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Effective Date:		Classification Number: 016.15.11-008
Name of Agency: Division of Children and Family Services		
Contact Person: Christin Harper		Telephone: (501) 682-8541
Statutory Authority for Promulgating Rules: A.C.A. §9-28-103		
Title of Rule: DCFS Family Services Policy and Procedures Manual		
Rule Status	Effective Date Status	Effective Date
<input checked="" type="checkbox"/> New Rule/Regulation	<input type="checkbox"/> Emergency	
<input checked="" type="checkbox"/> Amended Rule/Regulation	<input type="checkbox"/> 10 Days after filing	
<input type="checkbox"/> Repealed Rule/Regulation	<input checked="" type="checkbox"/> Other	February 20, 2012
<input type="checkbox"/> Order	<input type="checkbox"/> Repealed	
<input type="checkbox"/> Emergency Rule/Regulation	Adopted by State Agency	
<input type="checkbox"/> Rule above is proposed and will be replaced by final version		
<input checked="" type="checkbox"/> Financial and/or Fiscal Impact Statement Attached		
Certification of Authorized Officer		
I hereby certify that the attached rules were adopted in compliance with Act 434 of 1967 as amended.		
Signature: <u>Christin Harper</u>	Date: <u>1/12/12</u>	
Title: <u>Director, Division of Children and Family Services</u>		

BY _____
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TRANSACTIONS IN
SECRETARY OF STATE
STATE OF ARKANSAS

NOTICE OF RULE MAKING

Pursuant to A.C.A. § 9-28-103, the Director, Division of Children and Family Services issues proposed changes to Policy and Publications. These include:

- Clarifications to Policy VIII-L: Subsidized Guardianship regarding eligibility requirements and payment structure per Administration for Children and Families' request
- Additions of "school official" and "school" to Appendix I: Glossary
- Revised and new notification forms for juvenile offenders
- Revisions to Procedure XIV-A4: Notices of True Investigative Findings and Procedure XIV-A5: Notices of Unsubstantiated Allegations of Child Maltreatment to include references to revised and new notification forms for juvenile offenders
- Clarification on Adoption Assistance Agreement for State Funded Subsidies that agreement will remain in effect until the child's eighteenth (18th) birthday (as opposed to one year only)
- Questions added on form for In Home Consultation Visits to collect information on provisional placement date (if applicable) and applicant's training time preferences

The proposed changes are available for review at the Division of Children and Family Services, Policy Unit, 5th floor Donaghey Plaza South, 7th and Main Streets, Little Rock, AR. 72203-1437. All comments must be submitted in writing to the Policy Unit no later than January 12, 2012. All the proposed changes may be viewed in their entirety at

<https://ardhs.sharepointsite.net/CW/Notice%20of%20Rule%20Making/Forms/AllItems.aspx>.

If you need this material in a different format, such as large print, contact our Americans with Disabilities Act Coordinator at 501- 682-8830 (Voice) or 501- 682-1442 (TDD). The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages and delivers services without regard to age, religion, disability, political affiliation, veteran status, sex, race, color or national origin.



Cecile Blucker
Director, Division of Children and Family Services

1/12/12

Date

BUREAU OF LEGISLATIVE RESEARCH

DEPARTMENT OF HUMAN SERVICES
Division of Children and Family Services
AMENDING ADMINISTRATIVE REGULATIONS

TITLE:

