

Having a *Voice*
& a *Choice*



New York State
Handbook for Relatives Raising Children

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New York State Office of Children and Family Services
New York State Office of Temporary and Disability Assistance

Acknowledgments

This handbook resulted from efforts of an interagency workgroup of the New York State Office of Children and Family Services (OCFS) and the New York State Office of Temporary and Disability Assistance (OTDA). The workgroup, Breaking the Cycle of Dependency, was convened by OCFS Commissioner Gladys Carrión, Esq., and former OTDA Commissioner David A. Hansell to improve assistance and support for children in the care of relatives.

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This handbook was developed by Welfare Research, Inc. (WRI) under contract with OCFS using Child Welfare Training and Technical Assistance funds. The handbook was written by Rebecca McBride, Ph.D., Senior Writer/Editor, and designed by Lisa Casciotti, Production Manager, WRI.

Dedication

This handbook is dedicated to relatives who provide care for children in need of a safe, stable, and nurturing home. In many cases, you have already raised your own children. We realize it is not easy to raise children again, often at a moment's notice or without much time to prepare. Thank you for your courage, your compassion, and your sense of responsibility. This handbook is for you.

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Common Abbreviations

B2H—Bridges to Health

CPS—Child Protective Services

CTHP—Child /Teen Health Program

DSS—Department of Social Services

FCA—Family Court Act

DOH—NYS Department of Health

MA—Medical Assistance (Medicaid/Child Health Plus)

OASDI—Old Age, Survivor, and Disability Insurance

OCFS—NYS Office of Children and Family Services

OTDA—NYS Office of Temporary and Disability Assistance

SCR—Statewide Central Register of Child Abuse
and Maltreatment

SSI—Supplemental Security Income

TA—Temporary Assistance

TANF—Temporary Assistance to Needy Families

TPR—Termination of Parental Rights

Who's Who in State Government Agencies

- ◆ **The Office of Children and Family Services (OCFS)** is the state agency that coordinates child welfare services (child protective services, foster care/adoption, preventive services). The website is www.ocfs.state.ny.us.
- ◆ **The Office of Temporary and Disability Assistance (OTDA)** is the state agency that oversees programs that provide assistance and support to eligible families and individuals (temporary assistance, child support, food stamps, home energy assistance, etc.). The website is www.otda.state.ny.us.
- ◆ **The Department of Health (DOH)** is the state agency that coordinates Medicaid, Child Health Plus, and other health care services for children and families, such as Early Intervention Services. The website is www.health.state.ny.us.

Terms Used in This Handbook

Child

A family may have more than one child who needs a home with a relative. In this handbook, we use the term “child” to mean child or children.

Relative...Friend...Nonparent Caregiver... Kinship Foster Parent

In this handbook you will see the term *relative* because most often it is relatives who care for children who need a home for a while. Friends of the family may also take in a child who needs a home.

You will also see the term *nonparent caregiver* which means a relative or friend. The worker who takes your application for Temporary Assistance (TA) may refer to the child’s cash grant as a nonparent caregiver grant. A *kinship foster parent* is a relative who provides foster care for the child.

Child Protective Services (CPS)

Each county in New York State has a CPS unit that conducts child protective investigations in response to calls to the Statewide Central Register of Child Abuse and Maltreatment (SCR), also known as “the hotline.” The job of CPS is to investigate reports of child abuse/maltreatment, assess child safety, and offer preventive services to families, if needed. In cases of imminent danger, CPS may remove a child from his or her home, but this decision must always be reviewed by a family court judge. CPS is usually a part of DSS (*see page 4*).

Getting Started: Raising Children

CHAPTER 1

Your grandson is coming to live with you for a while because your daughter is sick. Maybe CPS has asked you to care for your granddaughter temporarily. Perhaps you are a family friend offering to help a child who needs a stable home.

If one of these situations is similar to yours, then this handbook is for you. If you are considering having a child live with you for a while and you want to find out what your options are, this handbook will help you.

Everyone's family is different, and you will make choices based on your own situation. When it comes to legal arrangements, financial support, and other benefits, you will want to make the decision that is best for you and the child. The handbook will tell you what choices are available.

1. Living in a Stable Home

Children grow up better when they feel secure and safe. To feel this way, they need to live in a place where they feel "at home." Even if a child's stay in your home is temporary, you can still give that child the feeling of belonging while supporting the eventual transition back home to his or her parents.

You may hear caseworkers talk about permanency for the child. Permanency is a term used to describe an important goal for children who are placed outside of their homes. It means living in a stable, secure home without fear of moving again.

Permanency may be achieved in several ways—by reunifying the child with his or her parents, by the child staying in the custody or guardianship of the relative on a long-term basis, or by terminating (ending) the parents' rights so the child may be adopted by a relative, foster parent, or other interested person(s), such as a family friend.

2. Reasons a Child Comes into a Relative's Care

There are many reasons why a child may live with a relative or caregiver other than a parent. For example, the parent(s):

- is seriously ill or disabled and can't take care of the child (e.g., has AIDS),
- does not have enough money to raise the child,
- has a drinking or drug problem and can't take care of the child,
- has mental or emotional problems and can't take care of the child,
- is homeless,
- began living with someone else,
- was deported,
- is in trouble with the law and has to go to jail or prison,
- is in the military,
- is unable to take care of a child who is a teen parent,
- neglected or abused the child,
- abandoned the child, or
- died.

In addition, a child may be removed from his or her own home and placed in foster care because of the child's own behavior. For example, a child found to be a Person in Need of Supervision (PINS) or Juvenile Delinquent (JD) could be placed with a relative.

3. How a Child Comes into a Relative's Care

Two common ways that the child of a relative or friend may come into that person's care with a court order are:

1. When a child is removed from his or her own home because of child abuse or maltreatment, the Department of Social Services (DSS) must look for a suitable relative and ask if he or she would like to become a foster parent or be a direct placement resource (caregiver) for the child.
2. When a relative files a petition in court for custody or guardianship of the child.

In both of these situations, the child is placed outside of the home by an order of the court. In the first case, the court order is made under Article 10 of the Family Court Act as a part of an abuse or neglect case. This is sometimes called N-docket custody. In the second case, the child is placed under Article 6 of the Family Court Act. This is sometimes called V-docket custody.

Some relatives take a child into their home without any legal arrangement. This is known as informal care.

During a child protective investigation, a caseworker may ask a relative to take a child temporarily on an informal basis until it can be determined whether the child is safe at home or needs a longer term placement by a court order.

➔ When a child is placed in a relative's home by DSS

When a child is being placed outside of the home by DSS due to child safety concerns, the agency must make diligent efforts to locate relatives of the child and notify them of the child's removal from the parent's custody. DSS must inform relatives of their options to participate in the care and placement of the child. The relative must be informed of the requirements of becoming a foster parent and how that is done and about any other help available to relatives who care for a child in their home.

→ This handbook is designed to answer many of your questions, but you should feel free to ask the DSS caseworker about anything you don't understand or want more information about. Each arrangement has a different set of pros and cons for you to carefully consider. Make sure you know and fully understand these differences.

4. A Word about the Department of Social Services (DSS)

The job of DSS is to protect children and help families. In most counties, there are two parts to DSS:

1. Child Welfare, which includes Child Protective Services (CPS), foster care, adoption, and preventive services (counseling, parenting classes, drug treatment, etc.) provided directly or by referral to an agency.
2. Income Support, which includes Temporary Assistance (TA), child support, food stamps, Home Energy Assistance Program (HEAP), and other benefits.

In a few counties, DSS only does the child welfare work, and another county agency does the income support work. This is the case in New York City where the Administration for Children's Services (ACS) does the child welfare work and the Human Resources Administration (HRA) does the income support work.

Sometimes DSS has to remove children from their own home because they are not safe there. DSS learns about a situation like this from people who call the state hotline with a *child abuse or maltreatment report*.

When a report is received, CPS must investigate the situation to assess whether the information in the report is factual and whether the child is safe or unsafe in the home. Even when the child is determined by CPS to be safe, the agency may offer services to the family to assist them. If the child is found to be unsafe, CPS staff will first try to work with the family to create a *safety plan* for the child. This may include interventions to keep the child safe at home or an informal placement with a relative or family friend for a short time. If the child is still in danger or

the family is unable or unwilling to create an effective safety plan, CPS may decide to remove the child from the home as a last resort.

When a child needs to be removed from his or her home immediately, a caseworker from CPS might contact you right away. You may be the relative who called the hotline, or you may be someone the family suggests as a placement resource when the child's safety plan is being developed. In any event, a caseworker may ask if you are willing to take the child or children into your home temporarily. The caseworker must give you information about your options and answer your questions. If there is an emergency, you may be asked to make a quick decision.

If you take a child into your home, CPS will want to make sure that you and anyone else living in your home are safe to be around children. CPS or DSS caseworkers may or may not stay involved with you. This depends on whether the child returns home quickly, and whether you become a foster parent, a direct placement resource, or a custodian or guardian of the child.

Getting involved with DSS...yes or no?

Often relatives are concerned about getting involved with DSS. They don't want a public agency telling them or the parents of the child what to do. This is understandable, but the agency is required to keep children safe. It is DSS's job to have contact with children who are placed outside of the home because of abuse or maltreatment and to have contact with those who are caring for them.

There are many benefits to being involved with DSS. The child's parents can get services to help them reunify with their children. Children can get services they need, like counseling or health care. Caregivers can get services to help care for the child, such as transportation and respite care.

You should know that if you become a kinship foster parent, you will receive higher payments to care for the child than caregivers who are not foster parents. If you are interested, ask the DSS caseworker about becoming a foster parent. Finally, as a foster parent or direct placement resource, you will have someone to go to for support because a caseworker will be there to talk to and help you.

5. Keeping Track of Everything

Even before a child comes to live with you, it is important to start thinking about how to keep track of documents like court papers and medical records. Choose whatever system works best for you: a large binder, a small file cabinet, or a storage box with file folders. Important documents include:

- Court orders and placement documents
- Child's birth certificate
- Parental designation form
- Medical consent form
- Medical records (appointments, prescriptions, immunizations, etc.)
- School records
- Benefit/payment records
- Insurance records
- Social Security information

Keeping track of contact names and phone numbers is also very important. It is a good idea to make a card with contact information and keep it with you at all times. This should include the child's medical provider, caseworker, relatives, babysitters, service providers, and others.

Finally, keep track of upcoming appointments and meetings by using a calendar (paper or electronic).

→ *This handbook has a number of websites listed for your information and support. If you do not have a computer in your home, please check your local library. Often libraries have computers the public can use and offer classes on how to use them.*

Legal Arrangements: What Are Your Choices?

Your grandson may be living with you. Your niece may be moving in soon. The local Department of Social Services (DSS) may have asked if you can take care of your nephew for a while.

You are not the child's parent, but now you may have to make decisions about the child's education and medical care. You may need to enroll the child in a different school. The parents may not be around when you take the child to the doctor for a check-up or tests.

What kind of arrangement do you want to have? What are your choices? What are your rights and how much authority will you have? What are you responsible for?

Also, how long do you think the child will live with you? How long do you think you can provide a home for the child?

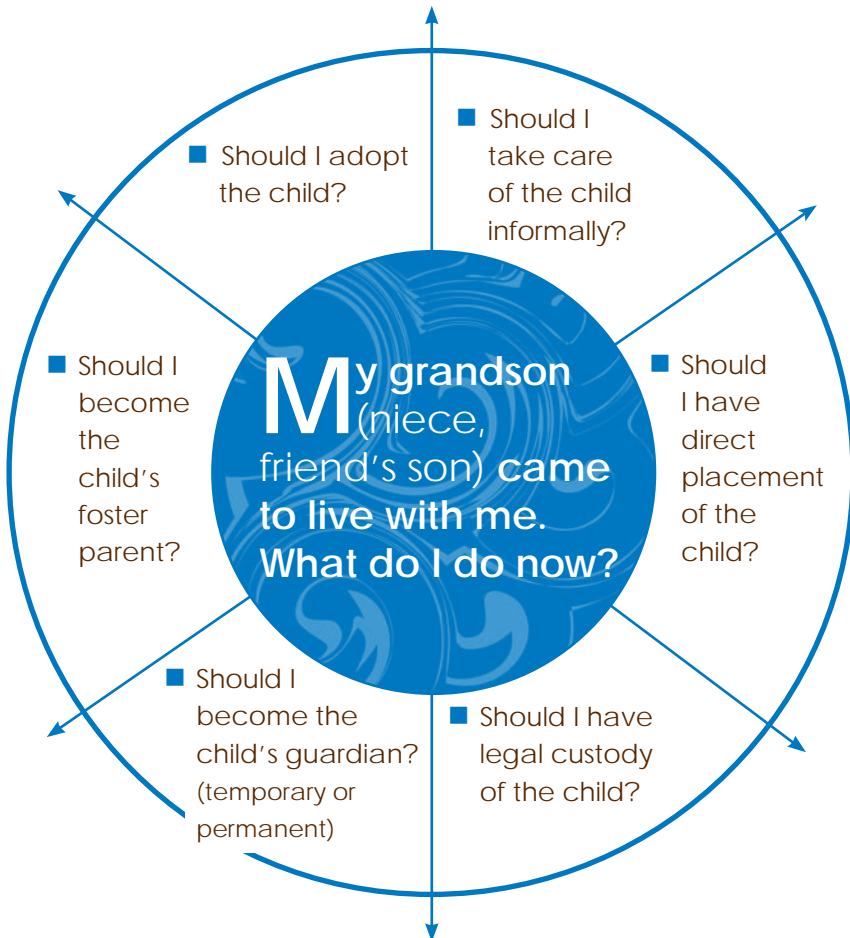
Each arrangement has a different set of pros and cons for you to carefully consider. Make sure you know and fully understand these differences. Read about each option and then make the decision that is best for you, your family, and the child.

