



Iowa Department of Human Services

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GENERAL LETTER NO. 12-B-AP-47

ISSUED BY: Bureau of Child Welfare and Community Services
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 12, Chapter B, **FOSTER FAMILY HOME LICENSING APPENDIX**, Contents (page 1), revised; pages 20 through 33, revised; and form 470-2066, *Foster/Adoptive Parent Preparation Training Certificate of Completion*, revised.

Summary

Chapter 12-B-Appendix is revised to:

- ◆ Have one certificate for the three types of pre-service training instead of three separate pre-service training certificates.
- ◆ Rename the certificate from *PS-MAPP Parent Preparation Certificate of Completion* to *Foster/Adoptive Parent Preparation Training Certificate of Completion*, to reflect one name for the three pre-service trainings.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 12, Chapter B, Appendix:

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23	November 16, 2012
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Additional Information

Refer questions about this general letter to your area social work administrator.

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Foster/Adoptive Parent Preparation Training Certificate of Completion, Form 470-2066

Purpose	Form 470-2066 shows that the prospective foster or adoptive parent has completed the 30-hour training requirement for initial licensure or approval.
Source	The recruitment and retention contractor issues the certificate.
Completion	<p>The recruitment and retention contractor issues the training certificate after the applicant has completed all 30 hours of training.</p> <p>If an applicant misses part of the 30-hour training program, the certificate is issued only after the person has made up the training hours missed.</p>
Distribution	The recruitment and retention contractor mails the original certificate directly to the applicant. The Department keeps a copy in the licensing file.
Data	<p>Check the applicable box on the certificate for the type of training.</p> <p>The certificate shows the:</p> <ul style="list-style-type: none">◆ Foster parent's name,◆ Location of the training,◆ Date the training was completed,◆ County,◆ Service area, and◆ Training coordinator.

Iowa Department of Human Services

PS-MAPP

TIPS-MAPP

CFOO

**FOSTER/ADOPTIVE PARENT PREPARATION TRAINING
CERTIFICATE OF COMPLETION**

Awarded to

For completion of the 30 hour Foster/Adoptive Parent Preparation Training at:

on

County

Service Area

Training Coordinator

470-2066 (Rev. 7/15)

Health Report for Foster and Adoptive Parents, Form 470-0720

Purpose	Form 470-0720 provides health information on the prospective foster family members.
Source	Print supplies of this form from the sample in the manual.
Completion	<p>The form is completed before licensing of the prospective family home. Medical re-examination may be required at the discretion of the health practitioner or the supervising agency.</p> <p>The recruitment and retention contractor:</p> <ul style="list-style-type: none">◆ Completes Section A, addressed to the practitioner, and◆ Inserts the name of the agency to whom the information is to be released. <p>Separate forms are required if family members are under the care of different physicians.</p> <p>The family completes the history in Section C and signs the form to authorize the release of examination results. (In the case of minor children, the child's parent shall sign the form.)</p> <p>The practitioner completes Section B.</p>
Distribution	<p>Give one copy of the form to the applicant. You may make a photocopy as a control.</p> <p>When the completed form is returned, the contractor keeps a copy for its file and places the original in the licensing packet sent to the Department for the DHS licensing file.</p>
Data	The form includes the family's reported health history and the practitioner's statement as to whether the family's health would prevent them from providing the needed care or would be detrimental to the well-being of a child placed in their care.

HIV General Agreement, Form 470-3226 or 470-3226(S)

Purpose	Form 470-3226 or 470-3226(S) verifies a foster parent's willingness to care for a child who is at risk of HIV or has the HIV-positive diagnosis.
Source	Complete the English version of the form on line using the template in the public state-approved forms folder on Outlook. Print supplies of the Spanish version of the form from the sample in the manual.
Completion	The home study worker and the foster parent complete the form: <ul style="list-style-type: none">◆ At initial application for foster home license.◆ At each renewal. <p>NOTE: If the family refuses to sign this form, enter the following statement in the family's record: "Family refuses to accept a child who is at risk or test positive for HIV." Sign and date the form on the contractor home study worker line.</p>
Distribution	The recruitment and retention contractor: <ul style="list-style-type: none">◆ Sends the original to the Department for the licensing file.◆ Gives a copy to the foster parent.◆ Keeps a copy for its file.
Data	Enter the family's name. Have the family: <ul style="list-style-type: none">◆ Check which conditions the family will or will not accept and whether the family has or will have training on care of children who are HIV-infected.◆ Sign and date the form.

