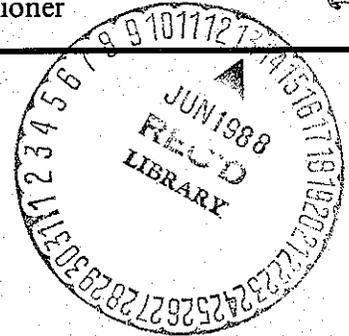


**ADMINISTRATIVE
DIRECTIVE**

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES
40 North Pearl Street
Albany, New York 12243
Cesar A. Perales, Commissioner



TRANSMITTAL NO: 88 ADM-24

DATE: May 27, 1988

DIVISION: Family and Children Services

TO: Commissioners of Social Services

SUBJECT: Unaccompanied Refugee Minors Program For Foster Care and Services

SUGGESTED DISTRIBUTION: Director of Social Services
Supervisor of Foster Care Unit
Professional Staff of Foster Care Unit
Staff Development Coordinator

CONTACT PERSON: Any questions concerning this release should be directed to:

Program Questions —
Joseph Ryu (800) 342-3715 ext. 432-2520

Fiscal Questions —
Metropolitan Office -
Mr. Marvin Gold (212) 488-4517
Upstate Office -
Mr. Irid Gordon (800) 342-3715 ext. 4-7549

System Questions —
Gerald Seeley (800) 342-3715 ext. 4-9461

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Department Regs.	Social Services Law and Other Legal References	Manual References	Miscellaneous Reference
79 ADM-54 80 ADM-97 86 ADM-33 86 ADM-35	79 ADM-54 80 ADM-97	Part 426 427 428 430 431	SSL § 395 398 371 Family Court Act 651(b)	Chapter 1058 of Book 10 Bulletin 143-b 200	

DSS-296 6/87

I. Purpose

The purpose of this Administrative Directive is to advise you that the same child welfare benefits and services available to foster care children apply also to lawfully admitted unaccompanied refugee minors.

II. Background

The provision of foster care and services to unaccompanied refugee minors (URMs) was required as part of the Indochinese Refugee Assistance Program under the Indochina Migration and Refugee Assistance Act of 1975. Later the Refugee Act of 1980 has superseded the Indochina Migration and Refugee Assistance Act of 1975 and retained the provision of child welfare as part of the Refugee Assistance Program. Subsequently the Department of Health and Human Services through its Office of Refugee Resettlement issued Federal Regulations (45 CFR part 400, January 30, 1986), which include its policy instructions related to Child Welfare Services to the Unaccompanied Refugee Minors.

This Administrative Directive updates federal policies as required by the Refugee Act of 1980, the Refugee Assistance Amendments of 1982, and Federal Regulations part 400, subpart H regarding Child Welfare Services.

III. Program Implication

The Department expects the district to treat unaccompanied refugee minors in the same fashion it treats other children in foster care cases, unless any exceptions are noted in this Directive for treating them otherwise. Unaccompanied refugee minors in foster care cases are also governed under Department Regulations pertaining to the provision of foster care and services, such as Parts 426, 427, 428, 430, and 431.

There are two unique factors to be taken into consideration for providing foster care and services to the unaccompanied refugee minor. One is the absence of parents or other close relatives since he/she has entered the United States unaccompanied. This requires the district to establish legal responsibility for the protection of that child. The other is that unaccompanied refugee minors are not generally eligible for adoption since family reunification is one of the objectives of the program. In certain cases, adoption may be permitted pursuant to adoption laws in the state of New York, provided a court finds that adoption would be in the best interest of the child and there is a termination of parental rights (for example, in situations where the parents are dead or are missing and presumed dead) as determined by the appropriate state court. When adoption occurs, the child's status as an unaccompanied minor terminates.

NOTE: The use of Uniform Case Record (UCR) forms is required for the unaccompanied refugee minors (URMs) with modification. A "Dear Commissioner" letter dated April 1, 1985 explains where modifications are needed. In order to assist your staff in the correct completion of the UCR forms for the URMs, a copy of specific instructions is attached for their reference as Attachment #3.

2) Cuban/Haitian Entrant Unaccompanied Minor

The Cuban/Haitian entrant unaccompanied minor is treated the same as the unaccompanied refugee minor for foster care services and benefits.

IV. Required Actions

Considering the fact that unaccompanied refugee minors, unlike non-refugee children, are brought into the local area under special arrangements and placed with voluntary child-caring agencies under contract to the social services district for foster care and services, the Department imposes certain additional requirements to those already stipulated in Department Regulations which provide for foster care. These requirements and explanatory material are as follows:

- A) Eligibility of the Unaccompanied Refugee Minor for Foster Care and Services;
 - B) Foster Care Placement Procedures;
 - C) Establishment of Legal Responsibility;
 - D) Provision of Refugee-specific Services;
 - E) Inclusion of Bilingual/Bicultural staff;
 - F) Reporting; and
 - G) Reimbursement.
- A. Eligibility of the Unaccompanied Refugee Minor for Foster Care and Services

To be eligible for foster care and services as an unaccompanied refugee minor, he/she must meet the following criteria:

- a) hold a refugee status;
 - b) conform to the definition of an unaccompanied refugee minor as set forth in the Office of Refugee Resettlement policy issuance; and
 - c) be under 18 years of age.
- 1) Definition of "Unaccompanied Refugee Minor"

"Unaccompanied Refugee Minor" means a person who has not yet attained 18 years of age; who entered the United States unaccompanied by and not destined to (a) a parent or (b) a close non-parental adult relative who is willing and able to care for the child or (c) an adult with a clear and court verifiable claim to custody of the minor; and who has no parents in the United States.

NOTE: Those children who were already classified as "unaccompanied" may continue to be so classified until such status is terminated

in accordance with the Federal Regulations relating to the duration of eligibility as an unaccompanied minor.

2) Limitation

No child may be considered to be "unaccompanied" for this directive unless such child was identified at the time of entry as "unaccompanied" or approved by the Director of the ORR for the reclassification of such child as "unaccompanied".

3) Duration of Eligibility

An unaccompanied refugee minor continues to meet the definition of "Unaccompanied Refugee Minor Program" until the minor:

- a) is reunited with a parent; or
- b) is united with a non-parental adult (relative or non-relative) willing and able to care for the minor to whom legal custody and/or guardianship is granted under the appropriate state law; or
- c) attains 18 years of age or the age of 21 years if he/she is attending a school, college or university or regularly attending a course of vocational or technical training designed to fit him/her for gainful employment.

4) Reclassification of a Minor as a "Found-to-be Unaccompanied Minor"

A minor who was accompanied at the time of entry to the United States may be reclassified as a "found-to-be unaccompanied minor" if all of the following conditions are met on a case-by-case basis.

- a) the child does not have, and has not had at any time since the child's arrival in the United States, a parent living in the United States;
- b) a non-parental relative or non-related adult has never had legal custody of the child in the United States;
- c) the local district official has submitted all the necessary documents to an appropriate court for placing legal responsibility for the child with its commissioner; and
- d) the local district has obtained through the Department approval from the Director of the Office of Refugee Resettlement that the child has been reclassified as an "Unaccompanied Minor" on the basis of the information provided by the local district showing that such child should have been classified as "unaccompanied" at the time of entry.

In order to facilitate obtaining approval from the Office of Refugee Resettlement, the Department requires the social services district to use Department form DSS-3293 (Rev. 4/87) to provide the required information about each minor considered for a found-to-be unaccompanied minor status (see attachment #4).

B. Foster Care Placement Procedures

Unlike other minors in foster care, unaccompanied refugee minors are admitted under the authority of the Attorney General of the United States of America. The U.S. Catholic Conference and the Lutheran Council in the United States of America under contract with the U.S. State Department will facilitate the admission and placement of these children by making arrangement with the Department.

The arrangement for the placement of these minors requires special procedures to be followed by the parties involved. The Department has adopted, for this purpose with some modification, the procedures recommended by the American Public Welfare Association (APWA), and requires the district to use them.

The detailed instructions regarding Foster Care Procedures for the Placement of Unaccompanied Refugee Minors are found in Attachment #1 of this directive.

Refugee Children Other Than "Unaccompanied Minors" in Need of Child Welfare Services

For refugee children other than those classified as "unaccompanied", who are residing in its territory and found in need of child welfare services, the district shall serve them under the same foster care procedures for placement and protective action as for non-refugee children.

C. Establishment of Legal Responsibility

Once an "unaccompanied minor" has arrived in New York State and has been placed by a voluntary child-caring agency approved by the district, the district shall petition the family court for an order to grant custody of the child to the local commissioner of social services pursuant to section 651(b) of the Family Court Act within 30 days after the child was initially placed. With the assistance of designated staff from the respective voluntary child-caring agency, the local welfare attorney shall request that the court appoint a law guardian for the benefit of the minor pursuant to Article 2, Part 4 of the Family Court Act.

The petition for custody shall be drafted in accordance with the format set forth in General Form 16 and found in the Judiciary regulations, 22 (c) NYCRR Appendix C-1. A model of the petition to be used is included as Attachment #2.

Attachment #2 should be sufficient to satisfy the requirements for the petition for custody. Any questions regarding the legal sufficiency of service

of process to be made on the natural parents of the child should be referred to the Family Court judge for the proper exercise of the court's discretion.

Testimony from an appropriate official of the U.S. Catholic Conference or the Lutheran Council in the U.S.A. may be required by the Family Court for attesting to the information presented in the petition for custody regarding the legality of the entry into the United States of each particular unaccompanied refugee minor. Upon a finding by the Court of exceptional circumstances and in the interest of justice, section 3117 (a) (3) (v) of the CPLR allows for the use of written depositions to present testimony in place of the oral testimony of an unavailable witness. Ms. Nancy Schulz of the U.S. Catholic Conference or Ms. Laurie Gordon of the Lutheran Council in the U.S.A. are the persons to be contacted by the county welfare attorney so that written depositions by appropriate individuals attesting to the entry of each child into the United States can be obtained for family court review.

Their addresses and phone numbers are as follows:

Ms. Nancy Schulz
Migration and Refugee Service
U.S. Catholic Conference
902 Broadway
New York, New York 10010-6093
(212) 614-1250

Ms. Laurie Gordon
Lutheran Immigration and Refugee Services
Lutheran Council in the U.S.A.
360 Park Avenue South
New York, New York 10010
(212) 532-6350 ext. 326

D. Provision of Refugee-Specific Services

The unaccompanied refugee minor must be provided appropriate child welfare and refugee-specific services to develop the skills necessary for social, emotional, and economic self-sufficiency. The Departmental requirements with regard to child welfare services are described in the Department Regulations 18 NYCRR parts 426, 427, 428, 430, and 431.

The refugee-specific services must be addressed by the district when developing and implementing a written case plan. Using the Department's UCR Comprehensive Assessment and Service Plan and/or UCR Reassessment and Service Plan Review forms for the care and supervision of each child leading to non-dependent emancipation or family reunion, the district must take into account the following elements:

1) Placement of the Unaccompanied Refugee Minor

Due to the circumstances under which the unaccompanied refugee minor was brought into foster care and services, the Department

considers that foster family care is the most appropriate type of placement for the following reasons:

- a) The nature of the problem which thrusts the unaccompanied refugee child into foster care is one of displacement: the children have been uprooted from communities and separated from families. Consequently, foster family placement is seen as the most appropriate setting in which a child is enabled to adjust his/her life.
- b) This setting gives the child the best opportunity to become proficient in English, to be integrated into the new culture, to become familiar with work/career choices and to experience supportive emotional ties which he/she may need to successfully manage the stresses inherent in being an unaccompanied refugee minor.
- c) In terms of maintaining ethnic identity, experience has shown that foster parents have been able to encourage and facilitate this need according to the child's individual interests. Training offered by the social services district is important in developing awareness of this need.

