

Family Pathways Resource Family Manual



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Mission Statement

The mission of Family Pathways builds on the commitment of providing children/adolescents, their resource caregivers, and non-custodial families with high quality family-centered interventions and programming.

Family Pathways is dedicated to restoring, sustaining and enhancing family relationships.

We believe that strengthening the foundation of families promotes the building of a child's relationships, individuality and awareness, while enhancing their emotional and behavioral health. This mission will be achieved by providing a comprehensive continuum of services and opportunities to families, professionals and communities.

Resource Family Program

Welcome to our resource family program. The specific services provided by Family Pathways include psychosocial support services for children in out-of-home care whose primary presenting problems are family issues related to child abuse, neglect, loss, abandonment, and trauma. In addition to psychosocial services, a necessary component of effective intervention with families who have experienced significant interfamilial change is a comprehensive package of services which includes family and community support and education. Comprehensive support requires adequate definitions of and responses to the problems at an individual, family, institutional and community level.

Services to adolescents and families who are involved in placement include:

- Resource Caregiver Orientation
- Oversight of Resource Caregiver Requirements
- Oversight of Health Requirements
- Oversight of Policies and Practices
- Resource Caregiver Training
- Oversight of Safety Requirements
- Home Study/Resident Requirements

We would also like to share with you the other programs available at Family Pathways:

Access and Visitation:

Access and visitation services are typically ordered by the Court. Referrals are typically made by Children and Youth Services to ensure children's safety. It is based on two premises.

- Children do best when they have reliable, ongoing relationships with parents.
- Children's emotional and physical safety must always be guaranteed.

Access and Visitation at Family Pathways can take many forms:

- **Supervised Visitation:** Occurs within the facilities visitation suites or designated community sites. Visits are supervised by a trained Visit Supervisor.
- **Therapeutic Supervised Visits:** Occurs with a therapist present in the visit room who provides supervision and addresses therapy goals designed to enhance the parent-child relationship. The therapists are trained on issues related to trauma, abuse, attachment and separation.
- **Off-site Supervised Visitation:** Occurs at a location that is age and visit appropriate. The visit is monitored by staff trained in supervised visitation protocols. Off-site visitation typically

occurs when visits have been well established and the visitation process is going well with all parties cooperating. The location must be pre-approved with no safety risks and in close proximity (5 miles or less) to Family Pathways.

- **Monitored Visits:** The visit is intermittently monitored by a professional when supervised visits have gone well, safety is not an issue and there is no need for continual supervision. Also available when a parent has no other locations as options for contact with their child due to the distance traveled or lack of housing.
- **Monitored Exchanges:** Professionals assist with the exchange of children from one parent to the other parent when direct contact between parents is an issue.
- **Conflict Resolution:** Parents and/or Guardians meet with a therapist to explore the destructive nature of conflict and resolve current issues.
- **Co-Parenting and Co-Parenting Agreements:** Parents and/or Guardians meet with a therapist to discuss the principles of cooperative parenting and develop cooperative agreements between parties that promote sharing and the well-being of the child(ren).
- **Pro Social Behavior/Anger Management:** A Parent or Guardian meets with a therapist to resolve anger issues related to the divorce/separation experience and promote a more nurturing response to the situation.
- **Parenting:** A Parent or Guardian meets with a professional to learn and practice positive parenting strategies.

Outpatient Mental Health Services:

Outpatient Mental Health Services at Family Pathways specializes in children, youth and family services. Our focus is providing service delivery to address trauma, loss and services to enhance child and family relationships. Psychiatric support services and medications are available.

Family Pathways offers a number of different evidenced-based therapy services that are best suited to aid each individual. These include:

- **Individual Therapy:** Allows for the child or adult to have a therapist sit down with them one on one. The therapist will help the client with any issues in which they may be having.
- **Family Therapy:** Allows for a family to interact with a therapist and to effectively talk through issues that arise within the home. Family Pathways also offers a marriage/couples counseling.
- **PCIT (Parent Child Interaction Therapy):** PCIT is an evidence base research-supported treatment for children with emotional and behavioral disorder. PCIT emphasizes improving the quality of the parent-child relationship.
- **Trauma Focused- Cognitive Behavioral Therapy (TF-CBT):** This is a therapy designed to aid in the recovery from trauma, grief, and loss for children and adolescents.
- **Trauma Narrative Therapies:** This therapy utilizes cognitive and behavior therapies to address trauma in adult population.
- **Conflict Resolution:** Teaches clients to effectively resolve their problems through positive and effective techniques.
- **Anger Management:** teaches clients to effectively work through their anger in a constructive way.
- **Parenting/Co-Parenting:** Designed to strengthen parenting skills and improve parent-child relationship.

Family Pathways accepts the following insurances:

- Value Behavioral Health
- Gateway
- UPMC For You
- United Healthcare Community
- Aetna Better Health
- Highmark
- UPMC
- Aetna
- Cigna
- United Behavioral Health

Psychiatric Services:

In order to receive psychiatric services, an individual must participate in Outpatient Mental Health Therapy or Family Based Mental Health Services. Psychiatric services at Family Pathways focuses on children and families.

Family Pathways currently offers psychiatric evaluations and medication management and employs child and adolescent psychiatrists.

Family Pathways also offers Tele psychiatry. Tele psychiatry is the delivery of psychiatric assessment and care through telecommunications technology, usually video conferencing.

Permanency Services:

Family Pathways is an affiliate of the Statewide Adoption and Permanency Network. The following are units of service that can be referred to Family Pathways through SWAN:

Child Preparation: This service is available to any child in the custody of children and youth. Child preparation is the intense preparation designed to assist children in making the transition from foster care to the permanency option (reunification, kinship, PLC, or adoption) selected for them. It includes the development of a written plan outlining the preparation activities conducted through a minimum of 10 meeting with the child over a six month period of time.

Child Profile: This service is available to any child or older youth in the custody of children and youth. A child profile is a comprehensive summary of the child's life history, current functioning and special needs. It can be referred for all children and older youth regardless of their permanency goal. The child profile assists in making decisions about selection of a resource family, provides a history the child may review with their resource, kinship, custodial or adoptive family when they reach the age of majority. Referrals for this service must come from the county having legal custody of the child.

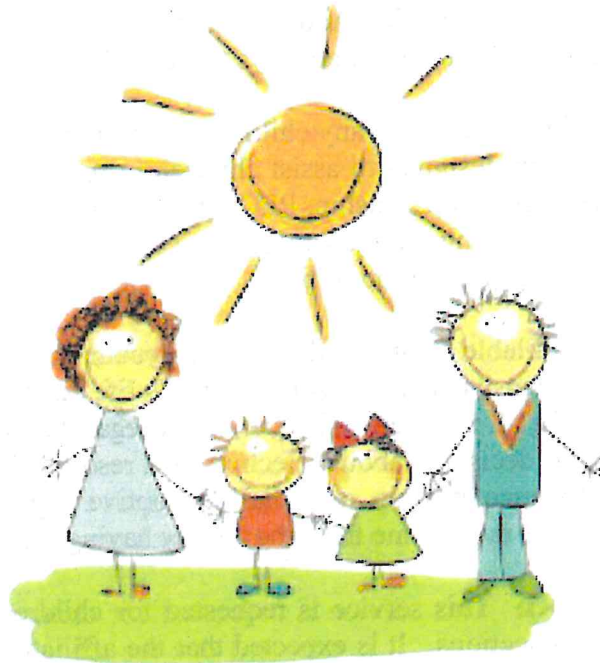
Child Specific Recruitment (CSR): This service is requested for children who have no identified family resource or permanency connections. It is expected that the affiliate agency will work closely with the child or older youth and the children and youth agency to locate and/or develop a family or person who can serve as a permanent connection or locate and/or develop an adoptive family for the child.

Adoption Finalization: Finalization services begin after the placement of a child, sibling group or an older youth. Supportive services, reports and home visits, as well as working with attorneys and the courts may be included in the finalization process.

Family Profile: The family profile includes the various options of families providing permanency to children. This includes kinship, permanent legal custodians, and adoptive family profiles. Components of the family profile are orientation, family preparation (training), pre-placement continuing education to keep families support through the process, annual updates, professional supports, and matching referrals.

Post Permanency Services: This service represents a continuum of services designated to strengthen and support families created through kinship, PLC or adoption.

- **Advocacy:** Management function to ensure that families receive or get connected to appropriate services; it includes an initial assessment for all families receiving services as well as a case advocacy function.
- **Support Groups:** These are structured meetings to build a community of support for all parties; the adopted children, the birth children and the permanency families.
- **Respite or family support services:** Allows the parents and children involved to take a break from each other and then return to parenting children with special needs.



Civil Rights Compliance Policy

Admissions, the provision of services and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age or sex.

Program services shall be made accessible to persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aids, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any client (and/or their guardian) who believes they have been discriminated against may file a complaint of discrimination with any of the following:

- **Family Pathways**
100 Brugh Avenue
Butler, Pennsylvania 16001
- **Bureau of Equal Opportunity**
Department of Public Welfare
Room 521 Health and Welfare Building
P.O. Box 2675
Harrisburg, Pennsylvania 17105
- **Office of Civil Rights**
Department of Health and Human Services
Office for Civil Rights Region III
Suite 372, Public Ledger Building
150 South Independence Mall West
Philadelphia, Pennsylvania 19106-9111
- **Pennsylvania Human Relations Commission**
301 Fifth Avenue
Suite 390, Piatt Place
Pittsburgh, Pennsylvania 15222
- **Bureau of Equal Opportunity**
Department of Public Welfare
Western Region
301 Fifth Avenue
Suite 410, Piatt Place
Pittsburgh, Pennsylvania 15222

Specifics Related to Your Participation as a Resource Parent

Financial Payments and Obligations

All financial payments are made to the resource family in the form of a check. The amounts will vary based on the program and level of care specific to each child. The checks will be mailed from Family Pathways by the 15th of the following month. For example, if a child was placed in your home on September 9th, you will be paid from September 9th through September 30th by October 15th.

