

# WV DoHS Home Finding



WEST VIRGINIA DEPARTMENT OF  
**HUMAN  
SERVICES**

# Primary Purposes for Foster Care



## Safety, Permanency, Well-Being

- To reunite the child with their family by providing interventions aimed at reunification whenever possible and when the safety of the child can be assured.
- To provide a permanent substitute living arrangement for the child when reunification is not possible. Such an arrangement may include adoption, legal guardianship, or another court-sanctioned permanent living arrangement.

## Why do I need a Home Study?

- A home study is a federal requirement enforced by the court for a child who is in the custody of the West Virginia Department of Human Services.
- A home study is an assessment to ensure the safety and well-being of children.

# Child Protective Services Responsibilities



## Child Protective Services (CPS)

- Places a child with a caregiver.
- Completes the initial safety screening.
- Completes the home study request packet.
- Issues clothing allowance.
- Consents to out-of-state travel.
- Sets up services.
- Meets face-to-face with the child monthly.
- Notifies involved parties about Multidisciplinary Treatment Team (MDT) meetings and court hearings.
- Notifies caregivers of visitation with biological parents.

# Home Finding Responsibilities



## Home Finding

- Visits the caregiver's home to complete the home study and maintain certification.
- Schedules pre-service training.
- Schedules fingerprinting.
- Assists kinship/relative caregivers understanding their role as caregivers to the child.
- Assists kinship/relative caregivers with necessary safety items such as fire extinguishers, smoke detectors, carbon monoxide detectors, if necessary, ladders for two story homes, etc.
- Gathers necessary documents as required through the home study process.
- Should be contacted when changes to the kinship/relative caregiver's home occur during the placement.
- Ensures payments and placements are entered in a timely to ensure financial support.

# Contracted Home Finder vs. DoHS Home Finder



## DoHS Home Finder

- Every kinship family will be assigned a DoHS Home Finder (even when the study is contracted to another provider).
- The DoHS Home Finder can recommend approval/denial of a study based on policy.
- The DoHS Home Finder will work closely with the child's worker to keep them up to date on the study progress.
- The DoHS Home Finder will maintain a family's certification until permanency.

## Contracted Home Finder

- If the Home Finding Supervisor decides to use a contracted worker to complete the study, they will use the same process as the DoHS worker.
- Upon completion of the study, it will be submitted to the DoHS worker for review to ensure things have been completed.
- DoHS may not utilize anyone to complete a family assessment that is not a licensed social worker or provide payment for a home study that does not meet all the necessary requirements, or the time frames set forth in this policy.

## **Temporary Assistance for Needy Families**

Families can apply for TANF at their local DoHS office. These benefits are not based on household income when caring for a relative child.

## **State Paid Kinship Care**

If the child in a home is not blood related, TANF benefits will be issued via a monthly demand payment by a Home Finder.

## **Incentive Payments**

A one-time incentive payment will be distributed in two separate demand payments, an initial \$300, and an additional \$200, at different junctures during the home study process to kinship/relative caregivers who have placement.

## **Certified Caregiver Boarding Care**

Monthly subsidy payments after certification.

# Home Study Process



- The child's worker must make the referral for a home study to the Home Finding unit within 24 hours of placement with a kinship/relative caregiver.
- The Home Finding Specialist will make contact with the kinship/relative caregiver within 72 hours, and visit the caregiver within five calendar days of placing a child in the home.
- The Home Finding Specialist must make contact with the kinship/relative caregiver(s) at least once monthly, two of which must be face-to-face contact until certification is achieved.

# Home Study Process



At the initial visit, the Home Finding Specialist will do the following:

- Complete the **First Encounter Form** by doing a safety check of the home.
- Discuss and sign the following expectations/policies:
  - Safe Bathing Practice
  - Safe Sleep Practice
  - Firearm Safety
  - Secondhand Smoke Risk
- Review additional requirements and timeframes associated with the home study certification such as:
  - Protective checks (in-state and out-of-state) - *all adults in the home*
  - Schedule fingerprinting - *all adults in the home*
  - Schedule Pre-Service Training - *all caretaker(s)*
  - Obtain references



# Home Study Process



- CIB/NCIC Background Checks:
  - Processed by WV CARES; if an ineligible letter is received, WV CARES has a variance process that the adult fingerprinted can request.
- WV CARES also includes the following registry checks:
  - Sex Offender Registry
  - Nurse Registry
- Evaluation of suitability of home and family for fostering/adoption.
- A current medical statement from a physician (any other prescribing physician) is required.
- The Home Finding Specialist will interview all members of the home.
- **The Home Finding Specialist has 90 days to complete the home study process.**

# Home Finding Pre-Service Orientation



Home Finding Specialists will schedule caregivers for orientation as soon as possible.

Orientation is presented on Google Meet-a link will be emailed to caregivers.

Information shared:

- Policy
- Expectations
- Rights and Responsibilities
- Resources



- National Training and Development Curriculum e-learning courses provide foster, adoptive and kinship caregivers with information and resources through the right training at just the right time. Whether you need information to respond to a child in crisis or adjust to new family dynamics, our courses are available to guide you.
- In each interactive course, through videos and podcasts, you will hear from child welfare professionals, foster and adoptive parents, and young adults with lived expertise. You will complete interactive activities and quizzes that will help you apply what you hear and learn to your individual experience. Each course will also give you suggestions for additional resources you can use to enhance your ongoing exploration of this topic.
- These trainings will be provided by West Virginia Social Work Education Consortium (WV SWEC); colleges and universities in West Virginia.