Other Placement Options

When foster home placement is deemed inappropriate for an unaccompanied refugee minor, there are two alternative living arrangements which may be considered: Agency Boarding Home and Agency Group Home.

If a child is being considered for a placement alternative other than foster family care, the Department expects that every effort will be made to counsel the child and acquaint him/her with the implications of each option in the course of developing the placement service plan. The worker should inform the child of both the tangible and intangible benefits available in foster family placements along with those benefits associated with the Agency Operated Boarding Home or Group Home.

In the course of developing the placement service plan and determining which option is best for a particular child, several important factors should be considered: 1) The facility must be community based; 2) The facility treatment focus must have the capability of allowing for the needs of the refugee child; 3) Facility population — due care must be taken when placing a child in any given facility with reference to the nature of the problems of the children already in residence and the influence this may have on the refugee child; 4) Acculturation -- the acculturation aspects of the program must be provided for in this setting; 5) Educational opportunity--if the plan will result in a change of schools, the Department suggests that appropriate personnel in the current educational facility and the future educational facility be involved in the planning process.

Of the two options, the Department considers the Agency Boarding Home to be preferable for the children in the Unaccompanied Refugee Minors Program because it more closely resembles a family type environment.

The alternative living arrangement plan for each child must be approved by the social services district.

2) Health Screening and Treatment

The social services district must provide health screening to all the unaccompanied refugee minors at the time of introduction to the foster care and services program. It is to determine whether they have medical conditions requiring or medical histories indicating a need for, treatment or observation and they need to be monitored any necessary treatment or observation.

Hepatitis B and Vaccination

Hepatitis-B is an illness caused by a virus which is found in blood as well as in other body fluids, such as saliva and semen of infected individuals. It is spread when virus from a carrier or person with active hepatitis-B enters another person's blood stream through a break in the skin or inadvertent introduction onto a mucosal surface such as eye, gums, or mouth. There is no evidence that hepatitis-B has been transmitted by food or utensils. However, standard recommended hygiene practices are essential to help reduce the spread of any infectious disease.

Since it has been reported that some of the unaccompanied Indochinese refugee minors were found to be hepatitis-B carriers, the Public Health Service Immunization Practices Advisory Committee recommends that close household contacts of hepatitis-B surface antigen carriers, such as foster family members of an unaccompanied minor, be vaccinated with HBV vaccine. The Office of Refugee Resettlement has notified the State that it will reimburse, as an allowable expenditure, the actual cost of HBV vaccination for appropriate foster family members in the unaccompanied minor portion of the State refugee program when the unaccompanied refugee minor has been identified as a hepatitis-B carrier and where it cannot be reimbursed through the foster family's regular health insurance or medical assistance.

3) Acculturation

Because the children in question are refugees who have been resettled in the United States as "unaccompanied refugee minors", the Department requires the social services district to provide these children with acculturation. Individual circumstances will dictate the best course of action for each refugee child. However, consideration should be given for the integration of the minor with American culture through orientation, testing and counseling, and educational and social opportunities to facilitate the integration process.

4) Preservation of the Minor's Ethnic and Religious Heritage

Unaccompanied refugee minors should be encouraged to preserve an understanding of, and respect for, their native culture and religion. Therefore, the social services district must follow the following criteria:

- a) Each child must be placed in geographic areas which have ethnic communities similar to those of the minors or in areas that are readily accessible to the activities of those communities insofar as possible;
- b) Each child must be provided with a written plan and periodic schedule for exposure to and participation in appropriate cultural events.

5) English Language Instruction, Education and Training

The unaccompanied refugee minors have language and cultural background that are different from Americans, and their status requires them to prepare for non-dependent emancipation or family reunion in the United States. Therefore, the Department requires the district to assist them to receive English language instruction, education and training as appropriate to their individual needs, taking into consideration their aptitude, interest and potential.

6) Family Reunification

a) Reunion with parents

The social services district must facilitate the reunion in the United States of the unaccompanied refugee minors with their parent(s) by observing the following criteria:

- i) Children are encouraged to apply for admission of their parent(s) to the United States and assisted with preparation of the necessary documentation, including applications, so long as doing so will not pose any danger to the parent(s) in their native country; and
- ii) When reunion becomes possible, following the arrival of parent(s) in the United States, a reunion plan must be developed. Sound casework principles must be used to facilitate the reunion, specifying a target date for the child's return to parent(s) on the appropriate UCR forms and describing activities and efforts to meet that goal. The reunion shall be accomplished within 24 months of the date on which the whereabouts of the parents became known. If the continuation of the foster care placement becomes necessary beyond 24 months, the social services district is required to submit an exception request to the Regional Office of the Division of Family and Children Services before the date on

which the case will be out of compliance if no exception is granted (see 86-ADM-35 for specific guidelines).

b) Union with Non-Parental Adult (Relative or Non-Relative)

If interest is expressed by any non-parental adult to provide care for an unaccompanied refugee minor in receipt of foster care services, the social services district must evaluate and satisfy all of the following factors regarding such non-parental adults:

- i) His/her willingness to care for the child;
- ii) His/her ability to care for the child; and
- iii) His/her commitment to assume legal custody and/or guardianship for the child through an appropriate court process.

If the social services district, with the cooperation of the interested non-parental adult(s), determines that it would not be in the best interests of the unaccompanied refugee minor to transfer legal custody and/or guardianship of such child to such non-parental adult(s), it must then explore the possibility of approved relative foster boarding home care as an alternative placement. This is based on the "Requirements for Approval of Relative Foster Boarding Homes and Policy on Use of Relatives as Foster Care Providers or as Alternatives to Placement" as contained in the Administrative Directive (86 ADM-33).

7) Preparation for Independent Living

Since the unaccompanied refugee minors are generally not permitted to be freed for adoption, their eventual transition to independent living is a certainty unless they are reunited with their family members. The success of this transition to independence depends to a large extent upon preparation for independent living as part of a discharge plan.

The Department will release an Administrative Directive on independent living preparation for minors in foster care placement. It will specify the minors in foster care who require independent living services and each of the major areas of services to be provided to that population. Since the majority of unaccompanied refugee minors need independent living preparedness, the social services district must follow requirements of the Administrative Directive which is to be released under the title called "Amendments to Utilization Review Standards for Children in Foster Care Pertaining to Independent Living Regulations § 430.12(f) and § 430.13(g)".

E. Inclusion of Bilingual/Bicultural Staff

Since unaccompanied refugee minors are children from other countries with language and culture different from the United States, the Department

recognizes the necessity of using the bilingual/bicultural staff to insure the effective provision of child welfare services to this population. The Department requires the district to do the following:

- 1) The Unaccompanied Refugee Minors Program must have bilingual/bicultural capacity appropriate to the clientele served;
- 2) The program must have bilingual/bicultural capacity as an integral part of the program's service function, not limited to translations.

F. Reporting

The social services district is required to complete the following forms and reports and to submit them according to the instructions stated below:

- 1) ORR Forms: The ORR-3 and ORR-4 are to be submitted to the Office of Refugee Resettlement (ORR) and to the Department, for the following purposes:

- a) Initial Placement Report

The district must submit an ORR-3 form for each unaccompanied refugee minor to the ORR and the Department within 30 days of the date of the minor's initial placement in the district;

- b) Status Report

The ORR-3 form must also be used by the district to report the following information:

- i) when the minor's placement is changed; and/or
- ii) legal responsibility of any kind for the minor is established or transferred.

This report must be filed with the ORR and the Department within 60 days.

- c) Progress Report

The ORR-4 must be submitted for each unaccompanied minor every twelve months, beginning with twelve months following the initial date of placement. The Department's latest UCR Reassessment and Service Plan Review forms for each minor must be attached to the ORR-4 prior to submission to the ORR and the Department. These forms must be received within 60 days from the due date.

d) Final Report

The ORR-3 form must be filed by the district as a final report of each minor for the following reasons:

- i) the minor is reunited with a parent;
- ii) the minor is united with an adult, other than a parent, in accordance with section D.6(b) of this Directive; or
- iii) the minor is emancipated.

2) The Department's Monthly Report

The social services district must complete the Department's Monthly Report and submit it to the Department before the 15th of the month following the month to be reported.

G. Reimbursement

The United States Department of Health and Human Services through its Office of Refugee Resettlement will reimburse states on a 100 percent basis for child welfare services provided to unaccompanied refugee minors under its Refugee Resettlement Program. Services include foster care maintenance or room and board payments, medical assistance, social services, and administrative costs associated with these activities.

The requirements for reimbursement under the Federal Regulations (45 CFR Part 400) is that child welfare services will be provided to unaccompanied refugee minors according to the State's child welfare standards, practices, and procedures. This requirement provides a uniform standard in the provision of services and provides protection of the right of equal access to services for all eligible persons, refugee and non-refugees, on the same terms except for differences in the payment mechanism.

The claiming procedures for expenditures made for the Unaccompanied Refugee Minors Program are as follows:

Claiming Procedures

Expenditures made for unaccompanied refugee minors under the foster care and services programs shall be claimed on the appropriate program schedule (such as schedule K) in the first instance and summarized on Schedule RF-2 (DSS-1272). This would result in normal federal reimbursement for these costs.

The balance of the 100% federal reimbursement must be claimed on Schedule RF-6 (DSS-1047) in the same manner as with other refugee cases.

Administrative costs would be claimed on the RF-6a and the RF-6. Title XX administrative costs related to unaccompanied minor cases are identified by SSRR percentages for Schedules D-2 and D-9 and are carried to the RF-6a and RF-6.

Complete instructions for administrative cost claiming are contained in Appendix F of Bulletin 143-b, Local Cost Allocation Manual.

As with the refugee cases, program identification shall be shown on all forms, rolls, summaries, vouchers, authorizations, etc. These records shall be kept on file, available for audit review.

Expenditures should be charged to the proper program appropriation accounts as indicated by the authorized program.

These unaccompanied minors are not eligible for Title IV-E. Therefore, they shall be identified as non-Title IV-E when claimed on Schedule K (DSS-3479). Generally medical assistance for this case category is paid through the state's MMIS system.

Instructions for the Schedule RF-6 (DSS-1047)

Services (Line 6)

The purchase of services amounts will be claimed in the first instance on the RF-6. Use appropriation Account A6070 -- Services for Recipients to record these expenditures.

Administration (Line 7)

Administration expenditures shall be calculated and claimed in accordance with the instructions for the Schedule RF-6a (DSS-3510) contained in Appendix F of Bulletin 143-b -- Local Cost Allocation Manual. Title XX Services Administration for unaccompanied minor cases is calculated on Schedules D-2 and D-9 using the SSRR percentages supplied by the State. These expenditures are then carried over to Schedule RF-6a and then summarized for reimbursement on the Schedule RF-6. Use Appropriation Account A6010 -- Social Services Administration -- to record these expenditures.

Child Care (line 10)

These unaccompanied minors are not eligible for Title IV-E; therefore, they shall be identified as non-Title IV-E when claimed on Schedule K (DSS-3479).

Expenditures (column 4)

From Schedule K, Line 1, Column 11 (FNP). Use Appropriation Account A6119 Child Care to record these expenditures.

Balance (column 6)

Equals column 4, Expenditures

State Reimbursement (column 7)

From Schedule K, Line 1, Column 11 (FNP).

NOTE: Line 1 of Schedule K is the total line. Foster care expenditures for unaccompanied minors should be shown on Schedule K on the proper expenditure lines (i.e. Agencies, Foster Homes, etc.) in support of the claim. Schedule K instructions are contained in Chapter 1064 of Book Ten Finance.

General

Federal Revenue from Line 15, Column 6 of the RF-6 should be recorded in Révenue Account A4619 for Foster Care expenditures or A4670 for Purchase of Services expenditures and A4610 for Administrative costs.

Hepatitis B Vaccination Claiming

In order to claim reimbursement for the cost of vaccinations, the appropriate information should be entered on a WMS Service Authorization (Form DSS-2970). Costs are to be claimed on Schedule K on the proper expenditure lines (i.e., agencies, foster homes, etc.) for initial reimbursement through the RF-2. The balance to result in 100% funding will be claimed on RF-6.

