

Dear Resource and Kinship Parent,

This placement packet was developed for CUA case managers and resource parents. The goal is to help make the placement of a child/youth in a new resource home smooth and successful.

The idea was developed through the Philadelphia Quality Parenting Initiative (QPI), where resource parents reported the need for more information about children newly placed in their homes. QPI is an approach to strengthening foster care by bringing together resource parents, parents of origin, youth and system stakeholders.

CUAs will be required to complete and deliver the documents listed on the placement packet checklist, including the new Placement Information Form. Although this packet fulfills DHS requirements for new placements, individual CUAs may include additional documents according to their organization's policies and programs.

We understand some of this information may not be available when a child first enters placement, yet it is important for resource parents to understand what materials and information they will eventually receive and from whom to expect it. This is the purpose of the placement packet checklist.

We hope you find this packet helpful. If you have feedback about the packet, please email [PhillyQPI@phila.gov](mailto:PhillyQPI@phila.gov).

Thank you for your hard work and commitment to the children and families we serve.

**City of Philadelphia DHS**

One Parkway Building  
1515 Arch Street  
Philadelphia, PA 19102

**General Information**  
215.683.4DHS(4347)

**The Child Abuse**  
Hotline 215.683.6100

**C.A.R.O**  
215.683.6000



## REQUIRED DOCUMENTS CHECKLIST FOR RESOURCE PARENTS WHEN A CHILD IS PLACED IN YOUR HOME



The following documents must be provided by the CUA Case Manager when a child is placed in a NEW resource home. If there is missing or incomplete information at the time of initial placement the resource parent should follow up with the CUA Case Manager within **three business days**.

Generally, additional information will be given to the resource parents on an ongoing basis as it becomes available.

- ☐ **Placement Information Form, to include available information concerning:**
  - Name, date of birth, case name and number
  - Medical, dental, and behavioral/mental health information, including providers, diagnoses, symptoms, and upcoming appointment(s)
  - Medications and allergies
  - School or daycare information
- ☐ **Child Rights & Responsibilities brochure, including grievance policy**  
(must be reviewed and signed by both the child and resource parents)
- ☐ **Information on safe sleeping and bathing, if child is 2 years of age or younger**
- ☐ **Information on car seat safety and gun safety**
- ☐ **Safety Resources document**
- ☐ **Placement letter on CUA letterhead**
- ☐ **Chain of Command contact information form**
- ☐ **Medical Verification Report (MVR) – substitute for an insurance card (could take up to 30 days to receive)**
- ☐ **Visitation information**

The resource parent's Community Umbrella Agency (CUA) may provide additional documents, such as information about agency-specific policies, parent cafes, and community resources.

### INFORMATION TO DISCUSS

Resource parents have a **right** to the following information. Case managers should provide them with this information at the time of placement, or as soon as the information becomes available. It is a good idea to take notes when talking to the child's case manager about the information below.

**Keep in mind that the child or youth may want to be included in these discussions!**

- Date, time, and location of the next court hearing
- Date, time, and location of next family team conference (a.k.a. Single Case Plan meeting)
- Visitation schedule and information
- Child Advocate Attorney  
(and Child Advocate Social Worker, if applicable)
- School: child's academic level, any special educational needs, copy of IEP if available, any specific ways to support child's academic progress
- Plan for school transportation
- Physical and behavioral health - additional details regarding any conditions/diagnoses listed in the Placement Information Form, such as bedwetting, triggers for behavioral issues, things that calm the child or reduce symptoms, etc.
- Child's unique characteristics, including likes, dislikes, most and least favorite foods, activities and hobbies, interests, bedtime routine, comfort objects, friend group, important relatives and mentors, and use of social media
- Child's preferred hair/skin or other hygiene product preferences
- Permanency plan, including primary and concurrent goals
- Trauma history and reason(s) for entering foster care

## Placement Information Form

**Complete and give to the resource parent(s) at the assigned CUA case manager's first visit to a new resource home.**

DHS Case #	Case Name	Assigned Worker's Name	Cell #	Supervisor's Name	Supervisor's Cell #
After-hours emergency agency contact:					
Child or Youth Information					
First Name:		Last Name:		Suffix:	Sex:
Gender Identity:		Preferred Name / Nickname:		Age:	DOB:
Does the child or youth speak and understand English? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If NO, in which language does the child communicate?					
Indicate cultural considerations, including religious affiliation, that need to be met:					
What are the child's strengths?					
Is there a sibling already in placement? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate # and ages					
Can child be placed with other children or youth? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Specify if there are any known age or gender restrictions.					
Any known medical issues, allergies, or food restrictions?					
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate what:					
If known, list any prescribed medication.					
Is any prescribed medication with child? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, why not?					
Any known developmental disabilities? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES, indicate what:					
Any known behavioral health issues? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe:					
Is the child in treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate location:					
Any known medical or behavioral health appointments within 48 hours? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES, indicate where, when, and with whom:					