Revised Rule

- Policy VIII-L: Subsidized Guardianship
- Procedure XIV-A4: Notices of True Investigative Findings
- Procedure XIV-A5: Notices of Unsubstantiated Allegations of Child Maltreatment
- Appendix I: Glossary
- CACD-222-T: Child Maltreatment True Investigative Determination Notice to Facility Director
- CACD -223-T4: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)
- CACD-224-T1: Child Maltreatment True Investigative Determination Notice to Legal Parents and Legal Guardians of Underaged Juvenile Offender (under 13 years old)
- CACD-224-T2: Child Maltreatment True Investigative Determination Notice to Legal Parents and Legal Guardians of Alleged Juvenile Offender 13 through 15 Years of Age
- CACD-224-T3: Child Maltreatment True Investigative Determination Notice to Legal Parents or Legal Guardians of the Alleged Juvenile Offender (16 through 17 Years of Age)
- CFS-222-T: Child Maltreatment True Investigative Determination Notice to Facility Director
- CFS-223-T4: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)
- CFS-224-T1: Child Maltreatment True Investigative Determination Notice to Legal Parents and Legal Guardians of Underaged Juvenile Offender (under 13 years old)
- CFS-224-T2: Child Maltreatment True Investigative Determination Notice to Legal Parents and Legal Guardians of Alleged Juvenile Offender 13 through 15 Years of Age
- CFS-224-T3: Child Maltreatment True Investigative Determination Notice to Legal Parents or Legal Guardians of the Alleged Juvenile Offender (16 through 17 Years of Age)
- CFS-224-T4: Child Maltreatment True Investigative Determination Notice to Current Foster Parents of the Alleged Offender in Foster Care
- CFS-428-A: Adoption Assistance Agreement for State Funded Subsidy Payments
- CFS-446: In Home Consultation Visit Report

New Rule

- CACD-223-T1: Child Maltreatment True Investigative Determination Notice to Underaged Juvenile Offender (under 13 years old)
- CACD-223-T2: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 13 - 15 Years of Age
- CACD-223-T3: Child Maltreatment True Investigative Determination

Notice to Alleged Juvenile Offender 16-17 Years of Age

- CACD-240-U1: Unsubstantiated Child Maltreatment Investigative Determination to Alleged Underaged Juvenile Offender (Under 13 years old)
- CACD-240-U2: Unsubstantiated Child Maltreatment Investigative Determination to Alleged Juvenile Offender (13-17 years of age)
- CFS-223-T1: Child Maltreatment True Investigative Determination Notice to Underaged Juvenile Offender (under 13 years old)
- CFS-223-T2: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 13 - 15 Years of Age
- CFS-223-T3: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 16-17 Years of Age
- CFS-240-U1: Unsubstantiated Child Maltreatment Investigative Determination to Alleged Underaged Juvenile Offender (Under 13 years old)
- CFS-240-U2: Unsubstantiated Child Maltreatment Investigative Determination to Alleged Juvenile Offender (13-17 years of age)

PROPOSED EFFECTIVE DATE: **February 20, 2012**

STATUTORY AUTHORITY: **A.C.A. 9-28-103**

NECESSITY AND FUNCTION: **Revised Rule**

- Policy VIII-L: Subsidized Guardianship
 - Clarified eligibility requirements and payment structure per the Administration of Children and Family's request
- Procedure XIV-A4: Notices of True Investigative Findings
 - Revised to include references to new and revised notification forms
- Procedure XIV-A5: Notices of Unsubstantiated Allegations of Child Maltreatment
 - Revised to include references to new and revised notification forms
- Appendix I: Glossary
 - Added further explanation of "school official" and definition of "school"
- CACD-222-T: Child Maltreatment True Investigative Determination Notice to Facility Director
 - Changed form number only (from CACD-223-T) to improve overall categorization and organization of forms
- CACD -223-T4: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)
 - Changed from number (from CACD-224-T4) to improve overall categorization and organization of forms
 - Added specifications related to at what age offender committed maltreatment
- CACD-224-T1: Child Maltreatment True Investigative Determination

Notice to Legal Parents and Legal Guardians of Underaged Juvenile Offender (under 13 years old)

