

5. Permanency Assistance

5.0 PURPOSE

To provide guidelines on providing assistance to families who will be permanent custodians or legal guardians of children who have been under the department's placement responsibility.

Permanency Assistance is provided through State funds to facilitate the placement of children into permanent homes when adoption is not the goal or an adoptive home is not available. Permanency Assistance provides financial assistance and medical coverage as if the child had continued in foster care. The major difference is that the legal guardians or permanent custodians assume the parental responsibilities and the social worker is no longer the case manager. Services may be provided on a voluntary basis if the legal guardians/permanent custodians request services; otherwise, the case is primarily monitored for payment only.

Permanency Assistance is to facilitate permanency for children in the Department's caseload and is not available to children who were in the custody of another agency. Also, this is not available to families who became legal guardians or permanent custodians of children not active with DHS. If these individuals are relatives, they will have to apply as a Non-Needy Relative with the Benefit, Employment and Support Services Division (BESSD).

5.1 AUTHORITY

- A. HRS 346-14 Duties Generally
- B. HRS 346-37.1 Payment of Public Assistance for Child
- C. [17-](#) Permanency Assistance

5.2 ELIGIBILITY REQUIREMENTS

5.2.1 Legal status

- A. Child is unable to be reunified with his or her parents or to be placed for adoption;
- B. Child must be under the placement responsibility of the department at the time permanent custody or legal

guardianship was awarded;

- C. The legal guardians/permanent custodians are going to be **sole** guardians or custodians, not co-permanent custodians with the department, and the department will be relieved of placement responsibility;
- D. The child is not eligible for room and board payments under Chapter 17-828; and
- E. The child's income shall not exceed the maximum Permanency Assistance subsidy and difficulty of care payments.
- F. A child can continue to be eligible for Permanency Assistance after reaching the age of majority and Permanency Assistance can continue to be paid to the permanent custodians/legal guardians, provided that;
 - 1. The child will be graduating the same year the child turns 18; or
 - 2. The child continues to be eligible to remain in high school and is nineteen years old or younger; or
 - 3. The person is twenty-one years old or younger and attending an accredited institution of higher education on a full-time basis.
 - a. To confirm eligibility for higher education payments, the youth must complete Form 1616, "Agreement Between the DHS and Foster Child/Child Participating in the Higher Education Foster Board/Permanency Assistance Program."
 - b. Examples of institutions of higher learning are community college, 4-year university or college, private business schools, vocational schools specializing in specific skill areas such as beauty/cosmetology, electronics, cooking, etc.

5.2.2 Higher education

- A. Former youths who reached the age of majority and did not attend or dropped out of an institution of higher learning and for whom permanency assistance was terminated, are eligible

to request re-initiation of permanency assistance if they are 21 years old or younger and now enrolled in an institution of higher learning on a full-time basis.

1. Confirm above eligibility for higher education payments.
 2. If the case was closed, re-open the last case from which permanency assistance payments were being made.
- B. Permanency assistance shall be paid to the former legal guardian or permanent custodian, if available.
- C. If the legal guardians or permanent custodians are not available, the permanency assistance payment shall be paid to a general or special licensed foster parent whom the youth has identified to receive the checks. The child does not have to reside in the home but the payment must go toward the child's living expenses.

5.2.3 Difficulty of care

- A. A child may be eligible for difficulty of care payments if the following criteria are met:
1. The child is eligible for permanency assistance and the legal guardians or permanent custodians are or will be receiving permanency assistance payments;
 2. The child needs additional daily care and supervision because of a physical, mental, emotional, or behavioral problem;
 3. A qualified professional (e.g. psychologist, medical doctor, therapist, etc.), other than the DHS social worker, has provided written verification of the child's special needs and has determined that the services are necessary as part of a treatment plan;
 4. The legal guardians or permanent custodians have the training or experience to provide for the higher level of supervision and care the child needs or will have the additional training within one month of the initiation date of the difficulty of care payment.
- B. Difficulty of Care payments may be considered for the

following examples of children:

1. Child with visual, auditory, speech, etc. impairment;
2. Child who is physically disabled;
3. Child who is mentally retarded;
4. Child with a chronic illness or a debilitating condition;
5. Child with delayed motor development;
6. Child with slow or delayed educational/vocational skills;
7. Child who is learning disabled;
8. Child who is considered emotionally handicapped in an educational setting;
9. Child who has mental or emotional problems;
10. Child who displays violent, destructive behavior to himself or others;
11. Child who displays withdrawal behavior;
12. Child who displays inappropriate sexual behavior; or
13. Child who displays defiant, rebellious behavior.

5.3 SCOPE OF SERVICES

5.3.1 Subsidy

A subsidy or money grant to meet the child's basic maintenance needs at the established basic foster board rate which is currently \$529/month. The subsidy will be adjusted if this rate changes. This covers all the items listed in 17-828-5, "Foster Care Services For Children".