“What choices do I have?”

This chapter gives information about each option:

- Informal care
- Direct placement
- Legal custody
- Guardianship (temporary or permanent)
- Foster care
- Adoption

→ **Fully understanding your options is the best way to have a voice and a choice.**



1. Informal Care

Situation: A child needs a stable place to live temporarily. There may be many reasons, such as: the parent is sick or disabled; the parent is in jail; or the parent abused, maltreated, or abandoned the child.

“What if I choose informal care (taking care of the child on my own)?”

There is no court order.

How It Works

Sometimes a relative or friend may agree to take care of a child at the parent’s request. There is no court order, and DSS will not be involved. Usually this is a short-term arrangement.

In other cases, CPS investigates a report of abuse or maltreatment in the home. DSS asks a relative if the child can live with the relative for a short time rather than go into foster care. DSS will help arrange the placement in the relative’s home. Sometimes an informal placement lasts longer than first expected.

Legal authority

With informal care, the child will live with you as a result of an arrangement you make with the child’s parents. Without a court order, the child will not be in your legal custody. You will not have the authority to make medical or educational decisions for the child. The parents will still have custody and parental rights. They can demand return of the child at any time.

Financial assistance

When a child is in your informal care, you may apply for Temporary Assistance (TA) for the child’s financial support. The application for a nonparent caregiver grant is based on the child’s needs, not on your income. At the same time, you may apply for Medicaid to cover the costs of the child’s health care. You may also be eligible to receive food stamps for the child and SSI if the child is disabled. If you work, you may apply for help with child care costs.

Person in Parental Relationship

With informal care, one way you can have the authority to make decisions about the child is when the parent designates you in writing as a *person in parental relationship* to his or her children. This gives you authority to consent for the child's routine health, mental health, dental, and hospital services, depending on the parent's wishes.

With this designation, you can make educational decisions for the child, such as consenting for the child to receive special education evaluations and services. During the designation, the child is considered to be a resident of the school district where the parents lived when the designation was made. If you are located in a different school district and want the child you are caring for to be able to enroll tuition-free in your school district, you may want to consider another option, such as custody or guardianship. You can also discuss the matter with your school district in advance to learn how it determines a child's residency for school enrollment purposes.

Note: You will not be able to consent to major medical treatment for the child (for example, surgery requiring anesthesia).

The designation cannot last for more than six months. After six months, a new designation will be required for you to continue to have this authority.

To avoid confusion, the parents should be as specific as possible in describing what authority they are giving to the person in parental relationship. Parents can designate a caregiver with a form or a note that contains certain information (*see Forms section in this handbook*).

Some final points:

- The parents can demand return of the child at any time while the child is in informal care.
- If you want a more permanent legal arrangement, you must seek a court order for legal custody or guardianship.

To learn more:

- See Chapter 3 for information on TA, child support, food stamps, SSI, and other financial assistance.

- See Chapter 4 for information on Medicaid and other health services.
- See Chapter 5 for information on education.

2. Direct Placement

Situation: A child needs a stable place to live temporarily because of a report of child abuse or maltreatment in the child's home.

"What if I choose direct placement?"

DSS files a petition under Article 10 to keep the child safe. As a result of this petition, the court may place the child with you directly. This arrangement is an alternative to the child going into foster care. This is sometimes called N-docket custody.

How It Works

You may want direct placement custody of your niece if she is removed from her own home by DSS and needs a stable place to live. When the abuse or neglect case is in family court, you can go before the judge and say that you would like to be a placement resource (caregiver) for the child. You should also tell the DSS caseworker assigned to the case that you would like to care for the child.

Legal authority

With direct placement custody, you will have the authority to care for the child temporarily under the protection of a court order. The child's parents may consent to transferring custody to you. If they are opposed, they can go to court to try to prevent the transfer of custody.

Role of DSS

If you want direct placement custody of a child, you must be willing to be under the jurisdiction of the family court. The court will likely order DSS to supervise the placement while the child is in your care. When DSS supervises a direct placement, a caseworker will be assigned to the case and will visit your home regularly. You will also be invited to *Service Plan Review* meetings, which are held with DSS staff to review the service plan for the family and the child's permanency goal.

The court may issue an order specifying a specific *visiting plan* for the child and parents, or limiting contact between the child and parents, and direct you to follow it. Usually the child will have visits with the parents to maintain their bond until the child can return home (if that is the child's permanency goal). Visits may be limited to certain periods of time and may need to be supervised by someone designated by the court or DSS.

Role of the court

The court will monitor the case as long as you have custody of the child. The court will hold hearings to decide whether or not any allegations of child abuse or neglect by the child's parent(s) are true. If the court finds that any of the allegations are true, a hearing will be held to decide whether the child should return home or remain in care outside of his or her home.

A *permanency hearing* will be held eight months after the child's removal from home. This is a court hearing held to determine whether the child's placement should continue and if the permanency plan is appropriate. Permanency hearings will continue to be scheduled every six months after the first permanency hearing until the child returns home or moves to another permanent living arrangement.

As the child's placement resource, you should receive a copy of the *permanency hearing report* 14 days *before* the hearing takes place. In your contacts with the DSS caseworker, you will have the opportunity to give input that may be used in the report. You will have the right to receive notices about permanency hearings and the right to appear and speak at the hearings. The goal is to find a permanent living situation for the child.

Financial assistance

You may apply for Temporary Assistance (TA) for the child's financial support. The application for a nonparent caregiver grant is based on the child's needs, not on your income. At the same time, you may apply for Medicaid to cover the costs of the child's health care. You may also be eligible to receive food stamps for the child and SSI if the child is disabled. If you work, you may apply for help with child care costs.

Some final points:

- Generally, DSS would not allow you to become the child's foster parent once the child has lived with you for six months as a direct placement. This is because under federal law, DSS would not be able to get federal foster care funds for the child.
- In most direct placements, the permanency plan is to return the child to the parents. Sometimes that does not happen. If the parents fail to address the problems that originally led to the child's placement or are unavailable to provide a home for the child, you might be asked whether you would like to have the child with you on a permanent basis.

There are several ways this can happen:

You may be able to apply for a private order of custody under Article 6 of the Family Court Act (*see the next section*).

You may be able to adopt the child or become the child's permanent guardian under certain circumstances.* When a child is placed directly with a relative or other suitable person as a result of an abuse or neglect case, the child may be freed for adoption by DSS. This is known as a Dale P. termination. If you are interested in adopting a child who is placed directly with you, you should ask your DSS caseworker about this option. An adoption subsidy is not available in these adoptions.

You should explore all your options carefully before making a decision.

To learn more:

- See Chapter 3 for information on TA, child support, food stamps, SSI, and other kinds of assistance.
- See Chapter 4 for information on Medicaid and other health services.
- See Chapter 5 for information on education.

* Circumstances include: DSS terminates the parents' rights, the parents surrender the child, or the parents die.

3. Legal Custody or Guardianship

Situation: A child needs a stable place to live. There may be many reasons, such as: the parent is sick or disabled; the parent is in jail; or the parent abused, maltreated, or abandoned the child.

“What if I choose legal custody or guardianship?”

If a child lives with a relative, the relative can file a petition for legal custody or temporary guardianship in family court under Article 6. This is sometimes referred to as V-docket custody.*

How It Works

You can petition the court for legal custody or guardianship if you want to have legal authority to care for the child. If granted, the court order will transfer ongoing custody or guardianship to you and will not require you to return to court—unless someone else applies to change the order. (*This kind of guardianship is different from permanent guardianship. See page 17.*)

Sometimes this arrangement can be done with the consent of parents who recognize the need to find another home for their child.

If the parents do not consent, you will have to go to court to prove *extraordinary circumstances* to obtain legal custody. This is because the law recognizes that, under normal circumstances, the best place for a child is with his or her parents.

Extraordinary circumstances include: abandonment, persistent neglect, unfitness, abuse, and if the child has already lived with the relative for an extended period of time. Two years is considered an extended period of time for grandparents, but there is no stated time period in the law for other relatives. If you can prove that there are extraordinary circumstances, then the judge will decide what is in the child’s best interests—custody with you or with one or both of the child’s parents.

* You can also file a petition for guardianship or permanent guardianship in surrogate’s court.

Legal authority

Even if custody or guardianship is transferred to a relative, the birth parents will retain their parental rights and at any time in the future may file a petition and ask for visitation or the return of custody or guardianship of the child. The judge can change the order of custody or guardianship if the parent shows a substantial change in circumstances since the original order was made. The factors the judge will look at to make this decision may be different depending on whether the parents agreed to the original order of custody or guardianship or whether the judge made the order against the parents' wishes after a hearing.

Legal custodians and guardians can make educational decisions and enroll the child in school (*see page 53 for information on medical consent*).

Role of DSS

In general, DSS is not involved with a family if a relative seeks custody or guardianship under Article 6. Under Article 6, you and the child would not be supervised by DSS, although DSS may offer you preventive services if you need help to maintain the child in your home.

◆ **Note:** It is possible to petition for custody or guardianship of a child under Article 6 while there is an ongoing abuse or neglect case under Article 10. The petition would be heard at the disposition (conclusion) of the abuse or neglect case or at the time of the child's permanency hearing.

If your petition is granted, the abuse and neglect case would be terminated and DSS would stop working with the parents to reunify them with the child. This would most likely occur when the parents have refused services from DSS or failed to make progress in addressing their parenting problems.

Financial assistance

You may apply for Temporary Assistance (TA) for the child's financial support. The application for a nonparent caregiver grant is based on the child's needs and not on your income. At the same time, you may apply for Medicaid to cover the costs of the child's health care. You may also be eligible to receive food

stamps for the child and SSI if the child is disabled. If you work, you may apply for help with child care costs. You may apply for child support whether or not you apply for any other services.

Guardianship—How It Differs from Custody

Guardianship is similar to legal custody, but there are some differences:

- An order granting guardianship of the child requires a check of the Statewide Central Register of Child Abuse and Maltreatment (SCR) for all people age 18 or older living in your home. A criminal record check *may* be conducted by the county Probation Department, if ordered by a judge.
- Guardians have full authority to apply for government records and documents related to the child.
- Guardians can sign a voluntary placement agreement if they need or wish to place a child in foster care.

Guardianship petitions may be heard in family court or surrogate's court.

Some final points:

- The child's parents can petition the court to regain custody or guardianship at any time. A judge can change orders of custody or guardianship if the parent asking for this shows there has been a substantial change in circumstances since the original order was made.
- Once you become the child's custodian or guardian, the child will no longer be eligible for foster care unless CPS discovers abuse or maltreatment of the child while the child is in your care and removes the child; or DSS child welfare accepts a voluntary placement agreement from you (a voluntary placement agreement signed by a guardian is not automatically accepted by DSS and, even if it is, is subject to a court review); or the child is placed as a result of a PINS or JD petition. You cannot change your status from a custodian or guardian under Article 6 to become the child's foster parent.

- Custody or guardianship under Article 6 often becomes a long-term arrangement for the child and adults involved. While these orders can be changed, the court can refuse to change them if there has not been a substantial change in circumstances or if the change is not in the best interests of the child. Therefore, these orders of custody and guardianship often last until the child becomes an adult.

To learn more:

- See Chapter 3 for information on TA, child support, food stamps, SSI, and other kinds of financial assistance.
- See Chapter 4 for information on Medicaid and other health services.
- See Chapter 5 for information on education.

Permanent Guardianship

When a child has been freed for adoption and is in the custody and guardianship of DSS or if the child's parents have died, the court can appoint a *permanent guardian* for the child. This is an alternative to adoption, but it is similar to it in many ways (*see page 25*). For the guardian and every person age 18 or over living in the household, there will be a check of the SCR, and the court may order a criminal history record review.

A permanent guardian can make medical and educational decisions for the child and can enroll the child in his or her employer-based health insurance. A permanent guardianship can continue past the youth's 18th birthday and last until he or she turns 21, with the youth's consent.

Becoming a permanent guardian for a freed child instead of adopting means that there will be no possibility of an adoption subsidy to assist with ongoing financial support. It also ends the foster care status of the child. A person who has permanent guardianship can consent to the child being adopted by someone else.

What is a Standby Guardian?

A standby guardian is someone appointed by the court to become a child's guardian in the future. The law was developed for parents who have a fatal, chronic, or progressive illness and want to plan for their children's future. A parent identifies who is to care for the child if he or she were to die or become unable to care for the child.

A child's legal guardian, legal custodian and, in limited circumstances (such as when a parent cannot be located), primary caregiver are also authorized by the court to create a standby guardianship.

A standby guardianship can be created either by filing a petition in court or by writing a statement that designates who the guardian will be (filed with the court later).

A standby guardianship begins when the parent:

- becomes too sick to care for the child,
- dies, or
- consents to the guardianship taking effect.