- Changed form number (from CACD-224-T2) to improve overall categorization and organization of forms
- Added information that an administrative hearing may be requested even though child's name will not be placed on Central Registry
- CACD-224-T2: Child Maltreatment True Investigative Determination Notice to Legal Parents and Legal Guardians of Alleged Juvenile Offender 13 through 15 Years of Age
 - Changed form number (from CACD-224-T5) to improve overall categorization and organization of forms
 - Added explanation of administrative hearing process for juveniles who are criminally convicted or adjudicated delinquent based on the same set of facts in report (thereby creating only one form for any juvenile offender ages 13-15)
- CACD-224-T3: Child Maltreatment True Investigative Determination Notice to Legal Parents or Legal Guardians of the Alleged Juvenile Offender (16 through 17 Years of Age)
 - Changed form number (from CACD-224-T1) to improve overall categorization and organization of forms
 - Added information about possibility of a supportive services case or a protective services case being opened for the family
- CFS-222-T: Child Maltreatment True Investigative Determination Notice to Facility Director
 - Changed form number only (from CFS-223-T) to improve overall categorization and organization of forms
- CFS-223-T4: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)
 - Changed form number (from CFS-224-T4) to improve overall categorization and organization of forms
 - Added specifications related to at what age offender committed maltreatment
- CFS-224-T1: Child Maltreatment True Investigative Determination Notice to Legal Parents and Legal Guardians of Underaged Juvenile Offender (under 13 years old)
 - Changed form number (from CFS-224-T2) to improve overall categorization and organization of forms
 - Added information that an administrative hearing may be requested even though child's name will not be placed on Central Registry
- CFS-224-T2: Child Maltreatment True Investigative Determination Notice to Legal Parents and Legal Guardians of Alleged Juvenile Offender 13 through 15 Years of Age
 - Changed form number (from CFS-224-T5) to improve overall categorization and organization of forms
 - Added explanation of administrative hearing process for juveniles who are criminally convicted or adjudicated delinquent based on the same set of facts in report (thereby creating only one form for any juvenile offender ages 13-15)
- CFS-224-T3: Child Maltreatment True Investigative Determination

Notice to Legal Parents or Legal Guardians of the Alleged Juvenile Offender (16 through 17 Years of Age)

- Changed form number (from CFS-224-T1) to improve overall categorization and organization of forms
- Added information about possibility of a supportive services case or a protective services case being opened for the family
- **CFS-224-T4: Child Maltreatment True Investigative Determination Notice to Current Foster Parents of the Alleged Offender in Foster Care**
 - Changed form number only (from CFS-224-T3) to improve overall categorization and organization of forms
- **CFS-428-A: Adoption Assistance Agreement for State Funded Subsidy Payments**
 - Clarified that agreement will remain in effect until the child's eighteenth (18th) birthday (as opposed to one year only) unless termination of the Agreement occurs
- **CFS-446: In Home Consultation Visit Report**
 - Added information regarding date of provisional placement if applicable and questions regarding applicant's training time preference

New Rule

All of the following forms were developed to better align with A.C.A. § 12-18-703:

- **CACD-223-T1: Child Maltreatment True Investigative Determination Notice to Underaged Juvenile Offender (under 13 years old)**
- **CACD-223-T2: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 13 - 15 Years of Age**
- **CACD-223-T3: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 16-17 Years of Age**
- **CACD-240-U1: Unsubstantiated Child Maltreatment Investigative Determination to Alleged Underaged Juvenile Offender (Under 13 years old)**
- **CACD-240-U2: Unsubstantiated Child Maltreatment Investigative Determination to Alleged Juvenile Offender (13-17 years of age)**
- **CFS-223-T1: Child Maltreatment True Investigative Determination Notice to Underaged Juvenile Offender (under 13 years old)**
- **CFS-223-T2: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 13 - 15 Years of Age**
- **CFS-223-T3: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 16-17 Years of Age**
- **CFS-240-U1: Unsubstantiated Child Maltreatment Investigative Determination to Alleged Underaged Juvenile Offender (Under 13 years old)**
- **CFS-240-U2: Unsubstantiated Child Maltreatment Investigative Determination to Alleged Juvenile Offender (13-17 years of age)**

PAGES FILED:



Signature

Name: Cecile Blucker

Title: Director

Section: Division of Children and Family Services

Department of Human Services

PROMULGATION DATES:

December 14, 2011-January 12, 2012

CONTACT PERSON:

Christin Harper

DHS-DCFS Policy Unit

Phone: (501) 682-8541

Fax: (501) 683-4854

Email: christin.harper@arkansas.gov

DCFS SUMMARY OF CHANGES FOR DECEMBER 2011 PROMULGATION

SUMMARY OF DCFS REGULAR PROMULGATION

The purpose of this regular promulgation is to make revisions to policy and publications in order to clarify eligibility requirements and payment structure for Subsidized Guardianship; to update the glossary by adding further explanation of the definitions of "school" and "school officials"; to adjust form numbers in order to improve overall categorization of forms; to develop juvenile notification forms to better align with A.C.A. § 12-18-703.