5.3.2 Foster care related payments

Foster care related payments when the need is established by the department social worker:

- A. Clothing: An annual clothing allowance of \$600 shall be provided for children who are under legal guardianship to their Legal Guardians (caregivers) through the department.
1. Diapers are an allowable expense to be included in the annual clothing allowance, as appropriate for the child's age and developmental level.
 2. School uniforms and T-shirts are an allowable expense.
 3. The annual allocation of \$600 is to be provided to the caregivers within the state fiscal year which begins on July 1 and ends on June 30.
 4. For initial clothing allowances, approximately one third of the clothing allowance will be issued at the initial placement of child to cover the child's immediate needs.

The worker in consultation with the caregiver will decide when the remainder of the clothing purchases will be made throughout the year based on child's development and needs.

5. When there is a change in placement, the caregiver with whom the child had been living will be requested to provide all of the child's clothing and personal items.

Upon placement into a new home, the worker will review the child's clothing needs with the new caregiver and as needed, issue an allowance to ensure that the child has sufficient clothing.

6. For maintenance and replacement clothing, the worker will issue clothing allowances in July/August at the beginning of the school year and approximately six months later in January/February.

The actual timing of the issuance may vary slightly, depending on the school schedule and the child's age and needs, as long as the allotted amount of \$600 is expended for the child's clothing by the end of the state fiscal year on June 30.

7. In addition to the \$600 annual allowance, an allowance for special circumstances or events, such as proms and sport

uniforms, may be issued. Use an annual ceiling limit of up to \$125 per child.

8. To initiate clothing purchase, choose one of the following methods:
 - a. Provide the caregiver with a purchase order made out to a specific vendor that accepts DHS purchase orders (e.g. K-Mart, Ross) and for a specified amount.
 - b. If a caregiver chooses to purchase clothing first and receive reimbursement later, discuss the amount that the department will reimburse with caregiver before the clothing is purchased. Secure the receipts for the clothing purchase from the caregiver before initiating reimbursement.
 - c. A staff member who is a Pcard holder can take the child shopping and pay for the clothing with a Pcard, with the knowledge and permission of the caregiver.
 - d. Issue a clothing check via CPSS payable to the caregiver with a **Daily** authorization. Obtain receipts from caregiver once clothing purchase is completed. File receipts in Part 4 of case record.

Use K236 – Clothing Permanency Assistance

9. Any request for exceptions to exceed the annual allotment due to extraordinary circumstances (e.g., weight gain/loss; or extreme growth spurts, or mandatory school uniforms, chronic runaways-loss of clothing) shall require the prior authorization of the supervisor.
 10. See Recommended Minimum Clothing Guide at the end of the section.
- B. Minimum rates for Transportation and Other Costs to Move with

Recommended Minimum Clothing Guide to be shared with the caregiver

INFANTS (NEWBORN - 1 YEAR OLD)

| <u>Item</u> | <u>Suggested Quantity</u> |
|----------------------|---------------------------|
| Sleeper/Stretch Suit | 7 |
| T-Shirts/Tops | 7 |
| Shorts/Pants | 7 |
| Dress Outfit | 4 |
| Jacket/Sweater | 2 |
| Booties/Mittens | 7 |
| Shoes | 1 |
| Socks | 3 |

TODDLER (1-5 YEARS OLD)

| <u>Item</u> | <u>Suggested Quantity</u> |
|--------------------------|---------------------------|
| Shorts/Pants | 7 |
| T-Shirts/Tops | 7 |
| Underwear/Training Pants | 7 |
| Jacket/Sweater | 2 |
| Pajamas/Nighties | 3 |

| | |
|------------------|---------|
| Dress Outfit | 4 |
| Swim Suit | 2 |
| Slippers/Sandals | 3 |
| Shoes | 3 |
| Socks | 7 pairs |

BOYS (AGE 6 AND ABOVE)

| <u>Item</u> | <u>Suggested Quantity</u> |
|---------------------------------|---------------------------|
| Shorts/Pants/Jeans | 7 |
| Shirts | 7 |
| Dress shirts | 3 |
| Dress pants | 3 |
| Jacket/Sweater | 3 |
| Underwear | 14 |
| Sleepwear | 3 |
| Swim Trunks | 3 |
| Slippers/Sandals | 3 |
| Dress Shoes | 3 |
| Tennis Shoes | 2 |
| Socks | 7 pairs |
| Belt | 3 |
| School T-shirts, Uniforms, etc. | as required |

GIRLS (AGE 6 AND ABOVE)

| <u>Item</u> | <u>Suggested Quantity</u> |
|---------------------------------|---------------------------|
| Dress/Skirt/Muumuu | 7 |
| Shorts/Slacks/Jeans | 7 |
| Blouses/Shirts | 7 |
| Jacket/Sweater | 3 |
| Panties | 14 |
| Bras | 7 |
| Slips | 2 |
| Sleepwear | 3 |
| Swim Suit | 2 |
| Slippers/Sandals | 3 |
| Dress Shoes | 3 |
| Tennis Shoes | 12 |
| Socks | 7 pairs |
| Belt | 3 |
| School T-shirts, Uniforms, etc. | as required |

- C. Medical Care Benefits available through Med-QUEST.
- D. Difficulty of Care Payments for children and legal guardians/permanent custodians who meet the eligibility

requirements in Procedures section 5.2.