Until then the parent continues to have full parental rights. Ideally, the standby guardian will play an active role in the child's life until such time as he or she becomes the guardian. A standby guardianship may become effective while the parent is still alive, either by the consent of the parent or as the result of the parent becoming incapable of caring for the child. In that case, while the parent is still living, the parent and the guardian will share the parental rights and decision-making for the child.

In New York State, a guardianship lasts until the child turns 18, although it may continue until the age of 21, if the child consents. If the child enters into a legally valid marriage before his or her eighteenth birthday, the guardianship will end.

4. Kinship Foster Care

Situation: A child needs a stable place to live temporarily. Usually, this is because of a report of abuse or maltreatment in the child's home.

“What if I choose kinship foster care?”

DSS files a neglect/abuse petition in family court under Article 10. Custody of the child is awarded to the Commissioner of Social Services.

How It Works

When a relative becomes a foster parent for a particular child, this is known as *kinship foster care* or *relative foster care*. You may offer to become the child's foster parent, or a caseworker may ask if you are willing to be the child's foster parent.

Usually the goal of kinship foster care, just like non-kinship foster care, is to return the child home if possible. Foster parents are expected to cooperate in achieving the child's permanency goal.

Becoming a kinship foster parent

If you would like to become a kinship foster parent, tell the caseworker. You should tell DSS that you want to apply to become a foster parent (1) as soon as possible if a child is removed and you are contacted about being a placement resource, or (2) within six months of learning that the child is placed outside of his or her home (*see pages 23–24*).

If your request is denied by DSS, you can go to family court and tell the judge you are willing to be the child's foster parent. The judge will order the child to be placed with you as long as you are determined to be suitable and you meet the requirements for foster care licensing (called *approval* in New York State). These include:

- A home study by your county DSS or by a foster care agency (*see page 21*)

- A check of the Statewide Central Register of Child Abuse and Maltreatment (SCR) in New York State (and any other state you or other adult household members have lived in during the previous five years)
- Fingerprinting of every person age 18 or over living in the household so that a state and national criminal history record review can be conducted
- A medical report from a health care provider
- Reference checks

To qualify as a kinship foster parent, you must be over the age of 21, but you will not be asked about your race, religion, or sexual preference. You can be male or female, single or married. You do not have to be employed, but you must have a legal source of income for yourself, such as Temporary Assistance (TA) or Social Security. You do not have to own your own home, but you do have to have a safe, suitable place for the child to live. You will also have to attend some training classes.

Relatives who can be kinship foster parents include:

- Grandparent
- Great-Grandparent
- Aunt and Uncle
- Great-Aunt and Great-Uncle
- Sister and Brother over age 21 (includes half-siblings)
- First Cousin

You may be approved on an emergency basis so the child can be placed with you on the same day the court orders the placement. In an *emergency placement*, most of the approval requirements must be met in the next 90 days.

◆ **Friends:** The information for family friends seeking to provide foster care for a child is similar to that for relatives providing foster care. The licensing* requirements for a friend are virtually the same as the approval requirements for a relative.

* In New York State, non-relative licensing is called “certification.”

Foster Care Agency

Sometimes DSS will work with a private foster care agency (provider agency). The agency can certify or approve foster parents and/or operate residential placement facilities. Agency staff also provide services to children in foster care and their parents. In New York City, most children in foster care are placed with foster care provider agencies. In other counties, sometimes children are placed with foster care provider agencies.

If you are a kinship foster parent, your caseworker may come from a foster care provider agency. The agency caseworker will communicate with DSS staff (a case manager) about the child and any services that are needed and provided. The DSS case manager must approve (authorize) payment to foster boarding homes and service providers.

Role of DSS or foster care agency

Once you are approved and the child is living in your home, a caseworker will visit you regularly (at least twice in the first month of placement and at least once a month after that). You will also be invited to *Service Plan Review* meetings, which are held with DSS or foster care agency staff to review the plan for the child and the services being provided.

As a kinship foster parent, you will need to work with the parents, cooperate with visiting arrangements with the parents, meet with DSS and/or foster care agency caseworkers, and take the child to medical, counseling, and school appointments. All of these activities are helpful in working toward the return of the child to his or her home.

Legal authority

Children who are in foster care with relatives are in the legal custody of DSS. This means that you can make routine day-to-day decisions, but the consent of the parent or foster care agency is needed for medical treatment and other activities. The caseworker will help you arrange for consent as needed.

Role of the court

The court will monitor the case as long as the child is in foster care. The court will hold a *permanency hearing* eight months after the child's removal from home. This is a court hearing to determine whether the child's placement should continue and if the permanency plan is appropriate. Permanency hearings will be held every six months after the first permanency hearing as long as the child remains in foster care.*

You should receive a copy of the *permanency hearing report* 14 days before the hearing. You will have the right to receive notices about permanency hearings and the right to appear and speak at the hearings. The goal of the permanency hearing is to find a safe and permanent living situation for the child either by reunifying with the parents or through another permanency plan if reunification is not possible. The court will appoint a law guardian/attorney for the child to represent the interests of the child.

Financial assistance

You will receive foster care payments to help care for the child based on the child's age and any special needs the child may have. The amount is usually greater than payments from Temporary Assistance (TA). You will also receive payments to help buy clothes for the child, for certain of the child's activities, and for some transportation costs. Depending on the local DSS, you may be reimbursed for day care costs if you work. Almost all foster children are automatically eligible for Medicaid.

When a child is in foster care, DSS will generally seek child support from the child's parents. These child support payments go to DSS to offset the costs of foster care services provided to the child and the foster parents.

* For PINS and JDs, the hearings will be held eight months after the child's removal from the home and annually after the first permanency hearing as long as the child remains in foster care.

If the child is Native American:

The Indian Child Welfare Act was written to protect the cultural connections that help Native American children keep their heritage. When a Native American child needs placement outside the home, he or she must be placed with a member of the child's extended family (including members of the family who are not Native American) or in homes or facilities that have the approval of the child's tribe. The tribe must be notified any time a Native American child needs placement.

If the child is an immigrant:

Children who are without legal status to be in the United States may not be eligible for TA, Medicaid, and other benefits. However, a youth in foster care may be able to achieve legal status by applying for **Special Immigrant Juvenile Status (SIJS)**. A child or youth who has this status can obtain a green card, become a lawful permanent resident, get financial aid for college, and work in the U.S. For many youth in foster care who are undocumented immigrants, this is their only chance to file for legal status, and it has to be done before the youth turns 21. Ask the child's law guardian/attorney for the child and DSS about whether the child can apply for this status.

Children who live with a guardian or have been adopted after having been found dependent by the court also may be eligible for SIJS.

If a child is already in foster care:

The law provides a procedure for relatives to become foster parents of children who are already placed in foster care.* If certain circumstances exist, a court can order the local DSS to place a child with a relative while the relative is approved as a foster parent.

In petitioning the court, the relative must show that:

- the relative is related to one of the parents of the child,

* FCA Article 10 § 1028-a

- the child is currently in foster care with a non-relative,
- the relative wishes to become a foster parent,
- the local DSS is not willing to permit the relative to become a foster parent, despite ability to qualify,
- no more than six months have passed since the relative received notice about the child's removal, and
- no more than one year has passed since the child was removed.

If all of these circumstances are present, then the court will order a hearing to decide whether foster care placement with the child's relative is in the child's best interests.

Some final points:

- Before a child is placed with foster parents, the child must first be removed from the home by CPS, or be determined (adjudicated) a PINS or JD, and placed by the court into the care and custody of DSS.
- When DSS or a foster care agency is licensing (approving) your home as a kinship foster home, they are permitted to waive non-safety-related licensing requirements as long as you meet all other requirements. Generally, non-safety-related licensing requirements have to do with the physical aspects of your home (such as number of bedrooms, sleeping arrangements).

To learn more:

- See Chapter 3 for information on foster care board payments and other kinds of payments.
- See Chapter 4 for information on Medicaid and other health services.
- See Chapter 5 for information on education.

◆ For more information about foster care, ask the caseworker for a copy of the *New York State Foster Parent Manual*. You can also download the manual from the OCFS website: www.ocfs.state.ny.us.

5. Adoption

Situation: A child needs a permanent home. There are many reasons why a child becomes available for adoption, such as: the child cannot return home safely and parental rights have been terminated (ended); the parent surrendered (gave up) parental rights; or the parent has died.

“What if I choose adoption?”

If the child is freed for adoption, a relative approved by DSS or a foster care agency can file a petition for adoption in family court.

How It Works

You may want to adopt the child, but you can do this only if the child is freed for adoption. A child is freed for adoption if:

- the parents have surrendered their parental rights, or
- the parents’ parental rights are terminated based on grounds of abandonment, permanent neglect, mental illness or mental retardation, severe or repeated abuse, or death. This is known as “termination of parental rights” (TPR).

Becoming an adoptive parent

You may want to adopt a child who is related to you but has been living with non-related foster parents. You can file a petition to be considered as an adoptive parent, but the foster parents will be given preference if they have had the child in care with them for more than a year and they are willing and able to adopt. The final decision will be made by the judge.

Whether or not you were the child’s foster parent, you will have to meet certain requirements to adopt the child. These include:

- A home study
- A check of the Statewide Central Register of Child Abuse and Maltreatment (SCR) in New York State (and any other state you or other adult household members have lived in during the previous five years)

- Fingerprinting of every person age 18 or over living in the household so that a state and national criminal history record review can be conducted
- A medical report from a health care provider
- Reference checks

If you have been approved as an adoptive parent for a child, you will be invited to permanency hearings and will have the right to be heard.

Legal authority

Adoption is a permanent legal arrangement granted by a court. When you adopt the child, you will be the child's legal "parent" with all the rights and responsibilities of the birth parents.

Financial assistance

As the child's parent, you will be legally and financially responsible for the child's care, education, and support. This means that that you cannot apply for a Temporary Assistance (TA) grant based solely on the child's income and resources. Also, you cannot pursue child support from the birth parents once the adoption is final. *(For information on adoption assistance that may be available, see next page.)*

If You Are the Child's Foster Parent

If you are the child's foster parent, you may have certain rights in adopting the child. If the child lived in your home continuously for 12 months and is freed for adoption, your application to adopt will be given preference. DSS will help you apply for adoption and go to court. You may be reimbursed for some or all of the legal costs of adoption. *(For information on nonrecurring adoption expenses, see next page.)*

When a child is adopted, the birth parents often no longer have contact with the child. However, in some cases children may continue to have contact with their birth parents if the parents signed a *conditional surrender*. This means the parents voluntarily gave up their parental rights in a signed agreement that contained certain conditions to be met. All parties—

including the adoptive parent—need to agree to the terms of a conditional surrender. The most common condition is for post-adoption contact. This contact can include visits, telephone calls, e-mail, letters, or exchange of photographs.

Conditional surrenders are very specific to the individual situation and should always be made with the best interests of the child in mind. If problems arise where one of the parties does not follow the conditions, or meeting the conditions is harming the child, the matter can be taken back to family court for review by a judge. The judge will make a decision that supports the best interests of the child, even if it means changing the terms of the conditional surrender.

Adoption assistance

If you are adopting a child with special needs,* you may be reimbursed for certain expenses connected to the adoption, such as legal fees, fees for medical exams, and travel expenses. These are called *nonrecurring adoption expenses* since they occur only once. Ask your caseworker whether you qualify for reimbursement: if you do qualify, make sure you sign the agreement *before the child is adopted*.

If you adopt a child with special needs, you may qualify for an *adoption subsidy*.** This is a monthly payment to help you care for the child. Again, ask your caseworker whether you qualify for reimbursement: if you do qualify, make sure you sign the agreement *before the child is adopted*.

Your income will not affect whether you receive an adoption subsidy, but the *amount* of the subsidy may be affected by your income in some counties outside of New York City.

* Special needs means the child is handicapped or considered hard to place. Most foster children are considered hard to place. (See *Definitions section for the definition of handicapped child and hard-to-place child*.)

** When a child is placed directly with a relative or other suitable person as a result of an abuse or neglect case, the child may be freed for adoption by DSS. This is known as a Dale P. termination. If you are interested in adopting a child who is placed directly with you, you should ask your DSS caseworker about this option. An adoption subsidy is not available in these adoptions.

Some final points:

- DSS may offer training in adoption issues, which can be helpful to adoptive parents.
- Ask the caseworker about the type and availability of post-adoption services. These are services for adoptive parents after the adoption is finalized.

To learn more:

- See Chapter 3 for information on financial assistance for foster/adoptive parents.
 - See Chapter 4 for information on Medicaid and other health services.
 - See Chapter 5 for information on education.
- ◆ For more information, ask the caseworker for a copy of the *New York State Foster Parent's Guide to Adoption*. If you live in New York City, ask for the *New York City Foster Parent's Guide to Adoption*. You can also download the guides from the OCFS website: www.ocfs.state.ny.us.



Helping with Expenses

When the child of a relative or friend moves into your home, the cost of running the household will increase. Fortunately, help is available for support of the child, and it does not depend on your (the caregiver's) income. Do not hesitate to apply for any available supports and services.

1. Financial Help for Relatives— Nonparent Caregivers

“As a nonparent caregiver, what kinds of support can I expect?”

Several government programs can help you support the child in your care. They are described below.

Temporary Assistance Grants

As a relative caring for a child in your home (but not a foster parent), you can receive a monthly Temporary Assistance (TA) cash grant for the child.*

You do not need to have legal custody or guardianship of the child to apply for TA.