Revised

- Policy VIII-L: Subsidized Guardianship
 - Clarified eligibility requirements and payment structure per the Administration of Children and Family's request
- Procedure XIV-A4: Notices of True Investigative Findings
 - Revised to include references to new and revised notification forms
- Procedure XIV-A5: Notices of Unsubstantiated Allegations of Child Maltreatment
 - Revised to include references to new and revised notification forms
- Appendix I: Glossary
 - Added further explanation of "school official" and definition of "school"
- CACD-222-T: Child Maltreatment True Investigative Determination Notice to Facility Director
 - Changed form number only (from CACD-223-T) to improve overall categorization and organization of forms
- CACD -223-T4: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)
 - Changed from number (from CACD-224-T4) to improve overall categorization and organization of forms
 - Added specifications related to at what age offender committed maltreatment
- CACD-224-T1: Child Maltreatment True Investigative Determination Notice to Legal Parents and Legal Guardians of Underaged Juvenile Offender (under 13 years old)
 - Changed form number (from CACD-224-T2) to improve overall categorization and organization of forms
 - Added information that an administrative hearing may be requested even though child's name will not be placed on Central Registry
- CACD-224-T2: Child Maltreatment True Investigative Determination Notice to Legal Parents and Legal Guardians of Alleged Juvenile Offender 13 through 15 Years of Age
 - Changed form number (from CACD-224-T5) to improve overall categorization and organization of forms
 - Added explanation of administrative hearing process for juveniles who are criminally convicted or adjudicated delinquent based on the same set of facts in report (thereby creating only one form for any juvenile offender ages 13-15)
- CACD-224-T3: Child Maltreatment True Investigative Determination Notice to Legal Parents or Legal Guardians of the Alleged Juvenile Offender (16 through 17 Years of Age)
 - Changed form number (from CACD-224-T1) to improve overall categorization and organization of forms
 - Added information about possibility of a supportive services case or a protective services case being opened for the family
- CFS-222-T: Child Maltreatment True Investigative Determination Notice to Facility Director
 - Changed form number only (from CFS-223-T) to improve overall categorization and organization of forms
- CFS-223-T4: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)
 - Changed from number (from CFS-224-T4) to improve overall categorization and organization of forms

DCFS SUMMARY OF CHANGES FOR DECEMBER 2011 PROMULGATION

- Added specifications related to at what age offender committed maltreatment
- CFS-224-T1: Child Maltreatment True Investigative Determination Notice to Legal Parents and Legal Guardians of Underaged Juvenile Offender (under 13 years old)
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- CFS-224-T4: Child Maltreatment True Investigative Determination Notice to Current Foster Parents of the Alleged Offender in Foster Care
 - Changed form number only (from CFS-224-T3) to improve overall categorization and organization of forms
- CFS-428-A: Adoption Assistance Agreement for State Funded Subsidy Payments
 - Clarified that agreement will remain in effect until the child's eighteenth (18th) birthday (as opposed to one year only) unless termination of the Agreement occurs
- CFS-446: In Home Consultation Visit Report
 - Added information regarding date of provisional placement if applicable and questions regarding applicant's training time preference

New Rule

All of the following forms were developed to better align with A.C.A. § 12-18-703:

