

## 1. Licensing of Resource Family Homes for Children

**1.0 PURPOSE** The procedures provide the steps to license foster parents, including relative caregivers. The goal is to unconditionally approve all homes and to minimize the time a home is provisionally licensed. Therefore, all requirements need to be met as quickly as possible when a home is special licensed and a child placed. Effective 10/1/2000, the Department has not been able to claim any foster board reimbursement for otherwise eligible Title IV-E children when they are placed in homes that are provisionally licensed (not fully (unconditionally) licensed). In addition, effective 10/1/2002, the Department will not be able to claim any federal reimbursement for administrative costs for otherwise eligible Title IV-E children when they are placed in homes that are provisionally licensed (not fully licensed).

### 1.1 AUTHORITY

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|----|-----------------------------|--|
| A. | 45 C.F.R., Part 1355        | Administration for Children and Families; General Requirements; Child and Family Services                              |
| B  | 45 C.F.R., Part 1356        | Requirements Applicable to Title IV-E  |
| C. | 45 C.F.R., Part 1357        | Requirements Applicable to Title IV-B  |
| D. | P.L. 105-89                 | Adoption and Safe Families Act of 1997   |
| E. | P.L. 113-183                | Preventing Sex Trafficking and Strengthening Families Act of 2014  |
| F. | HRS 346-14                  | Duties Generally   |
| G. | HRS 346-17                  | Child Placing Organizations, Child Caring Institutions, and Foster Boarding Homes; Authority Over and Investigation Of |
| H. | HRS 17-346-19.6             | Criminal History Record Checks   |
| I. | <a href="#">HAR 17-1625</a> | Licensing of Resource Family Homes for Children  |
| J. | P.L. 115-271                | Child Abuse Prevention and Treatment Act Section 106(b)(2)(B)(xii) (CAPTA)   |

**1.1.2 REASONABLE AND PRUDENT PARENT STANDARD FOR RESOURCE FAMILY HOMES**

The Department's procedures for implementation of the Reasonable and Prudent Parent Standard for Resource Caregivers refer to Part IV-Licensing Section 0 Licensing of Resource Family Homes and Child Caring Institutions-- Implementation of the Reasonable and Prudent Parent Standard for Resource Family Homes and Child Caring Institutions.

**1.1.3 QUALIFIED IMMUNITY-RESOURCE CAREGIVERS**

(As defined in HRS 346-17) Any resource caregiver or child caring Institution issued a certificate of approval pursuant to this section shall be immune from liability in a civil action to recover damages for injury, death, or loss to a person or property that results by authorizing a child in the caregiver's or institution's foster care to participate in an extracurricular, enrichment, cultural, or social activity; provided that the authorization is in accordance with the reasonable and prudent parent standard as defined in title 42 United States Code section 675 (10) (A).

**1.2 CERTIFICATION PROCESS FOR LICENSING RESOURCE HOMES**

The Department currently contracts with a private agency to recruit, train and evaluate and make recommendations for general licensed resource families. The Department also contracts with an agency to train, evaluate and make recommendations for child specific resource licensure for a specific child(ren) that has been placed in their home.

**1.2.1 Who may apply**

- A. The Department's emphasis is on increasing the number of resource families and adoptive parents. Any of the following may apply: An individual, single or married, who is 18 years or older; if married, preferably married for at least two years; a U.S. Citizen or legal resident of the U.S.
  - 1. If married, both parents need to apply and both must meet certification requirements. The exceptions below

apply to child specific foster parents only.

- a. If the married couple is separated and one spouse lives somewhere else and does not return to this home, do not consider the spouse that is out of the home as part of this household. If the separated spouse is available, do a criminal history and CPSS Central Registry check for Child Abuse/Neglect on the spouse.
  - b. If one spouse is deployed or working overseas for 6 months or more, do not consider the spouse that is out of the home as part of this household. If and when the spouse returns, the spouse must meet all licensing requirements within 3 months or the license needs to be changed to a provisional license.
  2. If two single adults live in the same household, one individual is considered the applicant and the other individual is included in the study as one of the adult household members. Both adults must meet all certification requirements.
- B. Although generally not recommended, a Department employee may apply to be a foster parent under certain conditions.
1. Prior to licensing the employee, check the following:
    - a. The employee is not currently or was not previously a CWS staff in the same unit providing services for the child. An exception may be allowed if the employee is related by blood, adoption, or marriage to the child or the Section Administrator approves; and
    - b. The employee is clear about the distinct roles and responsibilities of an employee and those of a foster parent; and
    - c. The unit supervisors and section administrators of the child's social worker, the employee, and the licensing social worker are aware of the situation and will intervene if problems arise.

2. The placement must be in the child's best interest and the employee/foster parent cannot obtain privileges or advantages not afforded other foster parents. To ensure this, the employee/foster parent and child's social worker must agree to the following:
  - a. That the social worker for the child speak with the child apart from the employee/foster parent so the child is free to discuss any concerns; and
  - b. The employee/foster parent meets his/her foster parent responsibilities on his/her own time and resources.
3. The department shall not delay or deny to any person the opportunity to become a foster parent, on the basis of race, color, or national origin of the person, or of the child involved.
4. The department shall not delay or deny the placement of a child, or otherwise discriminate in making placement decisions solely based on the race, color, or national origin of the foster parent or the child involved. However, the cultural, ethnic, or racial background of the child and the capacity of the adoptive parent(s) to meet the needs of the child of such background may be considered as factors when making a determination of placement that is in the best interest of the child.

**1.2.2 H.A.N.A.I. (Hawaii Assures Nurturing and Involvement) training for Resource Homes**

- A The Department shall ensure that, before a child in foster care, under the responsibility of the Department is placed with prospective resource caregivers,
  1. The prospective resource caregivers shall be prepared adequately with appropriate knowledge and skills to provide for the needs of the child; and
  2. That the preparation shall be continued, as necessary, after the placement of the child; and
  3. That the preparation shall include knowledge and skills relating to the reasonable and prudent parent standard for the participation of the child in age of developmentally-

appropriate activities, including knowledge and skills relating to the developmental states of the cognitive, emotional, physical and behavioral capacities of a child, and knowledge and skills relating to applying the standard to decisions such as whether to allow the child to engage in social, extracurricular, enrichment, cultural, and social activities, including sports, field trips, and overnight activities lasting 1 or more days, and to decisions involving the signing of permission slips and arranging of transportation for the child to and from extracurricular, enrichment and social activities.

- B. The agency shall follow the procedures, process and training curriculum as specified in the H.A.N.A.I. curriculum. The H.A.N.A.I. curriculum also includes the prudent parenting standards training and guidelines developed through a collaborative effort of the Department and other stakeholders and disseminated by the Department.
- C. The H.A.N.A.I. curriculum includes:
  - 1. Understanding the DHS
  - 2. The Role of a Resource Family
  - 3. Medical and Dental Needs
  - 4. Impact of Child Abuse and Neglect
  - 5. Human Development
  - 6. Separation, Loss, and Grief
  - 7. Attachment and Bonding
  - 8. Appropriate Discipline and Positive Caregiving Strategies
  - 9. Working with Birth Families
  - 10. Family Interaction and Contact – Visitation
  - 11. Personal and Cultural Identity Development
  - 12. Reunification and Permanency; and
  - 13. Transition (includes independent living information, resources, and providers)
  - 14. Application of the Reasonable and Prudent Parent Standard, Guidelines and the Q&A document of “Don’t Say “NO” Until You “KNOW”
- D. All individuals interested in being a licensed resource caregiver for children in foster care shall be referred to an agency contracted by the Department to complete the licensing process.