Use SAC K276, Special Services by Permanent Assistance Caretaker

5.3.3 Examples of difficulty of care activities

For difficulty of care payments, the following are some examples of the activities/services legal guardians/permanent custodians shall provide to eligible children with physical, psychological, emotional, or behavioral problems:

- A. Participate as a team member to modify the behavior of a child exhibiting excessive withdrawal, self-destructive, aggressive, or other socially maladaptive behavior;
- B. Teach and train a developmentally disabled child to acquire personal care and self-help skills;
- C. Provide physical therapy activities, special exercises, or both for a developmentally delayed or handicapped child, as recommended by a doctor or therapist; or
- D. Provide nursing care to a child recuperating from an illness or injury or suffering from a chronic health condition.

5.4 INCOME TO BE CONSIDERED

5.4.1 Legal parents

- A. The child's legal parents are still responsible to contribute toward the financial support of the child even with the award of guardianship or permanent custody.
- B. The referral to Child Support Enforcement Unit (CSEU) should have already been made when the child was first placed in foster care.

5.4.2 Child's unearned income

- A. If the child has unearned income such as Social Security (OASDI, SSI); trust fund accounts; and military personnel's or veterans' dependency benefits; these shall apply as refunds towards the Permanency Assistance payments. (Refer to Chapter V, procedures section 2, State Funded Foster Care

Maintenance Payments.)

1. Once legal guardianship/permanent custody is awarded, change the payee to the legal guardian or permanent custodian.
2. Once the payee starts to receive the payments, subtract the amount from the Permanency Assistance payment. Stress to the legal guardians/permanent custodians that they **must** notify the department of any changes in the amount so that the Permanency Assistance payment can be adjusted. If the legal guardians/permanent custodians do not report any changes in the amount received and they continue to receive in excess of the permanency assistance payment allowed, it will be considered an overpayment and the excess amount would have to be returned to the department.

5.5 APPLICATION FOR PERMANENCY ASSISTANCE

5.5.1 Application

An application for Permanency Assistance, Form DHS 1662, may be submitted by the prospective legal guardians or permanent custodians on behalf of a child under the department's placement responsibility who is receiving case management services.

5.5.2 Process

- A. The initial request or application must be submitted **prior** to the award of the guardianship or permanent custody hearing. Instruct the prospective legal guardians/permanent custodians to submit the application at least 2 months prior to the legal guardianship or permanent custody hearing.
- B. The application must be signed and dated by each legal guardian/permanent custodian.

5.6 APPLICATION DISPOSITION

5.6.1 Time requirement

- A. No later than 30 calendar days from receipt of the application, make a determination of whether child is eligible or not.
- B. Notify the applicants about their eligibility for Permanency

Assistance within 15 calendar days of the department's decision.

5.6.2 Documentation

- A. In the CPSS, send the K504/G504 to the prospective legal guardians or permanent custodians that includes a statement of the action taken, the reason for the action, the specific rules supporting the action, and of the right to appeal the department's decision through appeals and hearing procedures.
- B. It is important that the prospective legal guardians or permanent custodians receive ample notification time prior to the court hearing so that they can make an informed decision about their plans.

5.7 PERMANENCY ASSISTANCE AGREEMENT

5.7.1 Signing of agreement

- A. Upon the determination that the child is eligible for Permanency Assistance, have the prospective legal guardians or permanent custodians sign the Revised Form DHS 1663, "Permanency Assistance Agreement". If a married couple, both caretakers must sign the form.
- B. This agreement must be signed prior to the court hearing awarding legal guardianship or permanent custody to the caretakers.
- C. Use the date that legal guardianship or permanent custody is to be awarded to the legal guardians/permanent custodians by the court as the effective date of the agreement. This date is important as that is the date from which all subsequent reviews due will be determined.

5.7.2 Filing of agreement

Form DHS 1663, "Permanency Assistance Agreement", must be on file in the case record for any child for whom Permanency Assistance payments are being made.

5.7.3 Terms of agreement

The terms of the agreement shall remain in effect regardless of the State in which the legal guardians or permanent custodians live.

5.8 PROCEDURES

5.8.1 Initiation, amount and duration of permanency assistance

- A. Review the "Permanency Assistance Agreement", Form DHS 1663, for completeness. Ensure that data is current and the Agreement is signed by the legal guardians/permanent custodians and the Department **prior** to the court hearing.
- B. Initiate the Permanency Assistance no earlier than the date of the hearing awarding legal guardianship or permanent custody to the caretakers. This is the date that should be on page 3 of DHS 1663 as the effective date for permanency assistance payment.
- C. In CPSS, close the child's case when legal guardianship or permanent custody is awarded to the family and use termination reason #6, "Services to be given in another case."
- D. Open a new case record with the name of the female legal guardian or permanent custodian.
- E. In CPSS, start a new placement responsibility episode, CA 28, using Responsible Agent, "O" (Other Agency); Legal Status, "OA" (Other Agency).
- F. In CPSS, use SAC K226, Room and Board - Permanency Assistance.
- G. The amount of the Permanency Assistance shall not exceed \$529/month or the current foster board amount, unless the child moves out of State and the board rate in that State is higher in which case the higher board rate is paid.
 - 1. Subtract any unearned income from the board if the legal guardians/permanent custodians are receiving the unearned income directly.
 - 2. The Permanency Assistance amount is negotiable and may be less than the board rate if the legal guardians/permanent custodians agree to the lesser

amount.