- CACD-223-T1: Child Maltreatment True Investigative Determination Notice to Underaged Juvenile Offender (under 13 years old)
- CACD-223-T2: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 13 - 15 Years of Age
- CACD-223-T3: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 16-17 Years of Age
- CACD-240-U1: Unsubstantiated Child Maltreatment Investigative Determination to Alleged Underaged Juvenile Offender (Under 13 years old)
- CACD-240-U2: Unsubstantiated Child Maltreatment Investigative Determination to Alleged Juvenile Offender (13-17 years of age)
- CFS-223-T1: Child Maltreatment True Investigative Determination Notice to Underaged Juvenile Offender (under 13 years old)

DCFS SUMMARY OF CHANGES FOR DECEMBER 2011 PROMULGATION

- CFS-223-T2: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 13 - 15 Years of Age
- CFS-223-T3: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 16-17 Years of Age
- CFS-240-U1: Unsubstantiated Child Maltreatment Investigative Determination to Alleged Underaged Juvenile Offender (Under 13 years old)
- CFS-240-U2: Unsubstantiated Child Maltreatment Investigative Determination to Alleged Juvenile Offender (13-17 years of age)

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY: Department of Human Services
DIVISION: Division of Children and Family Services
DIVISION DIRECTOR: Cecile Blucker
CONTACT PERSON: Christin Harper, Policy & Professional Development Administrator
ADDRESS: P. O. Box 1437, Slot S570, Little Rock, AR 72203-1437
PHONE NUMBER: (501) 682-8541 / **FAX** (501) 683-4854
E-MAIL: christin.harper@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING: Christin Harper
E-MAIL: christin.harper@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit 2 copies of this questionnaire and financial impact statement attached to the front of 2 copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis
Subcommittee on Administrative Rules and Regulations
Arkansas Legislative Council
One Capitol Mall, 5th Floor
Little Rock, AR 72201

1. What is the short title of this rule?

Revisions to DCFS Policy and Publications including:

- Clarifications to Policy VIII-L: Subsidized Guardianship regarding eligibility requirements and payment structure per Administration for Children and Families' request
- Additions of "school official" and "school" to Appendix I: Glossary
- Revised and new notification forms for juvenile offenders
- Revisions to Procedure XIV-A4: Notices of True Investigative Findings and Procedure XIV-A5: Notices of Unsubstantiated Allegations of Child Maltreatment to include references to revised and new notification forms for juvenile offenders
- Clarification on Adoption Assistance Agreement for State Funded Subsidies that agreement will remain in effect until the child's eighteenth (18th) birthday (as opposed to one year only)
- Questions added on form for In Home Consultation Visits to collect information on provisional placement date (if applicable) and applicant's training time preference

2. What is the subject of the proposed rule?

Revised Rule

- Policy VIII-L: Subsidized Guardianship

- Procedure XIV-A4: Notices of True Investigative Findings
- Procedure XIV-A5: Notices of Unsubstantiated Allegations of Child Maltreatment
- Appendix I: Glossary
- CACD-222-T: Child Maltreatment True Investigative Determination Notice to Facility Director
- CACD -223-T4: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)
- CACD-224-T1: Child Maltreatment True Investigative Determination Notice to Legal Parents and Legal Guardians of Underaged Juvenile Offender (under 13 years old)
- CACD-224-T2: Child Maltreatment True Investigative Determination Notice to Legal Parents and Legal Guardians of Alleged Juvenile Offender 13 through 15 Years of Age
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- CFS-224-T4: Child Maltreatment True Investigative Determination Notice to Current Foster Parents of the Alleged Offender in Foster Care
- CFS-428-A: Adoption Assistance Agreement for State Funded Subsidy Payments
- CFS-446: In Home Consultation Visit Report

New Rule

- CACD-223-T1: Child Maltreatment True Investigative Determination Notice to Underaged Juvenile Offender (under 13 years old)
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- CFS-240-U2: Unsubstantiated Child Maltreatment Investigative Determination to Alleged Juvenile Offender (13-17 years of age)

3. Is this rule required to comply with federal statute or regulations? Yes No If yes, please provide the federal regulation and/or statute citation.

Only the revisions to the rule regarding POLICY VIII-L: Subsidized Guardianship are required to comply with federal regulations ACYF-CB-PI 10-01. The remainder of the revised and new rules are not required to comply with federal statute or regulations.