The licensing process includes:

1. Completion of licensing application and all forms
2. Information packet
3. Follow-up contact
4. Ensuring compliance with Hawaii Administrative Rules (HAR) 17-1625 Licensing of Resource Family Homes for Children
5. Completion of H.A.N.A.I. training
6. At-home visit(s) with all adults and children in the family home, joint interviews and individual interviews
7. Completed home study with evaluation and recommendation

E. The final licensing decision shall be made by the Department to reflect the family's ability and willingness to foster. The decision shall be based on whether the prospective resource caregiver:

1. Has the potential for meeting the needs of the children served by the Department.
2. Has the personal commitment necessary to provide the required continuity of care throughout the child's need for family foster care.
3. Has sufficient flexibility to meet the needs of particular children as these change in the course of the children's development.
4. Can identify the Child Welfare Services goals regarding foster care and permanency, work within its policies, share responsibility with the agency, and benefit from assistance and agree to the yearly mandatory on-going training requirements.
5. Can accept and support the child's relationship with parents and kin.
6. Is willing and able to appropriately apply the reasonable and prudent parent standard to decisions made with respect to any child placed in their home.

### 1.2.3 Application

As part of the application process, the following licensing forms are required for all resource caregivers and permanency families:

- A. DHS 1583, "Foster Home Application" and/or DHS 1584, "Adoption Home Application"
- B. DHS 1585, "Supplement to Foster/Adoptive Home Application", including Financial Worksheet and Attachment to the DHS 1585.
- C. DHS 1623, "Request for Criminal History Record Clearance", including Instructions (one per adult in household)
- D. DHS 1536, "Medical Report" (one per adult in household)
- E. DHS 1622, "Employment History Form". This form is optional and to be used when more information is needed from the employer.
- F. DHS 1507, "Authorization to Release Information from the Adult/Child Protective Services Central Registry"
- G. DHS will comply with requests from other States to check Hawaii's CPSS Central Registry in order for another State to determine whether to license or approve the prospective foster or adoptive home
- H. Experimental Form 6/2017-Child Specific Initial Home Visit-Reasonable and Prudent Parent Standard.

#### **Guidelines and Question and Answer Guide for Resource Caregivers:**

The Guidelines and Question and Answer documents on the Reasonable and Prudent Parent Standard shall be included in the child specific application packet and the child's worker shall ensure that the resource caregiver understands the reasonable and prudent parent standards prior to the child's placement onto their home.

The application packet shall include the guidelines for Resource Caregivers entitled "Normalcy For Children and Young People in Foster Care" A Guide for Resource Caregivers on the Reasonable and Prudent Parent Standard. Resource caregivers shall also receive the

question and answer document on prudent parenting entitled, "Don't Say "NO" Until You "KNOW".

The following licensing requirements must be met:

- A. State Criminal History Checks and FBI clearance on all adult household members;
- B. Child Protective Services System (CPSS) Central Registry to check for confirmed child abuse/neglect information including Authorization to Release Information from the Adult/Child Protective Services System Central Registry on all adult household members;
- C. Physical standards of the home;
- D. Medical clearances on applicants;
- E. Tuberculosis Clearances on all household members;
- F. Adequate Finances;
- G. Verification of Marriage, if married;
- H. Personal References;
- I. Personal Qualifications based on Background and Assessment of Family including addressing employment history;
- J. Willingness and Ability to Appropriately care for children—Home study.
- K. Willingness and Ability of the resource caregiver to appropriately exercise the reasonable and prudent parent standard for children in foster care placed in their home.

The following documents on the reasonable and prudent parent standard shall be given to all resource caregivers as part of the child specific licensing application.

- A. "Normalcy For Children and Young People in Foster Care, A Guide for Resource Caregivers and Child Caring Institutions on the Reasonable and Prudent Parent Standard,
- B. Don't Say "NO" Until You "KNOW"-A Guide for Caregivers to Promote Normalcy and Well-Being for Children and Young People in Foster Care,
- C. Rights of Children and Youth in Foster Care,
- D. Department of Human Services (DHS) Resource Family Basics,
- E. Social Media: Tips for Youth in Foster Care,
- F. Resource Caregivers and CCI Caregiver's can help protect children/young people: Use and safety consideration on social networking websites.



**1.2.4 Issuance of Certificate of Approval**

- A. When the family has been studied, meets all the licensing requirements, and is approved, send a certificate of approval with a DHS 1504 stating the disposition of the application.
- B. When the family does not meet all the licensing requirements and is not approved, send out a DHS 1504 citing the reasons.

**1.2.5 When to License Child Specific Homes**

- A. A relationship exists between the child and the prospective foster parent. This relationship may be through blood, adoption, or marriage, or through familiarity, such as a school teacher, a neighbor, or a parent of a friend. In addition, placement in this home, rather than in a general licensed foster home, is in the child's best interest;
- B. There are no general licensed foster homes available or appropriate for this child and the licensing worker and child's worker concur that a home needs to be licensed for this specific child; and
- C. The individual has no intention of fostering other children and is only interested in caring for this specific child. The license is valid only for this specific child and the license terminates when the child leaves the home. If the resource family is interested in continuing to provide foster care, the licensing worker shall discuss with the resource caregiver what it means to be general licensed and discuss with them the number of children, gender, ages and types of children they are willing to foster. The licensing worker shall re-assess the family to determine if they can be general licensed resource caregivers.

**1.2.6 CWS Workers Responsibilities Prior to Placement of a Child**

Prior to a child's placement in a child specific resource home, the CWS worker shall ensure:

- A. Hawaii State Criminal Clearances are completed for all adult household members
- B. Child Protective Services System (CPSS) Central Registry check are completed for all adult household

- members
- C. National and Hawaii Sex Offenders Registry Check are completed for all adult household members
- D. That the prospective resource caregiver is prepared adequately and understands the reasonable and prudent parent standard and they are willing and able to provide normalcy for the child that will be placed in their home.
- E. Review with the prospective resource caregiver the following documents:
  - a. the "Normalcy For Children and Young People in Foster Care, A Guide for Resource Caregiver on the Reasonable and Prudent Parent Standard; and
  - b. Don't Say "NO" Until You "KNOW"-A guide for Caregivers to Promote Normalcy and Well-Being for Children and Youth in Foster Care

#### 1.2.7 Licensing Workers Responsibilities-Child Specific

- A. By the second day of the child's placement in the child specific resource home, the licensing worker should receive the following from the child's worker:
  - 1. DHS 1554 "Referral of Prospective Foster Home for Specific Child"
  - 2. DHS 1586 "Provisional Approval of Homes for Specific Children"
  - 3. DHS 1583 "Foster Home Application"
  - 4. DHS 1585 "Supplement to Foster/Adoption Home Application"
  - 5. Child Specific Initial Home Visit Certification-signed by the child's worker and the resource caregiver. This documents signifies that the child's worker has discussed with the resource caregiver the Reasonable and Prudent Parent Standard-and the resource caregiver understands and knows what it means to provide normalcy for the child placed in their home.
- B. Send the family a provisional certificate for the period noted on PART I of the DHS 1586 and enter the home as provisionally approved in the License Resource File (LRF).
- C. Ensure that the resource caregiver and all household members complete their fingerprinting for the FBI checks and obtains their medical clearances within 7 days of the application date.

If this is not possible, due to circumstances beyond the control of the applicant, at a minimum, the appointments must be scheduled.

- D. Visit the resource family soon after receipt of the application and DHS 1586 in order to complete the licensing study before the expiration date (60 days) of the provisional certificate.
- E. Check for further compliance with licensing requirements and complete PART II of DHS 1586. Although not required, a narrative home study may be completed as a supplement.
- F. If the resource family meets certification requirements, certify the home unconditionally for 1 or 2 years from the date the home met all the requirements, even if the provisional license has not expired yet. Send out a letter with the certificate of approval. On the certificate of approval, type in the names of the children and the date each child was placed in the home.
- G. If the resource family has not met all the requirements by the expiration date of the provisional approval period, the child must be removed and the home closed. Exceptions:
  - a. The family completed their FBI fingerprints but DHS did not receive the results yet;
  - b. The family is still trying to obtain their marriage certificate;
  - c. New household members entered the home since the application was submitted; or
  - d. Other reasonable circumstances beyond the control of the family, which prevents the home from meeting all of the licensing requirements.

For these exceptions, the home may be provisionally licensed for another 60 days.

- H. If the home does not meet the certification requirements, the licensing worker must notify the child's social worker immediately. The licensing worker must provide the child's social worker with other names of foster homes where the child can be placed. Send out the DHS 1504, "Notification of Disposition of Application" citing the reason for the denial from the Hawaii Administrative Rules.
- I. For approved child specific resource homes, inform the resource caregiver that they must participate in training within

one year of placement of the first child. If not, all foster children must be removed according to HRS 346-17 (c) (2).

