLY

LOC 3 Supervision/Structure/Behavioral & Emotional	
L1	<p>Caregiver provides routine direct care and supervision of the child, assists child in learning appropriate self-control and problem solving strategies; utilizes constructive discipline practices that are fair and reasonable and are logically connected to the behavior in need of change, adapts schedule or home environment to accommodate or redirect occasional outbursts.</p> <p>Definition: Caregiver provides age and developmentally appropriate supervision, structure, and behavioral and/or emotional support. Caregiver utilizes constructive discipline practices that are fair and reasonable and are logically connected to the behavior in need of change. Caregiver can provide examples of strategies and interventions implemented.</p>
L2	<p>Caregiver works with other professionals to develop, implement and monitor specialized behavior management or intervention strategies to address ongoing behaviors that interfere with successful living as determined by the family team.</p> <p>Definition: Caregiver provides beyond age and developmentally appropriate supervision, structure, and behavioral and/or emotional support in accordance with a formal treatment or behavioral management plan as identified by the child's needs. Caregiver can provide examples of strategies and interventions implemented.</p>
L3	<p>Caregiver provides direct care and supervision that involves the provision of highly structured Interventions such as using specialized equipment and/or techniques and treatment regimens on a constant basis. Examples of specialized equipment include using alarms, single bedrooms modified for treatment purposes, or using adaptive communication systems, etc.; works with other professionals to develop, implement and monitor strategies to intervene with behaviors that put the child or others in imminent danger or at immediate risk of serious harm.</p> <p>Definition: Caregiver follows established treatment plan to ensure child's safety and well-being. Treatment plan requires immediate and ongoing (more than once daily) monitoring and interaction. Strategies and interventions are developed in accordance with treatment plan and in consultation with case manager and must be followed to ensure child's immediate and ongoing safety and well-being. If plan is not followed child is at risk of imminent danger. Caregiver maintains frequent contact with mental health professionals and actively participates in services and monitoring. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.</p>
<p>Outline the caregiver responsibilities:</p>	

CIRCLE ONE ONLY

LOC 4 Education/Cognitive Development	
L1	<p>Caregiver provides developmentally appropriate learning experiences for the child noting progress and special needs; assures school or early intervention participation as appropriate; supports the child’s educational activities; addresses cognitive and other educational concerns as they arise, participation in the IEP development and review.</p> <p>Definition: Caregiver ensures child meets established education goals. Routine educational support includes structured homework routine and help with homework; maintaining regular, ongoing contact with school to ensure age-appropriate performance and progress. This includes participation in regularly scheduled parent-teacher conferences with the parents (as appropriate). For non-school age children, the caregiver will ensure the child is working on developmental goals (i.e. colors, ABCs, counting, etc.)</p>
L2	<p>Caregiver maintains increased involvement with school staff to address specific educational needs that require close home/school communication for the child to make progress AND responds to educational personnel to provide at-home supervision when necessary; or works with others to implement program to assist youth in alternative education or job training.</p> <p>Definition: Educational goals may include both school-based as well as job training goals (for older youth). Caregiver implements monitoring in the home to reflect established learning plan objectives or collaborates with professionals to ensure child’s educational goals are met. Caregiver provides examples of efforts to support education. Caregiver provides support and structure for child if suspended or expelled from school.</p>
L3	<p>Caregiver works with school staff to administer a specialized educational program AND carries out a comprehensive home/school program (more than helping with homework) during or after school hours.</p> <p>Definition: Caregiver implements interventions per an established alternative education plan, IEP or 504 plan which involves specialized activities and/or strategies outside of the educational setting. Implementation of this plan requires regular communication with school and is not considered routine educational support. Caregiver may require specialized training or certification in order to meet the child’s educational and cognitive needs.</p>
	<p>Outline the caregiver responsibilities:</p>

CIRCLE ONE ONLY

LOC 5 Socialization/Age-Appropriate Expectations	
L1	<p>Caregiver works with others to ensure child’s successful participation in community activities; ensures opportunities for child to form healthy, developmentally appropriate relationships with peers and other community members, and uses everyday experiences to help child learn and develop appropriate social skills.</p> <p>Definition: Caregiver encourages and provides opportunities for child to participate in age-appropriate peer activities at least once per week. Caregiver can give examples of the child’s participation the activity. Caregiver transports to activity if needed. Caregiver monitors negative peer interactions. Examples may include: school-based activities, sports, community-based activities, etc.</p>
L2	<p>Caregiver provides additional guidance to the child to enable the child’s successful participation in Community and enrichment activities AND provides assistance with planning and adapting activities AND participates with child when needed. Examples include shadowing, coaching social skills, sharing specific intervention strategies with other responsible adults, etc.</p> <p>Definition: Caregiver’s intervention and participation further ensures child’s participation in the activity. The child may not be able to participate without adult support. Caregiver can give examples of the child’s participation in the activity.</p>
L3	<p>Caregiver provides ongoing, one-to-one supervision and instruction (beyond what would be age appropriate) to ensure the child’s participation in community and enrichment activities AND caregiver is required to participate in or attend most community activities with other responsible adults, etc.</p> <p>Definition: Caregiver must participate and fully supervise child during all community and enrichment activities. Participation in the community and enrichment activities provides a normalized child experience. Caregiver can provide examples of child’s normalized involvement in the activity.</p>
	<p>Outline the caregiver responsibilities:</p>