There are two ways to apply for TA:

1. You may apply for a TA grant for the child in your care.
- OR
2. You may apply for yourself and—if you meet eligibility requirements—receive TA for the whole family.

* If you are the child's kinship foster parent, you will receive a foster care payment, not a TA grant.

When only the child receives TA

A cash grant provided to you on behalf of the child is called a *nonparent caregiver grant*. You may hear the worker call it a *child-only grant* or an *other-than-grantee grant (OTG)*.

As a nonparent caregiver, your income and resources are not considered in determining the child's eligibility or the amount of the child's TA grant. A nonparent caregiver can be a relative or a friend.

When you apply for the child, you will be required to show certain papers, such as:

- Child's birth certificate
- Child's Social Security number
- Any income or resources the child may have on his or her own
- Your relationship, if any, to the child
- School verification if the child is 16, 17, or 18 years old and you are claiming that the child is attending school (and if the child you are caring for has a child of his or her own who is also living with you).

You will be asked for information about your income and resources if you are related to the child. This is required by the federal government for research purposes; you will not need to provide proof of your income or resources.

◆ **Child's eligibility:** An eligible child is defined as under 18 years of age, or under age 19 if he or she is a full-time student regularly attending a secondary school, or in the equivalent level of vocational or technical training. The child-only grant ends when the child reaches the noted age. This contrasts with foster care payments which can continue until the child reaches the age of 21 (*see page 43*).

◆ **Amount of grant:** The amount of the grant increases only slightly for additional children. This contrasts with foster care payments, which provide a standardized amount based on the child's age and any special needs for *each* additional child.

When the family receives TA

You may be eligible to receive a TA grant that helps you as well as the child. This is known as a “family grant.” The family’s income and resources are considered when DSS determines eligibility for a family grant.

If you apply for a family grant, you will need to provide certain information about yourself such as your Social Security number, date of birth, proof of citizenship or immigration status, and education level.

You also may be required to comply with:

- “Work requirements”—have a job or apply for a job or job training (adults who are over 60 or disabled are generally exempt)
- Finger imaging
- Screening for drug/alcohol abuse

If you adopt the child you are caring for

If you adopt the child in your care, you are not eligible to receive TA for the child only. Caregivers who adopt a child become the child’s legal parents and are financially responsible for the child’s support.

As the child’s adoptive parent, if you want to apply for TA you would have to apply for a family grant. Your income and resources would be considered when DSS determines eligibility for you and your child.

If you receive an adoption subsidy, you may be able to receive TA without including the child and the subsidy in your TA grant if this is financially better for your family (*see page 44 for information on adoption subsidy*).

Child Support

Relatives are not legally responsible to support the child they are caring for unless they legally adopt the child or, in the case of stepparents, they are ordered by the court to support the child. Birth parents (even if they are minors) are expected to support their children financially. Sometimes a court orders birth parents to support their children by paying child support. If you are caring for their child, you may be able to receive child support from one or both birth parents until the child turns 21.

If you are applying for, or receiving, TA for a child, child support services are automatically provided unless seeking child support may result in physical or emotional harm to you or the child.

If you are not receiving TA or other benefit services, you may apply for child support services if you have physical custody of the child. You do not need legal custody of the child.

Applying for child support

When you apply for services, your local child support enforcement office (in the county DSS, or HRA in NYC) will help you locate the birth parent(s), establish paternity (if needed), and file the petition in family court for child support, medical/dental coverage, and child care costs.

The child support money collected will be owed to you to help raise the child. To apply for services, call 1-888-208-4485, TTY 1-866-875-9975, or visit your local child support office in person.

Child support services

Once family court has established a child support order payable through the support collection unit, the local child support unit will maintain your account. This includes reviewing the order for cost of living adjustments or changes ordered by the court and enforcing the order if payments are not received. Your local child support enforcement office also works with other states and foreign countries to enforce orders. For more information, go to <http://newyorkchildsupport.com>.

Food Stamp Program

Food stamp benefits can help a household stretch its food budget and prepare healthy meals. However, food stamp eligibility rules are different for child-only (TA) grants than for TA grants that include the adults in the household. A household receiving a child-only TA grant is not automatically eligible for food stamp benefits. For such households, eligibility for food stamp benefits is not based on the child's income alone. This means that if the caregiver's household is not eligible, then the child receiving the TA grant will not be eligible.

Recent rule changes have made it easier to apply for and receive food stamp benefits. For most households, there are fewer limits on savings. Also, gone are the fingerprint identification requirements for working families living outside New York City.

If you are eligible you will be issued a Common Benefit Identification Card, similar to a debit or credit card, which can be used to buy food items as well as seeds or plants to grow food.

In some locations you can apply for food stamps online with the help of a community-based organization and you can now screen for eligibility for food stamps and other benefits by visiting www.myBenefits.ny.gov. If you and everyone in your household are applying for or already receiving Supplemental Security Income (SSI) payments, any Social Security office will help you fill out the food stamp application and send it to the food stamp office for you. For more information, go to www.otda.state.ny.us/main/foodstamps.

Home Energy Assistance Program (HEAP)

HEAP helps low-income people pay heating bills. HEAP may also assist in meeting a heat or heat-related emergency. It also pays for applicant-owned essential heating equipment repairs and/or replacement. You may be eligible for assistance, depending on your income and your housing situation. Ask your county DSS or county Office for the Aging how to apply. Call 1-800-342-3009 for information.

Child Care

Relatives can ask for assistance in paying for child care. Certain nonparent caregivers who are receiving Temporary Assistance or have recently closed their TA case (because of income from work or another reason) may be eligible for a “child care guarantee.” A child care guarantee means that DSS will pay most, if not all, of the costs of child care if the relative is found eligible.

However, different counties have different rules about assistance for caregivers who are not eligible for a child care guarantee; in such cases child care assistance also depends

on the amount of funds available in the county where you live. Child care assistance for caregivers who are employed may be requested in every county as long as funds are available.

In some counties, caregivers who are participating in education and training programs may be eligible for child care assistance. DSS Preventive Services can pay for child care costs under some circumstances, even if you are not employed.

How do I apply for these programs?

You can apply for these programs at your county DSS, or HRA in NYC. When you apply for TA, you can also apply for Medicaid and food stamp benefits on the same application. Be sure that you answer all of the questions you can on the application. The workers at your local DSS are required to help you complete the application if you need assistance.

➔ Go to www.myBenefits.ny.gov to quickly and confidentially check your eligibility for a range of work supports and other benefits.

Fair Hearing

You have the right to appeal the agency's decision about any of the programs listed above if you are:

- denied,
- told that your case or the child's case is being closed, or
- told that the money or other help you are getting is being reduced.

You may ask for a conference and/or a state fair hearing. To ask for a conference, call or write your local DSS.

To request a state fair hearing:

- call 1-800-342-3334,
- fax your request to 1-518-473-6735,
- make your request online at www.otda.state.ny.us/oah/forms.asp,
- write to NYS Office of Temporary and Disability Assistance, Office of Administrative Hearings, P.O. Box 1930, Albany, NY 12201-1930, or

- make your request in person by going to the offices listed below:

Office of Administrative Hearings
99 Washington Avenue, 12th Floor
Albany, NY 12210
or

Office of Administrative Hearings
14 Boerum Place, 1st Floor
Brooklyn, NY 11201
or

Office of Administrative Hearings
330 West 34th Street, 3rd Floor
New York, NY 10001

School Breakfast and Lunch Program

The School Breakfast and Lunch Programs are federal programs providing free, reduced-price, or full-priced breakfast and lunch at participating schools throughout New York State. The meals are the same for all children regardless of payment category, and schools are not permitted to identify students who get free or reduced-price meals. Contact the child's school for information.

The State Office of Temporary and Disability Assistance (OTDA) does an annual computer match to identify age-eligible children who receive TA or food stamp benefits and sends letters to their parents or caregivers to take to the schools to certify their eligibility. These letters are sent out each August.

Women, Infants, and Children (WIC)

WIC offers food assistance and nutritional screening to low-income pregnant women, women with infants 11 months or younger, and children under 5 who have a nutritional problem such as anemia or growth problems. Relatives can apply for WIC if they or the children they are caring for meet the eligibility criteria.* Call 1-800-522-5006 for more information about the WIC program and where you can apply.

* Children in foster care are automatically eligible to receive WIC benefits.

Benefits through the Social Security Administration

Nonparent caregivers who are caring for a child whose parents are disabled or deceased may be able to apply for Social Security benefits or Supplemental Security Income benefits on behalf of the child.

Supplemental Security Income (SSI)

SSI is monthly cash assistance for people who are 65 and older, blind, or disabled and have limited income and resources. Children under 18 may be eligible to receive SSI if they are blind or have a serious disability and have income and resources that fall within the eligibility limits. Some of the income and resources of a parent or stepparent living with the child are counted as the child's income and resources.

When you apply for the child, you will be required to prove that you are a "proper applicant." In the case of a child applying for SSI, the parent or adult responsible for the child's care is a proper applicant.

Social Security card: A proper applicant can also apply for a Social Security card for a child. Under federal rules, the applicant who can establish "relationship and custody/responsibility" for the child, and who is listed as a proper applicant, can sign an Application for a Social Security Card (Form SS-5). The applicant can be: a brother, sister, grandparent, aunt, or uncle with custody of a child, and/or an individual who applies on behalf of another individual (adult or child) who can establish relationship and responsibility. For example, a grandparent with physical but not legal custody would be a proper applicant.

If you care for a child who is already receiving SSI, you can apply to be the "representative payee," the person who gets the payment. A representative payee can include a relative or close friend without custody but who shows strong concern.

A child moving into your household could affect the amount of your monthly SSI grant if you currently receive SSI. Be sure to ask about this at your local Social Security Office.

→ You should apply for both TA and SSI if the child you are caring for is disabled. If the child is determined eligible for SSI, then the TA case will close at that point. The SSI determination

takes some time, and it can take a while to get on SSI and begin receiving payments.

- ◆ **Siblings:** When a sibling being cared for by a relative receives SSI, that child's presence in the household and his or her SSI grant is "invisible" to the Temporary Assistance case. The other children will receive TA as if the household did not have a child on SSI.

For information, contact your local Social Security District Office, or call 1-800-772-1213.

Old-Age Survivors and Disability Insurance (OASDI)

Children being raised by grandparents or other relatives may be eligible for Social Security dependent benefits under Old-Age Survivors and Disability Insurance (OASDI) if the child's parent is collecting retirement or disability insurance benefits or if the parent was fully insured at the time of his or her death. Generally, these benefits are available for children under the age of 18.

Grandparents and other relatives can apply for benefits on behalf of the child based on the work record of the child's parent. If a child is not receiving dependent benefits based on a parent's work record, the child may qualify for them based on his or her grandparent's work record.

Generally, to qualify the grandparent must be raising the child because the child's parents are dead or disabled. Also, the child must have begun living with the grandparent before the age of 18 and must have received at least one-half of his or her support during the year before the grandparent became eligible for benefits. Children raised by a relative other than grandparents may qualify for dependent benefits only if they are legally adopted by that caregiver.

If the parents are dead or disabled, a federal law permits grandparents and other relatives to add children they care for to their Social Security claim without adopting them.

If relatives adopt the child, then the children can be added to their Social Security benefits as dependents.

2. Financial Help for Kinship Foster Parents

“As a kinship foster parent, what kinds of support can I expect?”

Foster Care Board Payments

As a kinship foster parent, you will receive a foster care board payment for each child placed with you. Each county DSS sets its own rate (up to the highest amount allowed by the state). Rates are different depending on the child’s age. For each sibling placed with you, you will also receive payment for that child, based on his or her age.

DSS will designate each child’s needs as *basic*, *special*, or *exceptional*. The amount of the payment is based on the child’s circumstance or condition. A designation can be changed at any point during placement as the child’s needs change.

The levels of care are as follows:

- **Basic:*** The child has no diagnosed physical or mental handicap requiring special care, although he or she may have problems related to neglect, maltreatment, or lack of care.
- **Special:** The child has a pronounced physical condition certified by a physician as requiring a high degree of physical care; or is awaiting a family court hearing on a Person in Need of Supervision (PINS) or Juvenile Delinquency (JD) petition or has been adjudicated as a PINS or JD; or has been diagnosed by a qualified psychiatrist or psychologist as moderately developmentally disabled, emotionally disturbed, or with a behavior disorder requiring a high degree of supervision; or is a refugee or Cuban/Haitian entrant and is unable to function successfully because of factors related to that status; or entered foster care directly from inpatient hospital care within the past year.

* Basic is sometimes referred to as “normal.”

- **Exceptional:** The child requires 24-hour-a-day care by a qualified nurse or someone supervised by a qualified nurse or physician, as certified by a physician; or has severe behavior problems involving violence and has been certified by a qualified psychiatrist or psychologist as requiring a high level of individual supervision in the foster home; or has been diagnosed by a qualified physician as having severe mental illness, severe developmental disabilities, brain damage or autism; or has been diagnosed by a physician as having AIDS or HIV-related illness (up to one year if the child tests positive for HIV and then subsequently tests negative for HIV).

◆ **Note:** To receive special or exceptional payments, you will need to show that you can care for children with special or exceptional conditions. You will need to participate in training and actively participate in case conferences. You must be able to work with the professionals involved in the child's treatment plan and to accept assistance and guidance in caring for the child.