All resource caregivers are paid a daily rate for each child in out-of-home placement for which they are responsible. This rate is negotiated with each placing county and may differ from county to county. After an assessment by the child's physician, the physician may determine that the child can qualify for additional funding through the Department of Human Services (See Medically Fragile Support and Well Child Exam in the Appendix attached hereto.)

Resource caregivers are paid for days which end with an overnight stay. On a day when a child in out-of-home placement changes resource homes, the resource home that has the child in out-of-home placement overnight will be paid for that day. Since the first and last days of placement are partial days, only the first day will be paid. In other words, resource parents are paid for the day of the placement referral and not for the day of departure.

If a child in out-of-home placement is temporarily in the home of another resource caregiver overnight, that resource caregiver is paid unless other arrangements are made. If a child in out-of-home placement is temporarily absent from the resource home due to hospitalization, biological parent overnight visitation, etc. the resource caregiver will not be paid for that time.

Payment for day-time sitter services (daycare) is the responsibility of the resource caregivers. There is no reimbursement from Family Pathways for child care costs. You may apply for CCIS (Child Care Information Services), but there is often a waiting list. Again, it is the resource caregivers' responsibility for daycare payments until the child is CCIS approved.

As part of the stipend, \$2.00 a day is to be allocated for clothing and \$2.00 a day for an allowance for each child in out-of-care placement. Family Pathways does not require receipts (unless a voucher was provided by the county) as long as the child's needs appear to be being met with the stipend.

Transportation is the responsibility of the resource caregivers and is not reimbursed by Family Pathways, and this cost is included in the stipend.

Child's Personal Possessions/Ownership

Children have the right to receive, purchase, have and use personal property. They retain ownership of any clothing or personal effects they bring with them, or any items purchased for them by the agency or resource caregivers. Children have the right to choose and wear their own clothes.

If children have their own knives, rifles, shotguns, or other weapons at the resource home they will need to be locked according to the home safety regulations.

While children retain rights, these rules are considered general guidelines. Some resource caregivers may have rules of their own, which may conflict with these rights.

Resource Caregiver Trainings

Resource caregivers are required to complete 12 hours of training per year. Both caregivers must participate in all trainings. Training opportunities/resources will be provided to caregivers each month, addressing various topics that are of benefit to the individual child. Initial certification trainings include:

- Mandated Reporting
- Parenting and Discipline
- First Aid
- How the System Works
- Disaster Plan
- Fire Escape Floor Plan
- Prudent Parenting

Family Pathways also offers monthly resource parent trainings on topics such as Attachment, Childhood Trauma, Parent Child Interaction Therapy (PCIT), and Child Abuse and Neglect.

Resource Caregiver Requirements

- Must be at least 21 years of age. (If under 21, a waiver may be requested and obtained by Family Pathways through the Department of Human Services.)
- Must pass an initial medical appraisal prior to being approved*. The appraisal must establish that the caregivers are physically able to care for children and are free from communicable disease. Yearly examinations are required by Family Pathways. *Both resource caregivers must pass the physical, but if not, Family Pathways may request a waiver from the Department of Human Services. If a caregiver does not obtain a physical, that caregiver cannot participate in any caretaking of the child. Waivers can be requested for communicable diseases, with a safety plan implemented.
- Obtain Criminal, Child Abuse, and FBI Clearances (through the Department of Human Services) and complete an Act 160 background check. This requirement is for resource caregivers and anyone 18 years of age or older who resides in the resource family home. It is noted that volunteer clearances are not accepted.
 - Child Abuse Clearance: www.compass.state.pa.us/cwis
 - Criminal Clearance: <https://epatch.state.pa.us/Home.jsp>
 - FBI Clearance: www.pa.cogentid.com/index.htm (Department of Human Services)
- Complete the online Mandated Reporter Training- Recognizing and Reporting Child Abuse: www.reportabuspa.pitt.edu Print the certificate at the end of training.
- Obtain social security statements: www.socialsecurity.gov/myaccount (log in and create an account), and provide Family Pathways with proof of income.

Home Study/Residence Requirements

Family Pathways' staff will meet with the caregivers at their home to assess that the child has all the basic necessities and that the home meets the safety requirements. Documentation will be provided to the placing counties children and youth services.

Residence requirements include:

- At least one flush toilet, one wash basin, and one bath or shower with hot and cold running water;
- An operable heating system;
- An operable telephone. Emergency telephone numbers must be posted;
- Sleeping areas that are not in a hallway, stairway, unfinished attic or basement, garage, bathroom, eating area, closet, shed or detached building;
- Provide separate rooms for children of the opposite sex over five years of age;
- Provide a clean, comfortable mattress and clean linens, blankets, and pillow;
- Smoke detectors on each level of the home, including basement and attic;
- AB fire extinguisher visible in the kitchen;
- Child safety locks on cupboards with medications or toxic substances and electrical outlet covers for children under 5 years old;
- Firearms must be locked and appropriately maintained. If you are a licensed carrier, the gun is to be kept in a secure holster or locked up if not being carried. This should be discussed with Family Pathways' staff to ensure the safety of the child.
- If well water, must pass a water test that meets Safe Drinking Standards
- Demonstrate financial stability
- No smoking is permitted in the home or in the car



Health Requirements

Adult Caregiver

For initial certification, each adult caregiver in the resource home shall have a medical examination performed by a licensed physician within sixty days of a child being placed in their home. The physician shall indicate whether the caregiver is free of communicable diseases and whether the caregiver is physically, mentally, and emotionally able to provide care for a child placed in their home. The medical examination will occur annually for recertification.

Child

The resource caregiver shall ensure that each child receives a medical appraisal by a licensed physician within 60 days of the child's admission to out-of-home placement, unless the child has had an appraisal within the last 90 days and the results of the appraisal are available. The appraisal shall include:

- A review of the child's health history;
- Physical examination of the child;
- Laboratory or diagnostic tests as indicated by the examining physician, including those required to detect communicable disease.

Resource caregivers with the assistance of Family Pathways' staff, and CYS shall arrange for immediate medical attention when a medical problem is recognized at the time of referral.

After the initial health appraisal, the resource caregivers shall ensure that a child is seen for a well-child exam according to the following schedule:

<i>Age</i>	<i>Frequency</i>
Birth through 6 months	once every 6 weeks
7 months through 23 months	once every 3 months
23 months and older	once a year

The resource caregiver must contact Family Pathways within 24 hours of a medical emergency resulting in the child being seen at a hospital. Contact can be made through our on call phone if after business hours at 724-290-9929.

Family Pathways' staff along with the resource caregivers shall confirm the immunization record of the child within 60 days calendar days of placement. An appropriate immunization schedule shall be established for the child based on his/her immunization status.

The resource caregivers shall ensure that a child, 3 years of age or older, receives a dental appraisal by a licensed dentist within 60 days of admission, unless the child has had an appraisal within the previous 6 months and the results of the appraisal are available. The appraisal shall include:

- Taking or reviewing the child's dental history;
- Examination of the hard and soft tissue of the oral cavity;
- X-rays for diagnostic purposes, if deemed necessary by the dentist.

After the initial appraisals, the resource caregivers shall ensure that dental examinations are given to children 3 years of age or older at least once every 6 months of placement.

Family Pathways' staff will assist the caregiver with ensuring that children receive necessary medical/dental care when needed. Family Pathways' staff shall encourage caregivers to participate in a program of regular and appropriate medical and dental care for their child. Family Pathways' staff shall ensure that a continuing medical/dental record is maintained for each child by assisting with retrieval of past medical records and transfer of current records to the child's ongoing source of care.

Out of County Medical Care: Transportation to an out of county specialist or facility is the responsibility of the resource caregiver.

Surgical Procedures: *Under NO circumstances or conditions can a resource caregiver or agency representative sign for a surgical procedure. Permission MUST be received from at least one biological parent PRIOR to the administration of anesthesia or any surgery.*

Non Routine Medical Care: Biological parent permission must be obtained prior to any non-routine prescriptions, immunizations, or procedures. (i.e. Flu shot, Gardasil, Depo Shots, birth control pills,

Biological Parents' Participation: Biological Parents maintain medical rights of their child(ren) until parental rights are terminated (if applicable). The agency encourages biological parents to participate in the regular and appropriate medical care of their child. This means that Family Pathways will notify biological parents of all medical appointments and encourage them to attend.

Emergency Room Visit Protocol: Please be reminded that biological parents maintain medical rights of their child during placement. If the child in out-of-home placement needs to go to the emergency room for any reason, the biological parents need to be notified immediately so that they can attend the appointment if they choose. Your responsibility is to call the on-call CYS caseworker to notify them that you are taking the child to the emergency room. You must follow this procedure:

- Call 911 (Butler Cases: contact 724-282-1221) and inform them that you need to get in touch with the placing county's (Lawrence, Butler, etc.) on-call CYS caseworker.
- You will need to leave a contact number with the dispatcher so that the CYS caseworker can call you back.
- Inform the on-call caseworker of the name of the child and that you are taking him/her to the emergency room. Let them know what the concern is and what emergency room you will be going to.
- Verify with the on-call worker that they are going to notify the biological parents.
- Contact Family Pathways on-call phone (724)290-9929 to inform the agency that the child is going to the emergency room and that you followed the above protocol.
- Notify your Family Pathways Facilitator the next business day with all details (diagnosis, treatment, etc.).

