TITLE IV-E FOSTER CARE

CANDIDACY ON-SITE REVIEW INSTRUMENT

(Answers in bold are potential error cases)

🞎 Error case

🞎 Non error case

|  |  |
| --- | --- |
| General Case information | |
| Case ID # |  |
| Youth’s Name |  |
| County or local office |  |
| Reviewed by |  |
| Review date |  |

|  |  |
| --- | --- |
| Candidacy Information 🞎 CWS 🞎 Probation | |
| Date youth determined to be Title IV-E candidate for Foster Care: |  |
|  | Who child is living with, i.e., grandmother, friend, etc. |

|  |  |
| --- | --- |
| Case File Questions | |
| 1. Has the appropriate documentation been used to document IV-E foster care candidacy eligibility, i.e., case plan, eligibility form or court removal document? | 🞎 Yes  **🞎 No** |
| 1. Type of Documentation | |
| 1. Comments | |
| 1. Do the goals and objectives address the issues of the youth and family? | 🞎 Yes  **🞎 No** |
| 1. Was the appropriate documentation signed prior to establishing candidacy? | 🞎 Yes  **🞎 No** |
| 1. Does the case plan contain Title IV-E foster care candidacy language which indicates that absent effective preventative services, the youth is at imminent or serious risk of being placed in foster care? | 🞎 Yes  **🞎 No** |
| 1. Have planned placement arrangements been made prior to signing the case plan? | 🞎 Yes  **🞎 No** |
| 1. Is the planned arrangement for the youth an allowable IV-E foster care placement? | 🞎 Yes  **🞎 No** |
| 1. Have all case plans been signed by the youth, the youth’s parents/guardians, the PO, and supervising PO?? | 🞎 Yes  **🞎 No** |
| 1. Has IV-E candidacy eligibility been re-determined every six months?   Date: Date:  Date: Date: | 🞎 Yes  **🞎 No** |
| 1. Does the case plan have a description of the circumstances in the home that place the youth at imminent or serious risk of removal? | 🞎 Yes  **🞎 No** |
| 1. Are the preventative services being utilized to enable the youth to remain safely in the youth’s home outlined in the case plan? | 🞎 Yes  **🞎 No** |
| 1. **Based on the case plan is the youth at imminent risk of removal?** | 🞎 Yes  **🞎 No** |
| Comments: | |
| Outcome: Was/is the youth IV-E eligible for Foster Care candidacy?  **Notes:** | 🞎 Yes  **🞎 No** |