H. Systems Implications

A Services WMS case must be opened for unaccompanied refugee minors and unaccompanied Cuban/Haitian minors who are receiving services. The appropriate eligibility category of either 09 (RAP-URM) - Refugee Assistance Program-Unaccompanied Refugee Minor or 10 (RAP-UCHM) - Refugee Assistance Program-Unaccompanied Cuban/Haitian Minor should be encoded on the Application for Services (DSS-2921).

If the eligibility is 09 (RAP-URM), the only valid State/Federal charge code on the SFED/T is 31 - Unaccompanied Refugee Minor. If the State/Federal charge field is left blank, the system will generate code 31 in the State/Federal charge field.

If the eligibility is 10 (RAP-UCHM), the only valid State/Federal charge code on the SFED/T is 35 - Cuban/Haitian Unaccompanied Minor. If the State/Federal charge field is left blank, the system will generate code 35 in the State/Federal charge field.

The authorization of purchase of services (POS) should be processed in the prescribed manner. Section V. Additional Information of this ADM, discusses hepatitis-B and vaccination. In order to authorize and claim reimbursement for these costs, districts may add the amount of this expenditure to the authorization of the room and board amount (POS Code - 61) for the child.

For the unaccompanied refugee minors who receive Protective, Preventive, Adoption and/or Foster Care Services, a case should be opened for each child as a CCRS case in the prescribed manner.

V. Additional Information

Attachment #1, Foster Care placement procedures for unaccompanied refugee minors

Attachment #2, A petition model to be used for Establishment of Legal Responsibility

Attachment #3, Instructions on completion of UCR forms for unaccompanied refugee minors

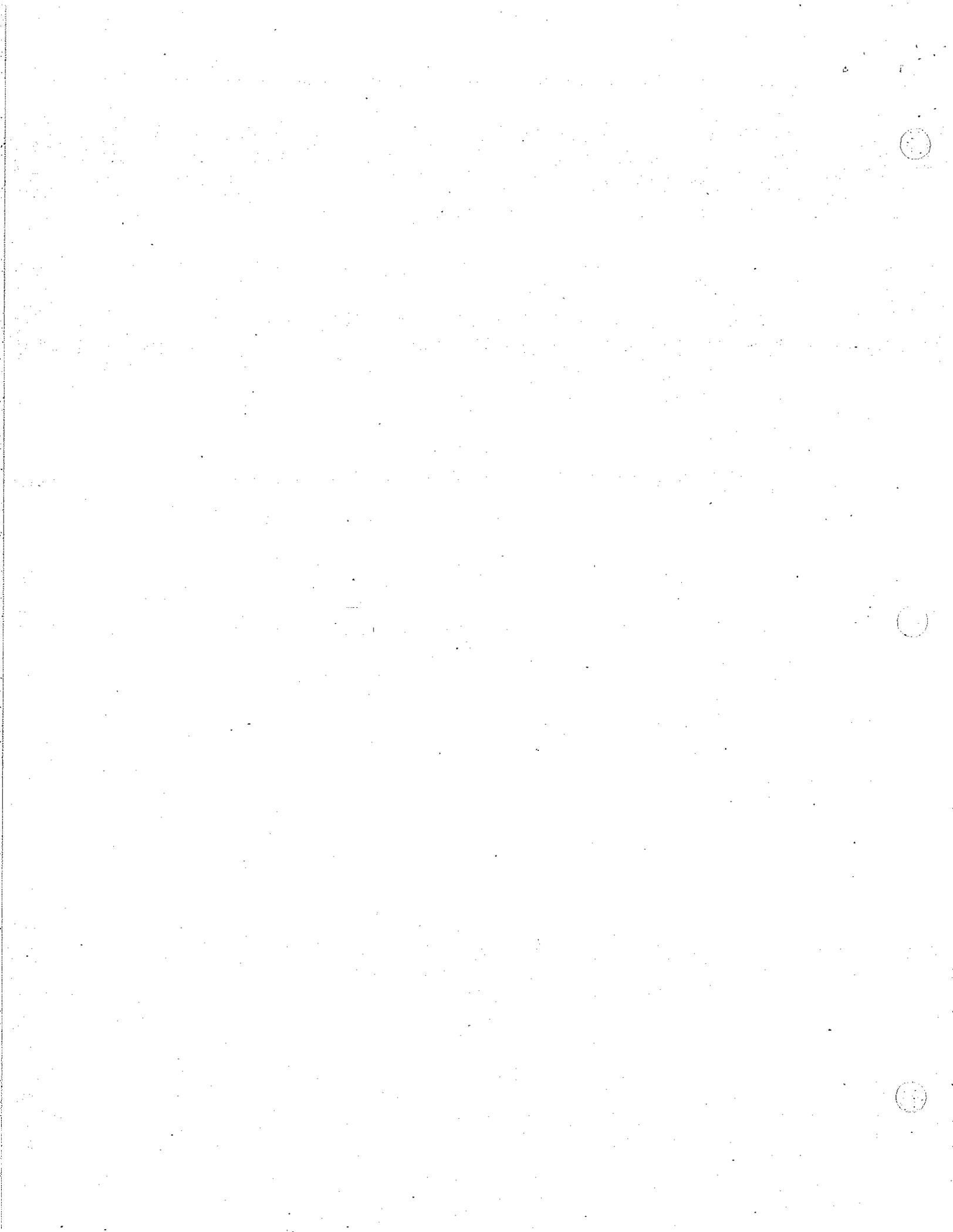
Attachment #4, DSS 3293 (Rev. 8/87) for Request for status as a child found to be unaccompanied refugee minor.

VI. Effective Date

This Administrative Directive is effective June 1, 1988 retroactive to April 30, 1986.



Joseph Semidei
Deputy Commissioner
Division of Family and
Children Services



**FOSTER CARE PLACEMENT PROCEDURES FOR
UNACCOMPANIED REFUGEE MINORS**

The Interstate Compact placement form — the ICPC-100A has been modified for use with the placement of the unaccompanied refugee minors:

The ICPC-100A "Interstate Compact Application Request to Place Unaccompanied Refugee Minor," requests basic information concerning the child. It is a carbonless, six-part form which is distributed to various parties as the request for placement progresses.

This form provides for uniformity of procedures in the placement of the unaccompanied refugee minors across the State. It is, furthermore, a tool to ensure that arrangements for the care, support, and legal responsibility of the child have been made prior to the child's arrival.

This document contains the complete instructions for the Interstate Compact procedures developed for the placement of unaccompanied refugee minors. There are three basic steps involved:

Step One: Initiation of the request for placement by the national voluntary agencies.

Step Two: Determination by the local affiliates of the national agencies regarding children they will serve.

Step Three: Actions by the prospective receiving state in evaluating the requests for placement. In the case of New York State, the local department of social services is to evaluate the request for placement.

For each step, the instructions include a brief description of the activities involved, the completion of the ICPC form, and the distribution of the form.

Step One: Initiation of the Request for Placement by the Lutheran Council in the U.S.A. and the U.S. Catholic Conference

Activities: These two national agencies are coordinating the placement of the unaccompanied minors. In brief, they allow for the admission of specific children after receiving assurances from their local affiliate agencies across the country that placements exist for these children. The Interstate Compact procedure begins at the point that the national voluntary agencies receive the names and social information of children for whom they will be seeking placements with their local affiliate agencies.

Completion of ICPC-100A: The national voluntary agency completes portions of an ICPC-100A for each child for whom it is seeking a placement, as follows:

Enter name and address of the Compact Administrator in the state to which the child is proposed to be sent. In the case of New York State, the following is recommended for insertion: The New York State Compact Administrator, Attention to: (County or City) Department of Social Services.

Enter name and address of the New York State Compact Administrator in the "Thru" box at the top right of the 100A.

Complete Section I -- "Identifying Data" to the extent possible. Copies of any narrative social information on the child should be attached. The national voluntary agency inserts the following in the space provided for the name of agency financially responsible for the child: "Admitted under authority of the Attorney General of the United States. (Name of the State agency) to be reimbursed 100% by RAP program pursuant to Refugee Act of 1980 as amended in 1982.

In Section III, check what summaries or other materials are enclosed and sign as the "sending agency", enter title of person signing, and date signed.

Section II, the remainder of Section III, and Section IV will be completed by the local affiliate agency and the receiving state's Interstate Compact office.

Distribution of ICPC-100A: The national voluntary agency retains the gold copy -- Sending Agency (Preliminary) -- and distributes the other five copies of the 100A as follows:

The pink copy -- Sending State (Preliminary) -- is sent to the New York State Department of Social Services, 40 North Pearl Street, Albany, New York 12243, Attention to REAP State Coordinator.

The remaining four copies are sent directly to the local affiliate agency which is being asked to locate a placement for the child.

Step Two: Local Affiliate Agency Determines Which Children It Can Serve

Activities: The local affiliate agencies will determine which children they can serve. In addition to the many considerations which go into this decision, the local affiliate agency needs to work with the appropriate local department of social services in each jurisdiction to initiate the following:

Appropriate licensure or approval of foster homes or other facilities intended to care for these minors.

Arrangements for the payment for the children's care and services.

Determination of the method and the court in which legal responsibility for the child will be established, and of the person or agency in whom legal custody or guardianship will be vested.

Completion of ICPC 100A: When the local affiliate agency has decided it can accept the child for placement, it completes additional portions (Section I and part of Section III will have already been completed) of the ICPC-100A as follows:

In Section II, enter the name of the foster home or foster facility in which the child is to be placed, and check the type of care to be provided.

In Section III, the local affiliate agency enters its name and address as the supervising agency in the receiving state, and checks the box "Agency in Receiving State Has Agreed to Supervise".

In Section III, the box "upon request" should be checked for the compliance of reports.

Distribution of the ICPC-100A: The local affiliate agency retains the yellow copy -- Receiving Agency (Preliminary) -- for the children it intends to place and forwards the remaining three copies to the appropriate local department of social services in the receiving state. It is suggested that a linkage system should be established between the local affiliate agency and the appropriate local department of social services.

Step Three: Receiving State Compact Office (appropriate local department of social services) Processes Requests for Placement.

Activities: Before approving a request for placement of an unaccompanied refugee minor, the local social service official of the receiving state should assure that the following necessary arrangements for the placement of these children have been completed.

Provisions have been made to assign custody to either the public or the private agency by the local court taking jurisdiction.

Arrangements for payment of care and service to the child have been worked out between the responsible public agency and the private agency caring for the child.

A specific licensed or approved living arrangement for the child has been identified and listed on the ICPC-100A.

Completion of the ICPC-100A: If the arrangements listed above have been completed, the social services official should approve the placement request by completing Section IV of the ICPC-100A: Action by Receiving State. The social service official checks "Approval Granted" and signs and dates the form.

The social services official should also note the provision in Section IV regarding the termination of the interstate placement when the placement is consummated according to the laws of the receiving state. The social services official is responsible for notifying the sending agency of any special provisions in state law regarding the termination of the interstate placement through the REAP State Coordinator of the New York State Department of Social Services.

Distribution of the ICPC-100A: After signing the 100A, the local department retains the white copy -- Receiving State (Approved) -- and distributes other copies of the form as follows:

Green copy -- Sending Agency (Approved) -- is returned to the national voluntary agency arranging the placement. This copy notifies the national agency that the child may be sent.

Blue copy -- Receiving Agency (Approved) -- is forwarded to the local affiliate agency which will be caring for the child.

Three photocopies of the approved 100A are to be forwarded to the following address:

New York State
Department of Social Services
40 North Pearl Street
Albany, New York 12243
Attention to: REAP Program Coordinator

Upon receiving these three copies, the REAP State Coordinator distributes one to ORR and the second to the New York State Interstate Compact Administrator, and retains the third for file.