Also, be reminded that biological parents maintain medical rights. In this connection, they are to be notified of **EVERY** medical appointment for their child. This includes weight checks, WIC appointments, immunization appointments, well child exams, specialist appointments, dental appointments, med checks, vision screenings, developmental screenings, etc. **Please make sure that your Family Pathways' Facilitator is notified of these appointments in a timely manner so the information can be forwarded to the biological parents.**

Home Visits by your Family Pathways' Facilitator

Family Pathways' staff will meet with the child and the caregiver in their home to offer support and develop a strategy that will address any barriers that may interfere with adjustment or disrupt the placement.

Children typically arrive in their caregiver's homes with needs. Family Pathways' staff will assist caregivers to maneuver a complex service system to ensure that the specific support, medical, emotional, and educational needs of the child and caregiver are met. Family Pathways will contact each resource family one time a week via phone call and conduct at least one home visit within every 30 day period.

Family Pathways will implement an Individualized Permanency Service Plan (IPSP). This service plan will be updated every 5 months with modifications as the family/child accomplishes and establishes new goals.





General Program Rules and Clients' Rights

A strength of a good foster care program is that each child is treated as a unique individual. Consideration can be given to the special circumstances, needs and interests of each child.

In order to encourage this approach, we keep rules and regulations to a minimum. The following is a list of client rights, as well as certain rules regarding children entering our program. It is a starting point for the children, and is extended as a guide to the expectations of the agency. **Changes or exceptions to some rules are, of course, possible with valid reason on a case by case basis. All changes should be discussed with agency staff.**

- Children must not be deprived of any civil, legal or human right.
- Persons eighteen (18) years of age must be informed of their right to register to vote in all elections. They must also be informed of voting procedures.

SUPERVISION:

- Resource caregivers are responsible for the proper supervision of children living in their home. Children are expected to cooperate by always informing the resource family of where they are going and when they will return. Children may not leave without permission.
- If the resource caregiver is away from home, they must arrange for responsible supervision while they are absent.
- When the child(ren) will be out of the resource caregiver's care for an extended period (8 hours or more) or if the resource caregiver is planning to travel with the child(ren) out of the general vicinity (placing county), this information needs to be shared with your Family Pathways' Facilitator in advance of these events in order to assure that the county agency is aware. Please provide your Family Pathways' Facilitator with destination information and consider your Prudent Parent Standard implementation criteria.
- It is your responsibility as a resource caregiver to monitor/supervise the child in the presence of his/her biological parents before and after appointment times. It merits noting that as the resource caregiver, you are responsible for the safety of the child(ren) while they are under your watch and will make decisions accordingly.

TRANSPORTATION:

All persons transporting foster/kinship children must have the following:

- Valid driver's license
- Car insurance
- Car registration
- Up to date inspection
- Appropriate car seats if applicable (according to Pennsylvania car seat regulations)

TRAVELING:

If you plan to travel with a child in out-of-home placement outside the vicinity of the placing county, please talk to your Family Pathways' Facilitator in advance (if possible) so that the Facilitator can make the county agency aware of your plans in case they have any restrictions. The Family Pathways' Facilitator will need to know your anticipated dates of travel, destination, and contact information.

If you are planning an **OUT OF STATE TRIP**, please refer to the Prudent Parent Standard. Be mindful that court-ordered visitation could hinder your plans. Please allow adequate time for making appropriate arrangements or time to obtain a court order. It is important to discuss all travel plans with your Family Pathways' Facilitator.

TOBACCO/ALCOHOL:

The sale or furnishing of tobacco or tobacco products, in any form, to children under 18 years of age is strictly forbidden and against the law. Furnishing alcohol to persons under 21 years of age is against the law.

NUMBER OF CHILDREN IN YOUR HOME:

State law allows no more than a combined total of six children (birth, foster, adopted) under the age of 18 in one resource home. However, if appropriate, a waiver can be requested by Family Pathways from the Department of Human Resources.

VISITS:

Visits with natural parents and/or relatives are arranged by the county agency and the Court in consideration of the child's best interest. There will be a **minimum of one visit every other week** if the child's goal is reunification. These visits can be supervised or unsupervised and can occur in the natural parents' home, a designated social service agency, or a mutually agreed upon location. **Resource caregivers are responsible for transportation of the child to and from visitations.**

Overnight visits with the natural parents or relatives are approved and arranged by the Children and Youth Agency.

INCOME TAXES:

Resource caregiver reimbursement is non-taxable income. Please consult your tax accountant or advisor for details.

MOVING:

A child may request to leave our program at any time. The placement agency with custody will need a reasonable amount of time, usually 30 days, to arrange for another placement. If the caregiver is requesting that a child be removed, they are required to give a 30 day notice, unless an immediate safety threat is present.

RELIGION:

A child has the right to participate in religious activities, services and counseling, taking into account choices specified by the birth parents or guardian of the child. **Biological parents maintain rights over their children's religious practices, beliefs, and participation.**

PERMISSION FOR ACTIVITIES:

Resource caregivers will utilize the reasonable and prudent parenting standard training when making decisions on what activities a child in out-of-home placement can participate in. This standard allows caregivers to make parental decisions that maintain the health, safety, and best interest of the child as well as decisions about the child's participation in extracurricular, enrichment, cultural and social activities. (See Prudent Parenting Standard appendix)

RECERTIFICATION:

Every year you will be required to be recertified as a resource family. This will include re-signing all policy paperwork, completing ALL clearances and Act 160 process, physicals, water test, providing copies of financial and insurance information, trainings, and a home inspection. **Please remember to give copies of new car insurance, home owners' insurance, car registration, and driver's licenses to your facilitator as they are renewed.**

FAMILY APPROVAL APPEALS:

Family Pathways shall give written notice of the decision to approve or disapprove the resource caregiver. The written notice shall inform the resource caregivers that they may appeal Family Pathways' decision to disapprove the resource family if applicable. Upon disapproval, Family Pathways will notify the county agency who will then determine the placement of the child.

Resource caregivers who wish to appeal a Family Pathways' decision to disapprove the resource home shall submit to Family Pathways a written appeal, postmarked no later than 15 calendar days from the date of the written notice. The appeals are subject to Title 9003 of the DPW Manual to be codified at Chapter 30 (relating to licensure or approval appeal procedures).

Upon receipt of the resource family appeal, Family Pathways shall date stamp the appeal. Family Pathways shall review the appeal and determine if steps can be taken to resolve the appeal without a hearing. If, after considering the appeal, Family Pathways is unable to resolve issues of disagreement, the appeal shall be sent to the Office of Hearings and Appeals, Post Office Box 2675, Harrisburg, PA 17105, within 15 calendar days of the date stamp.

APPENDIX A: Child's Related Documents and Information

- Notice of Privacy Practices
- Grievance Policy and Appeal Form
- Inventory of Clothing (as appropriate and applicable)
- Child's Well Child Exam
- Dental Examination Form

Family Pathways
Striving to Strengthen Relationships

NOTICE OF PRIVACY PRACTICES

Caregiver Acknowledgement:

I hereby acknowledge that I have been provided with the Practice's NOTICE OF PRIVACY PRACTICES and agree to read same.

Child Name (Print) _____

Child Signature: _____

Child too young to sign

Witness Name (Print) _____

Witness Signature: _____

Date: _____

Family Pathways

Notice of Privacy Practices

At Family Pathways, we are committed to protecting the privacy of your medical information, as federal and state laws require. "Information" means any physical or mental health, treatment or payment information that identifies you. This "Notice of Privacy Practices" explains how Family Pathways meets our commitment to protect your privacy and explains your legal rights about what is in your health record. **Therefore, please review this notice carefully.**

What is a Notice of Privacy Practices?

Family Pathways understands that your health information is personal. We create and maintain a record with information about the care and services you receive through Family Pathways. The record includes all information about your care that Family Pathways may create or receive from other entities. We need this information to provide quality care and to comply with the law. This Notice tells you about the ways we may use and share your health information as well as the legal duties we have about your health information. This Notice also tells you about your rights under federal and state laws.

What is the duty of Family Pathways to protect your health information?

We are required by law to:

- Make sure that information that identifies you is kept private.
- Make available to you this Notice that describes the ways we use and share your information as well as your rights under law about your health information.
- Make sure any information stored electronically is protected from intrusion.

How may Family Pathways use and share your health information with others?

We are required by law to use and share your health information in certain ways. The below list tells you about the different ways that we may use and share your health information with others. When sharing information with others outside of Family Pathways, we share only what is reasonably necessary unless we are sharing information in order to help treat you, in response to your written permission, or as the law requires. In these cases, we share all information that you, your health or other social service provider, or the law has asked for. We will use health information that does not identify you whenever possible.

What are ways Family Pathways is allowed to use and share your health information with others *with* your general Consent for Treatment, Payment and Health Care Operations?

1. **Treatment:** We may use your health information to provide you with treatment and services. We may share your information with people and places that provide treatment to you.
2. **Payment:** We may use and share your health information with you insurance company or third party payer, in order to receive payment for the services we provide to you.
3. **Health Care Operations:** We may use and share your health information so that we or others who have provided treatment to you can better operate our office and service delivery. We may share information with our students and trainees for review and learning purposes.
4. **Appointment reminders**

What ways are Family Pathways allowed to use and share your health information with others without your consent?

As required by federal, state or local law:

- If we believe that you or your child has been a victim of abuse or neglect.
- If we believe that there is a significant threat to health or safety to you or your child.