# Mission WV Kinship Navigator



When a child is first placed with a relative, a Kinship Navigator may be assigned to the case in order to assist the relative caregiver.

Kinship Navigators may assist the family through the following:

- conducting a needs assessment,
- helping the family address any unmet needs through community resources, explaining various parts of the CPS/Court/Home Study process,
- reaching out to workers when additional assistance is needed,
- helping the family obtain the resources needed for their home.

A Kinship Navigator assists families during the first 90 days of the placement.

# After Certification and In-Service Training



- Home Finding Specialists will complete an annual safety review of all certified homes.
- All certified kinship/relative and resource caregivers must complete at least twelve 12 hours of in-service training annually. The content of the training will be based on needs expressed by the certified kinship/relative or resource caregivers or the Department.
- In addition to the annual 12 hours of in-service training requirement, all certified kinship/relative and resource caregivers must receive CPR/First aid training each year.

Below are some online links for in service training opportunities:

- West Virginia Foster and Adoptive Care Training [wvfact.com](http://wvfact.com)
- DoHS Community Provider Trainings:  
[dhhr.wv.gov/bss/communitytrainings/Pages/default.aspx](http://dhhr.wv.gov/bss/communitytrainings/Pages/default.aspx)

Please talk with your Home Finder about registering for an in-service training offered by SWEC.

## Topics to Consider for In-Service Training:

- Trauma Informed Care
- Autism and Foster Care
- Discipline and Consistency
- Chemical Dependency
- Promoting Cultural and Personal Identity
- Building Effective Communication Skills
- Issues Related to Sexuality
- Promoting a Positive Self-Esteem
- Working with Sexually Abused Children
- Complex Behaviors
- Using Discipline to Protect, Nurture, and Meet Developmental Needs
- Supporting Relationships Between Children and Their Families
- Caring for Children Who Have Experienced Domestic Violence

# Home Finding Contacts



## **Christie Spahr**

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## **Nichole Hudson**

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## **Christopher Stahl**

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## **Tesa Ash**

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## **Malinda Goddard**

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## **Erica Whitt**

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Alex J. Mayer  
Cabinet Secretary

### Kinship/Relative Provider Agreement

This Agreement made and entered into as of this \_\_\_\_\_ day of \_\_\_\_\_ by and between the West Virginia Department of Human Services, hereinafter referred to as the department; and

\_\_\_\_\_  
[Name(s) of Kinship/Relative Parent(s)]

\_\_\_\_\_  
(Street and Number) (City) (County) (State) (Zip Code)

hereafter referred to as the Kinship/Relative Caregivers.

Whereas, W. Va. Code §49-2-106 provides that any child who is placed in the legal custody of the department may at any time during the period of legal custody, be placed in a suitable kinship/relative home upon such conditions as the department may prescribe and subject to visitation and supervision; and

Whereas, the kinship/relative caregiver is available, willing and qualified to perform this function, and the department desires that the kinship/relative caregiver perform this function;

NOW, THEREFORE, it is hereby and herewith mutually agreed by and between the parties hereto as follows:

1. The Kinship/Relative Caregiver(s) agree:
  - a. To accept only the foster child(ren), in which there is a kinship or relative relationship.
  - b. To provide such child(ren) with normalcy, including food, shelter, clothing, affection, training, recreation, education, and opportunities for religious, spiritual, or ethnical development.
  - c. To assist the department in its responsibilities for such child(ren) by permitting the department's child welfare worker to visit in their home and to speak privately with the child(ren) whenever requested. When possible, these visits will be planned to suit the kinship/relative caregiver's convenience. Unannounced visits may be necessary at any given time throughout the placement.
  - d. To report immediately to the department any hospitalization, surgery, accident, serious illness, death, arrest, or detention by a law enforcement agency of a foster child, or change



of address, serious illness in the family, or other unanticipated event or incidents that may have a significant impact on the child(ren).

- e. To immediately notify the department if the foster child(ren) placed with them runs away or is missing, by calling the department's 24/7 Abuse and Neglect Hotline at 1-800-352-6513. The kinship/relative caregiver must also contact the child/youth's worker after immediately reporting to the Hotline. If the kinship/relative caregiver suspects that the foster child has been kidnapped, the caregiver shall immediately call 911 before contacting the department's Centralized Intake for Abuse and Neglect Hotline.
- f. To notify the department of any other significant change in the kinship/relative family structure or income.
- g. To participate in all required case planning, multidisciplinary treatment team meetings (MDT), conferences, and administrative reviews as a member of the service team to assist with the development and implementation of a treatment plan for services for the child(ren) and their biological family.
- h. To cooperate with the department in carrying out the department's plan for the child(ren), including any planned visits, reunification of a child to their parents, transfer to another kinship/relative home, resource home, institution, or other placement.
- i. To comply with the general supervision and directions of the department concerning the care of the child(ren) and to cooperate in maintaining standards of childcare and discipline, in accordance with the child welfare provisions of the W. Va. Code.
- j. To notify the department if the child wishes to marry, apply for a driver's license, or enter the armed forces. It is understood that consent must be obtained from the department and, if parental rights are intact, from the biological parents.
- k. To notify the department if the foster child(ren) needs any non-emergency medical procedures. Non-emergency medical procedures usually require a consent from the legal guardian of a minor; as such, the legal guardian of foster child(ren) is the department and consent for medical procedures are required to be signed by a department representative. When the kinship/relative caregiver is made aware that a non-emergency medical procedure is necessary for the foster child, they will notify the child's Department child welfare worker of the procedure. It may be necessary for the kinship/relative caregiver to obtain the appropriate consent forms from the medical professional to give the Department child welfare worker to obtain the appropriate signatures.
- l. To keep confidential all personal information concerning the foster child(ren) and their biological family.
- m. To not allow the child(ren) to be given to his parent(s) or transferred to anyone other than a representative of the department, except when permission or authorization has been granted by the department.