Contact persons for the National Voluntary Agencies involved in the placement of the refugee minors are as follows:

U.S. Catholic Conference:

Ms. Nancy Schulz
Migration and Refugee Services
U.S. Catholic Conference
902 Broadway
New York, New York 10010-6093
Phone: (212) 614-1250

Lutheran Immigration and Refugee Service:

Ms. Laurie Gordon
Lutheran Immigration and Refugee Service
360 Park Avenue South
New York, New York 10010
Phone: (212) 532-6350, Ext. 326

**INTERSTATE COMPACT APPLICATION REQUEST
TO PLACE UNACCOMPANIED REFUGEE MINOR**
ICPC - 100A

PLEASE EXPEDITE

(NAME AND ADDRESS OF COMPACT ADMINISTRATOR FOR RECEIVING STATE)

TO:

THRU: (NAME AND ADDRESS OF COMPACT ADMINISTRATOR FOR SENDING STATE)

ALIEN NUMBER SOCIAL SECURITY NUMBER

APPROVAL IS REQUESTED FOR THE PLACEMENT OF: CHILD'S NAME BIRTHDATE (M-D-Y) COUNTRY OF BIRTH SEX

MOTHER'S NAME FATHER'S NAME
NAME OF AGENCY OR PERSON RESPONSIBLE FOR PLANNING FOR CHILD NAME OF AGENCY OR PERSON FINANCIALLY RESPONSIBLE FOR CHILD
ADDRESS ADDRESS
CITY, STATE, ZIP CITY, STATE, ZIP
TELEPHONE NUMBER TELEPHONE NUMBER

SECTION II - PLACEMENT
NAME OF PERSON CHILD IS TO BE PLACED WITH TYPE OF CARE
 FOSTER FAMILY CARE GROUP HOME CARE RESIDENTIAL TREATMENT CENTER
 INSTITUTIONAL CARE ADOPTION INDEPENDENT LIVING PLACEMENT
 PLACEMENT WITH RELATIVE: SPECIFY RELATIONSHIP:
ADDRESS
CITY, STATE, ZIP
TELEPHONE NUMBER
ADOPTION TO BE COMPLETED IN
 SENDING STATE RECEIVING STATE

SECTION III - SUPERVISION
 SENDING AGENCY REQUESTS RECEIVING AGENCY TO ARRANGE SUPERVISION
 SENDING AGENCY TO SUPERVISE
 AGENCY IN RECEIVING STATE HAS AGREED TO SUPERVISE
NAME AND ADDRESS OF SUPERVISING AGENCY IN RECEIVING STATE

REPORTS REQUESTED
 QUARTERLY SEMI-ANNUALLY UPON REQUEST OTHER (SPECIFY):

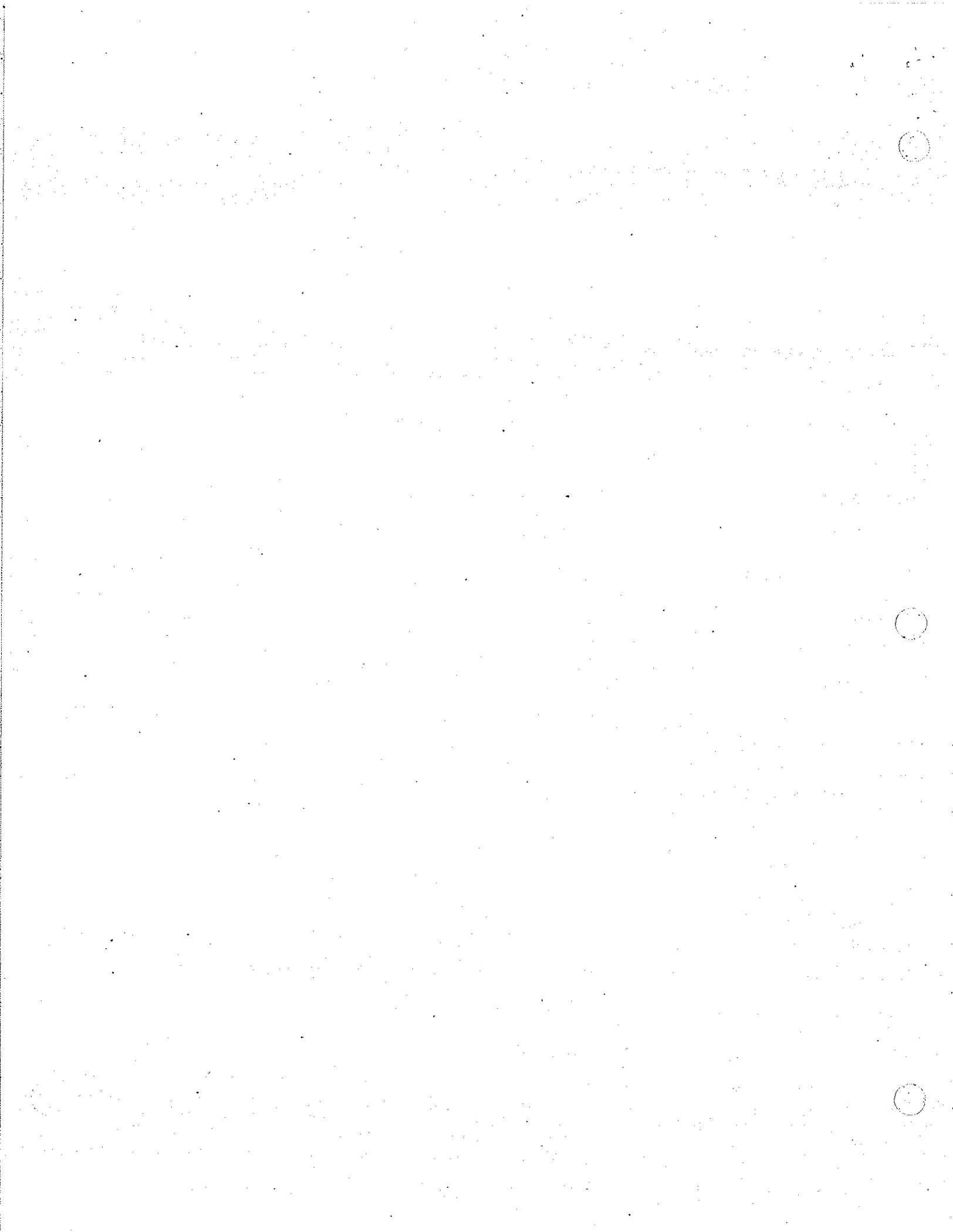
ENCLOSED
 SUMMARY FOR CHILD AS SUGGESTED IN COMPACT PROCEDURES
 SUMMARY OF HOME STUDY AS SUGGESTED IN COMPACT PROCEDURES
 OTHER ENCLOSURES (SPECIFY):

SIGNATURE OF SENDING AGENCY TITLE DATE SIGNED

SECTION I - ACTION BY STATE
 APPROVAL GRANTED APPROVAL DENIED
SIGNATURE OF RECEIVING STATE COMPACT ADMINISTRATOR OR ALTERNATE DATE SIGNED

SECTION II - ACTION BY REC
This child is being placed into the receiving state under the program to resettle unaccompanied Indochinese refugee minors. With respect to placements made under this program, the interstate placement is terminated with the concurrence of the above signed parties when the placement is consummated within the receiving state pursuant to the laws of the receiving state.

DISTRIBUTION OF COPIES:
WHITE - RECEIVING STATE (APPROVED)
BLUE - RECEIVING AGENCY (APPROVED)
GREEN - SENDING AGENCY (APPROVED)
YELLOW - RECEIVING AGENCY (PRELIM.)
PINK - SENDING STATE (PRELIM.)
GOLD - SENDING AGENCY (PRELIM.)



FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF _____

In the matter of a proceeding for custody under
Article 6 of the Family Court Act of the person
of _____ a refugee
unaccompanied minor.

Docket No. _____

Petition for Custody

TO THE FAMILY COURT:

The undersigned Petitioner respectfully alleges that:

1. Petitioner (County Commissioner of the Social Services) resides at (state the address of the County Department of Social Services).

2. The County Commissioner of Social Services is charged with the responsibility of providing child welfare services to destitute minors found within the County of _____ either directly or through an authorized agency as defined in Social Services Law, section 371(10)(a), pursuant to Social Services Law sections 395 and 398.

3. This proceeding is commenced pursuant to section 651 (b) of the Family Court Act.

4. The name, present address, age and date of birth of each child affected by this proceeding are as follows:

<u>Name</u>	<u>Address</u>	<u>Age</u>	<u>Date of Birth</u>
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(To be completed to the extent possible according to the biographical and background information provided by the ICPC-100A form, intake and assessment.)

5. (Upon information and belief) During the last five years each child has lived at:

<u>Name</u>	<u>Address</u>	<u>Duration</u>
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(Same as No. 4)

6. (Upon information and belief) The name and present address of the person(s) with whom each child lived during the past five years are as follows:

<u>Name</u>	<u>Address</u>	<u>Duration</u>
-------------	----------------	-----------------

(Same as No. 4)

7. (Upon information and belief) The County Commissioner obtained custody of the child on _____, 19____ as follows:

- i. That _____ name _____ is a refugee, who pursuant to the authority made available to the Attorney General of the United States of America in section 207 (c) (1) and 212 (d) (5) of the Immigration and Nationality Act, has been allowed to legally enter the United States as an unaccompanied minor who because of persecution or fear of persecution on account of race, religion, or political opinion has fled from his/her native country.
- ii. That because of the catastrophic conditions resulting from the mass exodus of people from their native country and because of the unknown whereabouts of the natural parents of the refugee child presently before the court, the child has not been irrevocably released for the purposes of adoption.
- iii. That due to the unknown whereabouts of the natural parents of the refugee child presently before the court, service of process related to this petition for custody is inappropriate.
- iv. That _____ name _____ is presently found within _____ county and has been placed in the physical custody of (the local child caring agency) pursuant to arrangements made with the United States Catholic Conference and the Lutheran Council in the U.S.A.
- v. That _____ name _____ is a destitute child as that term is defined pursuant to section 371 (3) of the Social Services Law.

- vi. That the County Commissioner has entered into a Purchase of Service agreement with (the local child caring agency) to provide child welfare services to a destitute child found within his jurisdiction.
8. That it would be in the best interest of the child(ren) to have custody awarded to the Petitioner for the following reasons:
 - i. (Upon information and belief) That the whereabouts of the natural parents of name is unknown.
 - ii. That because of the responsibility provided by sections 395 and 398 of the Social Services Law, the County Commissioner is in the best position to provide services for the welfare of a child who is in need of public assistance and care, support and protection, and who is found in his territory.
9. Petitioner has (not) participated as a party in other litigation concerning the custody of the same child(ren) in New York State or any other state.
10. (Upon information and belief) (no) custody proceeding is pending in New York State or any other state.
11. No previous application has been made to any court for the relief herein requested.

WHEREFORE, Petitioner prays for an order awarding temporary custody of the child named herein to the County Commissioner of Social Services until such time as the natural parents of the child make proper application for the return of their child, or until the child reaches the age of majority or until the age of 21 years if the child is a student attending a school, college, or university or regularly attending a course of vocational or

technical training designed to fit him for gainful employment, who is cared for 24 hours a day in a licensed or certified facility; and for such other and further relief as the court may determine.

Dated: 19

Petitioner

VERIFICATION

STATE OF NEW YORK)

: ss.:

COUNTY OF)

being duly sworn, says that (s)he is the Petitioner in the above-named proceeding and that the foregoing petition is true to (his) (her) own knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters (s)he believes it to be true.

Petitioner

Sworn to before me this
day of 19

(Deputy) Clerk of the Court
Notary Public

NEW YORK STATE
DEPARTMENT OF SOCIAL SERVICES
40 NORTH PEARL STREET, ALBANY, NEW YORK 12243
CESAR A. PERALES
Commissioner



April 1, 1985

RE: Instructions on Completion of Uniform
Case Record (UCR) Forms for Un-
accompanied Refugee/Entrant Minors.