- If we believe that there is a serious public health threat.

As required by valid court order or subpoena. As required by law enforcement agencies. As required by health oversight agencies – such as audits, investigations and inspections as necessary for our licensure and compliance with government agencies.

What ways are Family Pathways allowed to use and give your health information to others with your verbal permission?

- We may share your health information with a family member, foster parent, social service worker or friend who is involved in your care or in the payment of your care if it is in your best interest to do so. Examples might be sharing information about appointment times or locations or making arrangements for a prescription pick up.
- In all other ways, Family Pathways will require your written permission before your health information is used or shared with others.
- Except as stated above, your written consent is needed before we can use or share your health information with anyone outside Family Pathways.

What are your legal rights about your health information?

- Right to ask and see and copy your medical record.
- Right to ask that incorrect and incomplete information in your medical record be corrected.
- Right to ask for a list of parties with whom your health information has been shared.
- Right to ask Family Pathways to limit how we use and share health information.
- Right to ask for confidential communication.
- Right to ask for a paper copy of a more detailed version of the *Notice of Privacy Practices*.

Please make all requests in writing and give to your therapist, caseworker, or privacy officer at Family Pathways. Please be as specific as possible about the nature of your request regarding your health information.

What if you believe your privacy rights have been violated?

You have the right to file a complaint. You can do this by contacting the main office listed below.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint. To file a complaint, you must name the Family Pathways' office or staff member that you believe violated your privacy rights and describe how that place or person violated your rights. You must file the complaint within 180 days of when you knew or should have known that the violation occurred. All complaints to the Secretary of the U.S. Department of Health and Human Services must be in writing and sent to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Per the 2010 Notification of Breach Rule, Family Pathways will notify clients in writing should a breach of your privacy occur.

What if you have questions about this Notice?

Please contact your therapist, caseworker, or contact the main office at:

**Family Pathways
100 Brugh Avenue
Butler, PA 16001
(724) 284-9440**

Family Pathways

Striving to Strengthen Relationships

Youth Name: _____
Address: _____ Phone: _____

Our Grievance Policy

This is important information about your rights as a child in out-of-home care and also information about how to complain if you think something is wrong.

What rights do you have as a child in out-of-home-care?

By law (Children in Foster Care Act of 2010):

- You have the right to be treated with fairness, dignity and respect.
- You have the right to be treated without discrimination based on race, color, religion, disability, national origin, age, and gender.
- You have the right to be treated without harassment, corporal punishment, unreasonable restraint, or physical, sexual emotional and other abuse.
- You have the right to live in the most family-like setting that meets your needs.
- You have the right to be given enough food and food of good quality.
- You have the right to clothing that is clean, seasonal, and age and gender appropriate.
- You have the right to get all of the medical and mental health services that you need.
- You have the right to take part in developing your medical and mental health treatment plan.
- You have the right to agree to medical and mental health treatment, including medication.
- You have the right to visit your parents at least every other week.
- You have the right to have contact with your family.
- You have the right to be placed with your siblings, or visit with them at least every other week.
- You have the right to be placed with your kid and relatives if possible.
- You have the right to be placed with families that have supported you before if possible.
- You have the right to have all contact information for your guardian ad litem, attorney, court-appointed special advocate, and members of your planning team.
- You have the right to be in a place that maintains your culture.
- You have the right to be able to stay in the same school when you change placements.
- You have the right to be able to take part in extracurricular, cultural, and personal enrichment activities.
- You have the right to have the opportunity to work and develop job skills.
- You have the right to get life skills training and independent living services.
- You have the right to have your case and personal information kept confidential.
- You have the right to get notices of court hearings for your case, and have the ability to attend the hearings.
- You have the right to take part in religious service and observances.
- You have the right to a permanency plan that you helped create and that you can review.
- You have the right to get notice that you can ask to stay in care after you turn 18.
- You have the right to get notice of the grievance policy from the county or private provider agency.
- You have the right to be able to file a grievance, to receive the agency's grievance policy, and to have your rights and the grievance policy explained to you in a way that you understand.
- You have the right to exercise parental and decision-making authority for your child (if you are a parent).

_____ INITIALS

What should you do if you think your rights are not being respected?

If you think something is wrong, you should file a *grievance* form with the agency: **Family Pathways**.

What is a grievance?

A *grievance* is like a complaint. You can fill out a grievance form if you think your rights have been violated, or you are being treated unfairly, or you have a complaint that cannot be resolved and needs more attention.

_____ INITIALS

Can you get help filling out the form?

Anyone who you trust or feel comfortable with can help you fill out this form, such as:

- A parent, guardian, caregiver, supervisor
- A caseworker
- A therapist or counselor
- A teacher or other school staff
- A lawyer
- A Guardian ad Litem
- A juvenile probation officer
- A judge or master
- A coach
- A Court Appointed Special Advocate
- Any other adult who helps you

_____ INITIALS

What will happen after you deliver your grievance form?

The agency, **Family Pathways**, will send you a letter within 5 working days of getting your form. The letter will tell you that we have received your grievance form and the actions we will take to resolve the situation.

After we read your form, the agency, **Family Pathways**, will decide if we agree with you. We will send you a letter within 10 working days to tell you our decision. Our decision is called a "resolution". _____ INITIALS

What if we don't agree with your resolution?

If you don't agree with our resolution you can file an appeal. The letter you get telling you our resolution will also tell you how to file an appeal. _____ INITIALS

Signatures

I am signing my name below because I have received the agency's grievance policy and understand my rights (required by the Children in Foster Care Act of 2010).

Child's Printed Name: _____

Date: _____

Child's Signature: _____

Date: _____

Child is too young to sign

Caregiver Signature: _____

Date: _____

Facilitator/Coordinator Signature: _____ Date: _____

Family Pathways

Striving to Strengthen Relationships

Youth Name: _____ Address: _____
_____ Phone: _____

Date Grievance Filed: _____ Date Appeal Filed: _____

GRIEVANCE OR APPEAL FORM

I WOULD LIKE TO FILE A (CHECK ONLY ONE): Grievance

Appeal

(Check the appeal box if you have received a written resolution to your grievance and wish to appeal our decision.)

Do you need help?

If you need help with this form, you may contact anyone who you trust and feel comfortable with including a parent, guardian, caregiver, supervisor, caseworker, therapist or counselor, teacher or other school staff, lawyer, Guardian ad Litem, juvenile probation officer, judge or master, coach, Court Appointed Special Advocate (CASA) or any other adult who helps you.

Don't be afraid to file this grievance or appeal!

The law protects you from being punished for filing a grievance or appeal. If you are scared or concerned that someone may treat you badly or punish you for filing, please discuss this with your Guardian ad Litem or lawyer before completing this form.

1. **Write about your grievance here:** Please describe, in your own words, what you are concerned about or how your rights were violated. Use additional paper if necessary.

2. **Write what you want to happen here:** Please describe, in your own words, how you would like to see this grievance resolved. Use additional paper if necessary.

3. **Send your form to:** Copies of your grievance will go to any of the people below whose titles you check. Check as many as you like.

- | | |
|--|---|
| <input type="checkbox"/> County Caseworker | <input type="checkbox"/> Mental Retardation Caseworker |
| <input type="checkbox"/> Private Provider Caseworker | <input type="checkbox"/> Guardian ad Litem |
| <input type="checkbox"/> Juvenile Probation Officer | <input type="checkbox"/> Attorney/Lawyer |
| <input type="checkbox"/> Mental Health Caseworker | <input type="checkbox"/> Court Appointed Special Advocate |
| <input type="checkbox"/> Group Home Worker/Staff | (CASA) |

4. **Is your grievance urgent?** Please check this box if you think your grievance is urgent and must be resolved before **21** days. Use the space below to explain why you think your grievance is urgent.

5. **Signature:** By signing below, I agree with the following statements. If you do not agree with a statement, do not initial it.

- This grievance is true and necessary. _____ **Initial**
- I have tried other ways to resolve this grievance before sending this form. _____ **Initial**
- I was not pressured into filing out this grievance form. _____ **Initial**
- If I needed help in completing this grievance form, I was to get it. _____ **Initial**
- I understand the grievance policy and I know when to expect a decision about the grievance. _____ **Initial**
- I understand the appeal process and I know that I can file an appeal if I am not satisfied with the resolution to my grievance. _____ **Initial**
- I understand that I will not be punished or retaliated against for filing this form. _____ **Initial**

Your signature: _____ Date: _____

Print Name: _____ Date: _____

Agency signature: _____ Date: _____

Print Name: _____ Date: _____

Family Pathways
Striving to Strengthen Relationships

INVENTORY OF CLOTHING

Child's name: _____ Date of Referral: _____

Inventory is for (check one): _____ Admission _____ Discharge

Date of Admission or Discharge: _____

Item	Quantity	Serviceable (Y or N)
Shirts (long sleeve, short sleeve, tees, dress)		
Pants (dress, sweat, jeans)		
Shorts (jean, sweat, dress)		
Undergarments (underwear, bras, socks)		
Pajamas		
Outerwear (coats, snow suits, jackets, hats, gloves, scarves)		
Swimwear		
Shoes (gym, dress, sandals, slippers)		
Bedroom Items (pillows, blankets, bedding)		
Bathroom Items (toothbrush, towels, toiletries)		
Electronic Items (iPod, video games, etc.)		
Toys and books		
Miscellaneous		

Prepared by: _____ Date: _____

Child's signature: _____ (if child is over 6 years of age)

Caseworker's signature (if applicable): _____

Family Pathways

Striving to Strengthen Relationships

WELL CHILD EXAM

PT NAME: _____ DATE OF EXAM: _____

DOB: _____ PT AGE: _____ MALE OR FEMALE _____

WT: _____ HEIGHT: _____ HEAD CIRC. _____ CM.