CIRCLE ONE ONLY

LOC 6 Support/Nurturance/Well-Being	
L1	<p>Caregiver provides nurturing and caring to build the child's self-esteem; engages the child in constructive, positive family living experiences; maintains a safe home environment with developmentally appropriate toys and activities; provides for the child's basic needs and arranges for counseling or other mental health services as needed.</p> <p>Definition: Caregiver meets child's established basic needs to assure well-being. Caregiver understands and responds to the child's needs specific to removal from their home. Caregiver transports and participates in mental health services as needed.</p>
L2	<p>Caregiver consults with mental health professionals to implement specific strategies of interacting with the child in a therapeutic manner to promote emotional well-being, healing and understanding, and a sense of safety on a daily basis.</p> <p>Definition: Caregiver follows established treatment plan to ensure child's safety and well-being are addressed. Strategies and interventions are developed in accordance with the treatment plan and in consultation with case manager. Caregiver has regular contact with mental health professionals and participates in mental health services for the child. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.</p>
L3	<p>Caregiver works with services and programs to implement intensive child-specific in-home strategies of interacting in a therapeutic manner to promote emotional well-being, healing, and understanding, and sense of safety on a constant basis.</p> <p>Definition: Treatment plan requires immediate and ongoing (more than once daily) monitoring and interaction. Therapeutic strategies and interventions are developed in accordance with treatment plan and in consultation with case management staff and must be followed to ensure the child's well-being. If plan is not followed child is at risk of imminent danger. Caregiver maintains frequent contact with mental health professionals and actively participates in services and monitoring. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.</p>
	<p>Outline the caregiver responsibilities:</p>

CIRCLE ONE ONLY

LOC 7 Placement Stability	
L1	<p>Caregiver maintains open communication with the child welfare team about the child's progress and adjustment to placement and participates in team meetings, court hearings, case plan development, respite care, and a support plan.</p> <p>Definition: Caregiver works to ensure placement stability. Caregiver communicates openly and regularly with case manager, provides required monthly documentation and participates in family team meetings. Caregiver must actively participate in developing a support plan to eliminate placement disruption.</p>
L2	<p>The child's/youth's needs require caregiver expertise that is developed through fostering experience, participation in support group and/or mentor support, and consistent relevant in-service training.</p> <p>Definition: Caregiver must utilize specialized knowledge, skills, and abilities to maintain child's placement. Child's needs warrant specialized knowledge, skills, and abilities. Interventions provided by caregiver must be in collaboration and consultation with other professions and case managers. Caregiver should provide examples of their specialized knowledge, skill, and abilities to ensure placement and participation in in-service training.</p>
L3	<p>The child's/youth's needs require daily or weekly involvement/participation by the caregiver with intensive in-home services as defined in case plan and/or treatment team.</p> <p>Definition: Caregiver must collaborate with external supports in order to maintain placement. These external supports provide intensive interventions within the caregiver's home, without which child could not safety be maintained. Interventions must be selected and implemented in collaboration with the case manager. Caregiver collaborates with intensive service interventions and demonstrates specialized knowledge, skills, and abilities to maintain child's placement. Caregiver provides examples of their role in the intensive in-home service provision. Caregiver may require additional training to eliminate placement disruption.</p>
	<p>Outline the caregiver responsibilities:</p>

CIRCLE ONE ONLY

LOC 8 Transition To Permanency and/or Independent Living	
L1	<p>Caregiver provides routine ongoing efforts to work with biological family and/or other significant adults to facilitate successful transition home or into another permanent placement. Caregiver provides routine assistance in the on-going development of the child/youth life book.</p> <p>Definition: Caregiver collaborates with case manager and other community resources to ensure child's permanency goal is met. Caregiver works with youth in ongoing development of youth's life book in preparation for permanency. Caregiver addresses developmentally appropriate daily life skills with the child.</p>
L2	<p>Caregiver actively provides age-appropriate adult living preparation and life skills training for child/youth age 8 and above, as outlined in the written independent living plan and determined through completion of the Ansell Casey Life Skills Assessment. For those youth available for adoption or guardianship who have spent a significant portion of their life in out of home care, the caregiver (with direction from their agency and in accordance with the case plan), actively participates in finding them a permanent home including working with team members, potential adoptive parents, therapists and specialists to ensure they achieve permanency.</p> <p>Definition: For children 8 and above caregiver develops and monitors daily life skills activities. Caregiver assists the youth in completing the Ansell Casey Life Skills Assessment and uses the results to inform daily activities that promote development of independent living skills. Caregiver also supports efforts to maintain family relationships where appropriate. For children with goals of adoption and guardianship, the Caregiver regularly collaborates with the permanency staff to ensure child's permanency goals are met. If the caregiver will be providing permanency for the child, the caregiver is actively participating in adoption preparation activities. (examples include training, support group, mentor support, respite care) Caregiver can provide examples of ongoing efforts to ensure permanency.</p>
L3	<p>Caregiver supports active participation of youth age 14 or above in services to facilitate transition to independent living. Services including but not limited to assistance with finances, money management, permanence, education, self-care, housing, transportation, employment, community resources and lifetime family connectedness.</p> <p>Definition: Caregiver partners with independent living resources to ensure youth is prepared for transition to independent living. Caregiver provides assistance and interventions on an ongoing basis and in accordance with established IL plan (for youth over age 15). Caregiver demonstrates role in preparing youth for independent living by providing concrete examples of provided intervention and child's skill acquisition.</p>
	<p>Outline the caregiver responsibilities:</p>

SIGNATURES:

NAME: _____
Foster Parent

DATE: _____

NAME: _____
Foster Parent

DATE: _____

NAME: _____
CFS/FPS Worker

DATE: _____

NAME: _____
CFS/FPS Supervisor

DATE: _____

NAME: _____
CPA Representative (if involved)

DATE: _____

NAME: _____
Other Participant

DATE: _____

NCR TOOL

DCFS 6/2/14

