

KC Name: \_\_\_\_\_

POC #: \_\_\_\_\_

CW Name: \_\_\_\_\_

Referral Date: \_\_\_\_\_

PAT Level: \_\_\_\_\_

**CERTIFICATION PACKET WEEK-2:**

- Collect Paperwork/Answer questions
- List Medical Appointment date \_\_\_\_\_
- Request Verification of Income
- Complete Placement Plan Agreement
- Complete Clothing Inventory
- Complete Child Grievance and Child Rights Policy
- Complete Child Photo
- Complete ISP Invite letters to: KCG(s), birth parents, CYF, Kid's Voice
- Training/Medical/FBI follow up

## Annual Well Being Photo Template

Place Photo Here

Name of child:		POC#:	
Age of child:		Location where photo was taken:	
Date photo taken:		Time that the photo was taken:	
Names of witnesses to the photo being taken:			
Name of the photographer:			



## FOSTER CHILD'S GRIEVANCE FORM

(For Children Ages 0 – 5 years)

Hello \_\_\_\_\_  
Child's Name

### *How are you doing?*

As you know, as a relative or good friend of the family, a Kinship child lives in your home while their mother and father get the help they need in order for them to care for their child (ren). While they are getting the help they need, we want to make sure that you and the child (ren) gets all the help they need to make sure that they are safe, feel loved, and are supported.

We want to make sure that he or she gets the good care that you deserve. That good care includes: supervision, support/guidance, meals that are good for you in order for you to grow healthy, medical and dental care, and an opportunity to visit with your parents and brothers and sisters.

What are the Rights of a child in care with A Second Chance, Inc?

- They have the right to be treated with fairness, dignity, and respect.
- They have the right to be treated without discrimination based on race, color, religion, disability, national origin, age, and gender.
- They have the right to be treated without harassment, being hit, unreasonable restraint, or physical, sexual, emotional, and other abuse.
- They have the right to live in a family setting that meets their needs.
- They have the right to be given enough food to eat.
- They have the right to clothing that is clean, seasonal, and age and appropriate for boys and girls.
- They have the right to get to go to the doctors, dentist and counselors as needed.
- They have the right to take part in doctors, dental and counseling plans.
- They have the right to visit their parents at least every other week (or based on the court order)
- They have the right to have contact with their family.
- They have the right to be placed with siblings, or visit with them at least every other week.
- They have the right to be placed with their kin and relatives if possible.
- They have the right to be placed with families that have supported them before if possible.
- They have the right to have all the phone numbers and addresses for their Child Advocate, CASA (court-appointed special advocate), and members of their planning team.
- They have the right to be in a place that maintains their culture.
- They have the right to be able to stay in the same school if they move to a different placement.
- They have the right to be able to take part in sports and other activities that they like to do for fun and cultural purposes.
- They have the right to have their case and personal information kept confidential.
- They have the right to be informed of their court hearings and attend.
- They have the right to take part in church or other religious practices
- They have the right to a permanency plan that they helped create and that they can review.

- They have the right to get notice of the grievance policy from Allegheny CYF and A Second Chance, Inc.
- They have the right to be able to file a grievance, to receive the agency's grievance policy, and to have their rights and the grievance policy explained to them in way that they understand.

\_\_\_ Initials

If you think something is wrong, you should file the attached ***grievance form*** with A Second Chance, Inc. on behalf of the child in your care. The form can be mailed to: at A Second Chance, Inc., 8350 Frankstown Avenue, Pittsburgh, PA 15221 or emailed to **consumer.complaints.grouping**

**What is a grievance?**

A *grievance* is like a complaint. You can fill out a ***grievance form*** if you think your child's rights have been violated, or being treated unfairly, or have a complaint that is not able to be addressed and needs more attention. This form is attached and located on line at [www.asecondchance-kinship.com](http://www.asecondchance-kinship.com), under the policy section. \_\_\_ Initials

**How can I get help filling out the form?**

Anyone who you trust or feel comfortable with can help you fill out this form on behalf of the child in your home, such as:

- Your ASCI/ CYF caseworker or their supervisor
- The child's counselor
- The child's teacher, or day care provider
- The child's lawyer
- The Judge or master
- The child's CASA (Court Appointed Special Advocate)

\_\_\_ Initials

**What happens after I file the grievance form on behalf of the child in my care?**

A Second Chance, Inc. will respond within 2 days of getting your Grievance form in a letter. The letter will tell you that we have received the grievance form and the actions we will take to resolve the situation.