- H. The Permanency Assistance payments, like foster board, is paid on a monthly basis at the end of the month. The legal guardians/permanent custodians receive the check at the beginning of the month for the previous month. Payments can only be issued to the legal guardians or permanent custodians.
- I. Permanency Assistance payments may continue until the following as long as the legal guardians/permanent custodians are providing financial support for the child:
 - 1. The child reaches 18;
 - 2. The child is 19 or younger and is still eligible to remain in high school;
 - 3. The child is 21 or under and attending an accredited institution of higher education on a full-time basis.

5.8.2 Initiation, amount, and duration of difficulty of care payments

The difficulty of care payment is included as part of the permanency assistance payment for a child who requires a higher level of care and supervision. It is important to determine how much care the child requires and to determine what the legal guardians/permanent custodians are providing to meet the child's extraordinary needs. With the legal guardian/permanent custodian, distinguish between what is considered "normal" foster parenting care, based on the age of the child, and what is "additional" care and supervision. For example, toilet training is considered a normal part of parenting a toddler, but not for a school age child.

- A. Determine need and calculate difficulty of care payments by filling out the top of Page 1 of DHS 1581 (Exp. 08/98), "Difficulty of Care Eligibility Determination and Agreement".
 - 1 Give the cover letter, DHS 1581 CL (Exp. 08/98), and the Worksheet to the legal guardian/permanent custodian for a child who meets the eligibility criteria.
 - 2 When possible, fill out Page 2 of DHS 1581 (Exp. 08/98) with the legal guardian/permanent custodian. In this

way, any differences can be discussed and resolved immediately so an agreement can be reached and the forms signed. If it is not possible to fill out the worksheet jointly, have the legal guardian/permanent custodian fill it out and return it to the worker.

- 3 In order to fill out the worksheet, the social worker and legal guardian/permanent custodian need to know the child and the child's special needs. Discuss what the legal guardian/permanent custodians need to do to meet these needs, and review specific legal guardian/permanent custodian activities. Review how long it takes to do a particular activity and then how often the legal guardian/permanent custodians have to do it. For some activities it may be easier to first figure out how much time the activity takes in one day then calculate it out for a week. On page 2 of the worksheet, only fill in the units per week for each service.
- 4 Complete Page 1 of the Worksheet and have the legal guardians/permanent custodians sign. (Only the legal guardian/permanent custodian providing the services needs to sign if the other legal guardian/permanent custodian is not available to sign.) After the social worker signs, the supervisor reviews and approves.
- 5 Once the agreement has been signed by the legal guardians/permanent custodians, social worker, and supervisor, the difficulty of care payment can be initiated. File the form in the case record.

B. The difficulty of care payments are paid in the following way:

1. Payments shall be made directly to the legal guardians/permanent custodian on a monthly basis, after the end of the month for the number of units of service provided. The service unit rate = \$4.75 for one hour of service.
2. The maximum number of service units that can be paid in any given month is 120 service units. At the service unit rate of \$4.75, that is equal to a maximum of \$570/month. When combined with the board of \$529, the total maximum payable to a legal guardian/permanent custodian is \$1,099/month.

3. In the CPSS, enter one of the following codes to start payments for difficulty of care Payment:

K276, "Special Services by Permanent Assistance Caretaker". Use this in conjunction with K226.

- C. The difficulty of care payments can be changed at any time, and it is recommended that it be reviewed every 6 months. **At a minimum, the difficulty of care payments need to be reviewed once a year.**

1. Any changes to the difficulty of care payments require a new worksheet and agreement that must be signed by the legal guardian/permanent custodian, social worker and supervisor.
2. Initiate the change in difficulty of care Payments effective the new date and do not alter the previous amount. **If the amount is now higher, do not retroactively make any adjustments to the previous amount under the prior agreement.**

- D. Termination of Service

Difficulty of care Payments shall be terminated when one of the following occur:

1. The child's condition improved and difficulty of care payments are no longer needed;
2. The department social worker has determined that the child can no longer benefit from difficulty of care services;
3. The child is no longer eligible for permanency assistance;
4. The legal guardian/permanent custodian are not providing the required service; or
5. The legal guardian/permanent custodian has not received special training as required, within one month of the initiation of the difficulty of care payment.