- n. To comply with and support reasonable family visitation plans established by the department or the court. The time for such visits shall be agreed upon by the child's MDT, kinship/relative caregiver(s), the department, the child, and the child's parent(s), or as otherwise established under court order.
- o. To notify and receive authorization from the department in advance of any trips (other than routine) or vacations. It is understood that the department, or in some instances, the biological parent's written consent may be required for such trips or vacations. Additionally, some courts require a court order to be issued granting non-routine travel, overnight stays that do not fall under prudent parenting, or vacations. The department child welfare worker should be given sufficient notice, no less than 14 days, whenever possible of trips or vacations in these jurisdictions in order to obtain a necessary court order.
- p. To discuss with the department worker or the biological family, any complaints, problems, difficulties, or suggestions concerning the foster child in an effort to resolve the issues and pressures of placement.
- q. To assist with necessary transportation such as medical appointments or treatments, counseling, education, court hearings, MDT meetings, reviews, and family visits.
- r. To refrain from accepting money or other valuable items from parents or guardians of any child in foster care.
- s. To send to the department any other support and maintenance monies received aside from the foster care subsidy or the Temporary Assistance to Needy Families (TANF) caretaker-only check (see TANF handout provided by your home finder) from the department (such as social security income, child support, etc.) for a child placed in their care to cover boarding care cost. The kinship/relative caregivers should not receive any other form of federal support for a child placed in their home through the department.
- t. To participate in a background check for all adult members living in the kinship/relative caregiver(s) home as required by department policy; to notify the department home finding unit within 24 hours of a charge or conviction of a misdemeanor or felony of any member of the household; and to report to the department the addition of any person over the age of 18 to their home as soon as possible, but no more than five days, so that that person can receive a Crime Identification Bureau (CIB) check as required by department policy.
- u. To obtain additional training of twelve hours per year, either through department sponsored programs or through agencies/professionals approved by the department and to maintain current certification in CPR and first aid by a certified provider.
- v. To work with the managed care organization to ensure the foster child(ren) in their care receives all necessary comprehensive health screens as required by the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, known as HealthCheck. In addition, it is further agreed that they will maintain records of all such screens and to ensure that the

child(ren) is/are scheduled for and receive all necessary follow-up medical, dental, optical, or psychological treatment as prescribed by the screening provider.

- w. To provide all child(ren), who first enter care, with a life book or maintain the child(ren)'s life book as they move from one kinship/relative caregiver(s) home to another placement.
- x. To maintain the child(ren)'s "Journey Placement Notebook," the monthly "Out of Home Observation Reports" and the "Placement Wardrobe and Personal Item Inventory" list. The monthly "Out of Home Observation Reports" and "Placement Wardrobe and Personal Item Inventory" list will be provided to the child's worker and a copy maintained in the Journey Placement Notebook.
- y. To adhere to the department's discipline policy as outlined in the Addendum to the Kinship/Relative Provider Agreement.
- z. To not abruptly request removal of a child without an appropriate plan and living arrangement which have been agreed upon by the child's MDT unless the child displays behaviors which cannot be addressed safely and effectively, and the child requires a higher level of care. In the event of an emergency discharge, the kinship/relative providers will give the Department ten days' notice to locate an appropriate placement.

2. The department agrees:

- a. To provide a copy of the "Foster Child Bill of Rights" and "Foster and Kinship Parent Bill of Rights" as found in W. Va. Code §49-2-126 and §49-2-127, respectively, to the kinship/relative caregiver at the time of placement.
- b. To offer childcare during required department training(s). The department agrees to work with kinship/relative caregiver(s) to obtain childcare during required pre-service foster care trainings for initial certification.
- c. To inform kinship/relative caregiver(s) of applicable laws and guidelines regarding the responsibilities of kinship/relative caregiver(s). These updates will be provided through department policy releases, informational letters, department website, and Mission West Virginia website and automated informational calls to caregivers.
- d. To provide a list of required pre-service trainings, as well as approved topics for annual in-service trainings.
- e. To provide 24-hour contact by the department child welfare worker. The kinship/relative caregiver(s) may contact the child's worker during business hours and contact the department's abuse and neglect hotline 24/7 at 1-800-352-6513 to ask for the on-call child welfare worker in the county where the child was removed.