### 1.2.8 Licensing a Child Specific Resource Home for Additional Children

- A. The placement worker needs to determine that the home can meet the needs of additional children and that the total number of children placed does not exceed the maximum number of children allowed by law and submits the FH Application (DHS 1583), Supplement (DHS 1585), Referral (DHS 1554), and Part I of DHS 1586 to the Licensing Unit.
- B. Upon receipt of the forms, the licensing worker needs to determine that the home can be licensed for more children by a phone call to the family or a home visit depending on when the last home visit was made. Fill in Part II of DHS 1586; or if preferred, utilize the experimental form developed by FHLU2 (found in the back of this Chapter IV, Section 1).
- C. If the home is currently unconditionally licensed, issue an amended certificate of approval that includes the names of the additional children and the dates they were placed in that home. On the amended certificate, the licensing worker should maintain the same unconditional approval and recertification due date as the current certificate. The LRF record does not need to be changed.
- D. If the home is still provisionally licensed, provisionally license the home for the additional children. As soon as the home can be unconditionally certified, issue one certificate of approval for all children in the home, using the date the home unconditionally met all requirements. On the certificate, type in the names of all the children and the date each child was placed in the home.

### 1.3 RE-OPENING A CLOSED UNCONDITIONALLY APPROVED RESOURCE HOME

- A. If a general licensed home that is being re-opened is due for recertification in **3 months or more** (e.g. Recertification due date prior to closing was June 1, 2002 and the home is being re-opened on February 1, 2002):
  1. The licensing worker checks the closed record to determine that all the clearances are still valid. Pay

particular attention to the State criminal history checks as 2 annual checks are needed for the first 2 years of licensure and thereafter, at the time of recertification only;

2. The licensing\_worker contacts the family to determine if there are any changes in the foster family's situation, home, or household composition; and
  3. The licensing worker conducts a home visit if changes occurred or if the last visit made to the home was over 6 months ago.
  4. If the home meets all the licensing requirements, unconditionally approve the home using the same unconditional recertification due date (URDD) of the latest approval issued (using the example above the home would be unconditionally approved from February 1, 2002 to June 1, 2002).
- B. If a child specific foster home that is being re-opened is due for recertification in **3 months or more** (e.g. Recertification due date prior to closing was June 1, 2002 and the home is re-opened February 1, 2002):
1. The child's social worker submits the following forms: DHS 1583, DHS 1585, DHS 1554, and DHS1586 within 2 working days;
  2. The licensing worker follows A.1-4 above;
  3. If there were changes in the home or some of the clearances are not valid, issue a provisional license for 60 days from the date the child was placed in the home.
  4. If the home meets all licensing requirements, unconditionally approve the home using the same unconditional recertification due date of the latest approval issued.
- C. If a resource family home is being reopened is due for recertification **in less than 3 months** (e.g. recertification due date prior to closing was June 1, 2002 and home is re-opened April 1, 2002). The licensing worker contacts the family and conducts a complete recertification study. (Note: FBI

clearances are not required unless new adults have entered the home.) Once the home meets all requirements, issue an unconditional certificate for a full 1 or 2 year period.

- D. If a resource home is being reopened **after** the recertification due date, handle like a new application and all requirements must be met. This includes the FBI clearance, Adam Walsh, Hawaii State and CA/N clearances for the applicants and all adult household members.

## **1.4 CRIMINAL HISTORY RECORD CHECKS AND BACKGROUND CHECKS**

### **1.4.1 Individuals required to have criminal history record and background checks**

- A. Resource Caregivers;
- B. Adoptive parents;
- C. Adult children or relatives of the resource caregiver living in the home and having direct contact with the foster children; and
- D. Other adult household members, ages 18 and over, who have access to the foster children living in the home. Foster youths who turn 18 while in the resource family home do not have to have the FBI clearances, State checks, or CA/N checks.

### **1.4.2 Child Abuse/Neglect Clearances**

A Child Abuse/Neglect Clearance involves a search of the State's Child Protective Service System (CPSS) Central Registry. The CPSS Central Registry contains records of ONLY those names of individuals who have been CONFIRMED for child abuse and/or neglect. The use of NOT CONFIRMED reports when conducting clearances for the purposes of employment and other background checks is not permitted by CAPTA sections 106(b)(2)(B)(xii).

Any person who fails to safeguard confidential information or who violates rules governing the confidential nature of department information may be prosecuted for a violation pursuant to Chapter 346, HRS.

- A. Obtain Child Abuse and Neglect (CA/N) clearances from the CPSS Central Registry. When conducting a search all names, including variation of names, aliases, maiden names, and

other married names shall be checked.

- B. A clearance from the CPSS Central Registry for all adult household members needs to be obtained including the registries in all states where an adult resided within the preceding five years. The clearances shall be completed in accordance with federal and state statutes and departmental procedures prior to full licensure.
- C. Document clearance on the sample "Clearance" form in the Appendix.
- D. Complete required forms authorizing clearances for other states' registries.

#### **1.4.3 Hawaii State Criminal History Checks**

- A. Request that the applicant and all adult household members fill out DHS 1623, "State and National Criminal History Record Check" and submit this form to licensing.
- B. Complete the Hawaii State criminal history check on the Criminal Justice Information System (CJIS) using the information provided on the DHS 1623.
- C. The Hawaii State criminal history check is required yearly for the first 2 years that the home is approved. For new homes, their unconditional license shall be valid for only one year after which a recertification is completed including the Hawaii State Criminal History check. After the first 2 years, the State criminal history checks should be done when re-licensing the home.

#### **1.4.4 Federal (FBI) Criminal History Checks**

- A. Provide Applicants with the instructions to register on line to schedule their fingerprint appointment. Fingerprinting instructions for all islands are the same except for Molokai and Lanai which have their own instructions for registering for fingerprinting. The "State and National Criminal History Record Check" form populates when applicants register for fingerprinting and licensing staff shall print out the DHS 1623 and file in the case record.
- B. FBI checks do not need to be completed again if a closed

resource home is re-opened and the Unconditional Recertification Due Date (URDD) or expiration date remains the same as the original license period.

- C. Resource Caregivers and all adult household members shall register for fingerprinting and schedule their fingerprinting appointment on line.
- D. The Department is financially responsible for the FBI charges for applicants and the adult household members.
- E. The Department shall consider only the criminal history convictions when completing an assessment of the individual.

#### 1.4.5 Dissemination of the Criminal History Record Information (CHRI) – FBI/STATE Fingerprint Based Check

Licensing staff shall:

- A. **Not** disseminate the FBI/STATE Criminal History Record Information (CHRI) received from the fingerprint based check to the Departments contracted providers who complete home studies of resource homes on behalf of the department.
- B. Complete the form: "FBI/STATE & Hawaii State Criminal History Record Information (CJIS√)". Licensing staff will disseminate this form to Child Caring Institutions (CCI), Child Placing Organization (CPO), and agencies that require this information in order to complete home studies for licensing purposes.
  - 1. Enter the date(s) the information from the FBI and State fingerprint based check was received.
  - 2. Enter only a checkmark in the applicable box to indicate if the applicant has been assessed as "Qualified" or "Not Qualified" for individuals to be cleared. No information or details of any criminal history obtained through the fingerprints check may be released. The information received from the FBI and State fingerprint based check **cannot** be released.
  - 3. FBI/STATE determination -Follow HAR 17-1625 Licensing of Resource Homes, 17-1627 Licensing of Child Caring Institutions, and 17-893 Licensing of Child Placing Organization when determining



the qualified/not qualified status of individuals to be cleared.

- C. Not disseminate the CHRI. Example: Do not disseminate the FBI/STATE CHRI to include, but not limited to these agencies: 1) DHS - Benefit, Employment and Support Services Division, Child Care Connection, and 2) The Department of Education (DOE), 3) Family Court.
- D. Not disseminate previous CHRI. Example: An employee of a CCI was fingerprinted, but left this employment and is now employed under a CPO. This individual will need to complete fingerprinting again.
- E. Not disseminate the FBI/STATE CHRI information in home studies that are sent to other states as part of the Interstate Compact for the Placement of Children (ICPC) agreement. Prior to the home study being sent to any state, this section in the home study shall be removed and replaced with qualified/not qualified determination.