After your grievance is reviewed A Second Chance, Inc. will decide how we may assist you in resolving the complaint. We will send you a letter within 2 days to tell you of our decision. Our decision is called a "resolution." \_\_\_ Initials

**What if I don't agree with your resolution?**

If you don't agree with our resolution you can file an appeal on behalf of the child in your care. The letter you get telling you our resolution will also tell you how to file an appeal. \_\_\_ Initials

**Signature**

I am signing my name below because I have received the agency's grievance policy and understand my rights (required by the Children in Foster Care Act of 2010.)

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Required Contact Information

The Children in Foster Care Act of 2010 requires that you receive the contact information for the people listed here. You may contact these people about your grievance or submit your grievance form directly to them. You may request that a copy of your grievance or appeal, and any notices, go to these contacts. You will be notified when contact information is changed for any of these people.

#### **CYF Caseworker/Supervisor**

Name:  
Address:  
City:  
Phone:  
Email:

#### **ASCI Caseworker/Supervisor**

Name:  
Address:  
City:  
Phone:  
Email

#### **Probation Officer**

Name:  
Address:  
City:  
Phone:  
Email:

#### **Child Advocate**

Name:  
Address:  
City:  
Phone:  
Email:

#### **Court Appointed Special Advocate (CASA)**

Name:  
Address:  
City:  
Phone:  
Email:

#### **Mental Health Caseworker (if applicable)**

Name:  
Address:  
City:  
Phone:  
Email:

#### **Mental Retardation Caseworker (if applicable)**

Name  
Address  
City:  
Phone:  
Email:

**Date:** \_\_\_\_\_



## FOSTER CHILD'S GRIEVANCE FORM

(For Children Ages 5-11 years)

Hello \_\_\_\_\_  
Child's Name

### *How are you doing?*

As you know, you now live in the home of your relative or close family friend while your mom and/or dad get the help they need in order for them to care for you. While they are getting the help they need, we want to make sure that you get all the help that you need in order to make sure that you are safe, feel loved, and are supported while you live with your relative or close family friend. We want to make sure that you get the good care that you deserve. That good care includes: supervision, support/guidance, meals that are good for you in order for you to grow healthy, medical and dental care, and an opportunity to visit with your parents and brothers and sisters.

What Rights do you have a child in care with A Second Chance, Inc?

- You have the right to be treated with fairness, dignity, and respect.
- You have the right to be treated without discrimination based on race, color, religion, disability, national origin, age, and gender.
- You have the right to be treated without harassment, being hit, unreasonable restraint, or physical, sexual, emotional, and other abuse.
- You have the right to live in a family setting that meets your needs.
- You have the right to be given enough food to eat.
- You have the right to clothing that is clean, seasonal, and age and appropriate for boys and girls.
- You have the right to get to go to the doctors, dentist and counselors as needed.
- You have the right to take part in doctors, dental and counseling plans.
- You have the right to visit your parents at least every other week (or based on the court order)
- You have the right to have contact with your family.
- You have the right to be placed with your siblings, or visit with them at least every other week.
- You have the right to be placed with your kin and relatives if possible.
- You have the right to be placed with families that have supported you before if possible.
- You have the right to have all the phone numbers and addresses for your Child Advocate, CASA (court-appointed special advocate), and members of your planning team.
- You have the right to be in a place that maintains your culture.
- You have the right to be able to stay in the same school if you move to a different placement.
- You have the right to be able to take part in sports and other activities that you like to do for fun and cultural purposes.
- You have the right to have your case and personal information kept confidential.
- You have the right to be informed of your court hearings and attend.
- You have the right to take part in church or other religious practices
- You have the right to a permanency plan that you helped create and that you can review.
- You have the right to get notice of the grievance policy from Allegheny CYF and A Second Chance, Inc.

- You have the right to be able to file a grievance, to receive the agency's grievance policy, and to have your rights and the grievance policy explained to you in way that you understand.

\_\_\_ Initials

If you think something is wrong, you should file the attached ***grievance form*** with A Second Chance, Inc. The form can be mailed to: at A Second Chance, Inc., 8350 Frankstown Avenue, Pittsburgh, PA 15221 or emailed to **consumer complaints grouping**

**What is a grievance?**

A *grievance* is like a complaint. You can fill out a ***grievance form*** if you think your rights have been violated, or you are being treated unfairly, or you have a complaint that is not able to be addressed and needs more attention. This form is attached and located on line at [www.asecondchance-kinship.com](http://www.asecondchance-kinship.com), under the policy section. \_\_\_ Initials

**How can I get help filling out the form?**

Anyone who you trust or feel comfortable with can help you fill out this form, such as:

- Your parent, guardian, caregiver or babysitter
- Your caseworker or their supervisor
- Your counselor
- Your teacher, or other school staff
- Your lawyer
- Your probation officer
- Your Judge or master
- Your coach
- Your CASA (Court Appointed Special Advocate)
- And any other adult who helps you

\_\_\_ Initials

**What happens after I file my grievance form?**

A Second Chance, Inc. will respond within 2 days of getting your Grievance form in a letter. The letter will tell you that we have received your grievance form and the actions we will take to resolve the situation.