Dear Commissioner (or Director):

The New York State Department of Social Services will soon begin statewide training sessions to instruct local department and voluntary agency staff how to complete the revised Uniform Case Record (UCR) forms. Representatives from each department or agency will be trained regionally to complete the forms for foster care services in general. These representatives will then return to their agency to train their own staff.

As stated in the attached letter from NYSDSS Deputy Commissioner Joseph Semidei (dated June 6, 1983), Unaccompanied Refugee/Entrant Minors (U.R.E.M.) are no longer exempt from the UCR reporting system. Therefore, UCR forms must be completed for each UREM child. However, since there are differences between foster care services in general and foster care services to UREM children, it is necessary to adjust the UCR forms to be used for the UREMs. As a consequence, some of your staff will require instruction in addition to the general training sessions.

In order to inform your staff how to complete the UCR forms for unaccompanied refugee/entrant minors, we have enclosed copies of the four UCR forms with specific instructions written in each section. This packet, when used in conjunction with the formal training and UCR Desk Reference materials, should facilitate correct forms completion for UREM cases.

We are forwarding this material to you prior to the formal UCR training so that your UREM staff can review them and bring any specific questions to your agency's UCR liaison. Following the training, our UREM staff will provide technical assistance as needed. Your staff may call 1-800-342-3715 and ask for Tom Hart (ext. 4-3578) or Ruth Conlyn (ext. 4-7317).

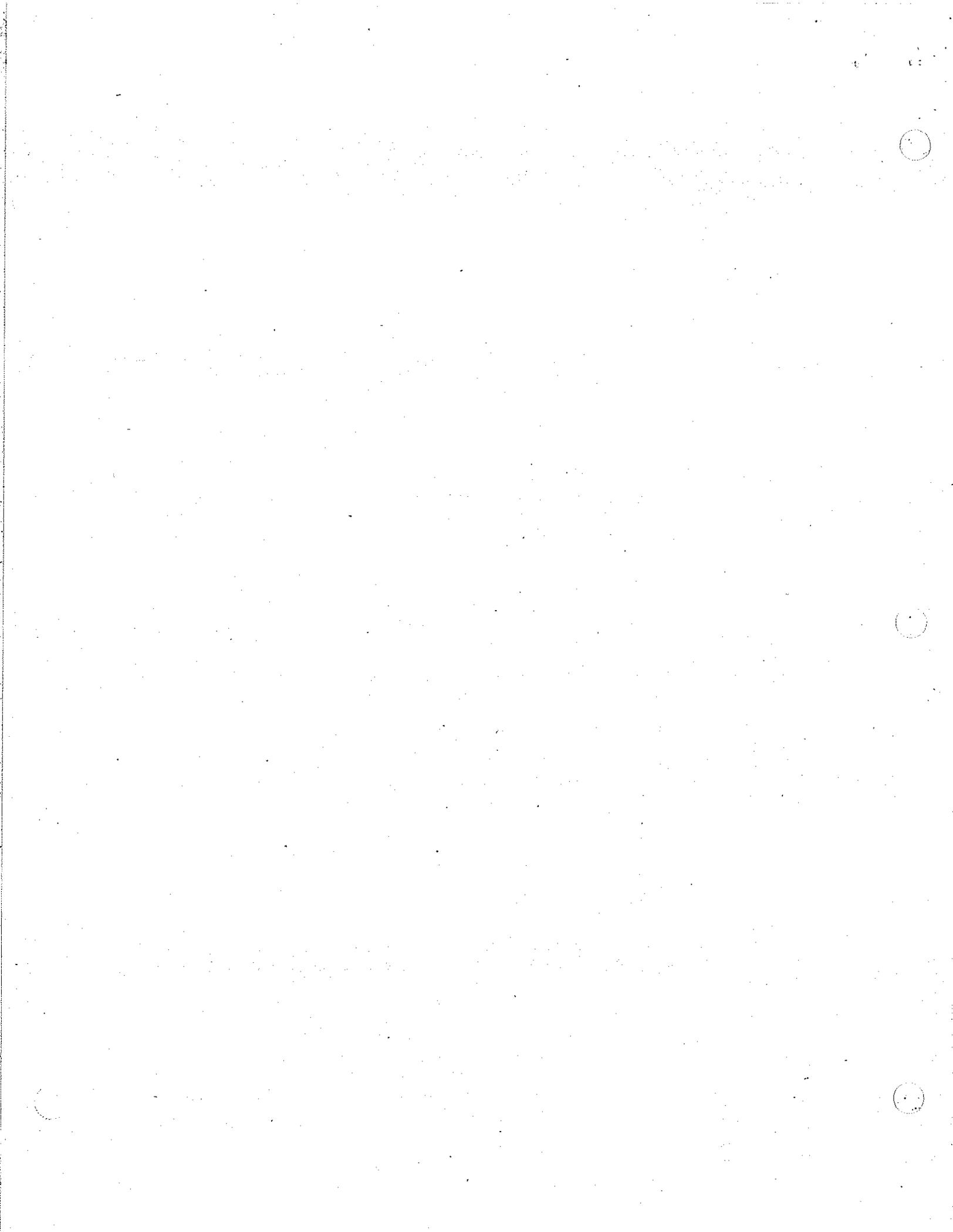
If you have any comments or questions, please feel free to call. We appreciate your continued interest and efforts in behalf of the Unaccompanied Refugee/Entrant Minors.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bruce O. Bushart".

Bruce O. Bushart
State Coordinator
Refugee/Entrant Assistance Program

CC: F. Spain
R. Speier
J. Ryu



UCR INITIAL ASSESSMENT AND SERVICE PLAN
30 Day/Date of Indication

CASE NAME	CASE NUMBER S	COMPLETED BY	UNIT/WORKER NUMBER
AGENCY/DISTRICT			PLAN DATE

GENERAL INSTRUCTIONS:

Day 1 (CID) for this case was ____/____/____ (MO) (Day) (Yr.) based on the earliest of the following events (check one):

application for services; placement; court order; indication of a child protective report.

Complete this form within 30 days of Day 1 (CID), or for CPS cases, on the date of Indication (refer to Section V of the UCR Desk Aid).

Bold type following questions indicate Utilization Review Regulatory Reminders.

1. PRESENTING PROBLEM/REFERRAL SOURCE

Briefly state the nature of the problem or situation which has led to this request for services, as described by the client or referring source. Who referred this client?

- (A) For "Unaccompanied Refugee/Entrant Minors", please indicate that the child is a U.R.E.M. from (country of origin) resettled by (name of national resettlement agency) who requires placement because there is no immediate family in the United States.
- (B) For "Found to be Unaccompanied" minors, describe the circumstances and reason for placement.

2. FAMILY HISTORY

Describe known family background, especially as related to the presenting problem. List the location of all family members, including child(ren), and the events that led to the presenting problem.

- (A) Indicate the present location of family members, if known, both in the United States and the country of origin.
- (B) Describe any significant family background that would affect the child's present needs.

CASE NAME	CASE NUMBER S
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3. ACTIONS TO DATE

Summarize actions taken on behalf of the client and the client's response. Include casework contacts, service referrals, services provided and any court involvement. *If a Foster Care Placement describe alternatives to placement which were considered. Necessary Activities Prior to Placement.**

In this section, the term "client" refers to the child. Describe service provision to the U.R.E.M. child, including health screening, orientation, etc.

Due to the child's status as a refugee minor unaccompanied by parents or adult relatives, no alternatives to placement were considered.

4. INITIAL ASSESSMENT OF FAMILY FUNCTIONING

Describe the current circumstances and functioning of the family, including child(ren), as they relate to the presenting problem(s). Consider strengths and problems. *If a Foster Care Placement describe each child's initial adjustment to placement and the family's response. For Protective Service Cases assess the family's ability to protect and potential to harm the child. Conclude with a statement which provides the most significant service priorities and evaluate the family's ability to benefit from these services. Necessity of Placement or Mandated Preventive Services; Risk of Foster Care; Ability to Benefit from Services.*

This section would apply to the child's current functioning and to the foster family's response to placement during the initial adjustment period.

*For cases tracked in CCRS encode appropriate legal activities on Services Activity Log.

CASE NAME	CASE NUMBER S
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4. (INITIAL ASSESSMENT MAY CONTINUE HERE)

For Section 5 below, use code "C" (and on rare occasions "D") for program choice code and appropriate codes for permanency planning goals.

5. PROGRAM CHOICE AND PERMANENCY PLANNING GOAL

List the names of each child for whom services are authorized and identify the program choice(s), permanency planning goal (PPG) and the anticipated completion date(ACD) for the PPG.

CHILD'S NAME	PROGRAM CHOICE* (Choose all that apply)	PPG*ACD*		CHILD'S NAME	PROGRAM CHOICE* (Choose all that apply)	PPG*ACD*	
		Goal	Mo. Yr.			Goal	Mo. Yr.

PROGRAM CHOICE CODES

- A Preventive Non-Mandated
- B Preventive Mandated
- C Placement
- D Protective

PERMANENCY PLANNING GOALS

- 01 Discharge to Parents
- 02 Discharge to Primary Resource Person(s)/Relative(s)
- 03 Discharge to Independent Living
- 04 Discharge to Adoption
- 05 Discharge to Adult Residential Care
- 06 Prevent Placement
- 07 Prevent Return to Placement
- 10 Independent Living -Unaccompanied Refugee Only
- 11 Protect Child (No PPG for CCRS)

*For cases tracked in CCRS encode the Program Choice, Reasons, PPG and Anticipated Completion Date on Assessment Plan Grid.

(Initial)

CASE NAME	CASE NUMBER S
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6. APPROPRIATENESS OF PLACEMENT (for Placement Cases only)

- a) For each child who has been placed, list name of child, agency, program or facility and level of placement (foster home, agency operated boarding home, group home, group residence or institution). Indicate facility ID# (optional).*

SELF-EXPLANATORY

- b) For each placement in a Group Home, Group Residence, Institution, or other Group Care, indicate the child's name and what service needs the child has which cannot be met in a lower level of care. **Appropriate Level of Placement.**

SELF-EXPLANATORY

- c) Does the placement permit continuity with the child's home environment, racial/ethnic and religious background? Place a check (✓) where continuity of environment was achieved.

Child's Name	Family: Bi-weekly Visits are Possible	Child: Able to Maintain Ties with Previous Neighborhood/ School	Racial or Ethnic Background (if in a FH or AOBH)	Religion

For each situation where continuity is *not* achieved, explain why this specific placement was nevertheless selected. **Continuity of Environment.**

Section 6 (C) is used to describe how continuity of the child's ethnic and religious environment is provided for or to justify why it is not.

DO NOT use the columns entitled, "Family" or "Child" because they do not apply to U.R.E.M.s.

*For cases tracked in CCRS encode appropriate movement activities on Services Activity Log.

CASE NAME	CASE NUMBER S
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7. FAMILY/CHILD VISITING PLAN (for Placement Cases only)

For each child who has been placed in foster care, describe visiting plan. Who will visit, how often, where? Facilitate Bi-Weekly Visiting.

This section may be used to describe visitation plans which are arranged for the purpose of family reunification.

SELF-EXPLANATORY

DSS-3625-6(12/84)

CASE NAME	CASE NUMBER S	SCR NUMBER
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8. INITIAL SERVICE PLAN: SERVICES NEEDED/ACTIONS PLANNED

With regard to the major problems discussed above which are experienced by one or more family members, list the services needed and actions planned *during the next 60 days*. Use additional sheets as needed. **Services Consistent with Needs.***

Problem _____

Name of family member(s) experiencing problem _____

Services needed _____

Actions planned _____

Problem _____

Name of family member(s) experiencing problem _____

Services needed _____

Actions planned _____

Problem _____

Name of family member(s) experiencing problem _____

Services needed _____

Actions planned _____

*For cases tracked in CCRS encode Child and Family Service Needs and Service Status on Assessment Plan Grid.