You or the caseworker can submit a request for the special or exceptional rate. If the level of difficulty changes (decreases or increases) due to the child's need for care and supervision, the board rate will also change.

Notice and right to a fair hearing

You will be notified of the rate to be paid when DSS or the foster care agency determines the rate and whenever there is a change in rate level. If you disagree with the level of care determination made for your foster child, you have a right to appeal the decision by requesting a conference from your local DSS. You also have the right to a fair hearing to review the determination and board rate to be paid. Fair hearings must be requested within 60 days of the notice date on your board rate notice (*see page 34 for fair hearing contact information*).

Teen parents in foster care

Even when placed in foster care, a teen parent will retain custody of her baby, unless there is concern for the safety of the

child. Sometimes relatives (usually grandparents) end up caring for both the teen parent and her baby or young child. If this is your situation, you will receive a foster care board payment that includes both the rate for the teen and a rate for the baby or young child. The two rates are combined into an expanded rate. Although the baby or young child is not in foster care, the baby's rate is calculated by using the foster care board rate for a baby or young child of that age and any special needs, such as diaper allowance.

Other Payments

Clothing

You will receive a clothing allowance (initial and ongoing) to provide the child with an adequate, basic wardrobe. The amount is determined by each county DSS. In special situations, you may be able to get an emergency clothing payment.

Diaper allowance

A diaper allowance is automatically authorized for children from birth through 3 years of age. If a child only needs diapers during the night after the age of 3, a partial diaper allowance can be authorized. Medical documentation of need is necessary to continue a diaper allowance for a child past the age of 4.

Child care

If you work outside the home, your county DSS may make payments for child care (day care). Check with DSS or your agency for its policy on child care. Payment for child care is based on the actual number of hours of employment.

DSS may pay child care providers directly if they are licensed or registered child care centers or before-school and after-school programs. If you use a nonregistered child care provider, you will pay the provider and be reimbursed by DSS.

➔ Foster parents receiving the exceptional rate are not eligible to receive additional day care payments.

Respite care

Respite care may be available for foster parents, as needed. Respite care is brief, temporary care and supervision of children to relieve the foster parent. You may be eligible for respite care

if the child you are caring for has special emotional, physical, or health needs (including AIDS or HIV-related infection or illness) and you need temporary relief from child-caring responsibilities in order to keep the child in your home. Other criteria include: if you are suddenly hospitalized due to accident, injury, or illness; or if you need to be away from home because of a death in your immediate family.

Transportation

You may receive payment for transportation costs, if needed, for (1) visits to the child's parents or siblings living with other relatives or in a different foster or adoptive home; (2) medical appointments; and (3) meetings about the child. Your county DSS will set the rate.

School-related expenses

School expenses, such as books, activity fees, costs of field trips, school club dues, and art supplies, may be reimbursed. Special dress for senior proms, graduation, school pictures, or religious ceremonies may also be reimbursed.

Tutoring expenses may be reimbursed if the service is remedial, requested in writing by the school, and not available from any other source.

Activity fees

Special recreational/hobby/extracurricular activity expenditures may be reimbursed. This includes music, art, and/or dancing lessons (not provided in school), and the purchase or rental of equipment; and membership and participation in organized groups, such as the YWCA/YMCA, Scouts, or Little League.

Camp fees

Day camp or residential summer camp costs, including registration and transportation expenses, may be reimbursed.

Damage or loss of property

Some agencies may consider compensation to foster parents for damage to and/or loss of personal property caused by a child in their care if the costs are not covered by the foster parents' insurance.

Financial Aid for Youth in Foster Care

Older youth in foster care who are applying for college can apply for a scholarship from the federal Education and Training Voucher (ETV) program. This program was set up to help youth in foster care attend college or a training program.

A youth may be eligible for up to \$5,000 a year, which can be used for tuition, books, supplies, fees, transportation, room and board, academic support, and even child care if the youth is a parent.

Youth who are adopted from foster care after the age of 16 may be able to get a voucher. If youth received a voucher at age 21, they may be able to continue getting a voucher until they are 23.

Youth should ask their caseworker how to apply for a voucher. For information, go to www.statevoucher.org and click on New York State.

- ◆ The NYS *Handbook for Youth in Foster Care* has information on applying for college and financial aid. Children age 12 and older should have a copy of the handbook. Ask the caseworker for one, or youth can download it from www.youthinprogress.org.

Life Skills Services for Youth in Foster Care

All foster care youth ages 14 and up should be given instruction on important skills in daily life, known as *life skills*. Life skills services help youth in many areas like budgeting, housing, employment, health, education, decision making, and goal planning. Learning these skills—such as knowing how to cook, clean, and apply for a job—is important in making the transition to adulthood. When youth participate in learning these skills, they receive a small payment (known as a stipend). The stipend may be stopped if the youth stops participating in the program.

How long can a child stay in foster care?

Youth can stay in foster care until their 21st birthday. To stay in foster care after age 18, they must give their consent to remain in foster care *and* they must be in school, or in college or regularly attending a vocational or technical training program, or lack the skills or ability to live independently. The court will continue to hold permanency hearings for youth age 18–21 who remain in foster care.

Certain youth, including foster care youth who remain in foster care until age 18, are eligible for *supervision until 21* services. During the period of supervision until age 21, youth are no longer in the custody of DSS. However, as long as they are under the age of 21, they may be eligible for services such as financial, medical, housing, counseling, employment, education, and other supports needed to make a successful transition to adulthood. The agency must give youth the name and phone number of the person to contact if they need services.

Child Support

Birth parents are financially responsible for their children even if the children do not live with them. When children are in foster care, the foster care caseworker will assess whether a child support referral should be made. The assessment is done separately on each parent.

A referral for child support is prohibited if the referral would have a negative effect on the health, safety, or welfare of the foster child, or others in the child's household; or on the length of time the child stays in foster care; or on the child's ability to return home when discharged from foster care. If these circumstances do not apply, a referral must be made to the local child support office (in the county DSS, or HRA in NYC), and the child support worker files the petition.

If child support is ordered, any money collected from the birth parents will be sent to DSS and applied to the cost of providing foster care for the child.

Adoption Payments for Foster Parents Who Adopt

If you are adopting a child with special needs (*see below*), you may be reimbursed for certain expenses connected to the adoption, such as legal fees, fees for medical exams, and travel expenses. These are called *nonrecurring adoption expenses* since they occur only once. Ask your caseworker whether you qualify for reimbursement: if you do qualify, make sure you sign the agreement *before the child is adopted*.

If you adopt a child with special needs, you may qualify for an *adoption subsidy*. This is a monthly payment to help you care for the child. Again, ask your caseworker whether you qualify for reimbursement: if you do qualify, make sure you sign the agreement *before the child is adopted*.

The adoption subsidy rate is categorized as basic, special, or exceptional and generally carries over from the child's rate/category while in foster care. Your income will not affect whether you receive an adoption subsidy, but the *amount* may be affected by your income in some counties outside of New York City.

Special needs means the child is handicapped or is considered hard to place:

- **Handicapped child.** A handicapped child is a child who has a specific physical, mental, or emotional condition or disability that is so severe it would create a significant obstacle to the child's adoption.
- **Hard-to-place child.** A hard-to-place child is a child who meets certain age, sibling group, minority group, or other requirements or who has been in a placement for a specified extended period of time before the signing of the Adoption Placement Agreement.

(*See Definitions sections in this handbook for complete definitions of handicapped and hard-to-place children.*)

➔ See Chapter 4 for information on health care and health insurance.

3. Tax Benefits

“Am I eligible for tax benefits?”

In addition to financial assistance, nonparent caregivers may be eligible for tax benefits. These benefits are in the form of tax credits which reduce the amount of taxes you owe. Some credits are “refundable,” which means that you will get extra cash back if the credits are larger than the amount of taxes you owe.

Earned Income Tax Credits (EITCs)

EITCs are tax credits for low- and moderate-income working people—including relatives who are raising children. There are federal, New York State, and New York City EITCs. Each may be claimed when you file your taxes, even if you do not owe taxes. See IRS Publication 596, Earned Income Credit, and NYS Publication 310-NY, Information on New York’s Earned Income Credits.

You may qualify for the EITC if you have earned income and have taken care of a qualifying child* for more than half the year. This credit lowers the amount of taxes owed or provides a refund. You file for the credit when you file your tax return. In most cases, the EITC does not affect eligibility for benefits like TA, food stamps, child care assistance, SSI, Medicaid, or public or subsidized housing.

Federal Advanced EITC payments allow those who qualify to get part of the federal EITC in advance instead of waiting until after the end of the year. For a copy of the EITC Tax Package for Grandparents Raising Grandchildren, contact the AARP Grandparent Information Center at 1-888-687-2277.

* Who is a qualifying child? A child who is your grandchild, adopted child, stepchild, foster child, sibling, stepsibling, or a descendent of one of these relatives. The child must be under age 19 or under age 24 if a full-time student. Children of any age who have permanent disabilities are considered qualifying. The child must also have lived with you in the United States for more than half of the year.

Child Tax Credits (CTCs)

The federal Child Tax Credit (CTC), which applies to each qualifying child under age 17, is a nonrefundable credit used to reduce the amount of federal tax you owe. See IRS Publication 972, *Child Tax Credit*, for information on this credit and the refundable Additional Child Tax Credit.

The federal Additional Child Tax Credit is a credit for individuals who get less than the full amount of the Child Tax Credit. This credit may give you a refund even if you do not owe any tax. Use IRS Form 8812, *Additional Child Tax Credit*.

New York State's child tax credit is known as the Empire State Child Credit. The credit is for children ages 4–16. To claim the credit, use New York State Form IT-213, *Claim for Empire State Child Credit*.

Child and Dependent Care Tax Credits

The federal, New York State, and New York City Child and Dependent Care Tax Credits are benefits for working people with children who pay for someone else to care for their children while they are working. The federal credit is nonrefundable, but the New York State and City credits are both fully refundable.

In a single-parent family, the single parent must be working. In a two-parent family, both parents must be working. To qualify, the child must be either younger than 13 years old or older than 12 and physically or emotionally unable to care for himself or herself. The child must live with the relative caregiver and have a Social Security number.

The credits are based on the cost of the child care up to a certain maximum amount of dollars set by the federal government. The caregiver must provide the child care provider's Social Security number or Individual Taxpayer Identification Number (TIN), and the name and address of the person or organization providing care. For more information, see IRS Publication 503, *Child and Dependent Care Tax Expenses*, which contains a worksheet, and IRS Form 2441. The

New York State and New York City credits can be claimed using New York State Form IT-216, Claim for Child and Dependent Care Credit.

Federal Adoption Tax Credit

You may be able to take a tax credit for qualifying expenses paid to adopt an eligible child (including a child with special needs) or exclude from your income subject to tax certain employer-provided adoption benefits.

The federal adoption tax credit is a nonrefundable tax credit that is subtracted from your federal tax liability. The credit usually applies to the year after the year in which the expenses are paid. You may be eligible to claim the credit on the current federal tax return if you paid expenses in the current year for an adoption that was finalized in the current year. The adoption credit is not available for any reimbursed expense, such as nonrecurring adoption expenses. In addition to the credit, certain amounts reimbursed by your employer for qualifying adoption expenses may be excluded from your gross income.

If you adopt a child or children with special needs who was in kinship foster care with you, you can claim the federal adoption tax credit without needing to document expenses. If you receive an adoption subsidy for the child, your adoption subsidy agreement is the evidence that the state has determined that your child has special needs.

As the adoption credit is nonrefundable, not all families are able to use the tax credit. If you do not have federal income tax liability, you cannot use the credit. To obtain a credit or exclusion, you will need to fill out IRS Form 1040 or 1040A and Form 8839, Qualified Adoption Expenses. For more information, contact the North American Council on Adoptable Children at 651-644-3036 or e-mail adoption.assistance@nacac.org, or go to www.nacac.org.

◆ Free Tax Information

For information and help in preparing federal tax forms, call the IRS at 1-800-829-1040, or go to www.irs.gov.

Call 1-800-225-5829 for help with New York State taxes, or go to www.nystax.gov.

During income tax season, the county Office for the Aging provides help in preparing and filing simple federal and state income tax forms for people age 60 and older. The AARP Tax Aide Program also provides this assistance from February 1 to April 15: call 1-888-227-7669, or go to www.aarp.org to find the site nearest you.

Volunteer Income Tax Assistance (VITA) is a free IRS-sponsored program to help low- and medium-income workers have their taxes prepared and electronically filed at no cost, and it ensures that workers receive all the tax credits to which they are entitled. This is a no-cost alternative to having taxes prepared by a paid tax preparer.

Every county has at least one VITA site. Call 1-800-906-9887, or go to www.otda.state.ny.us and click on “Resources for Working Families” for a listing of sites.



Keeping the Child Healthy

When the child of a relative or friend moves into your home, one of your immediate concerns will be how to arrange and pay for the child's health care. Fortunately, help is available to take care of the child's medical needs, and it does not depend on the caregiver's income.

All children in New York State are eligible for Medical Assistance (Medicaid) or some other health insurance. Relatives can apply on behalf of the child.

1. Health Care for Children

"How do I get health care for the child living in my home?"

Keeping the child healthy is important. You can do this by taking the child to appointments, filling prescriptions, following up with referrals to specialists, and making sure that the child has all of his or her immunizations (shots).