#### **1.4.6 Security of the Criminal History Record Information (CHRI) – FBI/STATE Fingerprint Based Check Record Information**

- A. Physical Security of Criminal History Record Information

Licensing staff shall:

1. Ensure that computer monitors are faced away from windows, doors, and hallways.
2. Keep computers in controlled areas.
3. Escort all visitors in computer areas.
4. Store all hard copies CHRI in locked file drawers and/or locked file rooms. This includes both open and closed case files.
5. Ensure that case files containing CHRI is securely stored in locked file drawers when workers are away from their desk.
6. File drawers and storage room keys shall be kept in a locked and secured place.
7. Never leave CHRI lying around their office unsecured.
8. Ensure case files containing CHRI is shredded by DHS authorized personnel.

9. Not save CHRI on your computer to print out later.
10. Not store CHRI on your hard drive, flash drive or CD or send CHRI in an email.
11. Not leave CHRI open on your computer while away.
12. Not take CHRI out of the office into unsecured areas.

B. System Security

Licensing staff shall:

1. Protect passwords to the computer and to the applications.
2. Lock computers when stepping away for any length of time.
3. Watch for shoulder surfing.
4. Beware of persons who try to get information over the phone that would allow them access to the system, computer or confidential information. Report any incidences immediately to your supervisor and the CWS Security Officer.

C. Employee Breach of Criminal History Record Information

1. When a report is received that an employee has violated the security agreement, immediately notify Child Welfare Services (CWS) Security Officer, Social Services Division Administrator (SSDA), Child Welfare Services Branch Administrator and Child Welfare Services Assistant Branch Administrator.
2. The CWS Security Officer will immediately notify the State CJIS Systems Officer of possible breach and the investigation.
3. The CWS Security Officer will inform the fingerprinting contractor to immediately remove the employee's access to contractor's secured portal. As a security precaution and until the outcome of the investigation is complete the CWS employee will also have their CJIS access terminated (form HCJDC-50).

D. Investigation of the Reported Breach of Criminal History Record Information

The investigation into the allegations shall be conducted as followed:

1. Administrator shall assign an investigator within 2 business days of receiving the report.
2. The alleged violator (CWS employee) of CHRI will be served a notice of investigation with the specific allegations within 2 business days of the date the investigator is assigned.
3. Investigator interviews the alleged violator and all possible witnesses or those involved to determine the facts.
4. The investigator will prepare an investigative report with a summary of the interviews, documents and statements obtained, and formulate their conclusion of whether the allegations are true.
5. The investigator will complete the investigation and submit the report within 60 days of the assignment to the Administrator with copies going to the CWS Security Officer.

E. Disciplinary Actions for Misuse of CHRI

1. In consultation with the Departments Personnel Office (PERS) the Administrator then determines what type of disciplinary action (if any) is appropriate.
2. If the employee was found to have violated the FBI CJIS security policy the disciplinary actions may include the following:
  - a. Continued loss of access to the fingerprinting portal and CJIS;
  - b. Continued loss of access to CHRI;
  - c. Verbal or written warning;
  - d. Written reprimand;
  - e. Suspension; and/or
  - f. Termination.
3. The employee will receive a notice of disposition. If the allegations are substantiated and/or disciplinary action is taken, the alleged violator has the right to seek a remedy through the grievance process.

**1.4.7 Grounds for denial, revocation, or non-renewal of a certificate of approval**

These procedures are to assist in ensuring that foster parents and

adoptive parents are reputable and responsible individuals and that they do not have a criminal history or background which poses a risk to foster children in their care.

**A. Child Abuse and Neglect Registry Checks**

1. Any disposition classified by a State's statute as confirmed for child abuse and neglect **may** be a basis for denial, revocation or non-renewal of a certificate of approval if it poses a risk to the health, safety, or well-being of foster children in care.
2. To determine the relevancy of the information gathered, assess whether the prior confirmed CWS report may affect the applicant's ability to provide a safe and nurturing home for the foster child.
3. Consideration may be given to an individual who shows evidence of being rehabilitated. Examples of such evidence may be a letter from a counselor or therapist, successful completion of past services, statements from individuals attesting to a sustained change in the applicant's behavior, positive conduct in the community or in employment, or the successful rearing of children.
4. Do not consider only a single item as evidence of rehabilitation. Conduct a thorough assessment of the facts to determine whether the individual poses a risk to the health, safety or well-being of foster children in care. If necessary, request additional information from the applicant, such as psychological evaluations, substance abuse assessments, etc. The applicant is responsible for any costs incurred.
5. In questionable cases, convene a review panel to review the type of harm, when it occurred, the circumstances surrounding the harm, the frequency of harm, and whether treatment or rehabilitation took place. It is suggested that the panel include the following members as appropriate: the placement worker and supervisor; the foster home licensing supervisor; the permanency worker and supervisor; and the respective section administrator(s). Other individuals may be included on the review panel at the discretion of the section

administrator(s). The outcome of the panel shall be documented in the foster home or adoptive home record.

**B. Criminal History Record Checks (FBI and State)**

1. The department **shall** deny, revoke or not renew a certificate of approval for a foster home and **shall** deny approval of an adoptive home if any adult household member has been convicted of any of the following:
  - a. Felony conviction for child abuse or neglect, spousal abuse, a crime against children (including child pornography), or a crime involving violence, including rape, sexual assault, or homicide committed at any time; or
  - b. Felony conviction for physical assault, battery or a drug-related offense that was committed within the last 5 years.
2. For any other convictions or for multiple convictions that indicate a pattern of behavior, consider the type of offense, when the offense occurred, the circumstance surrounding the offense, whether rehabilitation occurred, to determine if the individual poses a risk to the health, safety and well-being of children.
  - a. To determine the relevancy of such information, consider whether the offense is related to the applicant's ability to provide a safe and nurturing home for the foster child. For example, a conviction of "driving under the influence of alcohol" indicates a risk to children if the individual transports children or has an alcohol abuse problem that may interfere with the care of children.
  - b. Consideration may be given to an individual who shows evidence of being rehabilitated. Examples of such evidence may be a letter from a counselor or therapist, successful completion of past services, statements from individuals attesting to a sustained change in the applicant's behavior, positive conduct in the community or in employment, the successful rearing of children, or

time lapse since conviction.

- c. Do not consider only a single item as evidence of rehabilitation. Do a thorough assessment of the facts to determine whether the individual poses a risk to the health, safety or well-being of children in care. If necessary, request additional information from the applicant, such as psychological evaluations, substance abuse assessments, etc. The applicant is responsible for any costs incurred.
3. In questionable cases, convene a review panel to review the type of crime committed, when it occurred, the circumstances surrounding the crime, the frequency of the crimes, and whether treatment or rehabilitation took place. It is suggested that the panel include the following members as appropriate: the placement worker and supervisor; the foster home licensing supervisor; the permanency worker and supervisor; and the respective section administrator(s) for the workers involved. Other individuals may be included at the discretion of the section administrator(s). The outcome of the panel shall be documented in the foster home or adoptive home record.
4. When the Department receives information which is cause for denial, revocation or non-renewal of a certificate of approval of a foster home or denial of approval of an adoptive home, discuss the information with the applicant. Follow the procedures in Section 1.13 on denial, suspension, and revocation.
5. Ensure that assessments and decisions are well documented in the foster home or adoption home record and CPSS-LRF for homes that have been approved as well as homes that have been denied, closed or investigated.