5.9 RECERTIFICATION OF PERMANENCY ASSISTANCE**5.9.1 Recertification on DHS 1663 (Rev. 7/98) signed 10/15/1998 or later**

- A. Mail the revised DHS 1664, "Biennial Review of Permanency Assistance Agreement" to legal guardians/permanent custodians at least 60 days prior to the anniversary date of the Permanency Assistance Agreement.
- B. Calculate two years from the date of the award of the legal guardianship/permanent custody to the legal guardians/permanent custodians. This is the effective date on page 3 of DHS 1663. Do not use the date the agreement was signed.
- C. Upon receipt of the information requested from the legal guardians/permanent custodians, ascertain if changes in the child's or family's circumstances necessitate revision of the Permanency Assistance Agreement. If so, draft new agreement and forward, with cover letter, to legal guardians/permanent custodians for signature.
- D. Enter next review date (2 years) in CPSS, using eligibility review date in screen CU14.

5.9.2 Recertification on DHS 1663 (Rev. 6/90) signed prior to 10/15/1998

- A. At least 60 days prior to the date the agreement ends, send out Form DHS 1663 (Rev. 7/98), "Permanency Assistance Agreement", which is valid as long as the child remains eligible for permanency assistance.
- B. On Page 1 of the DHS 1663 check off "Modified Agreement".
- C. Ensure that the form is completely filled out and signed by the legal guardians/permanent custodians and authorized department representative.
- D. File the new DHS 1663 with the initial DHS 1663 in the case record.
- E. Thereafter the recertification will be due two years from the anniversary date of the award of legal

guardianship/permanent custody. Follow procedures in 5.9.1 above.

5.10 REPORTING CHANGES

5.10.1 Custodial responsibility

Emphasize to the legal guardians/permanent custodians that they **must** notify the department **immediately, and not wait for the biennial review**, of any changes in the child's situation, including:

- A. When the child is no longer residing with them or they are no longer providing support for the child; or
- B. When they receive additional income from other sources (such as an increase in the child's social security payments) which need to be deducted from the permanency assistance payment.

5.10.2 Fraud

Remind the legal guardians/permanent custodians that if they do not report, within 15 days, changes which affect the child's eligibility for permanency assistance, it may be investigated by the department as suspected fraud.

5.11 OVERPAYMENT AND RECOUPMENT

- A. An overpayment occurs when the legal guardian/permanent custodian receives permanency assistance payments to which the person is not entitled.
- B. Overpayments, other than fraudulent, may be collected in the following ways:
 - 1. Adjust the current permanency assistance payment, by ten per cent of the monthly permanency assistance payment, until the overpayment is recouped; or
 - 2. Refer to the Investigations Office (INVO) for individuals who are no longer eligible for cash payments.
- C. For more specific procedures, refer to Chapter V, Procedures Section 2, State Funded Foster Care Maintenance Payments.
- D. For fraudulent overpayments, refer to Investigations Office (INVO)

for investigation.

5.12 TERMINATION AND REDUCTION OF SERVICES

- A. Terminate Permanency Assistance when the child enters a residential treatment facility, is incarcerated, or in any other setting where the child's room and board needs are covered or for any of the other reasons listed in HAR Chapter 17-835, "Permanency Assistance".
- B. Terminate the line of service and benefit for SAC K226 and K276 if difficulty of care payments were issued. Terminate the "0" episode.
- C. Authorize the benefit on screen PC 30 for the final payment (if it has not yet been issued).
- D. Request notice K509/G509 via CPSS:
 - 1. On PC 30 and while authorizing the benefit for final payment;
OR
 - 2. On PC 70 by using the **OTHER** request line.
- E. Complete the K509/G509 notice correctly and completely in simple language, citing the termination reason in the rules that applies in this case.

5.13 NOTICE OF ACTION TO TERMINATE OR REDUCE PAYMENTS

5.13.1 Written notice

- A. In the event action is necessary to terminate or reduce service payments, be sure to issue the K509/G509.
- B. The written notice will contain the following information:
 - 1. The action the department intends to take;
 - 2. The reason for the action with the departmental rule supporting the action;
 - 3. The individual's right to request an informal review, a fair hearing, or both pursuant to Hawaii Administrative Rules, 17-602.1, Hearings;
 - 4. The circumstances under which the service will be

continued if a fair hearing is requested pursuant to Hawaii Administrative Rules, 17-602.1.

5.13.2 Informal review or fair hearing

If the legal guardian/permanent custodian requests an informal review or fair hearing within 90 days of the date of notice, refer to Procedures, Chapter I, Section 3, Hearings.

5.14 FORMS

| | | |
|----|---------------------------------|---|
| A. | <u>DHS 1662</u> | Application for Permanency Assistance |
| B. | <u>DHS 1663</u> | Permanency Assistance Agreement |
| C. | <u>DHS 1664</u> | Notification of Biennial Review of Permanency Assistance Agreement |
| D. | <u>DHS 1616</u> | Agreement Between DHS and Foster Child/Child Participating in the Higher Education Foster Board/Permanency Assistance Program |
| E. | <u>DHS 1581 (Exp. 08/98)</u> | Difficulty of Care Eligibility and Worksheet |
| F. | <u>DHS 1581 (Exp. 08/98 CL)</u> | Cover Letter |

DO NOT USE:

| | | |
|----|-----------------|---|
| A. | <u>DHS 1665</u> | Second Notice Letter |
| B. | <u>DHS 1666</u> | Disposition of Annual Review of Permanency Assistance Agreement |