- f. To provide such foster child(ren) with medical care and comprehensive health screens using the EPSDT Program, known as HealthCheck, and the MCO in accordance with the policies of the department.
- g. To provide a department child welfare worker to provide case management, visit, and supervise the care of the child(ren).
- h. To provide an incentive payment of \$300.00 to the kinship/relative caregiver no later than 14 days after placement of the kinship/relative child(ren) into the home. The purpose of the incentive payment is to assist the caregiver(s) in obtaining items or completing activities associated with the certification requirements or placement needs of the child(ren) placed in the home. If the caregiver meets all certification requirements within the 90-day timeframe, an additional \$200.00 will be issued to the caregiver(s).
- i. To offer supportive services to the kinship/relative caregiver(s) in relation to the foster child(ren) and reunification efforts of other permanency options when reunification is not possible.
- j. To cooperate with the kinship/relative caregiver(s) in arranging for specialized services for the foster child(ren) such as special education, psychological services, etc., recommended by sources such as EPSDT providers and education specialists and approved by the department.
- k. To reimburse the kinship/relative caregiver(s) in accordance with the rates in the following Rate Schedule. In addition, the department agrees to reimburse the kinship/relative caregiver(s) for additional necessary expenses in accordance with the policies of the department as set forth in the department's Social Service Manual. All payments shall be made upon submission of appropriate billing or necessary paperwork.

Monthly Rates Per Child Pre-Certification

		TANF Child Only Rates	Per Child Rate	Daily Rate
1	Child	\$417.00	\$417.00	\$13.71
2	Children	\$480.00	\$240.00	\$15.78
3	Children	\$542.00	\$180.67	\$17.82
4	Children	\$612.00	\$153.00	\$20.12
5	Children	\$670.00	\$134.00	\$22.03
6	Children	\$734.00	\$122.33	\$24.13
7	Children	\$793.00	\$113.28	\$26.07
8	Children	\$811.00	\$101.37	\$26.66

Monthly Rates Per Child Post Certification

Age	Boarding Care Rate	*Monthly Clothing	*Monthly Personal Use
0-5	\$790.00	\$118.50	\$0
6-12	\$851.00	\$118.50	\$25-\$30
13-21	\$942.00	\$118.50	\$35-\$40

**\* The monthly clothing and personal use amounts are part of the boarding care rate and are not a supplement to the rate. The listed amounts are to be deducted from the boarding care rate and applied specifically to clothing and personal use needs for the child.**

3. It is expressly understood by the parties to this agreement:
- a. That legal custody of the child(ren) shall at all times remain with the department.
  - b. That the kinship/relative caregiver(s) must give at least a ten-day notice to the department of their wish to have the kinship/relative foster child placed in their home removed, unless an emergency situation arises that prevents at least a ten-day notice, such as the child becomes a danger to themselves or others, an unforeseeable family emergency, family illness or accident, or any emergency circumstance where at least a ten-day notice is not possible.
  - c. That the department must give at least a ten-day notice to the kinship/relative caregiver(s) before removing the kinship/relative foster child from the home, whenever possible. There is an understanding that often the court of jurisdiction may order children to return to their biological families, be placed in another kinship/relative home, or move to another placement. Such circumstances cannot always be known in advance; however, most placement changes are recommended by the MDT where kinship/relative caregiver(s) are to be part of the MDT and should have the foreknowledge of any and all MDT recommendations including placement changes.
  - d. That the department shall have the responsibility for planning for the child(ren)'s future placement, and that the kinship/relative caregiver(s) shall not make independent plans for future placements.
  - e. That the duties and responsibilities of the kinship/relative caregiver(s) under this agreement are not assignable or transferable to anyone under any circumstances.
  - f. That the duties and requirements provided in this agreement do not create an independent cause of action pursuant to W. Va. Code §49-2-127a. Violations of this agreement may be reported to and investigated by the foster care ombudsman.

RECOMMENDED BY:

KINSHIP/RELATIVE PROVIDER:

\_\_\_\_\_  
DoHS Child Welfare Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kinship/Relative Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kinship/Relative Provider

\_\_\_\_\_  
Date

ADDENDUM TO THE KINSHIP/RELATIVE PROVIDER AGREEMENT

DISCIPLINE POLICY

1. I/We understand the West Virginia Department of Human Services discipline policy which states: "punishments, including any type of physical hitting or any type of physical punishment inflicted in any manner upon the body; or punishment which subjects the child to verbal abuse, ridicule, intimidation or humiliation is strictly forbidden."
2. I/We understand that non-compliance issues including, but not limited to, physical punishment of any kind, threats of removal from the home, humiliating words or acts, screaming at a child in anger, verbal abuse, derogatory remarks about a child or his biological family, keeping a child out of school, denying meals or food, closing or locking a child in a closet, shed, room, inside or outside the home, denying a child mail/phone calls/visits with the family, and fondling or any form of sexual abuse are also not acceptable.
3. I/We understand that the department has the obligation to investigate any allegation of physical or emotional abuse or non-compliance issue and agree to cooperate with the department during such investigation.
4. I/We agree to adhere to the above discipline policy and understand that failure to do so could result in the removal of the child(ren) and closure of my/our home as a kinship/relative provider.

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Kinship/Relative Provider

---

Date

---

Kinship/Relative Provider

---

Date

---

DoHS Child Welfare Worker

---

Date

Kinship/Relative Provider file - legal block - original  
Kinship/Relative Provider(s)



Alex J. Mayer  
Cabinet Secretary

### Kinship/Relative Home Study Request and Safety Screen

To be completed by the worker placing the child(ren) in the home.