BP _____ TEMP _____ PULSE _____ HGB _____ HCT _____ BLL _____

MEDICAL HISTORY: _____ TB TEST: RESULTS _____

ALLERGIES: _____ CURRENT MEDICATION: _____

EYE DOCTOR: _____ EYE EXAM: ____/____/____

VISION RECOMMENDATIONS: _____

DENTIST: _____ DENTAL EXAM: ____/____/____

DENTAL RECOMMENDATIONS: _____

FAMILY MEDICAL HISTORY: _____

SOCIAL HISTORY: (including 2nd hand smoke) _____

LEAD RISK:

Age 9-11 months Age 2 RISK questions asked 9 months to 6 yrs old

Ug/dl Ug/dl

URINALYSIS

Sp Gr	pH	Leuk	Nit	Prot	Glu	Ket	Urobili	Bili	Blood	Hemog

HEARING

Rx:

20db	25db	40db		20db	25db	40db		20db	25db	40db	
			L				L				L
			R				R				R
500	1000	2000	4000	500	1000	2000	4000	500	1000	2000	4000

IMMUNIZATION

TYPE	DUE	GIVEN	TYPE	DUE	GIVEN
HepB			HebB- hib		
Dtap			DT		
HbOC			PRP-D		
IPV			PRP- OMP		
PV7			MMRV		
Varicella			MMR		
Meningo					

Assessments and Plan:

Referrals:

-
-

Are immunizations up to date? Y or N

Next screening date (EPSDT):

PHYSICAL EXAMINATIONS:

	<u>ABNORMALITIES</u>	<u>PARENT COUNSELING</u> (Anticipator Guidance)	<u>REVIEW GROWTH CHARTS</u> <u>DEVELOPMENT MILESTONES</u>
Gen App		Diet:	
Skin			
Head		Injury Prevention:	
Nodes			
EENT			
Chest		Dental Health:	
Lungs			
Heart		Other Primary Preventative	
Abdomen		Measurements:	
Ext. Gen.			
Back			
Extrem.			
Gait			

Patient is free of communicable diseases? Yes No

Tested for Sickle Cell Anemia? Yes No

Physician, please choose the most appropriate level of care for this child:

____ **Level I:** Child's medical condition can be controlled through medical supervision and consistent non-specialized care. Examples: failure to thrive, drug addicted infants, broken limb, deaf, non-ambulatory, medical/psychological needs related to abuse and neglect such as weekly therapy, night terrors or wakefulness, separation and loss.

____ **Level II:** The child's condition is not life threatening and can be controlled through specialized intervention, medical supervision and consistent care. Examples: colostomy, cerebral palsy, medical or sensory conditions coupled with emotional problems, autism, any condition that requires the use of medical apparatus (i.e. nebulizer, etc.), genetic disorder, STDs, diabetes, and/or communicable disease.

____ **Level III:** Children who may be terminally ill with a condition that can be managed with some specialized extensive care, 50% developmental delay, lack of self-care skills, burn care, and/or complex diabetes. Examples: tube feeding, pulmonary disorders and oxygen use.

____ **Level IV:** Children with acute chronic or permanent medical conditions that require intensive home-based medical interventions. Examples: HIV, organ transplants, life support.

____ **Not Applicable:** No medical conditions present at this time.

Next appointment:	Physician's name (please print):
Provider address and phone:	Physician's signature:
CYS caseworker signature:	Physician's license number:

Please return form to: Family Pathways – 100 Brugh Avenue – Butler, PA 16001
Phone: (724) 284-440 / Fax: (724) 284-9441

Family Pathways

Striving to Strengthen Relationships

Dental Examination

DATE OF EXAM: _____

Child's Name: (Last)	(First)	Caregiver:
Date of Birth:	Home Phone:	Address:
Agency Name:		
Agency's Phone:	County:	Work Phone:

REPORT OF EXAMINATION

		TOOTH CHART																	
		RIGHT								LEFT									
UPPER		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	UPPER	
LOWER		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LOWER	
	UPPER																	UPPER	
	LOWER																	LOWER	

IS THE CHILD UNDER TREATMENT?

YES

NO

TREATMENT COMPLETED?

YES

NO

Medical Care Provider:	Next Appointment:
Address:	
Phone:	
	Signature of Dentist _____ Date _____

Please return form to: **FAMILY PATHWAYS**
 100 Brugh Avenue
 BUTLER, PA 16001
 Phone: (724) 284-9440
 Fax: (724) 284-9441

APPENDIX B: Resource Family Placement Documentation and Policies

The following are Family Pathways' policies that are signed at initial certification and subsequent certifications by the resource caregivers. Copies of the policies are attached:

- Health History
- Pending Water Analysis
- Financial Summary
- Acknowledgement of Receipt
 - Resource Family Care Act
 - Notice of Privacy Practices
 - Resource Family Manual
- Consent for Release of Information
- Discipline in the Resource Family Home
- Drug, Alcohol and Smoking Policy
- Non-Discrimination in Services
- Resource Parent Commitment, which includes Emergency Room Protocol
- Water Safety Policy
- Medically Fragile Support
- Safety Mandate
- Dog License and Rabies Vaccination Policy
- Act 160
- Physician's Report

Family Pathways

Striving to Strengthen Relationships

HEALTH HISTORY

Have you ever had any of the following?

RESOURCE CAREGIVER	PARENTING PARTNER
Fainting spells?	Fainting spells?
Allergies?	Allergies?
Convulsive seizures?	Convulsive seizure?
Diabetes?	Diabetes?
Hepatitis?	Hepatitis?
Rheumatic fever?	Rheumatic fever?
Tuberculosis?	Tuberculosis?
Other diseases affecting the lungs or heart (specify)?	Other diseases affecting the lungs or heart (specify)?
Diseases or disorders of the nervous system (specify)?	Diseases or disorders of the nervous system (specify)?
Hospitalization history:	Hospitalization history:
List of Medications and Purpose:	List of Medications and Purpose:

Does your age, physical and/or mental health limit the number and/or type of child/ren you would be able to care for? Yes No

A resource parent must have a demonstrated stable mental and emotional adjustment. If a question arises regarding the mental or emotional stability of a family member which might have a negative effect on a foster child, Family Pathways shall require a psychological evaluation of that person before approving the resource home.

Resource Caregiver's Signature
Date: _____

Parenting Partner's Signature
Date: _____

Coordinator/Facilitator's Signature
Date: _____

Family Pathways

Striving to Strengthen Relationships

PENDING WATER ANALYSIS

City Water

Well water

If Well Water:

I understand that until the water test is returned approved, bottled water must be provided for drinking, cooking, and brushing of teeth for all children in placement. If your water test does not pass, you will need to make diligent efforts to obtain a passing water test.

I understand that if the water test does not pass prior to the certification date, I will be unable to be certified as a resource caregiver.

Resource Caregiver's Signature

Date: _____

Parenting Partner's Signature

Date: _____

Coordinator/Facilitator's Signature

Date: _____

Family Pathways

Striving to Strengthen Relationships

FINANCIAL SUMMARY

Gross Annual Family Income: _____

Source(s): _____

Applicant must provide a clear copy of the following:

- W-2 statement and/or two pay stubs
- Social Security Statements: Sign in and create account at www.socialsecurity.gov/myaccount

Is your income, without the stipend from foster/kinship care, adequate for meeting the family's needs?

As a resource caregiver I will receive a daily stipend of _____ per child. I understand that this stipend will be used to meet the needs of the foster/kinship child/ren in our home. This stipend will be used for daily living expenses, child care, clothing, food, transportation, extracurricular activity expenses, field trips, etc. The stipend is to incorporate all expenses you incur while the child is in your care.

Is your family financially able to meet the needs of the foster/kinship child with the stipend?

_____ As a resource caregiver, will you provide good quality clothing and allot \$2.00 per
initial day of the stipend for clothing? _____ Yes _____ No

_____ As a resource caregiver, will you give and withhold allowance properly and allot
initial \$2.00 per day of the stipend for the child's allowance? _____ Yes _____ No

Resource Caregiver's Signature

Date: _____

Parenting Partner's Signature

Date: _____

Coordinator/Facilitator's Signature

Date: _____

Family Pathways

Striving to Strengthen Relationships

ACKNOWLEDGEMENT OF RECEIPT

_____ It has been determined that resource parents are to be in compliance with regulations by reading the "Resource Family Care Act" (Act of 2005, P.L. 404, No. 73). I acknowledge receipt of the "RESOURCE FAMILY CARE ACT" and agree to read the Act.

_____ I hereby acknowledge that I have been provided with the Agency's NOTICE OF PRIVACY PRACTICES and agree to read the Notice.

_____ I have been provided with and agree to read the FAMILY PATHWAYS' RESOURCE FAMILY POLICIES AND PROCEDURES MANUAL.

Resource Caregiver's Signature

Date: _____

Parenting Partner's Signature

Date: _____

Coordinator/Facilitator's Signature

Date: _____



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
P.O. BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

Nancy L. Hardy
Deputy Secretary for
Children, Youth and Families

PHONE: (717) 787-4756
FAX: (717) 787-0414

Dear Children and Youth Agency Administrator:

As you may be aware House Bill 1579, Printer's Number 2952, was signed by Governor Edward G. Rendell on November 22, 2005 and is now known as Act 73 of 2005. This act became effective January 21, 2006. The attached Act is known as the Resource Family Care Act and it is intended to provide resource parents fair treatment, consideration and respect, and to ensure collaboration among all parties involved in protecting the safety and well-being of children and youth within the foster care system.