## **1.5 TB CLEARANCES**

- A. The tuberculosis clearance procedures are determined in accordance with the Department of Health, TB and Hansen's Disease Control Branch. The DOH recommends that all individuals have a tuberculin

skin test or chest x-ray within the last 12 months and yearly thereafter. However, to meet the licensing requirements of a foster home, these are the minimum requirements:

1. For initial certification, the applicant and all household members shall have a tuberculin skin test or a chest x-ray within the last 12 months. This applies to any additional household members who move in later.
  2. If the initial skin test is negative, then at recertification, inform the foster parent that it is recommended that all household members complete annual TB clearances. The foster parent can elect to verbally certify that the foster parent and all household members do not have any signs or symptoms consistent with pulmonary TB. These signs and symptoms are: cough (over 3 weeks duration), chest pain, hemoptysis (coughing up of blood), fever, chills, night sweats, fatigue, loss of appetite, weight loss of more than 10% body weight.
    - a. If the foster parent states that no one has shown any of the above signs or symptoms, document this in the log in the case record.
    - b. If the foster parent responds that an individual has shown one or more of the signs or symptoms, request that the individual obtain a chest x-ray or see the doctor. Obtain the chest x-ray results or the report from the doctor and file in the case record.
  3. For an initial positive skin test and a negative chest x-ray, or for an initial negative chest x-ray, without a skin test, ask the foster parent what the doctor or medical professional prescribed. Document that in the case record. For recertifications, proceed as in #2 for signs and symptoms.
  4. For a positive chest x-ray, the person shall obtain a clearance from a medical professional. If this is an initial approval, use DHS 1536, "Medical Report". If this is a recertification, use the modified DHS 1536-Exp. 4/02, (in the appendix) requesting only the TB symptom screening.
- B. Stamp the date on documents related to TB clearances received in the DHS office and use that date as the date of meeting the TB requirements.

## 1.6 EMPLOYMENT HISTORY

- A. Inquire about the applicants' employment history. Document previous employment, positions held, and reasons for leaving. Ask the applicants if they have had any employment history indicating violence, alcohol or drug abuse, or any employment related problems that may indicate that the applicants may pose a risk to children. Document their responses in the case record. Inquiring about the employment history is a requirement of licensure.
- B. If the employment history appears questionable or additional information is needed from the employer, utilize the employment verification form, DHS 1622, "Employment History Form." This form is not a licensing requirement, but may be used for additional information.

## 1.7 REFERENCES

- A. For homes licensed after 9/1/02, obtain the names of at least 2 references who have adequate knowledge of the family in terms of their character and ability to care for children. Obtain this information either in writing or verbally. The forms in the Appendix may be used. If information is obtained verbally, document responses in the log.
- B. For homes unconditionally licensed, prior to 9/1/02, if there are no written or verbal personal references by 9/30/02, notify foster parents that they are no longer unconditionally approved, enter in LRF Unconditional End Date of 9/30/02, issue provisional certificate for 60 days from 10/1/02. The home cannot be considered unconditionally approved until personal references are received in the office or the verbal contacts have been completed.

## 1.8 FOR CHANGE(S) IN THE FOSTER HOME

- A. Workers have 30 days from the date that they were notified of changes before ending the unconditional approval. Examples of changes include: an additional adult enters the home, the foster parent's biological child turns 18, or the family moves to a new house, etc.
- B. If all licensing requirements are not met within 30 days, enter Unconditional End Date in CPSS-LRF and issue a provisional approval for 60 days from the end of the 30 day grace period. Once the requirements are met, resume the unconditional approval through the original approval's Unconditional Recertification Due



date.

- C. If it is less than 3 months until the original approval's Unconditional Recertification Due Date, the licensing worker shall complete a recertification study, including obtaining any outstanding requirements. Once the home meets all requirements, issue an unconditional certificate for a full 1 or 2 year period.

## **1.9 SUPPORT TO THE RESOURCE CAREGIVERS**

- A. The agency shall maintain supervision of any foster child under the Department's placement responsibility and provide support and necessary resources to the resource caregivers
- A. The supervisory process consists of the following:
  - 1. To ensure that the resource caregivers are prepared with appropriate knowledge and skills to provide for the needs of the child placed in their home and that the foster child is receiving care in accordance with acceptable standards and in relation to his/her needs.
  - 2. To support the resource caregiver's care of the child by relieving anxieties aroused by the presence or behavior of the child; by increasing the resource caregiver's understanding of the child's behavior; by sharing information, training opportunities, and guidance in meeting the needs of the individual child; and by prompt provision of supportive help during difficult periods in the placement.
    - i. That the preparation shall include knowledge and skills relating to the reasonable and prudent parent standard for the participation of the child in age of developmentally-appropriate activities, including knowledge and skills relating to the developmental states of the cognitive, emotional, physical and behavioral capacities of a child, and knowledge and skills relating to applying the standard to decisions such as whether to allow the child to engage in social, extracurricular, enrichment, cultural, and social activities, including sports, field trips, and overnight activities lasting 1 or more days, and to decisions involving the signing of permission slips and arranging of transportation for the child to and from extracurricular, enrichment and social activities.
- B. The licensing workers shall, at a minimum, contact the foster parents every 3 months by phone or in person to offer support and assistance. At least once every 6 months, there should be a face-to-face contact in the home. More frequent contacts should be

made with new foster parents, with the placement of a difficult child, or at times of crises.

- C. The licensing workers shall inform resource caregivers of their right to be notified of court hearings for the foster child and that they should participate whenever possible.
- D. Ensure that resource caregivers know and understand what qualified immunity means as defined below:
  - 1. **Qualified Immunity-Resource Caregivers** (As defined in HRS 346-17) Any resource caregiver or child caring institution issued a certificate of approval pursuant to this section shall be immune from liability in a civil action to recover damages for injury, death, or loss to a person or property that results by authorizing a child in the caregiver's or institution's foster care to participate in an extracurricular, enrichment, cultural, or social activity; provided that the authorization is in accordance with the reasonable and prudent parent standard as defined in title 42 United States Code section 675 (10) (A).

#### 1.10 RENEWAL OF CERTIFICATE OF APPROVAL

- A. Prior to renewal of certificate of approval, ensure that the recertification criminal background checks for applicants have been completed within the time frame specified by the rule.
- B. Use "Request for Criminal History Record Clearance" form (DHS 1623) and do the OBTS check. Print out the screen with the individual's social security number. Maintain a record of initial and subsequent criminal history checks for applicants using "Record of Completed Checks form (DHS 1624).
- C. Do the CA/N registry checks and fill out the CA/N Clearance form.
- D. Follow the TB Clearance guidelines in Chapter IV, 1.6.
- E. Conduct home visit and ensure that the home and household members continue to meet all licensing requirements.

#### 1.11 DENIAL, SUSPENSION, REVOCATION

##### 1.11.1 Denial

- A. For applicants who do not meet the licensing requirements, send out DHS 1504, "Notification of Disposition of

Application," within 90 days of receipt of all required documents. The DHS 1504 shall cite the applicable rule for the denial and inform the applicant of the right to a fair hearing if requested within 90 calendar days of the date the notice was mailed.

- B. If a hearing is requested, refer to Procedures, Chapter 1, Section 3, "Hearings."

### **1.12.2 Suspension and revocation**

- A. The Department may revoke a certificate of approval only after discussing with the foster parents the specific violations and setting a date by which necessary improvements must be made. The certificate may be suspended for a period not to exceed 3 months to allow the foster parents to make necessary improvements. If the foster parents fail to make the necessary changes within the specified period, then the Department can revoke the foster home license.
- B. Send the DHS 1509, stating that the license is being revoked and cite the specific reason and rule. Enter in CPSS-LRF in the Termination Date field, the effective date the license is being revoked. This should be sent at least 10 working days prior to the date of revocation. The foster parents have 90 days from the date of the notice to request a fair hearing. If a hearing is requested, refer to Procedures, Chapter 1, Section 3, "Hearings."
- C. If the violations can be corrected within three (3) months, the certificate of approval may be suspended for a period not to exceed three months.
  - 2. During this time, there shall be no foster children left in the home or placed in the home.
  - 3. The specific violations shall be discussed with the foster parent or relative caregiver and shall be in a written letter to the foster parent or relative caregiver at least 10 working days prior to the suspension. Enter in CPSS-LRF in the Unconditional End Date field the effective date the license is being suspended.
  - 4. If the family makes the necessary changes within the 3-month period, enter the new unconditional approval

date, keeping the same current Unconditional Recertification Due Date. If the unconditional approval date is less than 3 months from the latest issued approval's Unconditional Recertification Due Date, then an entire recertification study should be completed, and the home may be approved for a full 1 or 2 years from the new Unconditional Approval Date.