Recommended Minimum Clothing Guide:

INFANTS (NEWBORN - 1 YEAR OLD)

| <u>Item</u> | <u>Suggested Quantity</u> |
|----------------------|---------------------------|
| Sleeper/Stretch Suit | 7 |
| T-Shirts/Tops | 7 |
| Shorts/Pants | 4 |
| Dress Outfit | 2 |
| Jacket/Sweater | 1 |
| Booties/Mittens | 4 |
| Shoes | 1 |
| Socks | 3 |

TODDLER (1-5 YEARS OLD)

| <u>Item</u> | <u>Suggested Quantity</u> |
|--------------------------|---------------------------|
| Shorts/Pants | 7 |
| T-shirts/Tops | 7 |
| Underwear/Training Pants | 7 |
| Jacket/Sweater | 1 |
| Pajamas/Nighties | 2 |
| Dress Outfit | 2 |
| Swim Suit | 1 |
| Slippers | 1 |
| Sandals | 1 |
| Shoes | 1 |
| Socks | 3 pairs |

Recommended Minimum Clothing Guide (Cont.):

BOYS (AGE 6 AND ABOVE)

| <u>Item</u> | <u>Suggested Quantity</u> |
|--------------------|---------------------------|
| Shorts/Pants/Jeans | 7 |
| Shirts | 7 |
| Jacket/Sweater | 1 |
| Underwear | 7 |
| Sleepwear | 2 |
| Swim Trunk | 2 |
| Slippers | 1 |
| Dress Shoes | 1 |
| Tennis Shoes | 1 |
| Socks | 7 pairs |
| Belt | 1 |

GIRLS (AGE 6 AND ABOVE)

| <u>Item</u> | <u>Suggested Quantity</u> |
|--------------------|---------------------------|
| Dress/Skirt/Muumuu | 6 |
| Shorts/Pants/Jeans | 7 |
| Blouses/Shirts | 7 |
| Jacket/Sweater | 1 |
| Panties | 7 |
| Bras | 7 |
| Slips | 1 |
| Sleepwear | 2 |
| Swim Suit | 1 |
| Slippers | 1 |
| Dress Shoes | 1 |
| Tennis Shoes | 1 |
| Socks | 7 pairs |
| Belt | 1 |

Attachment – get official copy

INSTRUCTIONS

DHS 1664 NOTIFICATION OF BIENNIAL REVIEW

OF PERMANENCY ASSISTANCE AGREEMENT

Purpose:

DHS 1664 is the notice to legal guardians or permanent custodians of the need for review of the permanency assistance agreement and to request from them the information necessary to conduct the review.

The information provided will enable the Department to ascertain the need for continuing or adjusting the permanency assistance.

General Instructions:

Social worker completes the cover page and mails form to the legal guardian(s)/permanent custodian(s) 60 days prior to the anniversary date of the Permanency Assistance Agreement.

Legal guardian(s)/permanent custodian(s) completes page 2 and returns the form to the social worker.

Specific Instructions:

Cover page

1. Social worker enters the agency office return address, social worker's name and unit.
2. Form is to be mailed on the same day it is completed.
3. Enter name of child for whom the permanency assistance is made.
4. Enter name(s) of legal guardian(s)/permanent custodian(s) to whom the notification is addressed.
5. Other items are self-explanatory.

Page 2

1. Upon receipt of the completed form from the legal guardian(s)/permanent custodian(s), the social worker reviews the information provided.
2. If there were no changes, file in the case record. If there were changes in the child's or family's circumstances, draft an amended Permanency Assistance Agreement with cover letter to the legal guardians/permanent custodians for signature.

Distribution:

Complete two copies: Original to legal guardian(s)/permanent custodian(s);
Copy to case record.

Form Supply:

Units to reproduce and stock own supply.
(Rev. 7/98)

Attachment – get official copy

State of Hawaii
Department of Human Services
Social Services Division
Child Welfare Services Branch

Return Address:

Attn: _____
Social Worker

NOTIFICATION OF BIENNIAL REVIEW OF PERMANENCY ASSISTANCE AGREEMENT

Date: _____ Reference: _____
Child

Dear

We are required to conduct a review of Permanency Assistance Agreements on a periodic basis, at least every two years. The purpose of the review is to determine the need for continuing or adjusting the permanency assistance.

Please provide the Department with the information requested on the attached form within the next thirty (30) days. We would appreciate your answering those questions with a check mark in the box. Based on your response, we will either draft an amended agreement or continue the current one. Should you have questions, please contact the above-named social worker at

Telephone number

Social Worker

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PLEASE MARK APPROPRIATE BOXES AND EXPLAIN AS REQUESTED

- 1. Is the child still in your home and under your legal guardianship or permanent custody?
 Yes No (If No, explain circumstances and date of departure.)

- 2. Is your child receiving direct benefits such as VA, SSI, etc., not previously reported to the Department or have reported benefits increased since last year?
 No Yes (List source, amount, and effective date of increase.)