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes No If yes, what is the effective date of the emergency rule?

When does the emergency rule expire?

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes No

5. Is this a new rule? Yes No If yes, provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes No If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes No If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up should be clearly labeled "mark-up."** A mark-up and summary of substantive changes are attached. See #7

6. Cite the state law that grants the authority for this proposed rule? If codified, please give Arkansas Code citation.

A.C.A. § 9-28-103

7. What is the purpose of this proposed rule? Why is it necessary?

- Policy VIII-L: Subsidized Guardianship
 - Clarified eligibility requirements and payment structure per the Administration of Children and Family's request
- Procedure XIV-A4: Notices of True Investigative Findings
 - Revised to include references to new and revised notification forms
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 - Changed form number (from CACD-224-T2) to improve overall categorization and organization of forms
 - Added information that an administrative hearing may be requested even though child's name will not be placed on Central Registry
- CACD-224-T2: Child Maltreatment True Investigative Determination Notice to Legal Parents and Legal Guardians of Alleged Juvenile Offender 13 through 15 Years of Age
 - Changed form number (from CACD-224-T5) to improve overall categorization and organization of forms
 - Added explanation of administrative hearing process for juveniles who are criminally convicted or adjudicated delinquent based on the same set of facts in report (thereby creating only one form for any juvenile offender ages 13-15)
- CACD-224-T3: Child Maltreatment True Investigative Determination Notice to Legal Parents or Legal Guardians of the Alleged Juvenile Offender (16 through 17 Years of Age)
 - Changed form number (from CACD-224-T1) to improve overall categorization and organization of forms
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 - Changed form number only (from CFS-223-T) to improve overall categorization and organization of forms
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- CFS-428-A: Adoption Assistance Agreement for State Funded Subsidy Payments
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 - Added information regarding date of provisional placement if applicable and questions regarding applicant's training time preference

New Rule

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- CACD-223-T1: Child Maltreatment True Investigative Determination Notice to Underaged Juvenile Offender (under 13 years old)
- CACD-223-T2: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 13 - 15 Years of Age
- CACD-223-T3: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 16-17 Years of Age
- CACD-240-U1: Unsubstantiated Child Maltreatment Investigative Determination to Alleged Underaged Juvenile Offender (Under 13 years old)
- CACD-240-U2: Unsubstantiated Child Maltreatment Investigative Determination to Alleged Juvenile Offender (13-17 years of age)
- CFS-223-T1: Child Maltreatment True Investigative Determination Notice to Underaged Juvenile Offender (under 13 years old)
- CFS-223-T2: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 13 - 15 Years of Age
- CFS-223-T3: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 16-17 Years of Age
- CFS-240-U1: Unsubstantiated Child Maltreatment Investigative Determination to Alleged Underaged Juvenile Offender (Under 13 years old)
- CFS-240-U2: Unsubstantiated Child Maltreatment Investigative Determination to Alleged Juvenile Offender (13-17 years of age)

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

AR Secretary of State Website

DHS/DCFS CHRIS public:

<https://ardhs.sharepointsite.net/CW/Notice%20of%20Rule%20Making/Forms/AllItems.aspx>

8. Will a public hearing be held on this proposed rule? Yes No
9. When does the public comment period expire for permanent promulgation? **January 12, 2012**
10. What is the proposed effective date of this proposed rule? **February 20, 2012**
11. Do you expect this rule to be controversial? Yes No If yes, please explain.
12. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.
We do not know of any specific groups of persons who would comment.

POLICY VIII-L: SUBSIDIZED GUARDIANSHIP

02/2012

OVERVIEW

For children for whom a permanency goal of guardianship with a relative has been established, the Division offers a federal (title IV-E) Subsidized Guardianship Program to further promote permanency for those children (provided subsidized guardianship eligibility criteria are met). Any non-IV-E eligible child may enter into a subsidized guardianship supported by Arkansas State General Revenue if the Department determines that adequate funding is available and all other Subsidized Guardianship Program criteria are met. The monthly subsidized guardianship payment shall be used to help relative guardian(s) defray some costs of caring for the child's needs.