When the child comes to your home, you may already know about his or her health. If you don't know, ask the caseworker or parent (if appropriate) about the child's medical condition and if he or she has allergies and/or takes any medications. Ask who the child's doctor is and whether there are any appointments already scheduled. For medications, call the prescriber to confirm that the child should be taking them.

When children are removed from their home by DSS because of a report to the SCR, they are checked for signs of abuse or neglect to determine any needs for immediate care or attention.

Health care for children includes:

- Complete medical exams
- Eye, hearing, and lab tests
- Blood lead level test
- Developmental and mental health assessments
- Immunizations
- Dental care
- Treatment for condition or illness
- Health education
- Family planning services
- Medicine, supplies, medical equipment, and appliances (wheelchairs, etc.)
- Transportation to medical appointments, including public transportation and car mileage
- Emergency ambulance transportation to a hospital
- Prenatal care for pregnant youth

These services are provided through the Child/Teen Health Program (for Medicaid) or covered by Child Health Plus (for children not eligible for Medicaid).

Immunizations

Immunizations protect children against serious diseases (such as polio and measles). Children need to get the shots at certain times from birth through age 18. Day care centers and schools require proof of immunizations before a child can enroll.

Under the law, a grandparent, an adult sibling, or an adult aunt or uncle who is caring for a child may consent to that child's immunizations and schedule them. This is true even if they do not have a court order or written permission from the parent giving them the authority to do so. A person who has been designated a "person in parental relationship" to a child for purposes of the Public Health Law consent requirements may also consent to immunizations.

Family Planning Services

Family planning services are related to sexuality and pregnancy prevention. Whether they are in foster care or not, youth age 12 and up can receive free, confidential services from a clinic (like Planned Parenthood) or a health care provider without the relative's or parent's permission. Services cover examinations, pregnancy testing and counseling, contraception (birth control) methods and devices, and related topics.

Early Intervention Program

The Early Intervention Program screens infants and toddlers under 3 years old for communication disorders or other developmental problems. If the program finds that the child in your home has this type of problem, it can provide services. The younger the child is when the services begin, the better the outcomes for the child. Services like physical therapy may take place in your home or at a different location. The professionals working with the child can also teach you the skills you need to help the child make progress. This is a program of the New York State Department of Health.

For more information, contact the State Department of Health at 518-473-7016, or e-mail bei@health.state.ny.us. The website has a handbook and other materials you can download: www.health.state.ny.us/nysdoh/eip/index.htm. Or contact your county Health Department and ask to speak with the Early Intervention Official (EIO).

Some children receive early intervention services as an infant or toddler and may still need special education for preschool. The service coordinator will help with transition planning and making a referral to the Committee on Preschool Special Education (CPSE). You can request a referral to the committee if the child did not receive early intervention services but has some delays or lags in development. This committee will evaluate the child for special education services and recommend them, if needed. Relative caregivers can participate in CPSE meetings.

For more information, call your local school district and ask for the CPSE chairperson or the Director of Special Education (*see Chapter 5 for more information*).

Children in Kinship Foster Care

When a child is placed in foster care, the responsibility for the child's health care is shared among the foster parents, child's parents, caseworker, and health care provider (doctor). It is best if everyone is aware of the child's current health, medical problems, and need for periodic medical exams, treatment, immunizations (shots), and medications.

If you have the child in kinship foster care, the caseworker will work with you to make sure the child gets ongoing health care. The agency must give you information about the child's health.

There are medical requirements for children who are placed in foster care. The agency must provide or arrange for:

- Complete medical exams (includes eye, hearing, lab tests, and immunizations)
- Dental assessment
- Mental health assessment
- Developmental assessment
- Substance abuse assessment for children age 10 and up
- HIV risk assessment for risk of exposure to HIV and determination of capacity to consent to HIV testing
- Free, confidential family planning/sexual counseling services for youth age 12 and up

Other types of agency support include referral to support groups, going with foster parents to specialists, and providing information about billing and payment. Some transportation costs for medical care may be paid by DSS.

You may attend training on health care that is offered to foster parents by DSS or your local health department, hospital, clinic, or university. This kind of training may be very helpful especially if the child has a medical condition or needs to take medications.

If a kinship foster child has serious disabilities

Children in foster care who have serious disabilities (emotional, developmental, medical) may be eligible for services that help them stay in the foster home. The Bridges to Health (B2H) program provides many services and supports to children who qualify. If a foster child receives these services and then leaves foster care, he or she may continue to receive services until age 21. Ask the caseworker about this program.

Arranging for Health Care—Medical Consent

Under New York State law, only parents can make decisions about health care for children, unless there is an adult who has clearly specified powers through a designation or a court order to do so. When you bring the child to a medical appointment, you will need to bring a consent form signed by the parents or be able to produce the court order or designation that authorizes you to consent.

The law allows a nonparent caregiver to give consent for treatment under certain circumstances. It depends on the caregiver's living arrangement and legal status in relation to the child:

Informal care: If you do not have a court order, you may not be able to give consent for the child's treatment unless you have a note or form that designates you as a person in parental relationship to the child. If you have this status, you will be able to make routine medical decisions and give consent for routine medical treatment.

Custody: If you have legal custody, you may make medical decisions only if authorized by court order or if you have a note or form designating you a person in parental relationship to the child. Sometimes a health care provider will not let you give consent, and you may need to contact the child's parents or ask the provider to contact them. You may also enroll the child in your employer-based health insurance plan.

Guardianship: If you are the child's legal guardian, you may make medical decisions and give consent for the child's medical treatment. You may also enroll the child in your employer-based health insurance plan.

Permanent Guardianship: If you are the child’s permanent guardian, you may make medical decisions and give consent for the child’s medical treatment. You may also enroll the child in your employer-based health insurance plan.

Foster care: Foster parents cannot give consent for medical treatment. DSS or the child’s parents will sign a consent form for routine treatment and immunizations. The caseworker will give you this form. It is important that you do not sign your own name on medical bills or sign anything related to medical consent, treatment, or billing.

Sometimes a statement from you, the parents, or a social worker stating your relationship to the child is enough to get health care for the child. Often health care providers will accept your authority and will not ask about your legal arrangement.

➔ In an emergency, take the child to an emergency room. The health care provider will decide whether the child needs immediate attention. The law allows the provider to treat the child without the parents’ consent if the child’s life is in danger.

2. Health Care Coverage—How to Pay for Health Care

“How can I pay for the child’s health care?”

One of your first concerns will be how to pay for health care for the child living in your home. You will get help with this! This section describes different ways to pay for health care.

Medicaid and Relatives (Nonparent Caregivers)

Help is available to pay for children’s health care through Medical Assistance (known as Medicaid) or Child Health Plus. Eligibility for Medicaid may apply in the following situations:

- If you already receive Temporary Assistance (TA) for the child (a nonparent caregiver grant), the child is eligible for Medicaid. Your living arrangement and legal status do not matter, and your income will not be counted. You will need to bring proof of identity when you apply.

- If you do not have TA for the child, you can still apply separately for Medicaid for the child.
- If you have TA or SSI for yourself, you are eligible to receive Medicaid for members of your household.

To apply for Medicaid

Go to your local DSS office and fill out an application (LDSS-2921). If you want both TA for the child (a nonparent caregiver grant) and Medical Assistance (Medicaid), **you must check both boxes on the application.** Write “Nonparent Caregiver” at the top of your application.

After the application is approved, you will receive a benefit card.* When you take the child to an appointment, give the card to the health care provider (or pharmacist for medications) for payment of bills.

Be sure to apply as soon as the child comes to live with you. If there were past medical expenses, they will only be covered going back three months from the time you apply.

Recertification

At the end of 12 months, you will need to fill out and mail a recertification form for Medicaid to continue for the child.

Medicaid managed care health plans

In many counties, you must join a Medicaid managed care health plan to receive most of your health care services. Most managed care health plans offer more providers to choose from than regular Medicaid providers. You get to choose the child’s own primary care provider, which means the child will receive care from the same doctor each time. The provider will give you a referral when you need to take the child to a specialist.

You will need to fill out an enrollment form. If you are eligible, you will receive information about different provider organizations. Look at the information and decide which one looks best for you and the child. You will get your own health plan card that is separate from your common benefit card.

* Common Benefit Identification Card (CBIC)

Some final points:

- Instead of applying for Medicaid, if you work, check to see whether your employer's health insurance will cover the child in your care.
- If one or both birth parents are ordered to pay child support, and medical coverage is available through their employer, then medical coverage will also be required as part of the child support order.

Medicaid and Kinship Foster Parents

Almost all children in foster care are eligible for Medicaid. You may receive a Medicaid card; it depends on whether you were approved as a kinship foster parent by DSS or by a foster care agency.

If approved by DSS: DSS will give you a Medicaid card, which you will show the provider at the appointment. The provider then bills Medicaid.

If approved by a foster care agency: Some agencies issue a card, and others require the health care provider to bill the agency directly. If the agency gives you a number, be sure you understand when to use it and when to tell the provider to bill the agency directly.

If you adopt the foster child

Many (but not all) children who are eligible for an adoption subsidy are eligible for Medicaid. Children who qualify for an adoption subsidy have special needs (*handicapped or hard to place—see page 44*).

Children who are considered handicapped in all likelihood will receive Medicaid. Children who are considered hard to place are often (but not always) eligible for Medicaid. Ask the eligibility worker for information.

For those children who are not eligible for Medicaid, a state medical subsidy may be available for certain qualified children who are adopted. For those children who are eligible for a state medical subsidy, you must pay for the costs of medical care, submit the bills to DSS, and you will be reimbursed by DSS at the Medicaid rate.

If the child is not eligible for Medicaid or a state medical subsidy, and if you work, check to see whether your employer's health insurance will cover the child.

Child Health Plus

In addition to Medicaid, New York State also offers low-cost health insurance for families who are not eligible for Medicaid and have limited or no health insurance. Children may not be eligible for Medicaid on their own because they are receiving Social Security or Veterans' benefits. If the child you are caring for is not eligible for Medicaid, you may apply for Child Health Plus.

To be eligible for either Medicaid or Child Health Plus, children must be under the age of 19 and residents of New York State. Whether a child qualifies for Medicaid or Child Health Plus depends on gross family income. Children who are not eligible for Medicaid can enroll in Child Health Plus if they don't already have health insurance and are not eligible for coverage under the public employees' state health benefits plan.

If the child is not eligible for Medicaid, you can enroll the child with a Child Health Plus insurer directly. Participating Child Health Plus insurers are listed by county on the Child Health Plus website, www.health.state.ny.us/nysdoh/chplus. Each insurer offers health care through many providers. The insurer will send you an application and give you a list of providers in your area.

If you would like someone to help you apply for either Medicaid or Child Health Plus, you may contact enrollers in your community. These enrollers will help you fill out the application, collect the necessary documents, and select a health plan. In many cases, assistance is available during evenings and weekends. To find the nearest location where application assistance is available, call 1-800-698-4KIDS (1-800-698-4543), or check the list on the Child Health Plus website.

If the child is enrolled in Child Health Plus, you will receive a list of providers near you. The provider may be a single doctor, group practice of several doctors, or community health center. If it is a group practice, you will be asked to choose a doctor for your child.

School Matters: The Child's Education

CHAPTER 5

An important part of taking care of your grandson or niece will be making sure they can continue to go to school. This chapter gives information on making it easier for you to enroll the child in school and participate in the child's education.

1. Being Involved in the Child's Education

"Can I be responsible for a child's education?"

Only a *person in parental relationship* can enroll a child in school and be responsible for attendance and most schooling activities—like getting birth certificates for enrollment, receiving report cards, consenting to class trips, and attending parent-teacher meetings.

If you are the child's guardian, custodian, or foster parent, you are a person in parental relationship to the child. Even if you are caring for the child informally, you can be designated a person in parental relationship (*see Forms section in this handbook*).

In some cases, a school board may appoint a foster parent as a *surrogate parent* when the foster parent:

- has an ongoing, long-term parental relationship with the student,
- is willing to make educational decisions, and
- has no conflict of interest with the needs of the child.

A surrogate parent can represent (speak for) the child in all matters concerning the identification of needs, evaluation, educational placement, and the provision of a free, appropriate public education to the child.

If you are a kinship foster parent and would like to be designated a surrogate parent, check with the school board where the child goes to school.

Often school districts will ask for an affidavit (*see below*) stating that you are the child's caregiver and the reason you are caring for the child. Or the school may ask you for a personally signed letter from the child's parents acknowledging their transfer of custody and control to you. Each school has its own policy and requirements.

→ You may give the school a copy of a court order as proof of custody and guardianship, but court orders are not required under New York State law for this purpose.

Enrolling the Child in School

To enroll the child in school, you will also need to provide proof of where you live and that the child lives in your home. The school can request documents such as a utility bill, driver's license, medical insurance card, or a letter from DSS.

Proof of residency is important because free tuition at a public school requires that the student live in the school district.

What is an Affidavit?

An affidavit is a sworn statement that is notarized. Schools generally have their own affidavit forms that ask questions about residency and care and control. Affidavits must be signed in front of a notary public (a person who can legally sign documents).

Caregivers will also have to show their relationship to the child, the student's age (birth certificate), and immunization record.