Act 73 of 2005 establishes responsibilities for county and private children and youth agencies regarding information and services to be made available to resource families. The information that is to be provided to resource families by the agencies includes:

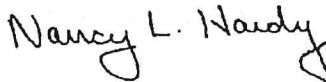
- A timely response that is open and complete when contacted by a resource family regarding the family's role and the care of the child.
- All policies and procedures relating to the role of the resource family.
- Information regarding accessing services and how to reach the agency on a 24 hour-a-day, 7 day-a-week, basis.
- The child's medical history, behavior and relationship with their parent(s) shall be provided as soon as this information is made available to the agency. Also, information regarding the child's educational history, life experiences, and previous and prospective placement circumstances are to be provided within a reasonable amount of time.
- Notification of scheduled meetings in order for a resource family to actively participate in the service and permanency planning process regarding the child.
- The opportunity to be heard regarding practices and decisions of the agency involving the child that resides in the home. The agency shall not discharge, threaten, or otherwise discriminate or retaliate against a resource family for an appropriate inquiry regarding this.
- Consultation when a decision is made regarding the release of the resource family's address to the child's parent. This information is released only after informing the resource family.
- Confidentiality is to be maintained by the agency when a report of suspected child abuse is made involving a member of the resource family. This provision will not be applicable if it interferes with the safety of the child.

The services that are to be available to resource families by the county and private agencies include:

- Support services to assist in the care of the child which is consistent with the child's approved permanency plan.
- Appropriate training to enhance the skills and performance of the resource family.
- Coordination of services that may be necessary due to family loss and separation when a child departs from a home and isn't the result of an immediate threat to the health and safety of the child caused by the resource family.

Act 73 of 2005 lists many responsibilities to county and private agencies that are already in place and should currently be practiced. Representatives from the Pennsylvania Council of Children, Youth and Family Services, the Pennsylvania State Foster Parents Association, the Statewide Adoption Network, county agencies and the Department of Public Welfare have met to discuss implementation of the requirements contained in the Resource Family Care Act. Additional information will be forthcoming. This legislation will help in keeping resource families active and committed to children in their care. Questions regarding Act 73 of 2005 may be directed to the Office of Children, Youth and Families' Program Policy Unit at (717) 346-0445.

Sincerely,

A handwritten signature in cursive script that reads "Nancy L. Hardy". The signature is written in black ink and is positioned above the printed name.

Nancy L. Hardy

RESOURCE FAMILY CARE ACT
Act of Nov. 22, 2005, P.L. 404, No. 73
AN ACT

CL. 67

Providing for certain responsibilities of county and private agencies regarding resource families.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Short title.

This act shall be known and may be cited as the Resource Family Care Act.

Section 2. Legislative intent.

The General Assembly recognizes and values the important service provided by resource families in caring for children and youth within the foster care system. It is the intent of the General Assembly to ensure that persons serving as resource families are treated equitably and with consideration and respect as a means of reinforcing productive and responsible interaction among all parties involved in protecting the safety and well-being of these children.

Section 3. Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"County agency." The county children and youth social service agency established pursuant to section 405 (relating to powers and duties of local authorities as to children) of the act of June 24, 1937 (P.L.2017, No.396), known as the County Institution District Law, or its successor, and supervised by the Department of Public Welfare under Article IX (relating to departmental powers and duties as to supervision) of the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code.

"Private agency." A children and youth social service agency subject to the requirements of 55 Pa. Code Ch. 3680 (relating to administration and operation of a children and youth social service agency).

"Resource family." A family which provides temporary foster or kinship care for children who need out-of-home placement and which may eventually provide permanency for those children, including as an adoptive family.

Section 4. Responsibilities of county and private agencies.

County and private agencies shall provide the following to resource families:

(1) Notification of scheduled meetings by the county or private agency concerning a child residing with a resource family in order to actively participate and have input into the service and permanency planning process regarding the child.

(2) Support services to assist in the care of the child, consistent with the child's approved permanency plan.

(3) Open, complete and timely responses from the county or private agency when contacted by the resource family

regarding the role of the resource family and the care of the child.

(4) Information about the child's medical history, general behavior and relationship with his or her parents shall be provided to the resource family as soon as that information is obtained by the county or private agency. Within a reasonable amount of time the agency shall also provide information to the resource family concerning the educational history, life experiences and previous and prospective placement circumstances of the child.

(5) Consultation with the resource family in the development of the permanency plan.

(6) Consultation with the resource family in the decision to release the resource family's address to the child's parent and to be informed prior to such information being shared with the child's parent.

(7) Assistance with the coordination of services that may be deemed necessary due to resulting family loss and separation upon a child's departure from the resource family's home when such relocation is not the result of an immediate threat to the health and safety of the child caused by the resource family.

(8) Information on all county or private agency policies and procedures that relate to the role of a resource family.

(9) Any appropriate training deemed necessary to enhance the skills and performance of the resource family.

(10) Information on how to receive services and reach county or private agency personnel on a 24-hour-a-day, 7-day-a-week basis.

(11) Confidentiality regarding allegations of abuse involving a member of the resource family. The provision of confidentiality shall not interfere with the safety of the child.

(12) Opportunity to be heard regarding agency decisions or practices involving a child residing with the resource family. The agency shall not discharge, threaten or otherwise discriminate or retaliate against a resource family for an appropriate inquiry regarding the decisions or practices of an agency that affect a child residing with the resource family.

Section 5. Copy of responsibilities of county or private agencies to be provided.

All resource families shall be given a copy of the responsibilities enumerated in this act by the appropriate county or private agency upon approval as a resource family.

Section 6. Effective date.

This act shall take effect in 60 days.

Family Pathways

Notice of Privacy Practices

At Family Pathways, we are committed to protecting the privacy of your medical information, as federal and state laws require. "Information" means any physical or mental health, treatment or payment information that identifies you. This "Notice of Privacy Practices" explains how Family Pathways meets our commitment to protect your privacy and explains your legal rights about what is in your health record. **Therefore, please review this notice carefully.**

What is a Notice of Privacy Practices?

Family Pathways understands that your health information is personal. We create and maintain a record with information about the care and services you receive through Family Pathways. The record includes all information about your care that Family Pathways may create or receive from other entities. We need this information to provide quality care and to comply with the law. This Notice tells you about the ways we may use and share your health information as well as the legal duties we have about your health information. This Notice also tells you about your rights under federal and state laws.

What is the duty of Family Pathways to protect your health information?

We are required by law to:

- Make sure that information that identifies you is kept private.
- Make available to you this Notice that describes the ways we use and share your information as well as your rights under law about your health information.
- Make sure any information stored electronically is protected from intrusion.

How may Family Pathways use and share your health information with others?

We are required by law to use and share your health information in certain ways. The below list tells you about the different ways that we may use and share your health information with others. When sharing information with others outside of Family Pathways, we share only what is reasonably necessary unless we are sharing information in order to help treat you, in response to your written permission, or as the law requires. In these cases, we share all information that you, your health or other social service provider, or the law has asked for. We will use health information that does not identify you whenever possible.

What are ways Family Pathways is allowed to use and share your health information with others *with* your general Consent for Treatment, Payment and Health Care Operations?

1. **Treatment:** We may use your health information to provide you with treatment and services. We may share your information with people and places that provide treatment to you.
2. **Payment:** We may use and share your health information with you insurance company or third party payer, in order to receive payment for the services we provide to you.
3. **Health Care Operations:** We may use and share your health information so that we or others who have provided treatment to you can better operate our office and service delivery. We may share information with our students and trainees for review and learning purposes.
4. **Appointment reminders**

What ways are Family Pathways allowed to use and share your health information with others without your consent?

As required by federal, state or local law:

- If we believe that you or your child has been a victim of abuse or neglect.
- If we believe that there is a significant threat to health or safety to you or your child.

- If we believe that there is a serious public health threat.

As required by valid court order or subpoena. As required by law enforcement agencies. As required by health oversight agencies – such as audits, investigations and inspections as necessary for our licensure and compliance with government agencies.

What ways are Family Pathways allowed to use and give your health information to others with your verbal permission?

- We may share your health information with a family member, foster parent, social service worker or friend who is involved in your care or in the payment of your care if it is in your best interest to do so. Examples might be sharing information about appointment times or locations or making arrangements for a prescription pick up.
- In all other ways, Family Pathways will require your written permission before your health information is used or shared with others.
- Except as stated above, your written consent is needed before we can use or share your health information with anyone outside Family Pathways.

What are your legal rights about your health information?

- Right to ask and see and copy your medical record.
- Right to ask that incorrect and incomplete information in your medical record be corrected.
- Right to ask for a list of parties with whom your health information has been shared.
- Right to ask Family Pathways to limit how we use and share health information.
- Right to ask for confidential communication.
- Right to ask for a paper copy of a more detailed version of the *Notice of Privacy Practices*.

Please make all requests in writing and give to your therapist, caseworker, or privacy officer at Family Pathways. Please be as specific as possible about the nature of your request regarding your health information.

What if you believe your privacy rights have been violated?

You have the right to file a complaint. You can do this by contacting the main office listed below.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint. To file a complaint, you must name the Family Pathways' office or staff member that you believe violated your privacy rights and describe how that place or person violated your rights. You must file the complaint within 180 days of when you knew or should have known that the violation occurred. All complaints to the Secretary of the U.S. Department of Health and Human Services must be in writing and sent to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Per the 2010 Notification of Breach Rule, Family Pathways will notify clients in writing should a breach of your privacy occur.