After your grievance is reviewed A Second Chance, Inc. will decide how we may assist you in resolving your complaint. We will send you a letter within 2 days to tell you of our decision. Our decision is called a "resolution." \_\_\_ Initials

**What if I don't agree with your resolution?**

If you don't agree with our resolution you can file an appeal. The letter you get telling you our resolution will also tell you how to file an appeal. \_\_\_ Initials

**Signature**

I am signing my name below because I have received the agency's grievance policy and understand my rights (required by the Children in Foster Care Act of 2010.)

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Required Contact Information

The Children in Foster Care Act of 2010 requires that you receive the contact information for the people listed here. You may contact these people about your grievance or submit your grievance form directly to them. You may request that a copy of your grievance or appeal, and any notices, go to these contacts. You will be notified when contact information is changed for any of these people.

#### **CYF Caseworker/Supervisor**

Name:  
Address:  
City:  
Phone:  
Email:

#### **ASCI Caseworker/Supervisor**

Name:  
Address:  
City:  
Phone:  
Email

#### **Probation Officer**

Name:  
Address:  
City:  
Phone:  
Email:

#### **Child Advocate**

Name:  
Address:  
City:  
Phone:  
Email:

#### **Court Appointed Special Advocate (CASA)**

Name:  
Address:  
City:  
Phone:  
Email:

#### **Mental Health Caseworker (if applicable)**

Name:  
Address:  
City:  
Phone:  
Email:

#### **Mental Retardation Caseworker (if applicable)**

Name  
Address  
City:  
Phone:  
Email:

**Date:** \_\_\_\_\_





## FOSTER CHILD'S GRIEVANCE FORM

(For Children Ages 12 - 21 years)

Hello \_\_\_\_\_  
Child's Name

### ***How are you doing?***

The goal of a child being placed into a foster home is to make it possible for that child to benefit from a caring family that provides a safe and stimulating environment for the child. Such a home would include good care, supervision, guidance, nutritious meals, education, medical and dental care and an opportunity to maintain family ties with birth parents and/or siblings.

What Rights do you have a child in care with A Second Chance, Inc?

- You have the right to be treated with fairness, dignity, and respect.
- You have the right to be treated without discrimination based on race, color, religion, disability, national origin, age, and gender.
- You have the right to be treated without harassment, corporal punishment, unreasonable restraint, or physical, sexual, emotional, and other abuse.
- You have the right to live in the most family-like setting that meets your needs.
- You have the right to be given enough food and food of good quality.
- You have the right to clothing that is clean, seasonal, and age and gender appropriate.
- You have the right to get all of the medical and mental health services that you need.
- You have the right to take part in developing your medical or mental health treatment plan.
- You have the right to agree to medical and mental health treatment, including medication.
- You have the right to visit your parents at least every other week (or based on the court order).
- You have the right to have contact with your family.
- You have the right to be placed with your siblings, or visit with them at least every other week.
- You have the right to be placed with your kin and relatives if possible.
- You have the right to be placed with families that have supported you before if possible.
- You have the right to have all the phone numbers and addresses for your Child Advocate, CASA (Court Appointed Special Advocate) and other members of your planning team.
- You have the right to be in a place that maintains your culture.
- You have the right to be able to stay in the same school when you change placements.
- You have the right to be able to take part in sports and other activities that you like to do for fun and cultural purposes.
- You have the right to have the opportunity to work and develop job skills.
- You have the right to get life skills training and independent living services.
- You have the right to have your case and personal information kept confidential.
- You have the right to be informed of your court hearings and attend.
- You have the right to take part in church or other religious practices
- You have the right to a permanency plan that you helped create and that you can review.
- You have the right to get notice that you can ask to stay in care after you turn 18.

- You have the right to get notice of the grievance policy from the CYF or A Second Chance, Inc.
- You have the right to be able to file a grievance, to receive the agency's grievance policy, and to have your rights and the grievance policy explained to you in way that you understand.
- You have the right to exercise parental and decision-making authority for your child (if you are a parent).