#### Section I. Case Information

<b>Case Name:</b>	<b>Case Number:</b>
<b>Worker Name:</b>	<b>Worker County:</b>
<b>Placement Date:</b>	

**\*ATTENTION: The placement date MUST be included before submitting if placement of the child(ren) has already occurred. If the placement has already occurred, the removal and custody screens MUST also be completed in PATH. If the screens are not completed in PATH and the date has not been recorded above, the request WILL BE returned to the requesting worker and their supervisor.**

**See also a list of AFCARS elements and additional requirements at the end of the home study request that must be answered prior to submission of the packet to the Home Finding Unit.**

INFORMATION ABOUT FAMILY TO BE ASSESSED					
Name of Applicant	Date of Birth	Social Security Number	Gender	Race	Marital Status
Is the applicant(s) of a Hispanic or Latino ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the applicant(s) have a tribal membership? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>If yes, Tribal Information:</b>					
Telephone	Home:	Cell:	Work:		
Address:					
Mailing Address (if different):					
Email Address:					
County:					
Directions to Home:					
CHILDREN STUDY IS TO BE COMPLETED FOR					
Name	Date of Birth	Gender	Relationship to Applicant		
OTHERS IN THE HOME					
Name	Date of Birth	Gender	Relationship to Applicant		

<b>ADDITIONAL INFORMATION</b>			
Is the assessment court ordered?	Yes:	No:	
If yes, due date:			
Is the assessment due to the court by a specific date?	Yes:	No:	
Date of preliminary hearing:			
Is the child(ren) already in the home?	Yes:	No:	
Any behavioral or special needs of the child?			
Reason for Removal:			
If applicable, are the siblings placed together? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, explain:			
Have all responsible parties been notified of placement? (Parent(s), court, GAL, etc.)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the journey notebook provided? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Section II. Safety Screen**

*This section is required only when the children have already been placed. If not already placed, skip to Section III.*

The worker must request a copy of a driver’s license or photo ID for all members of the household who are age 18 or older for the purposes of a background check through WV CARES. The worker is permitted to take a picture of the driver’s license or photo ID with their work cell phone.

**Criminal Background Check** (all adults in home)

Date obtained (if applicable):

Source of information (for example, did the PA run a check; did you receive a verbal or written report, etc.):

Result:

*\*If home finding specialist finds any member of the household has a felony conviction, misdemeanor, or felony conviction against a person, and/or two or more misdemeanor convictions, the child cannot be placed.*

**Child Abuse/Neglect Check** (paper and facts records, including any out-of-state checks)

Date Completed:



Result (include Investigation/Case numbers if found):

***\*If home finding specialist finds any member of the household has a CPS/APS substantiation, the children cannot be placed.***

### Section III. Home Environment

#### **Any Safety Concerns in Home**

The home shall be free from any safety concerns that may pose potential danger or distress for any child placed in the home.

Comments: [Click or tap here to enter text.](#)

**Room To Accommodate Child/Children** The home shall have enough bedrooms to allow sufficient living space without disrupting the living arrangements of the family. Bedrooms must have windows and any bedrooms that are not on ground level must have a fire escape ladder. Bathrooms must be easily accessible and have doors to provide privacy. Infants must have cribs that meet federal standards for sleeping.

Comments: [Click or tap here to enter text.](#)

#### **Potential Caregiver**

**Child Protection:** The kinship relative caregiver will not perpetuate negative family patterns. The provider fully understands the child's vulnerability and need for protection. They have an effective plan for caring for the child to meet the child's needs. The provider has a protection/supervision plan which includes responsibilities, timing, activity, acceptable effective means for child management and discipline. The provider is committed and capable of carrying out their plans to protect the child when necessary.

Comments: [Click or tap here to enter text.](#)

**Capable of Caring for Child/Children:** The kinship relative caregiver has the physical, mental, and emotional capacity to care for the child/children.

Comments: [Click or tap here to enter text.](#)

#### **Able to Participate With MDT, Case Planning, Home Study, Child/Children's Assessment**

The kinship/relative will keep an ongoing record of all the child's medical treatment, including routine and emergency appointments, medications prescribed and any conditions needing follow-up medical attention. The kinship/relative agrees to provide transportation or arrange for transportation to medical and non-medical appointments. The kinship/relative will participate and comply with the recommendations of the Multidisciplinary Treatment Team and the recommendations of the child(ren)'s assessment.

Comments: [Click or tap here to enter text.](#)

**Geographic Proximity of Placement Allows Continued Planned Involvement with Child/Children’s Parents**

The kinship/relative resides in a location that will allow for the child to continue involvement with their parents through visitations and any other means of contact deemed appropriate.

Comments:Click or tap here to enter text.

**Willing to Comply with DoHS’ Discipline Policy**

The kinship/relative provider will comply with the discipline policy. Punishments of a physical nature, including hitting on the body in any manner. Any punishment that subjects a child to verbal abuse, ridicule, or intimidation is strictly prohibited. Children shall be disciplined with kindness and understanding. Discipline shall be related to the developmental stage of the child and in line with the child’s abilities to comply. The kinship/relative provider will comply with the discipline policy.