What if you have questions about this Notice?

Please contact your therapist, caseworker, or contact the main office at:

**Family Pathways
100 Brugh Avenue
Butler, PA 16001
(724) 284-9440**

Family Pathways

Striving to Strengthen Relationships

Consent for Release of Information

Name of Client: _____ D.O.B: _____

Client Address: _____

Client Telephone: _____

I hereby authorize **Family Pathways** (please check):

_____ To **Release** information from the records of _____
to the Name and Address below to include:

_____ To **Obtain** information from the records of _____
from the Name and Address below to include:

- | | | |
|---|---|---|
| <input type="checkbox"/> All Records | <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Verbal Communication |
| <input type="checkbox"/> Social History | <input type="checkbox"/> Therapy Notes | <input type="checkbox"/> Dates of Service |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Medication Maintenance | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Other: Specify |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Lab Reports | |

For the Purpose of: Case Management Communication

Name of Agency: _____

Address: _____

Phone: _____

I understand the following:

- That my records are protected under applicable federal and state regulations and that I have been provided with a copy of the *Notice of Privacy Practices*.
- That my health records will not be released or obtained by Family Pathways unless my permission is given as authorized by my signature below.
- That release of my health records will be for the purpose stated on this form and only the items indicated will be released.
- That the health records released by agency/person above may possibly be re-disclosed by the outside agency that receives the records and therefore Family Pathways has no further responsibility as a result of the re-disclosure and that such information would no longer be protected by the Privacy Rule.
- That this release is valid from only date: _____ to date: _____ and should not exceed 1 year unless specified to be used for school consultation in a given school year for a specific named school. **This information is limited to the dates specified.**
- That I have a right to revoke this authorization at any time by sending a written note to the agency.
- That my decision to revoke authorization does not apply to any prior records that were sent after being authorized for release.
- That I am entitled to a copy of this form. I have accepted a copy of this form: _____ Yes _____ No

I affirm that _____ was physically unable to sign the above consent. I verbally indicated this voluntary consent to treatment and fully understand the nature of the release.

Signature of Client, legal guardian or POA

Date

Coordinator/Facilitator's Signature

Date

Family Pathways

Striving to Strengthen Relationships

DISCIPLINE IN THE RESOURCE FAMILY HOME

- Foster/Kinship children shall be directed with techniques that stress praise and encouragement.
- Foster/Kinship children may not be subjected to verbal abuse, derogatory remarks or threats of removal from the foster/kinship home.

PUNISHMENT: The following forms of punishment are *prohibited*:

- Abusive discipline practices.
- Physical punishment inflicted upon the body.
- Punishment for bed-wetting or actions related to toilet training.
- Denial of meals, clothing or shelter.
- Denial of elements of the service plan or ISP.
- Denial of communication with, or visits by, the child's family as per Court Order and/or CYS guidelines.
- Assignment of physically strenuous exercise or work solely as punishment.
- Require a child to remain silent for long periods of time.
- Another child residing in the home cannot delegate punishment to the foster child/ren.
- Physical restraint, isolation or the use of security or physical barriers which prohibit a child's egress. Locks may be used as a means of external security to keep persons out or deny access to a certain area of the home.

Resource Caregiver's Signature

Date: _____

Parenting Partner's Signature

Date: _____

Coordinator/Facilitator's Signature

Date: _____

Family Pathways

Striving to Strengthen Relationships

Drug, Alcohol and Smoking Policy

Family Pathways has a zero tolerance on this issue. The use or abuse of illegal substances is strictly forbidden in formal resource caregiver homes participating in permanency services of Family Pathways. Resource caregivers (or other residents in the home) may be asked to submit to random drug testing during their participation in the resource caregiver program (as a pre-adoptive placement) as a precaution, or if concerns are raised. **Refusal to participate in testing will be noted and considered a positive screen. Any positive screens will result in the immediate termination of your participation in the resource caregiver program with a recommendation for removal of the children. Please be advised that all findings and recommendations will be forwarded to the local Children and Youth Agency.**

The primary role of the pre-adoptive/resource caregiver and Family Pathways is to ensure the safety of the child/ren entrusted to our care. Safety is hindered when illegal drugs and/or excessive amounts of alcohol are consumed in any home. It is Family Pathways' position that caregivers are responsible for monitoring the safety of the child/ren in their care at all times; ensuring that illegal drug and/or alcohol abuse is not an issue within their home environment.

As of September 11, 2008 the Clean Indoor Air Act became law in Pennsylvania. This act impacts individuals who provide child care, adult day-care and/or services related to the care of children and youth in the state or county custody in foster care of kinship care. **Individuals providing care are not permitted to smoke in a residence or vehicle when a foster or kinship child is present. We are asking that all smoking occur outside of the resource caregiver's residence.**

Resource Caregiver's Signature
Date: _____

Parenting Partner's Signature
Date: _____

Coordinator/Facilitator's Signature
Date: _____

Family Pathways

Striving to Strengthen Relationships

NON-DISCRIMINATION IN SERVICES

Admissions, the provision of services and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age or sex.

Program services shall be made accessible to persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aids, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any client (and/or their guardian) who believes they have been discriminated against may file a complaint of discrimination with any of the following:

Family Pathways
100 Brugh Avenue
Butler, PA 16001

Bureau of Equal Opportunity
Department of Human Services
Room 223 Health and Welfare Building
PO Box 2675
Harrisburg, PA 17105

Office of Civil Rights
Department of Human Services
Office for Civil Rights Region III
Suite 372, Public Ledger Building
150 South Independence Mall West
Philadelphia, PA 19106-9111

Pennsylvania Human Relations Commission
301 Fifth Avenue
Suite 390, Piatt Place
Pittsburgh, PA 15222

Bureau of Equal Opportunity
Department of Public Welfare
Western Regional Office
301 Fifth Avenue
Suite 410, Piatt Place
Pittsburgh, PA 15222

Resource Caregiver's Signature

Date: _____

Parenting Partner's Signature

Date: _____

Coordinator/Facilitator's Signature

Date: _____

Family Pathways

Striving to Strengthen Relationships

RESOURCE PARENT COMMITMENT

- _____ The resource caregiver agrees to share *accurate* and *timely* information to Family Pathways concerning the child/ren's participation in visitation with their biological family; all their health related appointments, and their educational progress. ***Biological parents will be notified of all medical, mental health (therapy) and education appointments.***
- _____ The resource caregiver agrees to share with Family Pathways recreational/family/extra-curricular activities that the child/ren are enrolled or participate in. The resource caregiver must discuss with their Family Pathway's Facilitator the process of making the decision to participate in these activities utilizing the prudent parenting standard process.
- _____ The resource caregiver agrees to provide any and all transportation for the children in their care.
- _____ The resource caregiver agrees to comply with the visitation schedule as outlined by the Court Order and/or Children and Youth Services, as well as the service provider monitoring/supervising the visits.
- _____ The resource caregiver agrees to follow Family Pathways policies and procedures.
- _____ The resource caregiver agrees that at any time Family Pathways has a concern about the condition of the caregiver's home (i.e. cleanliness, safety concerns, or animal feces), photographs may be taken of the home for the sole purpose of reviewing certification.
- _____ The resource caregiver agrees they have received a copy of the Emergency Room Visit Protocol and agree to follow it when an emergency arises with the minor child/ren that is in their care.
- _____ The resource caregiver agrees to notify the agency of any changes in their financial/ employment situation, criminal activity/history, and/or household composition within two (2) business days.
- _____ The resource caregiver agrees to cooperate with any SWAN Services if they are referred.
- _____ Family Pathways shall give written notice to resource families of its decision to approve, disapprove or provisionally approve the resource family. The written notice shall inform the resource parents that they may appeal the Agency's decision to disapprove or provisionally approve the resource family.
- _____ The resource family agrees to provide thirty days written notice to Family Pathways in the event they would like the child in their care removed from their home.

Resource Caregiver's Signature

Date: _____

Parenting Partner's Signature

Date: _____

Coordinator/Facilitator's Signature

Date: _____

Immediate Attention

Emergency Room Visit Protocol:

Please be reminded that biological parents maintain medical rights of their child during placement. If the child in placement needs to go to the emergency room for any reason, the biological parents need to be notified immediately so that they can attend the appointment as well if they choose. Your responsibility is to call the on-call CYS caseworker to notify them that you are taking the child to the emergency room.

Process:

- Call 911 (Butler Cases- Contact 724-282-1221) and inform them that you need to get in touch with the placing county's (Lawrence, Butler, etc.) on-call CYS caseworker.
- You will need to leave a contact number with the dispatcher so that the CYS caseworker can call you back.
- Inform the on-call caseworker of the name of the child and that you are taking him/her to the emergency room. Let them know what the concern is and what emergency room you will be going to.
- Verify with the on-call worker that they are going to notify the biological parents.
- Contact Family Pathways on-call phone (724)290-9929 to inform the agency that the child is going to the emergency room and that you followed the above protocol.
- Notify your Family Pathways Facilitator the next business day with all details (diagnosis, treatment, etc.).

Also, be reminded that as biological parents maintain medical rights, they are to be notified of **EVERY** medical appointment for their child. This includes weight checks, WIC appointments, immunization appointments, well child exams, specialist appointments, dental appointments, med checks, vision screenings, developmental screenings, etc. **Please make sure that your Family Pathways' Facilitator is notified of these appointments in a timely manner so the information can be forwarded to the biological parents.**

In the event of a crisis situation, please call CCR Crisis Line at 1-800-292-3866 or (TTY 724-431-0671) for Butler County and 814-226-7223 for Clarion County.