Any known psychiatric or medical hospitalizations in last 6 months? ☐ YES ☐ NO

If YES, indicate where:

Does child have a history of walking away from home or placement in the last 6 months? ☐ YES ☐ NO

Any known suicide attempts or self-injury in the last 6 months? ☐ YES ☐ NO

If YES, indicate when:

Any known aggressive behaviors in last 6 months? ☐ YES ☐ NO

If YES, indicate what:

Any known fire setting and/or animal abuse behaviors in the last 6 months? ☐ YES ☐ NO

If YES, indicate when and the nature of the abuse:

Any known sexual acting out behaviors? ☐ YES ☐ NO

If YES, indicate where, when, or both:

If known, is the child a victim of human trafficking? ☐ YES ☐ NO

Name of child's school:

Address:

Grade:

Special Education? ☐ YES ☐ NO

If YES, indicate type:

Does child need assistance getting to school? ☐ YES ☐ NO

If YES, explain:

Does child attend daycare? ☐ YES ☐ NO If YES, indicate where:

Does child receive early intervention? ☐ YES ☐ NO If YES, explain:

Any important information regarding the child not already noted:

# Chain of Command Contact Information

CUA Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Case Name: \_\_\_\_\_ DHS#: \_\_\_\_\_

Names of children and youth	DOB	Suffix
Name:		
Name:		
Name:		

(CUA Name) \_\_\_\_\_ is responsible for the safety, permanency, and well-being of the above named minors. Your CUA Case Manager is your primary point of contact and must visit your home at least monthly to meet with you and any children and youth committed to the Philadelphia Department of Human Services. The CUA Case Manager assigned is:

CUA Case Manager's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If your Case Manager does not respond within two business days of your contacting them or if you have urgent questions or concerns, you can go up the chain of command until your issue is resolved. Your Case Manager's chain of command is:

CUA Case Management Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

CUA Case Management Director's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

CUA Director's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACTS

Our normal business hours are 9 am to 5 pm, Monday through Friday, but you can always reach the CUA if there is an emergency. After hours and on weekends, you can call the On Call team.

On Call Case Manager phone number:

On Call Case Management Supervisor (if applicable) phone number:

## HOME CERTIFICATION

Your home may be certified by a different Resource Home Provider agency. If a kinship child or youth is placed with you on an emergency basis, you will be referred to a Provider after the placement. This Provider assigns a Resource Parent Support Worker to maintain your resource home certification. You will receive the resource parent stipend via the Provider, not the CUA. For questions related to certification or payments, you should contact the Resource Home Provider. If you do not know how to reach them, your CUA Case Manager can assist you.

## GRIEVANCES

If you have a concern, question, or complaint, you should begin by contacting the CUA Chain of Command if it is about the CUA. However, if you are unable to reach a satisfactory resolution within the CUA Chain of Command or if you would like to file a grievance, you can contact:

### Philadelphia Department of Human Services

Commissioner's Action Response Office (CARO)

215-683-6000

1515 Arch Street, 8<sup>th</sup> Floor

Philadelphia, PA 19102



## Safety Resources

<b>Police Department</b>	<b>911</b>
<b>Suicide Prevention Hotline</b>	<b>1.800.273.TALK (8255)</b> <b>215.685.6440</b>
<b>Poison Control</b>	<b>1.800.222.1222</b>
<b>Mobile Crisis</b> Mental Health Crisis Hotline	<b>215.685.6440</b>
<b>Drug and Alcohol Intervention</b> Numbers and contact procedures	<b>888.545.2600 (Insured)</b> <b>215.546.1200 (Non-Insured)</b>
<b>Philadelphia Domestic Violence Hotline</b>	<b>1.866.723.3014</b>
<b>Anti-Bullying and Harassment Hotline</b>	<b>215.400.SAFE (7233)</b>
<b>The Child Abuse Hotline</b>	<b>215.683.6100</b>
<b>Commissioner's Action Response Office (CARO)</b> For questions, concerns, or complaints about any DHS service you have experienced.	<b>215.683.6000</b>