Punishments of a physical nature, including hitting on the body in any manner, or any punishment that subjects a child to verbal abuse, ridicule, or intimidation is strictly prohibited. Children shall be disciplined with kindness and understanding. Discipline shall be related to the developmental stage of the child and in line with the child’s abilities to comply.

Comments:Click or tap here to enter text.

The above issues have been addressed or discussed with the kinship/relative caregiver(s). The caregiver(s) understand that this placement is a temporary placement and that the child/children are in the custody of the DoHS. The caregiver(s) agree to cooperate and comply with the above-mentioned issues, which were discussed with them. The caregiver(s) will also comply with any other reasonable requests made by the DoHS, MDT, court, or service provider, which is made to promote the child/children’s or family’s progress towards Safety, Well-Being, and Permanency. The caregiver(s) understands that this is an initial placement screen and that they will be required to cooperate with the home study process, unless granted a waiver, once the MDT determines the most appropriate placement for the child/children. If at any time it is determined that this placement cannot meet the needs of the child/children, the child/children will be placed in the most appropriate placement which can meet their needs.

**Caregiver Signatures:**

_____	_____	_____
Caregiver (Print)	Caregiver (Sign)	Date
_____	_____	_____
Caregiver (Print)	Caregiver (Sign)	Date

**Section IV. Worker Comments**

Before submitting the Kinship/Relative Home Study Request and Safety Screen to the Regional Home Finding Supervisor, please provide any information home finding staff should be aware of in completing this study. Please include any concerns or special circumstances.

Do any of the safety screen verifications contain information that would disqualify either applicant for the program for which they applied? Yes  No

Do any of the safety screen verifications contain information that would cause limitations/restrictions regarding the care of a foster or adopted child? Yes  No

If yes to either, explain below:

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Child Welfare Worker (Print)

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Child Welfare Worker (Sign)

Date

---

Child Welfare Supervisor (Print)

---

Child Welfare Supervisor (Sign)

Date

## ***AFCARS 2.0 Elements and Additional Requirements***

The following questions must be answered before submitted the home study request to the Home Finding Unit. Each question **must** be answered, or the packet will be returned to the requesting worker and their supervisor and will not be accepted until each AFCARS element and/or other required elements listed below are answered.

Relationship to Child Please enter a relationship (ex. aunt, grandmother, neighbor, teacher, etc.)

Does the child have siblings in care? Choose an item.

How many siblings are in care? Enter the number of siblings.

Are siblings placed together? Choose an item.

Does the child have children in care? Choose an item.

How many children are in care? Enter the number of children belonging to the youth who are in care.

Is the child being placed with his/her child(ren)? Choose an item.

Was the Journey Placement Notebook provided to the kinship/relative/foster/adoptive parent(s)?  
Choose an item.

Were required notifications made to the appropriate parties? Choose an item.

Has the child been exposed to or have communicable disease? Choose an item.



Alex J. Mayer  
Cabinet Secretary

**First Home Visit Encounter Form:  
Kinship Relative Safety Screen (KRSS)**

Provider Number:		Provider Name:		
Name(s) of Child(ren):				
Date of First Home Visit:				
Scheduled Date for 2nd Home Visit:				

**IMMEDIATE/CRITICAL/SAFETY NEEDS IDENTIFIED: Caregiver Initials: \_\_\_\_\_ HF Initials: \_\_\_\_\_**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Were any of these areas brought to the attention of the Kinship Navigator?  
\_\_\_\_\_
- Comments: \_\_\_\_\_
- Were any areas of these areas brought to the attention of the CPS worker?  
\_\_\_\_\_
- Comments: \_\_\_\_\_

**AREAS to SCHEDULE: Caregiver Initials: \_\_\_\_\_ HF Initials: \_\_\_\_\_**

- Fingerprinting to be scheduled within 3 days of referral
- Medical: Scheduled within 5 days (completed by day 45)
- NTDC Training within 5 days
- Schedule 2-week check-in call

**AREAS of ATTENTION REVIEWED with PROVIDER: Caregiver Initials: \_\_\_\_\_ HF Initials: \_\_\_\_\_**

<input type="checkbox"/> Safety Concerns in the home; Room to accommodate children, etc.	
<input type="checkbox"/> Sanitary Conditions (that directly impact safety)	
<input type="checkbox"/> Location	
<input type="checkbox"/> Internet access	
<input type="checkbox"/> Provider age	
<input type="checkbox"/> Number of children in placement	
<input type="checkbox"/> Number of children already in home	
<input type="checkbox"/> Age range of children	
<input type="checkbox"/> Previous CPS history	
<input type="checkbox"/> Identified physical health needs (child or caregiver)	
<input type="checkbox"/> Identified mental health needs (child or caregiver)	
<input type="checkbox"/> Identified educational needs	
<input type="checkbox"/> Court-ordered placement	
<input type="checkbox"/> (Other)	
<input type="checkbox"/> (Other)	