2. Special Education Services

If the child is having difficulty in school, first talk to his or her teacher. Many schools offer supports for students such as psychological services, speech and language improvement services, and academic services. If you, the teacher, and principal have not been able to help the child, the child may have a disability that affects his or her learning. To find out, you can make a referral to the Committee on Special Education (CSE).

If you feel that a child has a disability and would benefit from special services, you must request this in writing. This is called a *referral*. Send a letter to the CSE in your school district or to the principal of your neighborhood school. Your letter should include your reasons for making this request and any details that describe the child's areas of difficulty. Date the letter and keep a copy for your records.

The referral may result in a request to have the child tested to see if he or she needs special education services. In some cases, you may want to meet with the principal before agreeing to test the child to discuss other ways to assist the child. As a result, the referral may be withdrawn.

You, the designated caregiver, can make a referral for the child. Other people who can make a referral include the child's teacher, a professional staff person in the school, a doctor, a judicial officer (such as a family court judge or a probation officer), or a designated person in a public agency (such as a caseworker).

For a preschool child, any of the people mentioned above may make a referral to the Committee on Preschool Special Education (CPSE). In addition, a referral may also be made by someone from an Early Childhood Direction Center, an approved preschool program, or an Early Intervention Program that serves children with disabilities from birth to age three.

A student over 18 and younger than 21 who is an emancipated minor may refer himself or herself.

The CSE will send you:

- a request for your consent for evaluation,
- notice of your due process rights, and
- a parent guide that explains the CSE process.

Whether or not you are designated as a surrogate parent, federal law permits relative caregivers to participate in CSE meetings.

Any child who is referred must have an evaluation. The evaluation must include a physical examination, an individual psychological evaluation (when necessary), a social history, an

observation of the student in the classroom, and appropriate educational evaluations and assessments relating to the areas of suspected disability.

Once you agree on the appropriate tests, sign and return the plan. Although the CSE is responsible for making all the arrangements for the evaluation, you also have the right to bring or send additional information about the child to the committee. The results of the evaluation are used to determine what the child's individual needs are and if the child has a disability.

If the evaluation determines that a child requires special education, the recommendation will identify the disability; describe the child's strengths and areas of need; list goals that the child should reach in a year's time; list short-term objectives that lead toward reaching the annual goals; and identify the types of programs and services that the child will receive.

All of this information will be included on the child's Individualized Education Program (IEP). You will receive a copy of the IEP and must approve it. Read it carefully to make sure it does what it is meant to do.

Your involvement as a caregiver is essential. For more information on special education services, contact the local BOCES or your local school. To download a Parent's Guide on Special Education, go to www.vesid.nysed.gov/specialed/publications/policy/parentguide.htm.

◆ For help with school enrollment or transportation, contact:

The New York State Technical and Education Assistance
Center for Homeless Students * (NYS-TEACHS)

1-800-388-2014

www.nysteachs.org

info@advocatesforchildren.org

* Includes children in certain temporary situations.

Definitions

Handicapped and Hard-to-Place Child

Handicapped Child

New York State regulations define a handicapped child as a child who has a specific physical, mental, or emotional condition or disability of such severity or kind which, in the opinion of the Office of Children and Family Services (OCFS), would be a significant obstacle to the child's adoption. Such conditions include, but are not limited to:

- (i) any medical or dental condition which will require repeated or frequent hospitalization, treatment or follow-up care;
- (ii) any physical handicap, by reason of physical defect or deformity, whether congenital or acquired by accident, injury or disease, which makes or may be expected to make a child totally or partially incapacitated for education or for remunerative occupation as described in sections 1002 and 4001 of the Education Law; or makes or may be expected to make a child handicapped, as described in section 2581 of the Public Health Law;
- (iii) any substantial disfigurement, such as the loss or deformation of facial features, torso or extremities; or
- (iv) a diagnosed personality or behavioral problem, psychiatric disorder, serious intellectual incapacity or brain damage which seriously affects the child's ability to relate to his or her peers and/or authority figures, including mental retardation or developmental disability.

Hard-to-Place Child

New York State regulations define a hard-to-place child as a child, other than a handicapped child:

(i) who has not been placed for adoption within six months from the date his or her guardianship and custody were committed to the social services official or the voluntary authorized agency; or

(ii) who has not been placed for adoption within six months from the date a previous adoption placement terminated and the child was returned to the care of the social services official or the voluntary authorized agency; or

(iii) who meets any of the conditions listed (below) in clauses (a) through (f) of this subparagraph, which the Office of Children and Family Service has identified as constituting a significant obstacle to a child's adoption, notwithstanding that the child has been in the guardianship and custody of the social services official or the voluntary authorized agency for less than six months:

(a) the child is one of a group of two siblings (including half-siblings) who are free for adoption and it is considered necessary that the group be placed together pursuant to sections 421.2(e) and 421.18(d) of this Part; and

(1) at least one of the children is five years old or older; or

(2) at least one of the children is a member of a minority group which is substantially overrepresented in New York State foster care in relation to the percentage of that group to the State's total population; or

(3) at least one of the children is otherwise eligible for a subsidy in accordance with the provisions of this subdivision;

(b) the child is the sibling or half-sibling of a child already adopted and it is considered necessary that such children be placed together pursuant to sections 421.2(e) and 421.18(d) of this Part; and

(1) the child to be adopted is five years old or older;
or

(2) the child is a member of a minority group which is substantially overrepresented in New York State foster care in relation to the percentage of that group to the State's total population; or

(3) the sibling or half-sibling already adopted is eligible for subsidy or would have been eligible for subsidy if application had been made at the time of or prior to the adoption;

(c) the child is one of a group of three or more siblings (including half-siblings) who are free for adoption and it is considered necessary that the group be placed together pursuant to sections 421.2(e) and 421.18(d) of this Part; or

(d) the child is eight years old or older and is a member of a minority group which is substantially overrepresented in New York State foster care in relation to the percentage of that group to the State's total population; or

(e) the child is 10 years old or older; or

(f) the child is hard to place with parent(s) other than his/her present foster parent(s) because he/she has been in care with the same foster parent(s) for 12 months or more prior to the signing of the adoption placement agreement by such foster parent(s) and has developed a strong attachment to his/her foster parent(s) while in such care and separation from the foster parent(s) would adversely affect the child's development.

Forms

Note Designating Person in Parental Relationship to a Child

A note from a parent must contain the following information.

For periods of less than one month, the note must contain:

- parent's name
- designee's name
- children's names
- parent's signature with date
- specific authority granted to caregiver (list)

For periods of time between one month and six months, the note must also contain:

- address and telephone number of the parent
- address and telephone number of the designee
- date of birth of each child
- date when event that causes the designation to be active began
- written consent of the designee
- statement that no court order bars the parent from designating

Caregivers must get their signatures notarized if the designation is to last for more than 30 days.

Form Designating Person in Parental Relationship to a Child

This form is provided as a useful way for parents to designate a relative or family friend as a “person in parental relationship” to a child. It has legal information but is not an official court form. OCFS cannot guarantee acceptance of the form by medical or education providers or others who are given the form. For a copy, go to <http://www.ocfs.state.ny.us/main/forms/kinship/>.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DESIGNATION OF PERSON IN PARENTAL RELATIONSHIP
Pursuant to section 5-1551 of the New York State General Obligations Law.

1. I, _____, hereby state that I am the parent of the child/children/incapacitated person(s) named below and there are no Court Orders now in effect in any jurisdiction that would prohibit me from exercising the power that I now seek to authorize.

2. The address and telephone number(s) where I can be reached while this designation is in effect is:

Address: _____

Telephone: Home () _____; Work () _____

Other () _____

3. I am temporarily entrusting _____, a person over the age of eighteen who resides at _____, _____, New York, telephone number () _____, the care of the following child/children/incapacitated person(s):

_____ {NAME} date of birth _____

_____ {NAME} date of birth _____

_____ {NAME} date of birth _____

_____ {NAME} date of birth _____

4. Any authority granted to the person in parental relationship pursuant to this form shall be valid (check appropriate box and initial):

____ a. for six months days from the date of signature of this designation, or until the date of revocation, whichever occurs first (must include all parties addresses and telephone numbers and be signed by all parties in the presence of a notary public), or

____ b. for thirty days from the date of signature of this designation, or until the date of revocation, whichever occurs first, or

____ c. from _____ (date) until and including _____ (date), or until the date of revocation, whichever occurs first; or

____ d. commencing upon _____ (state event) and continuing until _____, or until the date of revocation, whichever occurs first.

5. As to the above named child/children/incapacitated person(s), the person in parental relationship named above is authorized to:
(cross out and initial any that do not apply)

- a. review school records;
- b. enroll in school;
- c. excuse absences from school;
- d. consent to participation in school program and/or school-sponsored activity;
- e. consent to school-related medical care;*
- f. enroll in health plans;
- g. consent to immunizations;*
- h. consent to general health care;*
- i. consent to medical procedures;*
- j. consent to dental care;
- k. consent to developmental screening; and/or
- l. consent to mental health examination and/or treatment.

* Except as prohibited by Section 2504 of the Public Health Law

Any of the above authorizations may be further limited by conditions defined by the parent, and, if limited, the limitations are written below (e.g., the parent may grant the authority to consent to a mental health examination, subject to the condition that they cannot be reached by telephone or other electronic means).

6. I further authorize the person in parental relationship to request, receive and review, and be granted full and unlimited access to, and obtain complete unredacted copies of any and all of health, medical, financial information and/or any information and/or records as defined in 45 CFR. §164.501 and regulated by the Standards for Privacy of Individually Identifiable Health Information found in 65 Fed. Reg. 82462 as protected private records or otherwise covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, for each child/incapacitated person listed in paragraph 3 above. I understand that the information contained in such health and medical records may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC) and human immunodeficiency virus (HIV), behavioral or mental health services, treatment for alcohol and/or drug abuse and/or addiction. I further understand that I may have access to and/or receive an accounting of the information to be used or disclosed as provided in 45 CFR §164.524, et seq. I further understand that authorizing the disclosure of this health information is voluntary; that I can refuse to sign this authorization. I further understand that any disclosure of this information carries with it the potential for an unauthorized further disclosure of this information by third parties and that such further disclosure may not be protected under HIPAA. In order to induce the disclosing party to disclose the aforesaid private and/or protected confidential information, I forever release and hold harmless said disclosing party who relies upon this instrument from any liability under confidentiality rules arising under HIPAA as a consequence of said disclosure

7. NOTICE TO PARENTS AND PERSONS IN PARENTAL RELATION: Authorization pursuant to this form is valid until the earlier of revocation by a parent or the date specified in paragraph 4 above. Any parent having signed this designation may revoke such authorization at will, and may notify relevant schools and health care providers of such revocation. A person in parental relation who receives notification from a parent of such revocation, shall forthwith notify any school, health care provider or health plan to which an authorization pursuant to this subdivision has been presented. Failure by the person in parental relation to notify recipients of the authorization or the revocation shall not make notification of revocation by the parent ineffective.

This authorization is temporary, but may be renewed by the parent(s). However, parents and persons in parental relation involved in a long-term care giving arrangement may seek a more permanent legal arrangement by commencing a judicial proceeding to appoint legal guardianship or to determine custody.

Note: All signatures below must be notarized if authorization is for a period exceeding 30 days

Dated:

(Parent signature) _____

Sworn to before me this

_____ day of _____ 20_____

Notary Public

8. I, _____, am also the parent of the child/children/incapacitated person(s) named herein, there is a Court Order directing that both parents must agree on education and/or health decisions concerning such child/children/incapacitated person(s), and I hereby consent to this designation by my signature below.

The address and telephone number(s) where I can be reached while this designation is in effect is:

Address: _____

Telephone: Home () _____; Work () _____

Other () _____

Dated:

(Parent signature) _____

Sworn to before me this

_____ day of _____ 20_____

Notary Public

9. I, _____, the person designated in parental relationship for the child/children/incapacitated person(s) named herein, hereby consent to this designation by my signature below.

Dated:

(Signature) _____

Sworn to before me this

_____ day of _____ 20_____.

Notary Public

Instructions for DESIGNATION OF PERSON IN PARENTAL RELATIONSHIP, pursuant to section 5-1551 of the New York State General Obligations Law.

PURPOSE OF THIS FORM:

This form will allow you to designate another person to make medical and educational decisions for your child(ren) or incapacitated person(s) in your care if you can't do so yourself for a specific period of time. This authorization can only be used for a period of up to six months. If you will need to have your child(ren)/incapacitated person(s) in the care of someone else for more than six months, you may wish to consider other options.

If there is a Court order that requires both parents to agree on education and/or health decisions regarding the child(ren), then both parents must sign the form. If not, only one parent's signature is required.

You keep all of your parental rights with this authorization and can cancel (revoke) this authorization at any time. The person you designate will be able to talk with your child(ren)'s school, teachers and medical providers, and will be able to make routine decisions. The person you designate will not be able to give consent for surgery or other major medical procedures but will be able give consent for routine medical matters. If you do not want the person you designate to be able to make certain decisions, such as decisions concerning immunizations, you can specify that with this form. If the person you designate makes a decision concerning your child(ren)/incapacitated person(s) that you do not agree with, you can override that decision.

The person designated must agree to be "a person in parental authority," and will not be required to assume responsibility for financial support of the child(ren)/incapacitated person(s). Your child(ren) will not have to change their school district if that person resides in another school district. In the event of your death or incapacitation, this designation automatically terminates.