CASE NAME	CASE NUMBER S	SCR NUMBER
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COMPLETE FOR ALL CASES

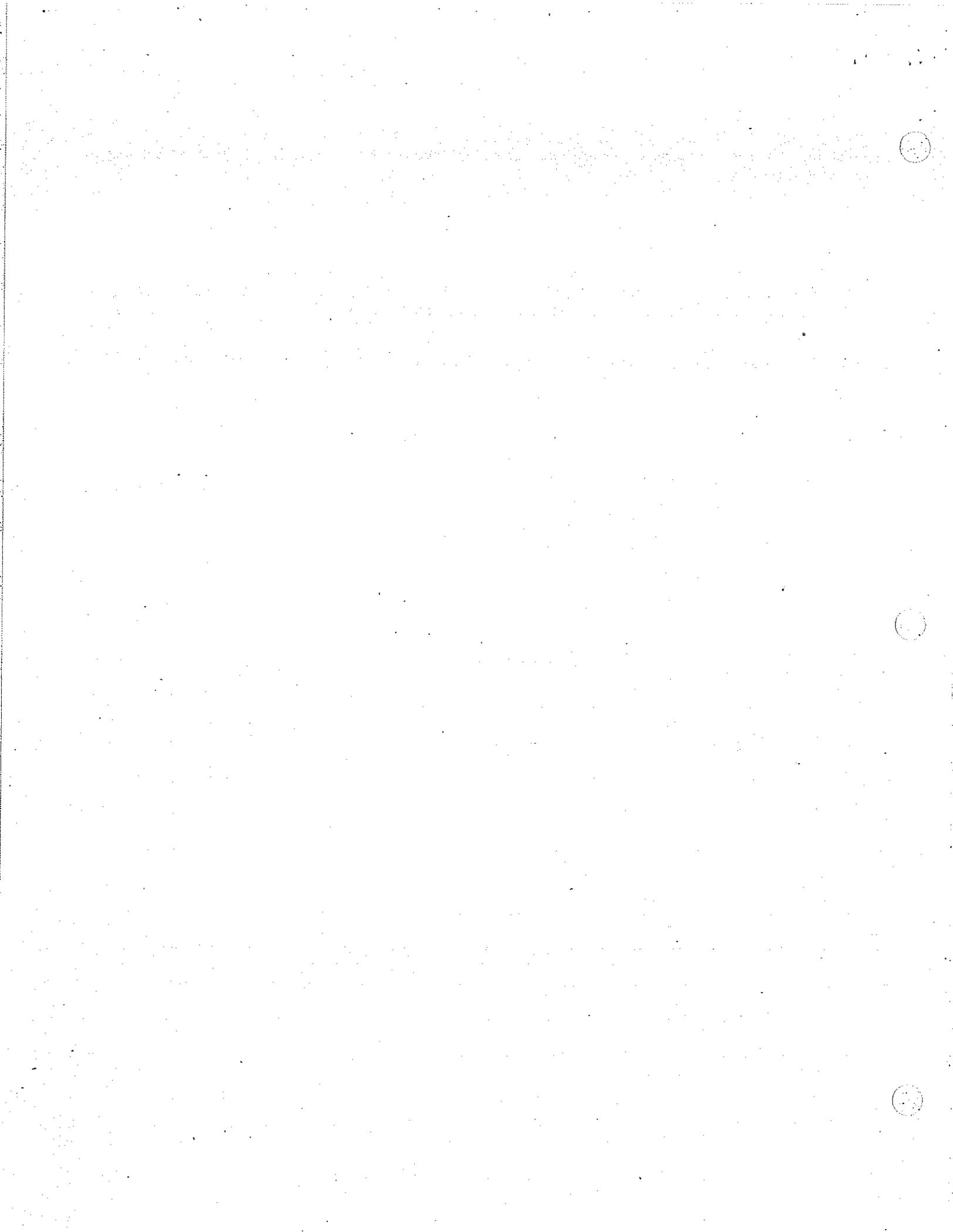
9. PLAN DEVELOPMENT

Summarize the level of involvement of parent(s) and children in the development of the service plan. **Parent/Child Participation.**

Specify the level of involvement of the child. In some cases, when the natural parents are able to meaningfully participate in planning for their child through written communication, include their involvement here.

SIGNATURES	DATE SIGNED
Case Planner	
Case Planner's Supervisor	
Case Manager	
CPS Monitor	
I have read and I understand the Service Plan.	
Parent	
Parent	
Child	
Child	

(Parent/Child signatures are optional)



UCR COMPREHENSIVE ASSESSMENT AND SERVICE PLAN

90 Day

CASE NAME	CASE NUMBER S	COMPLETED BY	UNIT/WORKER NUMBER
AGENCY/DISTRICT			PLAN DATE
<p>GENERAL INSTRUCTIONS:</p> <p>Day 1 (CID) for this case was ____/____/____ based on the earliest of the following events (<i>check one</i>):</p> <p><input type="checkbox"/> application for services; <input type="checkbox"/> placement; <input type="checkbox"/> court order; <input type="checkbox"/> indication of a child protective report.</p> <p>Complete this form within 90 days of Day 1 (refer to Section VI of the UCR Desk Aid).</p> <p>Bold type following questions indicate Utilization Review Regulatory Reminders.</p>			

1. FAMILY HISTORY

Describe history of family including children learned since the Initial Assessment. Discuss key steps in the development of this family unit and major developmental milestones in each child's life.

This section may be used to describe any additional family background information that may have an effect on the child's current functioning.

2. ACTIONS TO DATE

Summarize actions taken on behalf of the client, including casework contacts, service referrals, services provided and any court involvement since the Initial Assessment and response of family, including child(ren).*

In this section, the term "client" refers to the child.

CASE NAME	CASE NUMBER S
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3. ASSESSMENT OF FAMILY FUNCTIONING:

Develop a full assessment of the family and child(ren). Consider strengths and problems. Address individual family members separately to the extent their problems, assets, needs or circumstances differ. *If a Foster Care Placement* describe each child's adjustment to foster care, including school, health, family and social aspects as significant. *For Protective Service Cases* assess the family's ability to protect and potential to harm the child. Conclude with a statement which provides the most significant service priorities and evaluate the family's ability to benefit from these services. **Necessity of Placement or Mandated Preventive Services; Risk of Foster Care; Ability to Benefit from Services.**

This section is used to describe the child's current functioning in foster care. In addition to the above instructions, discuss the child's status in terms of language acquisition, acculturation, and emotional well-being.

CASE NAME	CASE NUMBER S
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3. (COMPREHENSIVE ASSESSMENT MAY CONTINUE HERE)

For Section 4 below, use program choice code "C" (and, in rare occasions, "D") and use the appropriate permanency planning goal.

4. PROGRAM CHOICE AND PERMANENCY PLANNING GOAL

a) List the names of each child for whom services are authorized and identify the program choice(s), permanency planning goal (PPG) and the anticipated completion date(ACD) for the PPG.

CHILD'S NAME	PROGRAM CHOICE* (Choose all that apply)	PPG*ACD*			CHILD'S NAME	PROGRAM CHOICE* (Choose all that apply)	PPG*ACD*		
		Goal	Mo.	Yr.			Goal	Mo.	Yr.

PROGRAM CHOICE CODES

- A Preventive Non-Mandated
- B Preventive Mandated
- C Placement
- D Protective

PERMANENCY PLANNING GOALS

- 01 Discharge to Parents
- 02 Discharge to Primary Resource Person(s)/Relative(s)
- 03 Discharge to Independent Living
- 04 Discharge to Adoption
- 05 Discharge to Adult Residential Care
- 06 Prevent Placement
- 07 Prevent Return to Placement
- 10 Independent Living -Unaccompanied Refugee Only
- 11 Protect Child (No PPG for CCRS)

b) If there has been a change in PPG since the Initial Plan, explain the reason.

*For cases tracked in CCRS encode the Program Choice, Reasons, PPG and Anticipated Completion Date on Assessment Plan Grid (turnaround).
(Comprehensive)

CASE NAME	CASE NUMBER S	SCR NUMBER
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5. COMPREHENSIVE SERVICE PLAN

State goals in light of above assessment of family and Permanency Goal for children. For each goal, identify the date that the goal is expected to be achieved. List each task and state the family member(s) and/or service provider(s) expected to carry out the task. **Services Consistent with Needs.***

State Goal: _____

_____ Target date: _____

CHILD/FAMILY (list names)	TASKS	SERVICE PROVIDERS (list names)
---------------------------	-------	--------------------------------

In addition to the provision of services which are general in nature, Section 5 should be used to describe how the following UREM-specific goals are to be achieved:

- Orientation
- Acculturation
- Presentation of the child's cultural identity
- English-as-a-Second Language (ESL)
- Family reunification
- Preparation for independent living
- Mental and physical health maintenance

State Goal: _____

_____ Target date: _____

CHILD/FAMILY (list names)	TASKS	SERVICE PROVIDERS (list names)
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CASE NAME	CASE NUMBER S	SCR NUMBER
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State Goal: _____

_____ Target date: _____

CHILD/FAMILY (list names) TASKS SERVICE PROVIDERS (list names)

State Goal: _____

_____ Target date: _____

CHILD/FAMILY (list names) TASKS SERVICE PROVIDERS (list names)

CASE NAME	CASE NUMBER S	SCR NUMBER
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State Goal: _____
_____ Target date: _____

CHILD/FAMILY (list names)

TASKS

SERVICE PROVIDERS (list names)

State Goal: _____
_____ Target date: _____

CHILD/FAMILY (list names)

TASKS

SERVICE PROVIDERS (list names)

CASE NAME	CASE NUMBER S
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6. FAMILY/CHILD VISITING PLAN (for Placement Cases only)

- a) For each child in foster care, summarize the nature of the interaction between the child and parent(s) and/or relative(s) during the visits, highlighting positive and negative factors. Include in this summary the frequency and location of the visits. (If the Family/Child Visiting Grid is completed, it is not necessary to include the frequency and location of visits in the summary.)

Section 6(a) and (b) may be used to describe visitation plans arranged for the purpose of family reunification.

- b) For each child in foster care, describe the visiting plan for the next period. Include who will visit, how often, and where. Indicate any changes from the previous visiting plan and the reason for the changes. **Facilitate BI-Weekly Visiting.**

Refer to Section 6(a).

CASE NAME	CASE NUMBER S	SCR NUMBER
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7. PLAN DEVELOPMENT

- a) Discuss the level of involvement of parent(s) and children in the development of the service plan: **Parent/Child Participation.**

Describe the level of the child's involvement.