**REVIEWED and COMPLETED at FIRST VISIT: Caregiver Initials: \_\_\_\_\_ HF Initials: \_\_\_\_\_**

---

- |   |  |
|---|--|
| <input type="checkbox"/> CPS/APS Authorization of Release   | <input type="checkbox"/> WV CARES Disclosure Form              |
| <input type="checkbox"/> Direct Deposit Form Reviewed (provider<br>mails)   | <input type="checkbox"/> Photo of driver's license or photo ID |
| <input type="checkbox"/> Identification of substitute<br>caregiver(s)/respite discussed. <i>(This must be<br/>completed by completion of Home Study.)</i> | <input type="checkbox"/> Verification of registration          |
| <input type="checkbox"/> Kinship/Relative Placement Agreement<br>(signed)   | <input type="checkbox"/> Verification of car insurance         |
| <input type="checkbox"/> List of Names and Contact Information for<br>the Family Resource Development Reference<br>Form                                   | <input type="checkbox"/> W-9                                   |
| <input type="checkbox"/> Home photographs (interior and exterior)   |  |

- o All Bedrooms
- o All Bathrooms
- o Kitchen
- o Living Areas
- o Heat Sources
- o Smoke Detectors
- o Carbon Monoxide Detector (if applicable)
- o Fire Extinguishers
- o Hot Water Tank
- o Basement (if applicable)
- o Outside of Home (front/back)
- o Porches, Trampolines, Pools, etc. (any safety concerns)
- o Garage (if applicable)
- o Gun Safe (if applicable)

**REVIEWED and FORMS LEFT with PROVIDER: Caregiver Initials: \_\_\_\_\_ HF Initials: \_\_\_\_\_**

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- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Child Care Discussion<br/>How to apply as a foster parent: <input type="checkbox"/> N/A</li> <li><input type="checkbox"/> Family Disaster Plan</li> <li><input type="checkbox"/> Foster Child Bill of Rights</li> <li><input type="checkbox"/> Foster and Kinship Parent Bill of Rights</li> <li><input type="checkbox"/> Financial Statement</li> <li><input type="checkbox"/> Fingerprinting Date Set</li> <li><input type="checkbox"/> Fire Safety Plan</li> <li><input type="checkbox"/> Journey Notebook</li> <li><input type="checkbox"/> Kinship/Relative Placement Agreement (copy)</li> <li><input type="checkbox"/> Kinship/Relative/Grandparent Booklet</li> <li><input type="checkbox"/> Medical Report for Applicants</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Pet Vaccinations (Rabies): <input type="checkbox"/> N/A<br/>Date: _____</li> <li><input type="checkbox"/> Water Source Discussion</li> <li><input type="checkbox"/> NTDC Training Discussed<br/>Date Scheduled: _____</li> <li><input type="checkbox"/> NTDC Schedule provided to caregiver</li> <li><input type="checkbox"/> Safe Bathing</li> <li><input type="checkbox"/> Safe Sleep</li> <li><input type="checkbox"/> Smoking Discussion</li> <li><input type="checkbox"/> TANF/SPKC Instructions</li> <li><input type="checkbox"/> Transportation Discussion</li> <li><input type="checkbox"/> Firearms/Weapons</li> </ul> |
|---|---|

**OTHER NOTED AREAS DISCUSSED: Caregiver Initials: \_\_\_\_\_ HF Initials: \_\_\_\_\_**

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The signature(s) below verifies a visit with DoHS (or ASO) home finding specialist  
\_\_\_\_\_ occurred on \_\_\_\_\_.

**Please note: All home study requirements are due 90 days from the date the home study request packet is received. The deadline for all home study requirements is: \_\_\_\_\_**  
**(Please enter the 90 deadline date)**

That the above information was reviewed with us/me and I/we understand the importance of this information.

**SIGNATURES:**

\_\_\_\_\_  
Caregiver 1

\_\_\_\_\_  
Caregiver 2

\_\_\_\_\_  
Other (relation to child)

\_\_\_\_\_  
Home Finding Specialist





# Kinship Navigator Program



Mission  
**WEST VIRGINIA**

# Kinship Navigator

## 7 Staff who serve statewide

- Tishie Ratliff
- Dorothy Minch-Bledsoe
- Brandy Wilson
- Taylor Avis
- Karissa Golden
- Hope Smith
- Erin Martin (manager)

## Kinship Navigator Goals

- To ensure that caregivers have all needed resources to provide for the children in their care and to ensure that these resources are provided timely
- To help caregivers prepare for their homestudies so that they can be completed in a timely manner
- To assist families by completing tasks and meeting needs, thus relieving some burden from CPS and Homefinding Staff, especially related to needs that are small but time intensive
- To preserve placements by providing caregivers with the tools and resources that they need to feel confident in their ability to provide for the children



# Assessment

- Assess for needs
- Answer questions
- Explain any unknowns of the system
- Home Study Preparation



# Financial Assistance

- TANF/Demand Payment
- CCRC
- WIC
- SNAP
- Vouchers: Clothing, Incentive payment
- Medical Cards
- Utilities
- Home Repair
- Transportation



Mission  
**WEST VIRGINIA**

# Services

- Ombudsman
- Legal Aid
- NTDC
- Housing
- CASA
- FRNs/FRCs
- Aetna
- Starting Points
- Gabriel Project
- Birth to Three
- Education Resources



Mission  
**WEST VIRGINIA**

# Emotional Support



Mission  
**WEST VIRGINIA**



# Tangible Items

Food  
Clothing  
Bed frames, mattresses  
Bedding  
Cribs  
Carseats  
Dressers  
Weapon safety  
Baby Safety  
Medication Lock Boxes  
Fire Extinguishers  
Carbon Monoxide Detectors  
Fire Escape Ladders  
First Aid Kit  
Hygiene Items