[Home Study Summary and Recommendation Outline, Form RC-0025](#)

Purpose	Reference Card RC-0025 provides an outline for formatting the narrative evaluation of a prospective foster or adoptive home and is the second part of the home study.
Source	Print copies of RC-0025 from the sample in the manual as needed.
Completion	<p>The recruitment and retention home study worker shall:</p> <ul style="list-style-type: none">◆ Complete the <i>PS-MAPP Family Profile</i> (Parts I and II) before preparing the licensing or approval recommendation; and◆ Update the family profile when significant changes occur. <p>NOTE: If an approved home study is more than one year old, then an update is required.</p>
Distribution	<p>The recruitment and retention contractor:</p> <ul style="list-style-type: none">◆ Sends the original to the Department for the licensing file.◆ Keeps a copy for its file.◆ Gives a copy to the family upon request.
Data	<p>The <i>Home Study Summary and Recommendation Outline</i> format includes sections summarizing the following:</p> <ul style="list-style-type: none">◆ The dates of training and family consultations◆ The family's motivation for becoming a foster family◆ The family's strengths and needs relative to the skills needed◆ The family's commitment to safety◆ A summary of references◆ The family's willingness to work with the child's birth family◆ The family's understanding and support of concurrent planning◆ Plans for supporting the family after placement◆ Placement recommendations for this family◆ Signatures, titles, address, and phone number for the worker that prepared the home study

Lead Paint Assessment, Form 470-4819

Purpose	Form 470-4819, <i>Lead Paint Assessment</i> , serves to document that the foster family completed a visual assessment for lead hazards when their residence was built before 1960.
Source	The foster parent can print this form from the manual or the recruitment and retention contractor worker can provide a copy of the form to the foster parent to complete.
Completion	A foster parent whose residence was completed before 1960 shall complete the form: <ul style="list-style-type: none">◆ During the initial home study.◆ When the family has moved to a new home.◆ Annually.
Distribution	The foster parent gives the completed form to the recruitment and retention contractor home study worker. The contractor includes the form in the home study packet provided to the Department.

[License Capacity Variance Request, Form 470-3342](#)

Purpose	Form 470-3342 is used to compile the information needed to request a variance to exceed licensed capacity or a child-specific variance from the service area manager or designee.
Source	Complete this form on line using the template available in the public state-approved forms folder on Outlook.
Completion	<p>The Department licensing worker prepares this form whenever a respite placement is planned which would exceed the licensing capacity. The recruitment and retention contractor worker prepares the form when a match occurs and the placement exceeds licensed capacity.</p> <p>The recruitment and retention contractor and the placement worker are responsible for ensuring that the additional children placed receive the same level of care and safety as the other children in care.</p> <p>The service area manager or designee must approve all variance requests.</p>
Distribution	<p>Submit the form to the service area manager or designee for approval. The service area manager or designee sends the completed original to the worker responsible for the DHS licensing file.</p> <p>File one copy in the child's file. Send a copy to the foster parents for their personal records. Send a copy to the recruitment and retention contractor for their file.</p>
Data	<p>Enter the identifying information for the family.</p> <p>Check the kind of variance being requested.</p> <p>Explain why the variance is needed and how the family is qualified to provide care for more children.</p> <p>If the variance is for specific children, enter identifying information for them.</p>

Notice of Action: Foster Family Home, Form 470-0709 or 470-0709(S)

Purpose	Form 470-0709 or 470-0709(S) is used to notify the applicant for a foster family home license of licensing decisions.
Source	Complete the English version of the form on line using the template in the public state-approved forms folder on Outlook. Print supplies of the Spanish version of the form from the sample in the manual.
Completion	The service area manager or designee completes the form when the manager or designee makes a foster family home licensing decision, including: <ul style="list-style-type: none">◆ Issuance of a full license on application, reapplication, or completion of a corrective action plan under a provisional license.◆ Issuance of a provisional license on application or reapplication.◆ Denial of a license on application, reapplication, or expiration of a provisional license. <p>NOTE: If the applicant fails to return the application for renewal, then the license is not renewed. The notice is effective the last day of the licensing year.</p> <p>The service area manager or designee reviews and signs the form.</p>
Distribution	Make three copies of the completed form. Send the original to the applicant. NOTE: Send all denial notices to the applicant by restricted certified mail so that the date of receipt can be recorded for appeal purposes.

The service area manager may send a letter with this notice of action, especially in the case of adverse actions. Any information contained in the letter shall agree with the information and appeal rights contained on this form.

File a copy in the Department licensing file. Send a copy to the recruitment and retention contractor.

The contractor will initiate payment of the training stipend if the license is approved.

Data

Indicate if a new license or renewed license is being issued.

Check the applicable choice and fill in the dates and license capacity if requested.

If a full or provisional license is being issued, indicate the effective period of the license and the capacity of the home. If any other limitations are being placed on the home, type the limitation in the space provided.

If the application is being denied:

- ◆ Indicate all specific sections of Iowa Code Chapter 237 and of 441 Iowa Administrative Code Chapters 112 and 113 being used as reasons for the denial. Include the number and a direct quote of the section.
- ◆ Explain the specific facts that support the legal basis for the negative action. Use an additional page if necessary.