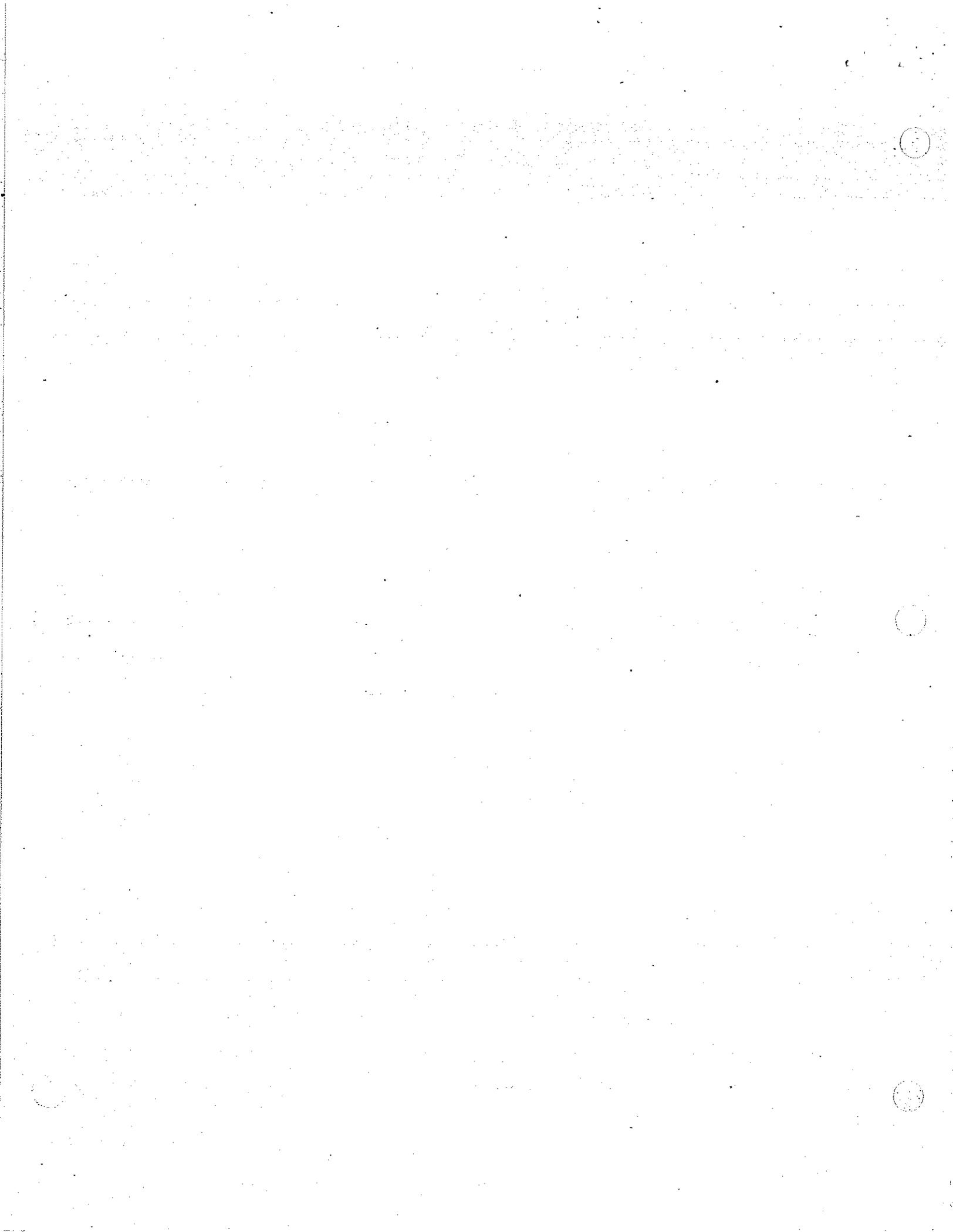
If the biological parents are participating in a meaningful way through written communications, indicate here.

- b) List all participants in the planning conference with their title or role and state date of conference. **Service Plan Review. Third Party Reviewer/Foster Care.**

Self-explanatory

SIGNATURES	DATE SIGNED
Case Planner	
Case Planner's Supervisor	
Case Manager	
CPS Monitor	
I have read and I understand the Service Plan.	
Parent	
Parent	
Child	
Child	

(Parent/Child Signatures are optional)



UCR REASSESSMENT AND SERVICE PLAN REVIEW
6 Month

CASE NAME	CASE NUMBER S	COMPLETED BY	UNIT/WORKER NUMBER
AGENCY/DISTRICT			PLAN DATE

GENERAL INSTRUCTIONS:

This form is to be completed 6 months from Day 1 (CID) and every 6 months thereafter (refer to Section VII of the UCR Desk Aid).

Bold type following questions indicate Utilization Review Regulatory Reminders.

1. REASSESSMENT

Write a narrative reassessment which describes changes in family situation and summarizes family's current functioning. *If a Foster Care Placement* describe adjustment to foster care of any child in placement. *For Protective Services Cases* reassess the family's ability to protect and potential to harm the child. Conclude with a statement which provides the most significant service priorities and (re)evaluate the family's ability to benefit from these services. **Continuing Necessity for Placement or Mandated Preventive Services; Risk of Foster Care; Ability to Benefit from Services.**

Describe the child's current functioning in foster care.

CASE NAME	CASE NUMBER S
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2. CASEWORK CONTACTS

Summarize the nature of the interaction between the participants during the casework contacts. Indicate any barriers to such contacts and steps planned or taken to overcome those barriers. Include in the summary the frequency and location of the contacts. (If the Casework Contact Grid is completed, it is not necessary to include the frequency and location of contacts in the summary.) **Required: Casework Contacts with Child, Child's Caretaker, Parents and In-Home Contacts.**

Self-explanatory

3. COURT INVOLVEMENT

a) Has there been any court related or legal activity since the last Plan?

Yes No

If Yes, complete the following:*

Date Of Event	Court	Event (Petition filed, hearing held, referral)	Type (ex. Neglect, Abuse, JD, PINS, criminal court, etc.)	Child(ren) Involved	Outcome (Adjudication, Disposition, Court Orders, other)

For the column entitled "type", please insert the term "destitute".

*For cases tracked in CCRS encode appropriate legal activities on Services Activity Log.

CASE NAME	CASE NUMBER S
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3. b) What effect did the legal activity have on the plan and the child's Permanency Planning Goal?

Self-explanatory

For Section 4 below, use program choice code "C" (and, in rare instances, "D"), and use the appropriate permanency planning goal.

4. PROGRAM CHOICE AND PERMANENCY PLANNING GOAL

a) List the names of each child for whom services are authorized and identify the program choice(s), permanency planning goal (PPG) and the anticipated completion date(ACD) for the PPG.

CHILD'S NAME	PROGRAM CHOICE* (Choose all that apply)	PPG*ACD*			CHILD'S NAME	PROGRAM CHOICE* (Choose all that apply)	PPG*ACD*			
		Goal	Mo.	Yr.			Goal	Mo.	Yr.	

PROGRAM CHOICE CODES

- A Preventive Non-Mandated
- B Preventive Mandated
- C Placement
- D Protective

PERMANENCY PLANNING GOALS

- 01 Discharge to Parents
- 02 Discharge to Primary Resource Person(s)/Relative(s)
- 03 Discharge to Independent Living
- 04 Discharge to Adoption
- 05 Discharge to Adult Residential Care
- 06 Prevent Placement
- 07 Prevent Return to Placement
- 10 Independent Living -Unaccompanied Refugee Only
- 11 Protect Child (No PPG for CCRS)

b) If there has been a change in PPG since the previous plan, explain the reason.

*For cases tracked in CCRS encode the Program Choice, Reasons, PPG and Anticipated Completion Date on Assessment Plan Grid (turnaround).
(Reassessment)

CASE NAME	CASE NUMBER S
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5. PERMANENCY PROGRESS (for Placement Cases only)

Check (✓) each question "YES" or "NO." If "YES" is checked then give the requested information in the space provided. List the children involved in the righthand column.

YES	NO		WHICH CHILD
		A. Is any child with a permanency goal of return to parents or relatives expected to remain in placement another 6 months or more? If so, specify barriers preventing discharge, and what alternatives are being considered or have been tried.*	
N/A		B. Has any child who is not legally free had a permanency goal of adoption 6 months or more? If so, specify the actions taken to free the child and any barriers to freeing.	Does not apply.
N/A		C. Is any legally free child with a permanency goal of adoption not in adoptive placement? If so, specify the actions taken to place the child into an adoptive home and barriers to placement.**	Does not apply.
N/A		D. Has any child been in an adoptive placement 6 months or more? If so, specify the barriers preventing legal adoption in this home and actions taken to overcome these.	Does not apply.
		E. Is any child expected to be discharged to Independent Living or Adult Residential Care within 24 months? If so, describe the services needed to permit discharge, and to support the child after discharge. Specify barriers to their provision.	

USE SPACE BELOW to provide information requested for any "YES" answer given in Question 5. Be sure to indicate child(ren) involved.

Section 5(A) and 5(E) can apply to goals for UREM children. Use this space to describe services needed and barriers to service provision.

*If such a child will be in care with a permanency goal of return home for 24 months, a UR exception is required.

**If a legally free child with a PPG of adoption will be free 12 months and not in adoptive placement, a UR exception is required.

ALLOW LOCAL PROCEDURES FOR UR EXCEPTION CASES.

(Reassessment)

CASE NAME	CASE NUMBER S	SCR NUMBER
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6. PLAN REVIEW: GOAL REVIEW AND SETTING

Review all goals from previous plan (including any Plan Amendment). Restate each goal and explain the extent of goal achievement. If a previous goal is to be retained, complete the block by entering the date the goal is expected to be achieved, the tasks and the family member(s) and/or service providers(s) expected to carry out the tasks. If a goal is to be discontinued, complete all parts except target date and tasks. After reviewing previous goals, list any new goals set, omitting the question about goal achievement. **Services Consistent with Needs***

The Goal below is: New _____ Retained _____ Target Date _____ Discontinued _____

(Re)State Goal: _____

Explain level of goal achievement: _____

	TASKS	
CHILD/FAMILY (list names)		SERVICE PROVIDERS (list names)

SELF-EXPLANATORY

The Goal below is: New _____ Retained _____ Target Date _____ Discontinued _____

(Re)State Goal: _____

Explain level of goal achievement: _____

	TASKS	
CHILD/FAMILY (list names)		SERVICE PROVIDERS (list names)

*For cases tracked in CCRS encode Child and Family Service Needs and Service Status on Assessment Plan Grid (turnaround).

(Reassessment)

CASE NAME	CASE NUMBER S	SCR NUMBER
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The Goal below is: New _____ Retained _____ Target Date _____ Discontinued _____

(Re)State Goal: _____

Explain level of goal achievement: _____

CHILD/FAMILY (list names)	TASKS	SERVICE PROVIDERS (list names)
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The Goal below is: New _____ Retained _____ Target Date _____ Discontinued _____

(Re)State Goal: _____

Explain level of goal achievement: _____

CHILD/FAMILY (list names)	TASKS	SERVICE PROVIDERS (list names)
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CASE NAME	CASE NUMBER S	SCR NUMBER
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The Goal below is: New _____ Retained _____ Target Date: _____ Discontinued _____

(Re)State Goal: _____

Explain level of goal achievement: _____

CHILD/FAMILY (list names)	TASKS	SERVICE PROVIDERS (list names)
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The Goal below is: New _____ Retained _____ Target Date: _____ Discontinued _____

(Re)State Goal: _____

Explain level of goal achievement: _____

CHILD/FAMILY (list names)	TASKS	SERVICE PROVIDERS (list names)
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CASE NAME	CASE NUMBER S
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7. FAMILY/CHILD VISITING PLAN (for Placement Cases only)

- a) For each child in foster care, summarize the nature of the interaction between the child and parent(s) and/or relative(s) during the visits, highlighting positive and negative factors. Include in this summary the frequency and location of the visits. (If the Family/Child Visiting Grid is completed, it is not necessary to include the frequency and location of visits in the summary.)

Section 7(a) and (b) may be used to describe visitation plans for the purpose of family reunification.

- b) For each child in foster care, describe the visiting plan for the next period. Include who will visit, how often, and where. Indicate any changes from the previous visiting plan and the reason for the changes. **Facilitate Bi-Weekly Visiting.**

Refer to section 7(a).