\_\_\_\_ **Initials**

If you think something is wrong, you should file the attached ***grievance form*** with A Second Chance, Inc. The form can be mailed to: at A Second Chance, Inc., 8350 Frankstown Avenue, Pittsburgh, PA 15221 or emailed to [concerns@asecondchance-kinship.com](mailto:concerns@asecondchance-kinship.com).

**What is a grievance?**

A *grievance* is like a complaint. You can fill out a ***grievance form*** if you think your rights have been violated, or you are being treated unfairly, or you have a complaint that is not able to be resolved and needs more attention. This form is attached and located on line at [www.asecondchance-kinship.com](http://www.asecondchance-kinship.com), under the contact information section. \_\_\_\_ **Initials**

**How can I get help filling out the form?**

Anyone who you trust or feel comfortable with can help you fill out this form, such as:

- Your parent, guardian, caregiver or babysitter
- Your caseworker or their supervisor
- Your counselor
- Your teacher, or other school staff
- Your lawyer
- Your probation officer
- Your Judge or master
- Your coach
- Your CASA (Court Appointed Special Advocate)
- And any other adult who helps you

\_\_\_\_ **Initials**

**What happens after I file my grievance form?**

A Second Chance, Inc. will respond within **2** days of getting your Grievance form in a letter. The letter will tell you that we have received your grievance form and the actions we will take to resolve the situation.

After your grievance is reviewed A Second Chance, Inc. will decide how we may assist you in resolving your complaint. We will send you a letter within 2 days to tell you of our decision. Our decision is called a "resolution." \_\_\_\_ **Initials**

**What if I don't agree with your resolution?**

If you don't agree with our resolution you can file an appeal. The letter you get telling you our resolution will also tell you how to file an appeal. \_\_\_\_ **Initials**

**Signature**

I am signing my name below because I have received the agency's grievance policy and understand my rights (required by the Children in Foster Care Act of 2010.)

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Required Contact Information**

The Children in Foster Care Act of 2010 requires that you receive the contact information for the people listed here. You may contact these people about your grievance or submit your grievance form directly to them. You may request that a copy of your grievance or appeal, and any notices, go to these contacts. You will be notified when contact information is changed for any of these people.

**CYF Caseworker/Supervisor**

Name:  
Address:  
City:  
Phone:  
Email:

**ASCI Caseworker/Supervisor**

Name:  
Address:  
City:  
Phone:  
Email:

**Probation Officer**

Name:  
Address:  
City:  
Phone:  
Email:

**Child Advocate**

Name:  
Address:  
City:  
Phone:  
Email:

**Court Appointed Special Advocate (CASA)**

Name:  
Address:  
City:  
Phone:  
Email:

**Mental Health Caseworker (if applicable)**

Name:  
Address:  
City:  
Phone:  
Email:

**Mental Retardation Caseworker (if applicable)**

Name:  
Address:  
City:  
Phone:  
Email:

**Date:** \_\_\_\_\_



**Child in Kinship Care Rights Policy**

Kinship Caregiver     Respite     Substitute Caregiver

Effective March 22, 2012, the **Child in Foster Care Act (Act 119 of 2010)** requires county and provider agencies to provide the grievance policy, procedures and the "Rights of Children in Foster Care" to the child/ youth, birth parents and Caregivers.

The Rights of a child in care with A Second Chance, Inc. are the following:

- They have the right to be treated with fairness, dignity, and respect.
- They have the right to be treated without discrimination based on race, color, religion, disability, national origin, age, and gender.
- They have the right to be treated without harassment, being hit, unreasonable restraint, or physical, sexual, emotional, and other abuse.
- They have the right to live in a family setting that meets their needs.
- They have the right to be given enough food to eat.
- They have the right to clothing that is clean, seasonal, and age and appropriate for boys and girls.
- They have the right to get to go to the doctors, dentist and counselors as needed.
- They have the right to take part in doctors, dental and counseling plans.
- They have the right to visit their parents at least every other week (or based on the court order)
- They have the right to have contact with their family.
- They have the right to be placed with siblings, or visit with them at least every other week.
- They have the right to be placed with their kin and relatives if possible.
- They have the right to be placed with families that have supported them before if possible.
- They have the right to have all the phone numbers and addresses for their Child Advocate, CASA (court-appointed special advocate), and members of their planning team.
- They have the right to be in a place that maintains their culture.
- They have the right to be able to stay in the same school if they move to a different placement.
- They have the right to be able to take part in sports and other activities that they like to do for fun and cultural purposes.
- They have the right to have their case and personal information kept confidential.
- They have the right to be informed of their court hearings and attend.
- They have the right to take part in church or other religious practices
- They have the right to a permanency plan that they helped create and that they can review.
- They have the right to get notice of the grievance policy from Allegheny CYF and A Second Chance, Inc.
- They have the right to be able to file a grievance, to receive the agency's grievance policy, and to have their rights and the grievance policy explained to them in way that they understand.