INSTRUCTIONS FOR USING THIS FORM:

Paragraph 1: Fill in your full legal name in the space provided. If there is a Court order in effect that requires both parents to sign, the other parent will fill in their name in the space provided in Paragraph 7.

Paragraph 2: Fill in your address and telephone number(s). If this information is not included, the authorization will not be valid for more than thirty days. Use the address where you will be staying during the period this authorization is in effect, even if it is not your legal residence. For example, if this authorization is to be used while you are hospitalized, you would use the hospital's address.

Paragraph 3: Fill in the name, address, and telephone number of the person whom you wish to designate as able to make educational and/or health decisions for your child(ren)/incapacitated person(s). Fill in the name(s) and date(s) of birth for EACH child/incapacitated person.

Paragraph 4: Specify how long you wish this authorization to be in effect by checking the appropriate box and initialing next to it. Remember, you can always revoke (cancel) this designation sooner if you wish. Information about how to do that is included toward the end of these instructions.

- **Use (a)** if you want this designation to be valid for six months. If you choose this option, you must provide the address and telephone number for the parent(s) and the other person, and all the signatures must be notarized.

- **Use (b)** if you want this designation to be valid for thirty days. You do not have to include addresses and telephone numbers with this choice, but it is suggested that you do so in the event that medical or educational care providers need to contact you.

- **Use (c)** if you want to use specific dates, for a period of less than or more than thirty days. Remember, this designation cannot be used for more than six months, and you must include addresses, telephone numbers, and notarized signatures if you want it to be good for more than thirty days.

- **Use (d)** if you want this designation to begin when something specific, such as in the event you are hospitalized. For this, you write the specific event in the first space provided (example: "When I am admitted to a hospital") and write the date or the event upon which the designation should expire in the second space (example: "thirty days later" or "when I am released from the hospital"). Again, you must include addresses, telephone numbers, and notarized signatures if you want it to be good for more than thirty days.

Paragraph 5: List each of the things you wish the person you designate to be able to do. Cross out and initial EACH item that you do NOT wish to allow the person you designate to perform. If there are other things you want to prevent the person from doing, use the blank lines below the list to write those down. For example, if you want to be contacted before any mental health examination is performed, you can write that in the space provided.

Paragraph 6: This paragraph allows the person you designated to have access to your child(ren)'s/incapacitated person(s)' medical records and medical information.

Paragraph 7: This provides some information regarding this form. The parent whose name appears in Paragraph 1 then signs and dates the form. If this authorization is to be in effect for a period of more than thirty days, the signature must be notarized. In this case, you need to take the form to a notary public before you sign it, and sign the form in front of that notary public, who will then also sign the form to indicate that they witnessed your signature. If don't do this, the authorization will automatically expire after thirty days.

Paragraph 8: If there is a Court order in effect that requires both parents to agree on education and/or health decisions regarding the child(ren), then the other parent will fill in their full legal name, address, and telephone number in the spaces provided. As with the first parent, they do not have to provide their address and telephone number if the authorization is for a period of thirty days or less, but may wish to. They must provide this information, and sign the form in front of a notary public, if the authorization is to be good for more than thirty days. If there is no Court order in effect that requires both parents to agree, you can leave this paragraph blank.

Paragraph 9: Fill in the full legal name of the person to be designated "in parental relationship" to the child(ren)/incapacitated person(s). They then sign and date the form, to show that they agree to be a person in parental relationship. If this authorization is to be good for more than thirty days, they will also need to sign the form in front of a notary public.

OTHER INFORMATION:

- Major medical treatment: The person you designate **CANNOT** give consent for "major medical treatment" which is any medical, surgical, or diagnostic intervention or procedure where a general anesthetic is used or which involves any significant risk or any significant invasion of bodily integrity requiring an incision or producing substantial pain, discomfort, debilitation, or having a significant recovery period. This does not include: any routine diagnosis or treatment such as the administration of medications other than chemotherapy for non-psychiatric conditions or nutrition or the extraction of bodily fluids for analysis; electroconvulsive therapy; dental care performed with a local anesthetic; any procedures which are provided under emergency circumstances, pursuant to section twenty-five hundred four of the public health law; the withdrawal or discontinuance of medical treatment which is sustaining life functions; or sterilization or the termination of a pregnancy.

For example, the person designated can give consent for a child/incapacitated person to have standard dental procedures, such as fillings, but not dental surgery where they would be unconscious during the procedure, such as having their wisdom teeth extracted. A parent's consent will still be required for major medical procedures.

- Revoking this designation: In order to revoke (cancel) the authorization, you simply have to tell the person you designated that you wish to do so, and they are required to notify the appropriate education and medical providers that the authorization has been terminated. While the parent is not required to do this in writing, or to notify the child(ren)/incapacitated person(s) education and medical providers that they have revoked the authorization, they may want to, so that there is no confusion. If two parents signed the form, either parent can cancel the designation by themselves, you do not need both parents.

Resources

County Programs

Finding Your County Department of Social Services

Look in the telephone book in the *blue* government pages—*County Government Offices*. Look for your county and the listing for “social services, department of.” You may also find listings of county DSS offices on the OCFS website in the *Contact Us* section: www.ocfs.state.ny.us/main/localdss.asp.

Finding Your County Office for the Aging

The New York State Office for the Aging (NYSOFA)—through its network of county offices for the aging—provides services and supports to caregivers (family, friends, and neighbors) of older people and to grandparents and other older relatives caring for children. For a listing of county offices for the aging, call the Senior Citizens’ Help Line at 1-800-342-9871, or go to the website: www.aging.ny.gov. For New York City, see the listing below for the New York City Department for the Aging.

New York City Department for the Aging

Grandparent Resource Center

2 Lafayette Street, 15th Floor

New York, NY 10007-1392

212-442-1094

www.nyc.gov/html/dfta/html/caregiver/grandparents.shtml

County Kinship Programs

Catholic Charities of Buffalo

Kinship Caregiver Program

716-856-4494

www.ccwny.org/service_details.php?nID=43

(Serving Allegany, Cattaraugus, Chautauqua, Erie, and Niagara counties)

Catholic Charities of Columbia-Greene Counties*

518-828-8660

(Serving Columbia, Greene, and Schoharie counties)

Catholic Charities Support Services

Kinship Care

518-449-2001

www.cccaregivers.org

(Serving Albany, Rensselaer, and Schenectady counties)

Catholic Family Center

Kinship Caregiver Resource Network

585-232-1840

jtaylor@cfcrochester.org

www.cfcrochester.org

(Serving Monroe County)

Child Care Coordinating Council of the North Country

Kinship Caregiver Program

518-561-4999

www.ccccnc.org

(Serving Clinton and Franklin counties)

The Children's Village*

914-693-0600

www.childrensvillage.org

[Serving Bronx and New York (Manhattan) counties of New York City]

Cornell Cooperative Extension

Hudson Valley Regional RAPP Program

845-344-1234 (Orange)

845-677-8223 (Dutchess)

845-340-3990 (Ulster)

<http://counties.cce.cornell.edu/orange>

<http://counties.cce.cornell.edu/dutchess>

<http://counties.cce.cornell.edu/ulster>

(Serving Orange, Dutchess, and Ulster counties)

The Family Center

Family Ties

212-766-4522

www.thefamilycenter.org

(Serving 5 boroughs of New York City)

Family Enrichment Network

Kinship Caregiver Program

607-723-8313

www.familyenrichment.cc

[Serving Broome County]

Family Services Society of Yonkers*

914-963-5118

www.fssy.org

(Serving Westchester County)

Hispanic Counseling Center*

516-538-2613 x 227

www.hispaniccounseling.org

(Serving Nassau County)

Jewish Board of Family and Children's Services*

212-582-9100

www.jbfcs.org

[Serving Kings County and New York (Manhattan) counties of New York City]

Liberty Resources

Kinship Caregiver Program

315-425-1004

www.liberty-resources.org

(Serving Oswego County)

* Operational after November 1, 2009.

Lutheran Social Services of Metropolitan New York*

212-870-1111

www.lssny.org

[Serving Queens and New York (Manhattan) counties of New York City]

Mid-Erie Counseling & Treatment Services

NYS Kinship Caregiver Program

716-895-7167

www.erie.gov/depts/seniorservices/rac/sg_mid-erie.phtml

(Serving Erie County)

National Committee of Grandparents for Children's Rights

Long Island KinCare Connection

516-481-1006 (Nassau County)

631-444-3160 (Suffolk County)

www.grandparentsforchildren.org

(Serving Nassau and Suffolk counties)

The Neighborhood Center*

315-272-2600

(Serving Herkimer and Oneida counties)

New York Council on Adoptable Children

Kinship Connections

212-475-0222

www.coac.org

(Serving 5 boroughs of New York City)

Presbyterian Senior Services

Kinship Caregiver Program

718-620-1262

www.pssusa.org

[Serving Bronx and New York (Manhattan) counties of New York City]

* Operational after November 1, 2009.

Volunteer Counseling Services of Rockland County (VCS)

Enhanced Relatives as Parents Program

845-634-5729

www.vcs-inc.org

(Serving Rockland County)

Legal Services

Grandparent Advocacy Project

Erie County Family Court

716-858-4722

Frank H. Hiscock Legal Aid Society

351 South Warren Street

Syracuse, NY 13202

315-422-8191

www.hiscocklegalaid.org

(Serving Onondaga County)

Rural Law Center of New York, Inc.

518-561-5460

www.rurallawcenter.org

(Serving New York's 44 rural counties)

Volunteer Legal Services Project of Monroe County, Inc.

585-295-5712

The Family Center

315 W. 36th Street, 4th Floor

New York, NY 10018

212-766-4522

www.thefamilycenter.org

(Serving New York City)

Legal Aid Society Headquarters

199 Water Street

New York, NY 10038

212-577-3300

www.legal-aid.org (go to *Find Us* section)

(Offices in all 5 boroughs of New York City)

MFY Legal Services, Inc.

Kinship Caregiver Law Project

299 Broadway, 4th Floor

New York, NY 10007

212-417-3774 or 212-417-3850

www.mfy.org

(Serving New York City)

Statewide Programs

NYS Office of Children and Family Services

www.ocfs.state.ny.us

The website provides information on foster care, adoption, and child abuse prevention under the *Children & Youth* section. Go to the *Publications* section of the website to download handbooks and guides on foster care and adoption.

NYS Office of Temporary and Disability Assistance

www.otda.state.ny.us

For information on work supports, click on *Resources for Working Families*. Go to www.myBenefits.ny.gov for a quick and confidential way to check your eligibility for a range of work supports and other benefits.

New York State Office for the Aging

www.aging.ny.gov

Senior Citizens' Help Line: 1-800-342-9871

Monday-Friday, 8-4

Call or visit the website for your area office for the aging.

NYS Kinship Navigator

www.nysnavigator.org

1-877-4KinInfo (877-454-6463)

The website provides information on legal services and other resources for kinship caregivers. Click on the map for lists of organizations in your county. The toll-free help line provides information as well as referrals to local resources, including legal assistance and all local kinship programs.

New York State Department of Health

www.health.state.ny.us

See the website for information on health topics such as Medicaid, Child Health Plus, immunizations, medical conditions, safety in the home, and lead poisoning, as well as vital forms (e.g., birth certificate) and application forms you will need to access health-related services.

Supportive and Legal Services for Families in Transition due to AIDS/HIV

The Families in Transition Initiative provides supportive and legal services to stabilize and maintain families affected by HIV/AIDS, and to help families plan for the future care and custody of their children during parental illness and after the death of a parent. These programs are funded by the NYS Health Department AIDS Institute.

For information on programs in your area, call the NYS AIDS Institute informational hotline at:

- 1-800-541-AIDS (English)
- 1-800-233-SIDA (Español)

In New York City, call 212-417-4764.

National Programs

AARP Grandparent Information Center

601 E Street, N.W.

Washington, DC 20049

202-434-2296

www.aarp.org/families/grandparents/gic

Brookdale Foundation Group

Relatives as Parents Program (RAPP)

126 East 56th Street

New York, NY 10022

212-308-7355

www.brookdalefoundation.org

Center on Children and Law

American Bar Association

740 15th Street NW

Washington, DC 20005

202-662-1000

www.abanet.org/child/

<http://grandfamilies.org>

Mentoring Children of Prisoners: Caregiver's Choice

877-333-CHOICE (877-333-2464) toll-free

www.mentoring.org/find_resources/caregiverschoice

National Committee of Grandparents for Children's Rights

www.grandparentsforchildren.org

1-866-624-9900

Generations United

1331 H Street NW, Suite 900

Washington, DC 20005

202-289-3979

www.gu.org

Grand Parent Again

www.grandparentagain.com

Grandparents Raising Grandchildren Resources

www.usa.gov/Topics/Grandparents.shtml

National Coalition of Grandparents

608-238-8751



**New York State
Office of
Children & Family
Services**

Capital View Office Park
52 Washington Street
Rensselaer, NY 12144
Visit our website at:
www.ocfs.state.ny.us

To report child abuse and
maltreatment, call:
1.800.342.3720

For child and adult safety, foster care,
and adoption information, call:
1.800.345.KIDS (5437)

Pub. 5080 (12/09)



New York State Office of
Temporary and Disability Assistance
40 North Pearl Street
Albany, NY 12243
www.otda.state.ny.us

For temporary assistance, call:
800.342.3009

Pub. 4957 (12/09)



State of New York