- 3. Is the amount of the monthly subsidy payment/other difficulty of care payments from the Department satisfactory?
 Yes No, and I/we wish to discuss this with the Department.
- 4. Is medical insurance still available to cover your child's health care needs?
 Yes No (Explain)

- 5. Do you have medical insurance, previously unreported, that covers your child's health care needs?
 No Yes (Give name of company, type of coverage, policy number and date of eligibility for coverage.)

- 6. I/We request that permanency assistance be continued beyond the child's eighteenth birthday or beyond his/her graduation from high school this year:
 No
 Yes, because the child will not graduate this year and is eligible to remain in high school until _____ (date).
 Yes, because the child will be attending an accredited institution of higher education on a full time basis and I/we are attaching verification of enrollment.
Name of School _____

I/We, the undersigned, declare that the information contained in this document is true, correct, and complete to the best of my/our knowledge and belief.

Legal Guardian/Permanent Custodian Date

Legal Guardian/Permanent Custodian Date

For Department use:

Reviewed by _____
Social Worker: _____ Date

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State of Hawaii
Department of Human Services
SOCIAL SERVICES DIVISION
CHILD WELFARE SERVICES BRANCH

PERMANENCY ASSISTANCE AGREEMENT

This agreement has been entered into by and between the Department of Human Services, Social Services Division, Child welfare Services Branch, hereafter called the "Department" and _____

(Legal Guardian(s) / Permanent Custodian(s)' Full Name(s)

_____, hereafter
(Address) (Tel.No.)

called the "legal guardians" or "permanent custodians" for the purpose of assisting in the support of

(Child's First Name, M.I., Last Name) (Birthdate) (Soc.Sec.No.)

This agreement shall remain in effect regardless of the state in which the legal guardians/permanent custodians reside at any given time.

- Initial Agreement: The prospective legal guardian(s) /permanent custodian(s) agree that he/she/they intend to assume legal guardianship/permanent custody of this child and have signed this document prior to the awarding of legal guardianship/permanent custody for the purposes of receiving permanency assistance.
- Modified Agreement: This is a modification of the initial Permanency Assistance Agreement signed on _____.

PROVISIONS OF AGREEMENT

I. ASSISTANCE:

A. **MONTHLY PERMANENCY SUBSIDY** Yes, \$ _____; No

The amount of this payment is based on the needs of the child and the income/resources available to the child and has been determined by mutual agreement between the legal guardian(s)/permanent custodian(s) and the Department. The amount of the payment does not exceed the foster care maintenance payment allowable by the State of Hawaii. Adjustments in permanency subsidy or cash payments, if any, will be made based upon changes in the needs or income resources of the child, changes in the circumstances of the legal guardian(s)/permanent custodian(s) or changes in the maximum allowable permanency subsidy payment. Satisfactory evidence of changes in the child's needs or family's circumstances will be required.

B. **SPECIAL CIRCUMSTANCE REQUESTS:**

- Clothing, necessary for maintenance;
- Clothing necessary for special circumstances or special events;
- Exceptional Care Payments for a child meeting those eligibility requirements.

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C. Medical Care

- The child is eligible for benefits within the scope and content of Hawaii's Title XIX Medicaid program regardless of the state of residence.
- Medical Coverage is not required. The legal guardian(s) /permanent custodian(s) have been informed of the child's Title XIX eligibility and have declined coverage.

Procedures for meeting costs of medical care, including consideration of family's health insurance, outside the State of Hawaii:

Hawaii will issue a Hawaii Medicaid ID card to present to providers for services allowable within the scope and content of Hawaii's program. Upon receipt of invoices from providers, Hawaii will make payment directly. On questions, call Hawaii Med-QUEST Division Administration, (808) 586-5391.

II. Notification of Change

- E. The legal guardian(s)/permanent custodian(s) will immediately notify the Department, in writing, within fifteen days of any of the following:
 - 1. They are no longer supporting the child or the child is no longer residing with them.
 - 2. The child is receiving or is eligible to receive income from a source other than the Department (income received shall be counted as a resource and will affect the amount of permanency assistance payments).
 - 3. They are no longer the legal guardian (a) /permanent custodian(s) of the child.
 - 4. There are any changes of address.
 - 5. There are any other circumstances which may affect eligibility for continued permanency assistance.
- F. The Department will notify the legal guardian(s) /permanent custodian(s), in writing, of changes in permanency assistance payments resulting from increases or decreases in foster care rates. Adjustments, if any, will be made at recertification of the agreement.

III. Review of Agreement

This agreement shall be reviewed biennially by the legal guardian(s) /Permanent Custodian(s) and the Department, and a new Agreement completed if necessary, on appropriate forms provided by the Department.

IV. Termination

Termination of this agreement shall occur:

- A. Upon the conclusion of the terms of this agreement.
- B. Upon the legal guardian(s)/permanent custodian(s)' request.
- C. When the child reaches the age of 18 or continues to be eligible to remain in high school and can complete high school before reaching 20. Assistance may also be provided through age 21 for a child attending an accredited institution of higher education on a full-time basis.
- D. Upon the child's death.
- E. Upon the death of the legal guardian(s) /permanent custodian(s) of the child (one in a single parent family and both in a two parent family).