I/ We \_\_\_\_\_ have been informed of the **Child in Foster Care Act (Act 119 of 2010)**

I/We \_\_\_\_\_ have been given a copy of this policy, have read it and understand it.

I/We \_\_\_\_\_ agree to abide by the terms of the policy.

Primary Kinship Caregiver \_\_\_\_\_ Date \_\_\_\_\_

POC Caseworker \_\_\_\_\_ Date \_\_\_\_\_

Secondary Kinship Caregiver \_\_\_\_\_ Date \_\_\_\_\_



**KINSHIP CARE**

*Providing Service with Conviction, Dignity, Respect and Honesty*

8350 Frankstown Avenue, Pittsburgh, PA 15221 (412) 342-0600 phone (412) 242-5229 fax

RE: \_\_\_\_\_ Date: \_\_\_\_\_

CYF Case No: \_\_\_\_\_

Dear \_\_\_\_\_:

To assist the child (ren) referenced above in making the transition from his/her/their birth family to being placed into kinship foster care, an Individual Service Plan (ISP) Meeting has been scheduled. The purpose of the ISP Meeting is to discuss and establish goals for the child (ren), along with foster parents, birth parents, caseworkers, child advocate and any other professionals involved with the child (ren). The development of these goals should be a collaborative effort; therefore, it is important that all parties are in attendance at this meeting. If you are aware of additional agencies, medical professionals, school counselors or others related to this case and you would like them to attend this meeting, please inform me of their names and addresses when you call to confirm your ISP Meeting attendance.

***The ISP Meeting is scheduled to be held***

Place: \_\_\_\_\_  
(Full address, including city, state, and zip code)

Day/Date: \_\_\_\_\_

Time: \_\_\_\_\_

Please call (412) 342-0600 to confirm your attendance at the ISP Meeting. The office hours are 9:00 a.m. – 4:30 p.m., Monday through Friday.

Thank you for your cooperation.

Sincerely,

Point-of-Contact Caseworker

Cc: Kinship Caregiver  
ACCYF Caseworker  
Birth Parents  
Child (if age 14 or over)

ACCYF Contract Monitor  
Other Child Welfare Professionals  
Other Interested Parties  
Kid's Voice



## CHILD'S CLOTHING INVENTORY

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ POC #: \_\_\_\_\_ Inventory Date \_\_\_\_\_

Type of Review:  Intake       Emergency Clothing Purchase       Quarterly  
 Respite       Placement Change       Discharge

Item	How Many	Condition		Item	How Many	Condition	
		New	Used			New	Used
<b>CHILDREN'S CLOTHING</b>				<b>CHILDREN'S CLOTHING CON'T</b>			
T-shirts, tops				Sports Jackets			
Shirts				Suits			
Blouses				Sweat Pants			
Shorts				Sweat Shirts			
Slacks/Dress Pant				<b>NEWBORN / INFANT</b>			
Dresses							
Skirts				Bibs			
Belts				Blankets			
Socks				Bottoms			
Tights/Stockings				Tops			
Pajamas				One piece outfits			
Undershirts				Undershirts			
Briefs				Snow Suits			
Bras				Sleepers			
Panties				<b>OTHER ITEMS</b>			
Slippers							
Sneakers				Bed			
Dress Shoes				Dresser			
Jacket							
Coa							
Hat							
Gloves							
Scarf							
Boots							
Sweaters							

\_\_\_\_\_  
Kinship Caregiver's Signature      Date

\_\_\_\_\_  
POC Signature's      Date

\_\_\_\_\_  
Child's Signature      Date

**Visitation Encounter Form**

I/ We \_\_\_\_\_ understand that my signature below verifies a visit with my ASCI caseworker on \_\_\_\_\_.

Signed:

\_\_\_\_\_ Date \_\_\_\_\_  
Kinship Caregiver/ Resource Parent

\_\_\_\_\_ Date \_\_\_\_\_  
Secondary Kinship Caregiver/ Resource Parent

\_\_\_\_\_ Date \_\_\_\_\_  
Child

\_\_\_\_\_ Date \_\_\_\_\_  
Other (please specify relationship to child)

\_\_\_\_\_ Date \_\_\_\_\_  
ASCI Caseworker

Z:\Forms2008\POC\Visitation Encounter  
11/2008