5. If the family fails to make the necessary changes to comply with the rules within the 3-month period, the agency shall notify the family in writing of the revocation of the certificate of approval. Send the DHS 1509, stating that the license is being revoked and cite the specific reason and rule. This should be sent at least 10 working days prior to the date of revocation. The foster parents have 90 days from the date of the notice to request a fair hearing. If a hearing is requested, refer to Procedures, Chapter 1, Section 3, "Hearings."
- D. Until the new rules are implemented, if there is a violation, such as a confirmed Institutional Abuse where no corrective action can be recommended to make the home safe, remove all the foster children and do not place any other children in the home. If it is a child specific home, terminate the license once the children have been removed. If it is a general licensed home, maintain the current license status without any foster children placed. When it is time to recertify the home, deny the license on the basis of this CA/N confirmation.

### 1.13 REGISTRATION OF FOSTER HOME IN CPSS-LRF

- A. Do a thorough name search under all facility types in CPSS-LRF to determine if there is an active or closed foster home or adoption case with DHS-SSD.
  1. If there is an active foster home record maintained by another section, inform the section that the family has applied. Follow Procedures in Chapter III, Section 5, "Inter-island Transfers."
  2. If there is a closed foster home or adoptive home record, retrieve from the last licensing unit or from the last section's closed files and update the information in CPSS.
- B. **Screen 1**
  1. Foster parents' name, address, phone number and other

- identifying information
- 2. Facility ID: FOS
- 3. Facility Type; CFH, ESH, SLH, SLR  
(Note: Homes that are not approved by DHS but are court ordered placements with board payments must be entered as UNL – for both Facility ID and Facility Type.)
- 4. Worker ID and Unit number are required

### C. **Screen 2**

- 1. License Status field is auto-entered by CPSS-LRF once additional data is completed on screen 2.
- 2. Application Date: date child was placed in the home or date application received from placing worker, whichever is earlier.
- 3. Provisional Approval Date: date home is provisionally approved by placing worker or licensing worker.
- 4. Provisional Expiration Date: date home's provisional approval expires.
- 5. Unconditional Approval Date (UAD): date home meets all licensing requirements.
  - a. Note: UAD may be corrected if an error was made by enter "C" in field before the UAD field.
  - b. The most recent unconditional approval information will always display, even if a more current provisional approval is entered on Screen 2.
- 6. Unconditional Certificate Sent Date (UCSD): date original certificate was mailed to foster home. Do NOT update this field when sending out amended unconditional certificates.
- 7. Unconditional Recertification Period: enter number of months approval is valid (i.e. 12 or 24).
- 8. Unconditional Recertification Due Date (URDD): this field is protected and the system will auto-calculate this field based on the Unconditional Approval Date entered and the Unconditional Recertification. Note: Any corrections to the URDD must be made from the History Screen.
- 9. Unconditional End Date: date home's unconditional approval ends due to home no longer meeting all licensing requirements (e.g. home was unconditional approved but worker notified of new household member, so home may need to be provisionally approved until all clearances done and received for new adult.)
- 10. Termination Type, Termination Reason and Termination Date are required when a home is closed.
  - a. Termination Type: closed (C), application denied (D), or application withdrawn/discontinued (N).

- b. Termination Reason: indicate the reason home was terminated.
  - c. Termination Date: date home was terminated/closed. Note: on the History Screen, the Term Date field will be protected for the most current Term Date.
- D. **Screen 3:** Fill out screen and update for matching purposes and for information on the foster parents. At a minimum, fill out the following:
  1. Slot Approved: Enter number of children approved for the home.
  2. Preferred Age: Enter preferred age and gender of children.
  3. Military: Yes or No.
  4. Training: Specify what type of training foster parent received.
  5. Comments: If licensed for specific child, enter name of child. Enter other pertinent comments about family or children placed.
- E. **Owner Record Screen:** Mandatory information needed for AFCARS
  1. Birthdate, race, ethnicity of primary foster caregiver
  2. Birthdate, race, ethnicity of spouse or secondary foster caregiver
  3. Family structure (married couple, unmarried couple, single female, single male)
- F. **History Screen**
  1. Only unconditional approval and termination information from Screen 2 will display on the History Screen.
  2. The most current unconditional approval entered on Screen 2 will display on the top-most line and prior approvals will move automatically down the screen.
  3. Additional unconditional approvals from the past may be entered directly onto the History Screen.
- G. **“Other” Homes – Licensed by CPOs**
  1. Fill in all the required information in the LRF for homes licensed by a CPO for which room and board payments are being made.
  2. For DHS children, obtain a copy of the certificate of approval from the CPO and file all of these certificates in a file.

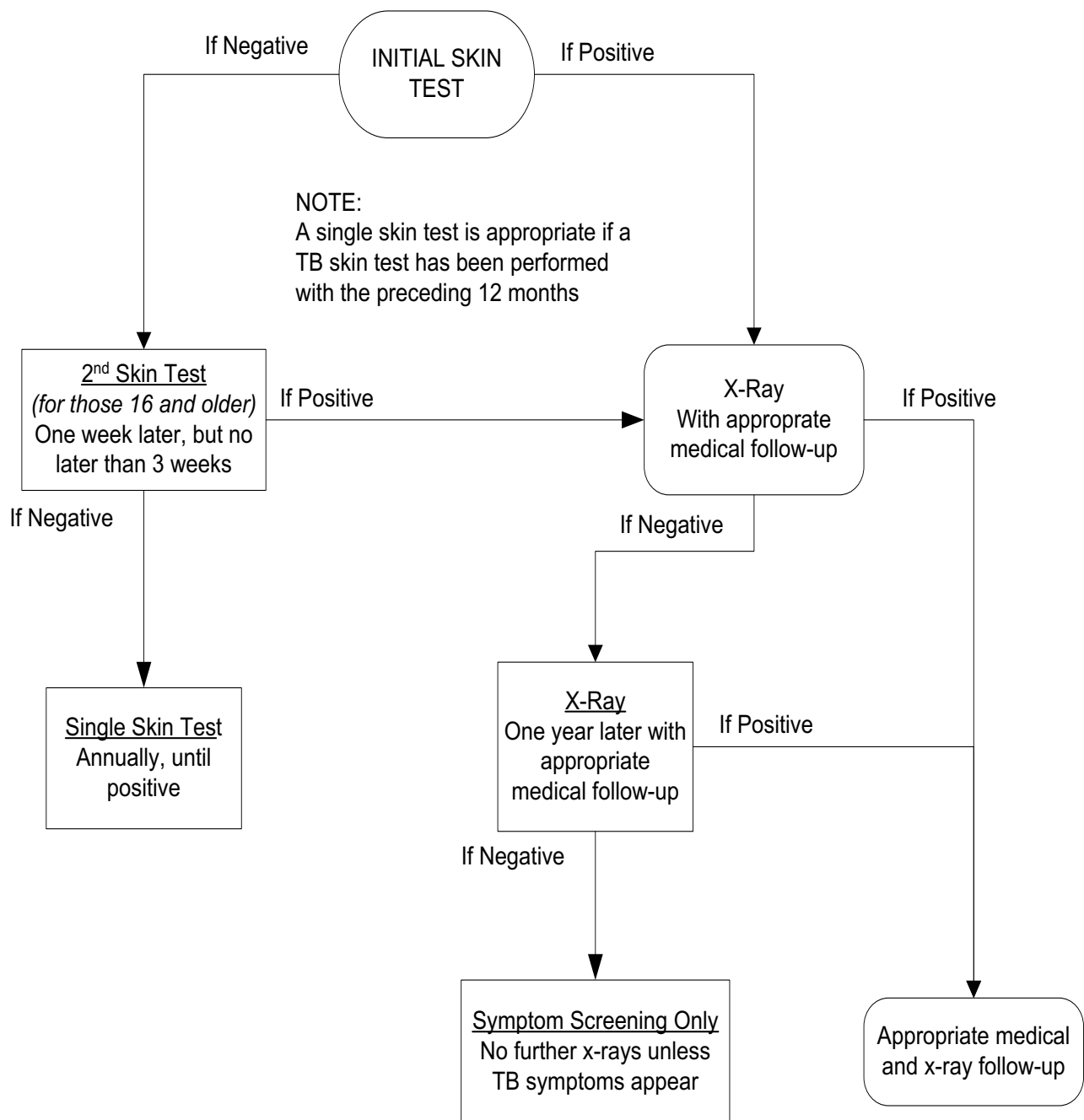
**1.14 FOSTER HOME LICENSING AND ADOPTION HOMESTUDY RECORDS**

- A. Refer to Chapter III, Section 11, "Record Maintenance, Case Documentation & Filing", on maintenance of foster home and adoption records.
- B. Refer to Chapter 1, Section 2, "Confidentiality," on the release of information in foster home and adoption home records.
- C. Refer to Chapter III, Section 5, "Inter-island Transfers" for procedures when a foster family or adoptive family moves from one island to another.