Thank you for your cooperation,

Family Pathways Coordinators

Family Pathways

Striving to Strengthen Relationships

WATER SAFETY POLICY

Own a swimming pool

Have access to a swimming pool

- Caregivers must use prudent judgment and ensure children in their care are protected from unsupervised access to water such as a swimming pool, hot tub, fountain, pond, lake, creek, or other body of water.
- Rules governing the activity and the dangers of the body of water must be explained to foster children in a manner that is clearly understood prior to their participation.
- Never permit the child in care to swim alone or be unsupervised near bodies of water.
- Completely fence the pool or ensure you follow local ordinance guidelines.
- Position latches and locks out of reach of young children.
- Keep all doors and windows leading to the pool area secure to prevent small children access to the pool.
- Do not use flotation devices as a substitute for supervision.
- Remove ladder if applicable

****Resource Caregivers are responsible for the safety of the child/ren in their care around swimming pools and/or bodies of water.**

Resource Caregiver's Signature

Date: _____

Parenting Partner's Signature

Date: _____

Coordinator/Facilitator's Signature

Date: _____

Family Pathways

Striving to Strengthen Relationships

MEDICALLY FRAGILE SUPPORT

Family Pathways has identified additional support available to resource families who are caring for the special needs population. The child currently in your care was identified as a potential candidate for this additional support. The supplemental support levels vary per child and are child specific. To receive this funding the caregiver will have additional responsibilities designed to address these special needs. Therefore, prior to applying for these funds it is important that the caregiver agrees to provide the additional care (i.e. dietary needs, additional transportation, medical supplies (for example: eye glasses), additional trainings, or other needs as identified).

Another important fact that must be noted is that these funds are to be used solely for the benefit of the child in your care. These financial resources may not be disbursed to any other individual/family member. **This funding is subject to modification as eligibility and availability may change as determined by the child's physician.**

Your signature indicates that you understand the information outlined above and are interested in working with Family Pathways to explore this resource and commit to the expanded caregiver responsibilities.

If a resource family fails to provide these services, Family Pathways reserves the right to retain this additional funding to ensure the child's special needs are met.

Resource Caregiver's Signature

Date: _____

Parenting Partner's Signature

Date: _____

Coordinator/Facilitator's Signature

Date: _____

Family Pathways

Striving to Strengthen Relationships

SAFETY MANDATE

Safety of children is of paramount importance. The transporting caregiver agrees to supervise the child/ren in the lobby of Family Pathways at all times during transition to appointments/ visits. We also agree to accompany the child/ren to the restroom during this time.

The transporting caregiver is responsible to monitor/supervise the child/ren in the presence of his/her birth family before and after appointment times.

It merits noting that as the resource caregiver, you are responsible for the safety of the child/ren while they under your watch and will make decisions accordingly.

Resource Caregiver's Signature

Date: _____

Parenting Partner's Signature

Date: _____

Coordinator/Facilitator's Signature

Date: _____

Family Pathways

Striving to Strengthen Relationships

DOG LICENSE and RABIES VACCINATION POLICY

I understand that any dog, age three months or older, housed inside or outside the resource family residence, must be licensed yearly (or have a lifetime dog license) and have the appropriate rabies vaccination.

I further understand that any cat, age three months or older housed inside or outside the resource family residence, must have the appropriate rabies vaccination.

This policy is in accordance with Pennsylvania Code and Statute. By signing below, I acknowledge that if there is an incident involving a pet in our home, we will be required by law to submit verification of the dog license and rabies vaccination record for that pet and will assume any liability.

Resource Caregiver's Signature

Date: _____

Parenting Partner's Signature

Date: _____

Coordinator/Facilitator's Signature

Date: _____

Family Pathways
Striving to Strengthen Relationships

Appendix C

DISCLOSURE STATEMENT

I, the undersigned resource parent applicant, understand that pursuant to 23 Pa. C.S. §§ 6301-6385 known as The Child Protective Services Law (CPSL), the entity *Family Pathways* to which I have applied as a resource parent or by which I am approved as a resource parent must obtain information to conduct a background check. *I understand that I am responsible to provide accurate information about myself and anyone residing in my home to the entity listed above including specific changes enumerated below for each individual 18 years of age and older who reside in my home.* The reviewing and approving agency shall access and review criminal history record information (CHRI), child abuse history clearances for all household members 18 years of age and older and all other required information and shall make a determination whether or not to approve any resource family home based on such information.

Name: _____
(First, Middle, Maiden/Other Last)

List any Aliases: _____ Date of Birth: _____

Address: _____
(Street, City, State, Zip)

Counties and States I have lived in: _____

I have reviewed and initialed to confirm the following:

___ I have not been convicted of any of the following crimes or the attempt, solicitation or conspiracy to commit any of the following crimes including those under Title 18 of the Pennsylvania Consolidated Statutes ("Crimes Code") or equivalent crime in another jurisdiction.

- ___ Chapter 25 (relating to criminal homicide)
- ___ Section 2702 (relating to aggravated assault)
- ___ Section 2709.1 (relating to stalking)
- ___ Section 2901 (relating to kidnapping)
- ___ Section 2902 (relating to unlawful restraint)
- ___ Section 3121 (relating to rape)
- ___ Section 3122.1 (relating to statutory sexual assault)
- ___ Section 3123 (relating to involuntary deviate sexual intercourse)
- ___ Section 3124.1 (relating to sexual assault)
- ___ Section 3125 (relating to aggravated indecent assault)
- ___ Section 3126 (relating to indecent assault)
- ___ Section 3127 (relating to indecent exposure)
- ___ Section 4302 (relating to incest)
- ___ Section 4303 (relating to concealing death of a child)
- ___ Section 4304 (relating to endangering welfare of children)
- ___ Section 4305 (relating to dealing in infant children)
- ___ Section 5902 (b) (relating to prostitution and related offenses)
- ___ Section 5903 (c)(d) (relating to obscene and other sexual materials and performances)
- ___ Section 6301 (relating to corruption of minors)
- ___ Section 6312 (relating to sexual abuse of children); or An equivalent crime under federal law or the law of another state.

- I have not been convicted of a felony offense under Act 64-1972 (relating to the Controlled Substance Drug Device and Cosmetic Act).
- I have not been convicted of or am I under pending indictment for any crime (include the dates, location/jurisdiction, circumstances and outcome).
- I have not been the perpetrator of any report of child abuse that has been indicated or founded.
- I agree to report any changes of information in criminal history record information or child abuse history about myself or anyone 18 years of age and older who resides in my home, within 48 hours in accordance with The Child Protective Services Law.
- I agree to report any change in household composition within 30 days in accordance with The Child Protective Services Law.
- I understand that if I knowingly fail to provide the required information, I will be disapproved as a resource parent and children placed in my home will be immediately removed without a hearing.

I have initialed to confirm that I have provided accurate information relating to the following:

- Previous addresses.
- Composition of the resident family unit.
- Protection from Abuse Orders filed by or against either me or co-applicant.
- Details of any proceedings in family court, including custody, divorce and child support.
- Drug or alcohol related arrests, or hospitalization, or any other criminal history, including, but not limited to, bad checks, forgery, shoplifting, traffic related violations, and truancy.
- Revocation of driver's license.
- Evidence of financial stability including income verification, employment history, current liens, mortgage foreclosure, judgments, and bankruptcies.
- Number and age of foster children and other dependents currently placed in the home.
- Detailed information about children with special needs currently living in the home.
- Previous history as a foster/adoptive parent including number and types of children served.
- Related education, training or personal experience working with foster children or the child welfare system.

The applicants for Adoptive/Foster/Kinship parent agree that they have disclosed all past or present involvement or open cases with the following outside agencies.

Children and Youth Services: If involvement other than your being a foster/kinship parent.
YES / NO _____

Juvenile or Adult Probation:
YES / NO If yes, describe involvement: _____

State or Local Police:
YES / NO If yes, describe involvement: _____

I agree to disclose any future involvement or open cases with the above agencies.

I hereby swear/affirm that the information I provided as is listed above is true and correct to the best of my knowledge and belief. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903 (b) of the "Crimes Code."

Name: _____
(Print)

Signature: _____ Date: _____

Coordinator/Facilitator: _____
(Print)

Signature: _____ Date: _____

Family Pathways
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- Generations:** a service for grandparents and other relatives raising children.
- Growing Together:** a service of children and adolescents while in foster care.
- Forever Family:** a service for families and children pursuing permanency

Physician's Report

This examination is an agency and state requirement to aid us in determining whether the applicant's health will permit him/her to provide physical and emotional support for a foster/kinship care child living in his/her home. Current health, as well as, prognosis for the future should be considered. This medical is for the use of the agency only.

Yearly Physical

Name				Date			
Allergies				DOB		Age	
Height		Weight		Blood pressure		Lungs	

Physician's Report

1.	Is this applicant currently under medical treatment?
2.	If so, please explain:
3.	Applicant is free of communicable diseases. Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Vitality level:
4.	Treatment of nervous condition?
5.	Prognosis for continued health?
6.	Do you feel that this patient is physically, mentally, and emotionally able to provide care for a child placed in their home? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please list concerns: Any child age restrictions based on caregiver health concerns?
7.	How long have you known this patient?
Follow-up	
	Next physical

Date of Exam:	Physician's Name (Please Print):
Provider Name, Address and Phone:	Physician's Signature:

PLEASE RETURN FORM TO: FAMILY PATHWAYS
100 Brugh Avenue
Butler, PA 16001
Phone: (724) 284-9440
Fax: (724) 284-9441