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- F. At the cessation of legal responsibility of the legal guardian(s)/permanent custodian(s) for the child.
- G. When the child is no longer receiving support from the legal guardian(s)/permanent custodian(s).
- H. When the child no longer meets the eligibility requirements for permanency assistance.

V. Appeal

Legal guardian(s)/permanent custodian(s) may appeal the Department's decision to change or terminate permanency assistance in accordance with the rules and procedures of the State's Administrative fair hearing and appeals process. Information may be requested from the child's social worker or the Section office.

* * *

This agreement covers the period from the date of the award of the Legal Guardianship or Permanent Custody, _____ to the Child's 18th birthday or upon completion of high
 (Date)
 School, up to age 20, whichever is later, _____; or if attending an institution of
 (Date)
 higher education on a full-time basis and meeting all eligibility requirements, up to age 22, _____.
 (Date)

Effective date for permanency assistance payment: _____.
(Date)

I/we certify that all information given is true and correct to the best of my/our knowledge. If I/we fail to report changes and receive payments to which I/we am/are not entitled, the amount of overpayment will be collected from me/us, and I/we may be prosecuted for fraud.

| | |
|---|---------------|
| _____ LEGAL GUARDIAN/PERMANENT CUSTODIAN'S SIGNATURE | _____ DATE |
|---|---------------|

| | |
|---|---------------|
| _____ LEGAL GUARDIAN/PERMANENT CUSTODIAN'S SIGNATURE | _____ DATE |
|---|---------------|

| | |
|---|---------------|
| _____ AUTHORIZED DEPARTMENT REPRESENTATIVE | _____ DATE |
|---|---------------|

TITLE

Signed copy of this agreement given/sent to the legal guardian(s)/permanent custodian(s) on _____.
(Date)

Distribution (2 copies): Original for case record
Copy to Applicant

Attachment - [get official copy](#)

Department of Human Services
Social Services Division
Child Welfare Services Branch
[Address]

Dear

Re: Difficulty of Care Determination
For _____
Name of Child and Birth date

This is a worksheet to help us determine eligibility for Difficulty of Care payments for the above named child. Difficulty of Care Payments may be allowed for services provided by you, the certified foster parent(s), legal guardian(s), or permanent custodian(s) for daily care and supervision over and beyond the normal care of children. This payment is for children with identified physical, mental, emotional or behavioral problems. The child must meet the eligibility criteria listed at the top of page 1 of the Worksheet.

After careful study of the child, please list the activities that you provide which are more than the care required by a "normal" child. I will be reviewing the worksheet and if any changes are made, I will discuss them with you. After you and I sign the agreement, the supervisor will have to approve.

The Difficulty of Care Payments will be authorized as soon as the determination is completed and the payments will be included as part of the monthly foster board or permanency assistance payments. Please remember that this type of payment may not remain the same throughout the child's placement in your home as there may be changes in the child's functioning with additional services provided by you.

You will be asked to complete this worksheet at intervals, depending on the child's situation, but at least once a year. A copy of the final determination and agreement sheet will be sent to you for your signature.

If you have any questions, please feel free to call me at _____

Sincerely,

Social Worker

DHS 1581 (Exp. 08/98 CL)

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Name of Child _____

DIFFICULTY OF CARE WORKSHEET

| MEDICAL/PHYSICAL CARE ACTIVITIES: | UNITS/WEEK |
|--|-------------------|
| Transport child for on-going medical or physical therapy or occupational therapy sessions | |
| Participate with the doctors or therapists with the child as part of a team | |
| Carry out the medical or physical therapy/occupational therapy plan at home Specify activity: | |
| Monitor specialized medical equipment; carry out specialized medical procedures | |
| Provide additional assistance with toileting - excess time for child this age | |
| Provide additional assistance with feeding - excess time for child this age | |
| Provide additional assistance with dressing - excess time for child this age | |
| Provide additional assistance with bathing - excess time for child this age | |
| Other - specify: | |
| Total: | |

| THERAPEUTIC / EMOTIONAL CARE ACTIVITIES: | |
|--|--|
| Transport child for therapeutic counseling - psychologists, psychiatrists, support group, etc. Specify to whom: | |
| Participate in therapeutic counseling with child or consult / share information with professionals | |
| Carry out therapist's recommendation or activities or method to modify child's behavior Specify activity: | |
| Provide additional supervision needed due to child's identified problem. Specify what kind of supervision: | |
| Other - specify: | |
| Total: | |

| ACADEMIC/EDUCATIONAL CARE ACTIVITIES: | |
|---|--|
| Assist child with special educational needs at home - hours in excess of 10 hrs./week | |
| Transport child for tutoring | |
| Meeting with teachers/school personnel - hours in excess of 1 hr./week Specify reason for frequent meetings: | |
| Other - specify: | |
| Total: | |

| AUXILIARY ACTIVITIES: | |
|------------------------------|--|
| Other – specify: | |
| Total: | |