Mission  
**WEST VIRGINIA**



# Contact Information

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Erin Martin

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Expense Reimbursement,  
Transportation, and  
Related Supports

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“In your neighborhood”

# About Acentra Health

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- Formerly known as Kepro in WV, Acentra Health is an administrative services organization (ASO) for the Department of Human Services (DoHS). Acentra Health assists the Bureau for Social Services (BSS) with their transportation reimbursement processes.
- For transportation reimbursement it is our job to be a bridge between families and BSS staff. We want to help families get the right forms to the right places so eligible families can receive transportation reimbursement to more fully participate in the casework process.
- Acentra Health staff can assist families with enrolling as providers, requesting the correct service referrals from BSS staff, obtaining authorizations numbers and creating draft invoices with family members.



# The Transportation Barrier

- Transportation barriers are often experienced in child welfare cases in WV and nationwide. (Findley & Crutchfield, 2022)
- The observable link between transportation inequity and CPS permanency outcomes warrants future research.
- WV DoHS wants to help address that barrier that by providing travel reimbursement to both biological and resource families involved in open CPS and YS cases.
- Transportation Reimbursement is not applicable to Family Court cases.



# Reimbursable Transportation

- **Transporting to Family Visitations (Family Time)**
  - may be between children & parents
  - Sibling Family Time
  - Foster/Kinship families transporting children to and from visits
  - Bio family members may be reimbursed for driving themselves to Family Time
  - Pre-Placement Visits with children in residential settings
- **Court Hearings**
- **Multi-Disciplinary Team Meetings (MDT's)**



# Case Manager/MDT approval

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- Travel reimbursement for family members is at the discretion of the case manager, supervisor, and the MDT.
- A conversation should be had with the family about visit duration, type of travel, and who is able to attend the visit with them such as spouses, grandparents or additional children/siblings.
- Many clients who call in have questions about how long they are allowed to stay, how often they are allowed to visit, if any of their kids or spouses may attend the visit with them, if they are eligible to stay the night and/or rent a car or fly, and these decisions should be made at the discretion of the DoHS staff.



# Non-Billable Mileage

- Driving to/from daycare
- Driving to/from school
  - \*funding may be available through school system McKinny-Vento Act
- Shopping/General Errands related to foster children
- Church, Band, Sports, Extracurricular Activities
- Medical Appointments
  - Reimbursement may be available through NEMT



# Overview of Transportation Reimbursement Steps

## STEP ONE: PATH

- DoHS enters kinship/bio/foster parent as a provider (either through DoHS Homefinding or enrollment office)

## STEP TWO: ASO Referral for Services

- BSS Child Welfare Worker will enter necessary referral such as private transportation one, meals, and lodging depending on travel needs

## STEP THREE: Acentra Health Authorization Submission

- Kinship/foster/bio parents will call or email Acentra Health Care Managers (Melissa and Cara) to complete submission for authorization number used for billing

## STEP FOUR: Invoicing BSS for payment

- After Acentra Health assists the family member obtain authorization numbers the family will give us their relevant mileage or travel receipts to complete the paper invoice. Once kinship/foster/ bio parent signs invoice they postal mail to DoHS finance office for processing

**Whatever step you may be on - Contact Acentra Health Care Managers with any questions!**





# Specialized Foster Care Homes

- Foster parents who are opened through a specialized foster care agency will go through that agency for reimbursement
- DoHS worker will make the referral under the specialized agency who will then do the submission, invoicing, and make payment to the foster parents
- Examples include Necco, Children's Home Society, Burlington, KVC, Pressley Ridge, etc



# Non-Emergency Medical Transport

- The current NEMT provider for West Virginia is Modivcare.
- Mileage Reimbursement is available for foster and kinship families when they are transporting children in custody to medical, dental, or behavioral health appointments if the appointment is being paid for via the child's medical card.
- Modivcare can also provide drivers for rides to appointments, and they do allow one additional passenger acting as a guardian of the member being transported.
- Child safety seats must be provided by the member if they are being driven by a Modivcare driver.
- Once enrolled with Modivcare the family/foster family member must call or login to their portal for a trip number **BEFORE** they make each trip to be reimbursed.



# Citations

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U.S. Department of Health and Human Services, Administration for Children and Families. (2020 February 5). *Informational memorandum on family Time and visitation for children and youth in out-of-home care*. [IM-20-02 | The Administration for Children and Families](#)

Findley, E., & Crutchfield, J. (2022). Accessibility of transportation to child-welfare involved parents and the related impact on court-ordered service participation. *Child & Family Social Work*.  
<https://doi.org/10.1111/cfs.12900>

Posey, Teri and Munn-Haywood, Cynthia Ann, "CORRELATION BETWEEN USE OF FAMILY VISITATION CENTERS AND FAMILY REUNIFICATION" (2017). Electronic Theses, Projects, and Dissertations. 556.  
<https://scholarworks.lib.csusb.edu/etd/556>



# Acentra Health Care Manager Contact Info

## **Melissa Lazear**

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Questions?



**Acentra**  
HEALTH

Accelerating  
Better Outcomes