**APPENDIX****DOH'S UNIFORM TUBERCULIN CLEARANCE PROCEDURES**

1. There shall be documented evidence that all staff members, volunteers, clients, foster parents and household members have an initial entry and annual tuberculosis (TB) clearance. Initial TB evaluation shall include a Mantoux tuberculin skin test or a chest x-ray.
2. If the initial tuberculin skin test is negative, there shall be a yearly skin test until it becomes positive. If the Individual is 16 years old or older and the initial tuberculin skin test is negative, a second tuberculin skin test must be done after one week, but not later than three weeks after the first test. The results of the second test shall be considered the baseline test and used to determine appropriate treatment and follow-up. If the second skin test is negative, a single skin test shall be repeated yearly. If the second skin test is positive, then obtain a chest x-ray. The two-step procedures is not required if a tuberculin skin test has been performed within the preceding 12 months.
3. If the tuberculin skin test is positive, a standard chest x-ray with appropriate medical follow-up must be obtained, followed by a single subsequent chest x-ray one year later. If these chest x-rays demonstrate radiographic evidence of freedom from active TB, then no further screening chest x-rays are required unless TB symptoms occur.
4. Subsequent annual TB screening should be performed by repeat skin testing in tuberculin negative individuals, and by symptom screening in tuberculin reactors whose single follow-up chest x-ray at one year demonstrates radiographic freedom from TB.
5. Tuberculin reactors whose single follow-up chest x-ray at one year demonstrates radiographic freedom from TB should not have annual chest x-rays repeated for TB clearance unless the individual has a cough of more than three weeks duration, and at least one of the following symptoms: fever, night sweats, weight loss, or malaise/fatigue.
6. Individuals who have had positive skin tests and two subsequent negative chest x-rays do not need further TB tests unless TB symptoms appear.



TWO-STEP TB SKIN TEST PROCEDURE

TO: FOSTER PARENT AND MEDICAL STAFF  
FROM: FOSTER HOME LICENSING UNIT

**INSTRUCTIONS ON TB SYMPTOM SCREENING (Pink Form)**

Instructions for TB clearances

**For Recertification Process:**

The enclosed form applies to household members of the foster parents who tested positive on the past two (2) skin tests followed by chest x-ray to exclude any disease. For annual/biennial certifications, **use pink medical form** for completion as soon as possible, by your private doctor or clinic.

Please follow:

Front page: Have patient sign and print to applicant lines, see x mark:

Back page: See XX marks – Ask your physician or qualified medical personnel to complete the section at the bottom of the page entitled, **TB SYMPTOM SCREENING ONLY RESULTS**, by checking the applicable [ ] and include relevant comments.

Return completed from by: \_\_\_\_\_ to \_\_\_\_\_  
Date Licensing Social Worker

At:

Completion of this requirement will determine the certification of your foster home for the new licensing period. Therefore, it is very important that the requirement be met.

DHS 1536 (Exp. 4/02)

State of Hawaii  
Department of Human Services  
Social Services Division

**MEDICAL REPORT**  
(Confidential)

To Examining Physician:

I have applied to the Department of Human Services to:

- ☐ care for foster children                      ☐ adopt a child
- ☐ care for children in my home for part of a day

I request that information on my physical examination be given to the Department to help them to evaluate my ability to care for children.

Please complete every item or indicate "none" or "not applicable" where appropriate. When completed, please sign and return the form to the address shown on the sheet.

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed name of Applicant

\_\_\_\_\_  
Address

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_  
Within normal limits \_\_ Yes \_\_ No

Tuberculin Test: \_\_\_\_\_  
Date Result

History of sexually transmitted diseases: \_\_ Yes \_\_ No

Please state any significant history regarding the following which would affect the applicant's ability to care for children:

Chronic or handicapping emotional or physical condition: \_\_\_\_\_

Communicable disease: \_\_\_\_\_

Drug abuse: \_\_\_\_\_

Other illness: \_\_\_\_\_

DHS 1536 (Exp. 4/02)

In your opinion, is the applicant able to cope with the responsibilities of caring for children:

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Is there any information on the health history or other factors in the members of the applicant's household which might affect the care of children?

---



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If the applicant is applying to adopt a child, please indicate reason for childlessness: \_\_\_\_\_

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---

Date of examination: \_\_\_\_\_

Examined by: \_\_\_\_\_  
(Signature of Physician) Telephone \_\_\_\_\_

\_\_\_\_\_  
(Printed name of Physician)

Please return report to applicant or mail to:

\_\_\_\_\_  
(Social Worker)

\_\_\_\_\_  
(Address)

\*\*\*\*\*

☒ TB SYMPTOM SCREENING ONLY RESULTS:

☐ Applicant shows no symptoms consistent with pulmonary TB.

☐ Applicant shows symptoms consistent with pulmonary TB, chest x-ray required.

COMMENTS: \_\_\_\_\_

---

Examined By: \_\_\_\_\_  
Signature (Physician / Qualified Medical Personnel) Date \_\_\_\_\_

\_\_\_\_\_  
Print Name (Title)

DHS 1536 (Exp. 4/02)

**PERSONAL REFERENCE**

Department of Human Services  
 Child Welfare Services Branch  
 Foster Home Licensing Unit

Personal Reference for \_\_\_\_\_

From (Name) \_\_\_\_\_

Please check one:

\_\_\_\_\_ (a) friend or neighbor

\_\_\_\_\_ (b) business associate

\_\_\_\_\_ (c) someone who has left a child in the care of the above-named person.

The following questions should be answered in relation to the person (or persons) listed above. This reference is a necessary part of the screening process for foster home care applicants. Please return this form to the above address as soon as possible. Thank you for your honesty – all information is confidential and will be used only for assessing the ability of the above-named person to provide foster care.

Please print your mailing address \_\_\_\_\_

\_\_\_\_\_

How long have you known the applicant(s)? \_\_\_\_\_

How does the applicant get along with other adults? \_\_\_\_\_

\_\_\_\_\_

Have you seen the applicant with children? \_\_\_\_\_

How does the applicant interact with children? \_\_\_\_\_

\_\_\_\_\_

Have you observed the applicant in a stressful or emergency situation? How did the applicant handle it?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you seen the applicant express anger or frustration? \_\_\_\_\_

How does the applicant express these emotions? \_\_\_\_\_

\_\_\_\_\_

(Over / Next)

In your opinion, is the applicant reliable and responsible? \_\_\_\_\_

\_\_\_\_\_

How would you describe the personality of the applicant? \_\_\_\_\_

\_\_\_\_\_

What are the personality strengths of the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the personality weaknesses of the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your view of the applicant's ability to provide foster care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any additional comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any questions about foster care? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THE COMPLETED FORM WITHIN TWO WEEKS TO THE OFFICE AT THE ABOVE ADDRESS**

**PART IIA LICENSING WORKER COMPLETES:**

(To be used for additional placements within the CERTIFICATION PERIOD)

FH \_\_\_\_\_

**1. Approval period: (Foster Home)**

UNCONDITIONAL: From: \_\_\_\_\_ To: \_\_\_\_\_

PROVISIONAL: From: \_\_\_\_\_ To: \_\_\_\_\_

**2. Names of Children: DOB PLACEMENT DATE**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3. Adjustment / Parenting Ability: (Y / N)**

- ( ) The foster family has time and ability to handle the added responsibility of additional children.
- ( ) Foster parenting care has been discussed with family's own children and they support the inclusion of additional children in their home.
- ( ) Foster parents have had experience in caring for children and / or understand about the developmental needs of children. If not, they are willing to get more information and training.

