

Foster Care Candidacy Determination Form

_____ Initial Determination

_____ Six Month Re-determination

Name of Child: _____ Date of Birth: _____

Person Completing Form: _____ Phone Number: _____

County/Local Collaborative/Tribal Agency: _____

If recommending a child as a potential foster care candidate, local collaborative agencies must attach a written and signed release of information.

Definition of a Foster Care Candidate:

A candidate for foster care is a child who is at imminent risk of removal from home as evidenced by the county or tribal agency either pursuing the child's removal from the home or making reasonable or active efforts to prevent the removal. Completing the documentation to establish a child's foster care candidacy is an indication that the child's entry into foster care is anticipated because the child is at imminent risk of removal. Candidacy determinations must be individualized on a case-by-case basis. No group of children can be automatically included or excluded. Children already in out-of-home placement are not foster care candidates. (Social Security Act, Title IV, Part E, Section 471 (a)(15)(B)(i); ACYF-PA-87-05; ACYF-CB-PA-01-02 and DAB Decision No. 1428; Budget Deficit Reduction Act of 2005)

Please describe the issues that cause this child to be at imminent risk of being removed from their parent(s) or guardian(s). Please check all that apply:

- | | |
|---|-----------------------------------|
| _____ Report of alleged abuse and/or neglect | _____ Inadequate housing |
| _____ Report of abandonment | _____ Parent alcohol abuse |
| _____ Child maltreatment determination | _____ Parent drug abuse |
| _____ Child behavior | _____ Parent death |
| _____ Child alcohol abuse | _____ Parent incarceration |
| _____ Child disability | _____ Parenting issues |
| _____ Child drug use | _____ Financial problems |
| _____ Relinquishment of parental rights | _____ Caretaker inability to cope |
| _____ Child has a sibling currently in foster care | _____ Domestic violence |
| _____ Child has past history of being in foster care | |
| _____ Child's family has an open child protection or child welfare case with _____ County Social Services | |
- (Please note: This issue by itself does not meet the criteria for foster care candidacy. Check the issues that led to the case opening).
- _____ Child's mental health needs are being assessed for residential treatment
- _____ Child's development disabilities are being assessed for residential treatment

Describe other conditions or issues: _____

Notes: (Attach additional sheet if necessary)

The following reasonable or active efforts are being made to prevent the child from being removed from their parent or guardian. Please check all that apply and provide a description/explanation of those services:

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☐ Child protective services case management _____
☐ Parenting education _____
☐ Chemical dependency services _____
☐ Individual counseling _____
☐ Mental health services _____
☐ Information and referrals to community based services _____
☐ Family based services – counseling _____
☐ Family counseling _____
☐ Family based services – life management skills _____
☐ Housing services _____
☐ Legal services _____
☐ Family support services _____
☐ Truancy prevention services _____
☐ Special education services _____
☐ Before and/or after school programming _____
☐ Youth services _____
☐ School intervention strategies _____
☐ In home public health services _____
☐ Gang prevention efforts _____
☐ Probation services _____
☐ Describe other reasonable/active efforts: _____

Notes: (Attach additional sheet if necessary)

This section for use by the Foster Care Candidacy Specialist:

☐ Child or family has an open county/tribal case. Case Number: _____
☐ There is evidence of court proceedings in relation to the removal of the child from the home, in the form of a petition to the court, a court order or transcript of the court proceedings. Please indicate type: _____ Attach a copy of the document for verification.

Notes: (Attach additional sheet if necessary)

☐ Foster Care Candidacy Determination Approved
☐ Foster Care Candidacy Determination Not Approved

Signature of Specialist _____ Date: _____

Date of Initial Determination _____

Date of Six Month Re-determination _____

You must retain this documentation for 4 years after the determination (or re-determination) date.