Partnership Development Plan, Form 470-4020

Purpose	The purpose of form 470-4020, <i>Partnership Development Plan</i> , is to help families turn their needs into strengths and enhance their parenting skills.
Supply	Print supplies of this form from the sample in the manual.
Completion	The contractor home study worker completes this form during the family consultations. This process may be completed as often as necessary. Issues identified must be addressed by the tenth training session.
Distribution	Keep the original of the form in the home study file and make a copy for the family. The home study worker shares this information with the PS-MAPP training leaders as feedback indicating what subjects need to be addressed during the training. If PS-MAPP training is waived, this form can be completed and shared with the Department when the initial licensing packet is submitted.
Data	The form identifies the family's need, indicates what action plan will be implemented to address the need, and analyzes the potential outcomes of this process.

Professional Development Plan, Form 470-4023

Purpose	The purpose of form 470-4023, <i>Professional Development Plan</i> , is to identify training needs for foster families during the first six months after they receive their license to enhance their parenting skills.
Supply	Print supplies of the form as needed from the sample in the manual.
Completion	The home study worker completes this form in consultation with the family so they can work out a training plan for the family.
Distribution	The home study worker maintains the original of the form in the home study file and makes a copy for the family.
Data	The form identifies: <ul style="list-style-type: none">◆ In-service training needs for the family,◆ Needs for development of other family members, and◆ The plan the family agrees to carry out to meet those needs.

[Provisions for Alternate Water Supply, Form 470-0699](#)

Purpose	Applicants whose private water supply is unsafe shall use form 470-0699 to make a commitment to supply safe water to foster children.
Source	Print supplies of this form from the sample in the manual. Access the form sample by clicking on the form name above.
Completion	The applicant and the recruitment and retention contractor home study worker complete this form whenever an applicant has a private water supply that is unsafe.
Distribution	Submit the original in the initial or renewal home study packet to the service area manager or designee. Keep a copy until the original is returned with the manager's or designee's decision.
Data	The form: <ul style="list-style-type: none">◆ Identifies the place where the family will obtain water.◆ Describes the source.◆ Describes the procedures that will ensure the safety of this water supply.◆ Describes the procedures to prevent foster children from drinking unsafe water.◆ Is signed by:<ul style="list-style-type: none">• The foster parents.• The home study worker.• The service area manager or designee.

PS-MAPP Family Profile, Form 470-4019 or 470-4019(S)

Purpose	The <i>PS-MAPP Family Profile</i> is used to collect information about prospective foster and adoptive families during the PS-MAPP training, as part of the family home study.
Source	Obtain supplies of the English and Spanish versions of the form from the recruitment and retention contractor.
Completion	<p>PS-MAPP trainers give this packet to the family when the family begins the licensing or approval process. Issue only the sections that apply to the particular family. The applicant family shall complete the profile by the last training session.</p> <p>If PS-MAPP is waived, the home study worker provides this form to the family to complete before the last applicant home visit. Completing the profile reinforces that families can best explain their own strengths and needs. Families know themselves better than anyone else does.</p> <p>It is the responsibility of prospective foster and adoptive parents to help home study workers get to know them better and to examine fully if adopting or fostering is right for them</p>
Distribution	The family returns the original completed profile to the home study worker. It is retained in the family's DHS licensing file. The recruitment and retention contractor keeps a copy in its home study file.
Data	<p>Part I of the profile includes sections for the applicants to report:</p> <ul style="list-style-type: none">◆ General information on household members, including:<ul style="list-style-type: none">• Demographic information• Medical and personal information• Legal information• Financial information◆ References◆ Special projects (pictures, letters, scrapbook)◆ Personal profile for the mother◆ Personal profile for the father

Part II of the profile collects information about how the family operates and what the family's expectations for a foster child are. There are several optional sections depending on family configuration:

- ◆ A couple with children
- ◆ A couple with no children
- ◆ A single person with children
- ◆ A single person with no children
- ◆ A parent's profile of children now in the home
- ◆ A personal profile for children 12 years of age or older
- ◆ A personal profile for children under age 12

PS-MAPP Family Profile Summary, Form 470-4029

Purpose	Form 470-4029, <i>PS-MAPP Family Profile Summary</i> , is used to: <ul style="list-style-type: none">◆ Summarize the family's reasons for fostering or adopting.◆ Summarize the family's strengths and needs relative to the 12 criteria discussed in the parent educational meetings.◆ Recommend next steps for the family.◆ Provide guidelines to other agency staff for supporting the family.
Source	Print this form from the sample in the manual. A Word template is available from DHS licensing staff.
Completion	The home study worker completes the form based on information collected at family meetings during the foster home study licensing process.
Distribution	The form is retained in the family's DHS licensing file and a copy is retained in the contractor's file.
Data	The form includes: <ul style="list-style-type: none">◆ Demographic and family information◆ Child preferences◆ Family strengths◆ Family needs◆ Worker comments