**SUMMARY:****RECOMMENDATION:**

(Names of additional children) \_\_\_\_\_

\_\_\_\_\_

be included in approval for (Names of foster Parents) \_\_\_\_\_

from (placement date) \_\_\_\_\_ to (license expiration date) \_\_\_\_\_

LICENSING SOCIAL WORKER \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

DHS EXP. FORM/FHL 2 (2/01)

CLEARANCE

DATE: \_\_\_\_\_ REQUESTING UNIT / PERSON \_\_\_\_\_

NAMES TO BE CLEARED: (Include Maiden Name / Former Names / Aliases)

\_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

HAWI SYSTEM: (List aliases) (CAP 1, 2 GENERATED? Y \_\_ N \_\_ ) INITIAL \_\_\_\_

CPSS: (NS01, NS02, NS04, NS10, NS14) INITIAL \_\_\_\_

CN: \_\_\_\_\_ SS: \_\_\_\_\_ STATUS: \_\_\_\_\_

CN: \_\_\_\_\_ SS: \_\_\_\_\_ STATUS: \_\_\_\_\_

CN: \_\_\_\_\_ SS: \_\_\_\_\_ STATUS: \_\_\_\_\_

CN: \_\_\_\_\_ SS: \_\_\_\_\_ STATUS: \_\_\_\_\_



State of Hawaii Department of Human Services	<b>FOR DENIALS</b>	Family and Adult Services Division
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## NOTIFICATION OF DISPOSITION OF APPLICATION

_____	_____ Date
_____	_____ CPSS# / PWS-5#
_____	_____ Primary Recipient/Category
_____	_____ Primary Recipient/Category

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

1. You have been determined \_\_\_\_\_ Eligible \_\_\_\_\_ Presumptively (temporarily) eligible for services effective \_\_\_\_\_. The services and their effective dates are as follows:  
Application Date

	<u>SERVICE</u>		<u>START DATE</u>		<u>NOT TO EXCEED DATE</u>		<u>PAYMENT TO</u>
a)							
b)							
c)							
d)							
e)							

Social services will be provided by \_\_\_\_\_ Unit \_\_\_\_\_ Phone \_\_\_\_\_.

2. \_\_\_\_\_ You have been placed on the waiting list for \_\_\_\_\_ Services (Manual Section 17-1416-12).

3. ☒ You have been determined ineligible for social services because: \_\_\_\_\_  
***Your foster home application is being denied for (cite reason) per Manual Section***  
 Cite specific reason and applied manual section  
***17-890- (cite applicable section).***

4. \_\_\_\_\_ You requested withdrawal of your application for \_\_\_\_\_  
 on \_\_\_\_\_. (Manual Sections 17-912-12; 17-1416-12)  
 Date

### WHAT TO DO IF YOU DO NOT AGREE WITH THIS DECISION:

You may request an informal review, or you have the right to ask for a fair hearing – a chance to tell the Fair Hearing Officer your side of the story. Your request for a fair hearing must be in writing and received by the Department within 90 days of this notice.

### NON-DISCRIMINATION IN SERVICES:

We provide access to our programs and activities without regard to race, color, national origin (including language), age, sex, religion, or disability. If you feel you have been discriminated against, write to: Civil Rights Compliance Officer, P.O. Box 339, Honolulu, Hawaii 96809-0339 or call at 586-4966 (voice) or 586-5959 (TDD) within 180 days of a problem.

Worker	Unit	Phone
DHS 1504 – For Denials (Rev. 7/94) Destroy superseded form in stock		
Distribution: White: Recipient Copy    Yellow: Case Record Copy    Pink: Provider Copy		

State of Hawaii Department of Human Services	<b>FOR REVOCATIONS</b>	Family and Adult Services Division
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## NOTICE OF TERMINATION OR REDUCTION OF SERVICES

\_\_\_\_\_ Date  
 \_\_\_\_\_ CPSS# / PWS-5#  
 \_\_\_\_\_ Primary Recipient/Category  
 \_\_\_\_\_ Primary Recipient/Category

(Date license will be revoked)

1. Beginning \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (date of action) the Department will:  
 Month Day Year

a.	_____	Discontinue services: _____
b.	_____	Reduce services: _____ From _____ to _____ (\$ or unit of services, e.g. hours.)
c.	_____	Stop paying the \$ _____ a month it has been paying for _____
d.	<input checked="" type="checkbox"/>	Discontinue all social services. Case will be closed.

2. The Department is reducing or stopping this service because of the following regulations and reasons.  
 (Cite application manual sections and reasons.) Current services not identified above shall continue.

**Your license will be revoked because (cite reason) per Manual Section 17-890- (cite applicable section)**

### WHAT TO DO IF YOU DO NOT AGREE WITH THIS DECISION:

If you do not agree with the above proposed changes, you have a right to a meeting with a representative of the Department's local office to talk about the proposed action. At the meeting, you may speak for yourself or be represented by a lawyer, friend, or other person.

You also have the right to ask for a fair hearing. Your request must be written and must state that you want a hearing and why you are dissatisfied. The local office will give you the Department's form for a fair hearing or you can write your request on any other paper. The office can help you complete the form.

If you believe the above action to be wrong, social services may continue, if your request for a fair hearing is received up to the day before the date of the action and will continue until the fair hearing decision has been reached. You may have to repay the cost of continued services if the fair hearing action upholds this notice. However, you still have 90 days to ask for a fair hearing. Your written request for a fair hearing must be received by this Department within 90 days of the date of this notice.

At the fair hearing, you have the right to be represented by a lawyer, friend, relative, or any other person you wish. If you wish, the Department can give you information about the local Legal Aid Office or community agency which will provide advice or representation at no cost.

Worker

Unit

Phone

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State of Hawaii Department of Human Services	<b><u>FOR NON-RENEWAL</u></b>	Family and Adult Services Division
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## NOTICE OF TERMINATION OR REDUCTION OF SERVICES

\_\_\_\_\_ Date

\_\_\_\_\_ CPSS# / PWS-5#

\_\_\_\_\_ Primary Recipient / Category

\_\_\_\_\_ Primary Recipient / Category

5. Beginning \_\_\_\_\_ (Date license will expire) \_\_\_\_\_ (date of action) the Department will:

Month Day Year

a.	_____	Discontinue services: _____
b.	_____	Reduce services: _____ From _____ to _____ (\$ or unit of services, e.g. hours.)
c.	_____	Stop paying the \$ _____ a month it has been paying for _____
d.	<input checked="" type="checkbox"/>	Discontinue all social services. Case will be closed.

6. The Department is reducing or stopping this service because of the following regulations and reasons. (Cite application manual sections and reasons.) Current services not identified above shall continue.

**Your license will not be renewed because (cite reason) per Manual Section 17-890- (cite applicable section)**

### WHAT TO DO IF YOU DO NOT AGREE WITH THIS DECISION:

If you do not agree with the above proposed changes, you have a right to a meeting with a representative of the Department's local office to talk about the proposed action. At the meeting, you may speak for yourself or be represented by a lawyer, friend, or other person.

You also have the right to ask for a fair hearing. Your request must be written and must state that you want a hearing and why you are dissatisfied. The local office will give you the Department's form for a fair hearing or you can write your request on any other paper. The office can help you complete the form.

If you believe the above action to be wrong, social services may continue, if your request for a fair hearing is received up to the day before the date of the action and will continue until the fair hearing decision has been reached. You may have to repay the cost of continued services if the fair hearing action upholds this notice. However, you still have 90 days to ask for a fair hearing. Your written request for a fair hearing must be received by this Department within 90 days of the date of this notice.

At the fair hearing, you have the right to be represented by a lawyer, friend, relative, or any other person you wish. If you wish, the Department can give you information about the local Legal Aid Office or community agency which will provide advice or representation at no cost.

Worker Unit Phone

DHS 1509 – For Non-Renewal (Rev. 7/94) - Destroy superseded form in stock.

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