CASE NAME	CASE NUMBER S	SCR NUMBER
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B. PLAN DEVELOPMENT

a) Discuss the level of involvement of parent(s) and children in the development of the service plan. **Parent/Child Participation:**

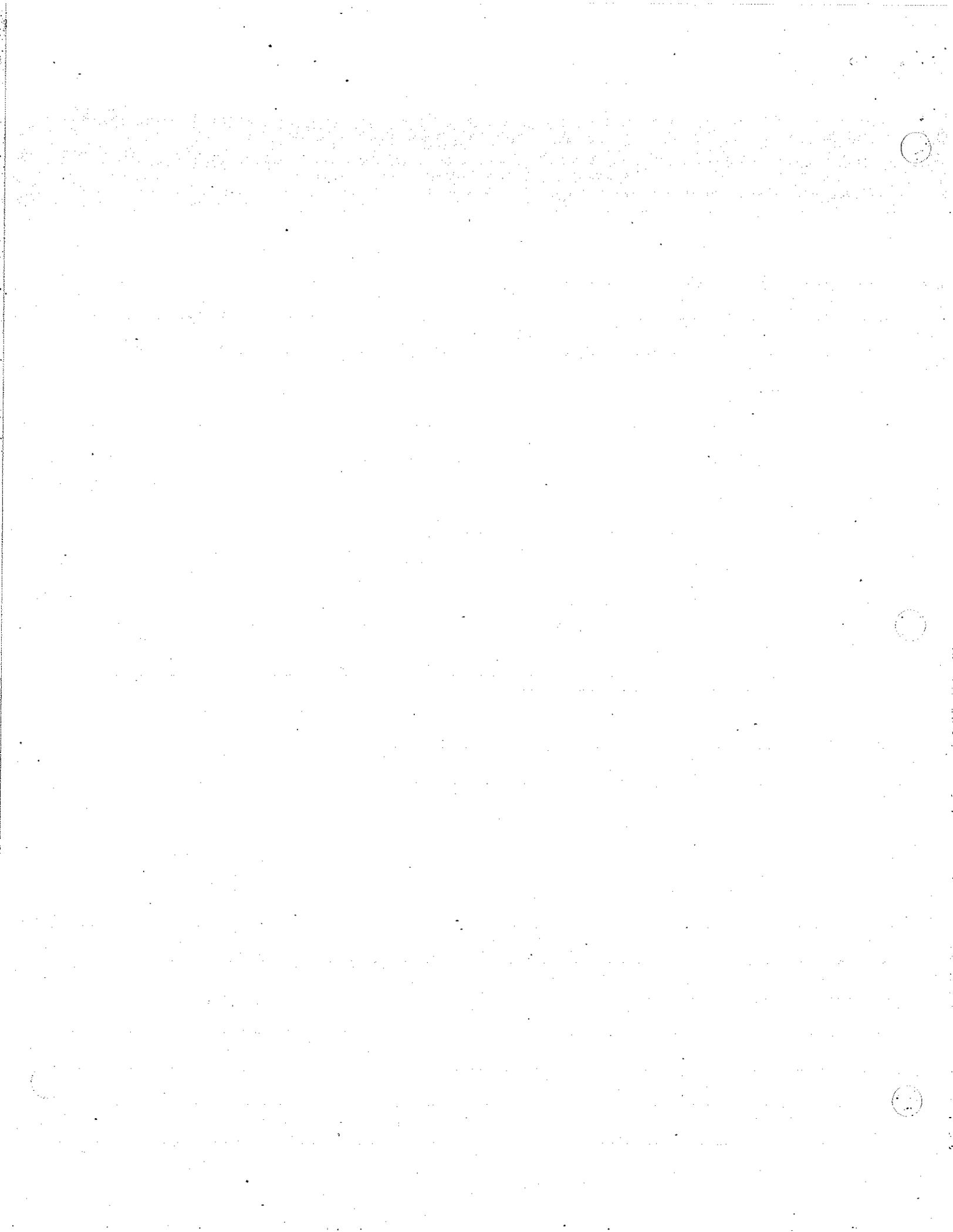
Describe the child's level of involvement. If the natural parents are participating in a meaningful way through written communication, please indicate here.

b) List all participants in the planning conference with their title or role and state date of conference. **Service Plan Review. Third Party Reviewer/Foster Care.**

Self-Explanatory.

SIGNATURES	DATE SIGNED
Case Planner	
Case Planner's Supervisor	
Case Manager	
CPS Monitor	
I have read and I understand the Service Plan.	
Parent	
Parent	
Child	
Child	

(Parent/Child signatures are optional)



UCR PLAN AMENDMENT

CASE NAME	CASE NUMBER S	COMPLETED BY	UNIT/WORKER NUMBER
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AGENCY/DISTRICT

GENERAL INSTRUCTIONS.

Complete this form for any change below which occurs *after* the Initial Assessment and Service Plan has been completed for the case. Complete this form within 30 days of status changes, A,B, E-I and on the date of status change C or D (refer to Section VIII of the UCR Desk Aid).*

Bold type following questions indicate Utilization Review Regulatory Reminders.

1. Check (✓) all that apply. Identify child(ren) involved in right hand column.

(✓)		WHICH CHILD	DATE OF STATUS CHANGE
	PREVENTIVE SERVICES STATUS CHANGES		
	A. Preventive services are started for a child. (Answer Questions #2 and #9.)	Does not apply.	
	B. Preventive services are ended for a child. (Answer Question #3. Answer Question #9 if any services are continuing.)	Does not apply.	
	CHILD PROTECTIVE SERVICES STATUS CHANGES		
	C. A child abuse/maltreatment report is indicated for a family receiving foster care and/or preventive services. (Answer Questions #4 and #9.)		
	D. A case is closed to the State Central Register of Child Abuse and Maltreatment. (Answer Question #5. Answer Question #9 if any services are continuing.)		
	FOSTER CARE STATUS CHANGES		
	E. A child is entering or re-entering foster care. (Answer Questions #6, #8 and #9.)	Does not apply.	
	F. A child is moved from one foster care setting to another. (Answer Questions #7, #8 and #9.)		
	G. A child becomes legally free. (Answer Question #9.)	Does not apply.	
	H. A child is discharged (trial or final) from foster care (includes adoption when finalized). (Answer Question #7. Answer Question #9 if any services are continuing.)		
	I. OTHER (specify) _____		

Self-explanatory.

*For cases being opened to CCRS encode Assessment Plan Grid. For cases already tracked in CCRS report changes on Assessment Plan Grid (turnaround).

CASE NAME	CASE NUMBER
S	

PREVENTIVE SERVICES STATUS CHANGES

1. PREVENTIVE SERVICES BEGIN

If preventive services are started for a child, discuss the reason(s) for initiating this service. Necessity of Mandated Preventive Services.

DOES NOT APPLY.

3. PREVENTIVE SERVICES END

If preventive services are ended for a child, indicate why this is appropriate at this time.

DOES NOT APPLY.

CASE NAME	CASE NUMBER	SCR NUMBER
	S	

CHILD PROTECTIVE SERVICES STATUS CHANGES

4. CPS CASE INDICATION

If a child abuse/maltreatment report is indicated for a family receiving foster care and/or preventive services, discuss the family's ability to protect and potential to harm the child and evaluate the family's ability to benefit from services. Include a summary of the family's problems as they relate to abuse/maltreatment.

Section 4 may be used to show that the child has been a victim of child abuse or neglect by the foster parents or other person legally responsible while the child is in a foster home.

5. CASE CLOSING ON THE STATE CENTRAL REGISTER OF CHILD ABUSE AND MALTREATMENT

If a case is being closed with the SCR, indicate the basis for the decision to close.

Self-explanatory.

CASE NAME	CASE NUMBER S
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FOSTER CARE STATUS CHANGES

5. PLACEMENT

If a child is entering or re-entering foster care, discuss the major events which led to placement, services offered to avert placement, alternatives to placement considered, and risk of harm to child(ren) if not placed. **Necessity of Placement.**

DOES NOT APPLY.

7. MOVEMENT OR DISCHARGE

If a child is moved from one foster care setting to another or a child is discharged from foster care on a trial or final basis, discuss the major events which led to the change in the child's status. State why discharge (or finalization) is appropriate at this time.*

Self-explanatory

8. PLACEMENT OR MOVEMENT

If a child is entering or re-entering foster care or is moved from one facility to another, answer questions below.

- a) List the names of each child placed or moved and identify the new placement location for the child, and, in situations where the child has moved from one facility to another, the old placement location from which the child was moved. Include agency, facility or program name, level of placement and facility ID# (optional) of new placement.*

CHILD'S NAME	FROM/LEVEL	TO/LEVEL

*For case tracked in CCRS encode appropriate movement activities on Services Activity Log.

CASE NAME	CASE NUMBER S
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b) Appropriateness of Placement

For each placement in a Group Home, Group Residence, Institution, or other Group Care, indicate child's name and what service needs the child has which cannot be met in a lower level of care. **Appropriate Level of Placement.**

Self-explanatory

c) Continuity of Environment

Does the placement permit continuity with the child's home environment, racial/ethnic and religious background? Place a check (✓) , where continuity of environment was achieved.

Child's Name	Family: Bi-weekly Visits are Possible	Child: Able to Maintain Ties with Previous Neighborhood/ School	Racial or Ethnic Background (if in a FH or AOBH)	Religion
	X	X		

For each situation where continuity is *not* achieved, explain why this specific placement was nevertheless selected. **Continuity of Environment.**

Section 8(c) is used to describe how continuity of the child's ethnic and religious environment is provided for or to justify why they are not. The columns entitled, "Family" and "child" do not apply to UREMs.

CASE NAME

CASE NUMBER

S

d) Family/Child Visiting Plan

For each child who has been placed in foster care, describe visiting plan. Who will visit, how often, where? For each child who has been moved from one setting to another describe the changes, if any, made to the visiting plan. Facilitate Bi-Weekly Visiting;

Section 8(d) may be used to describe visitation plans for the purpose of family reunification.

CASE NAME	CASE NUMBER S	SCR NUMBER
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FOR ALL CASES REMAINING OPEN

9. PLAN

Review the plan for the child and family and briefly indicate any PPG's, goals, target dates, tasks or activities which will be altered in light of the status change.

Self-explanatory.

SIGNATURES	DATE SIGNED
Case Planner	
Case Planner's Supervisor	
Case Manager	
CPS Monitor	
I have read and I understand the Service Plan.	
Parent	
Parent	
Child	
Child	

(Parent/Child signatures are optional)



**REQUEST FOR STATUS AS A CHILD FOUND TO BE
UNACCOMPANIED REFUGEE MINOR**

**(See Instruction on Reverse side of form)*

COUNTY		WORKER			DATE CASE OPENED	
CHILD'S NAME				SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	COUNTRY OF BIRTH
ALIEN NO.	SOC. SEC. NO.	DATE CHILD FIRST ENTERED U.S.	AGENCY RESPONSIBLE FOR BRINGING CHILD TO U.S.			
MOTHER'S NAME			FATHER'S NAME			
<p>Whereabout of Parents</p> <p>If Known _____,</p> <p>Address: _____</p> <p>_____</p> <p>If not known _____.</p>						
<p>Minor's Living Arrangement prior to placement</p> <p>Name of the head of the household _____</p> <p>Relationship to the minor _____</p> <p>Length of staying with the household: From _____ To _____</p> <p>Did the household head assume legal custody of the minor in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p>Briefly describe how the minor entered the United States:</p> 						
<p>Justification for request for status of "FOUND TO BE UNACCOMPANIED REFUGEE MINOR"</p> 						

PLACEMENT

TYPE OF CARE <input type="checkbox"/> Foster Family <input type="checkbox"/> Agency Boarding Home <input type="checkbox"/> Agency Group Home <input type="checkbox"/> _____	
Agency assuming responsibility for planning for the care of this child: AGENCY'S NAME AND ADDRESS	Person with whom child is to be placed: PERSON'S NAME AND ADDRESS

LEGAL CUSTODY

COURT HAVING JURISDICTION OVER CHILD	DATE COURT ASSUMED LEGAL RESPONSIBILITY	PERSON/AGENCY TO WHOM LEGAL RESPONSIBILITY ASSIGNED

INSTRUCTIONS

Purpose:

This form is to be used when a case is opened as a "found-to-be refugee minor" for foster care and services. Final approval for payment under this status rests with the ORR. Formal approval will be provided in writing to the local social services district.

Distribution:

- Original to NYS Department of Social Services
- 2nd copy to the provider agency where the child is placed.
- 3rd copy to be retained by the local social services district.