During permanency planning staffings guardianship should be explored as a potential permanency option. If it is determined at the permanency planning hearing that a guardianship arrangement with relatives is in the child's best interest and the child's permanency goal is changed to legal guardianship, the Division shall then determine if a specific guardianship arrangement may be supported by a subsidy through the Division's Subsidized Guardianship Program. Only relative guardians may apply for a guardianship subsidy. Relative is defined as a person within the fifth degree of kinship by virtue of blood or adoption (A.C.A. § 9-28-108). The fifth degree is calculated according to the child.

When it is in the best interest of each of the children, the Division shall attempt to place siblings together in the same guardianship arrangement. Siblings may be related by biological, marital, or legal ties. A child who meets the eligibility criteria for a subsidized guardianship will qualify his or her siblings for subsidized guardianship as well provided the siblings are placed in the same relative home. The child who qualifies for a guardianship subsidy does not necessarily have to be placed at the same time as his or her siblings in the relative home. The guardianships for each child in the same relative home do not need to be finalized in any particular sequence.

ELIGIBILITY CRITERIA FOR SUBSIDIZED GUARDIANSHIP

A child is eligible for a subsidized guardianship in Arkansas if the Division determines that:

- A. The child has been removed from his or her home pursuant to a judicial determination that continuation in the home would be contrary to the welfare of the child and, as such, the child has been placed in DHS custody per judicial order;
- B. The child has resided for at least six consecutive months in the fully approved foster home of the prospective relative guardian(s) which is eligible to receive payments on behalf of the child (i.e., the prospective relative guardian's home is no longer a provisional foster home and has been serving as a fully approved foster home to the child seeking a legal guardianship arrangement for at least six consecutive months) (see POLICY VII: Development of Foster Homes). Any disruption in placement with the prospective relative guardian that is less than 14 days will not affect the six consecutive month qualifying period;
- C. Being returned home to the person from whom he or she was removed or being adopted are not appropriate permanency options for the child, the guardianship arrangement is in the child's best interest, and documentation supporting these determinations is provided;
- D. The child demonstrates a strong attachment to the prospective relative guardian(s) and the guardian(s) has a strong commitment to caring permanently for the child/youth;
- E. Each child is consulted regarding the guardianship arrangement; and,
- F. Youth 12 and older sign a consent to guardianship if he or she agrees to the guardianship arrangement, and it is agreed that procedures to finalize the guardianship should be initiated (unless the court determines it is in the minor's best interest to dispense with the minor's consent).

CASE PLAN REQUIREMENTS FOR SUBSIDIZED GUARDIANSHIP

If legal guardianship with a relative is the intended permanency goal for a child and the relative guardian(s) intend to apply for a guardianship subsidy, the child's case plan shall include a description of the ways in which the child meets the eligibility requirements for a subsidized guardianship arrangement to include:

- A. The steps that the agency has taken to determine that it is not appropriate for the child to be returned home or adopted;
- B. The reasons for any separation of siblings during placement and description of the efforts made to place currently separated siblings together, the efforts made to provide frequent visitation or other ongoing interaction between siblings; and efforts to reunify separated siblings;
- C. The reasons why a permanent placement with an appropriate and willing relative supported by a subsidized guardianship arrangement is in the child's best interest;
- D. The efforts that the Division has made to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship and, in the case of a relative foster parent who has chosen not to pursue adoption, documentation of the reasons;
- E. The efforts made by the Division to discuss with the child's parent(s) the guardianship arrangement; or the reasons why the efforts were not made;
- F. The process in place to allow for a successor guardian in the event that the relative guardian of the child dies or is no longer able to care for the child; and,
- G. Any appropriate transitional youth services for those youth who exit foster care and enter into a guardianship arrangement supported by a subsidy after the age of 16.

SUBSIDIZED GUARDIANSHIP PAYMENTS

The Division will provide subsidized guardianship payments on behalf of eligible children and their siblings (when placed in the same relative home) to approved relatives who assume legal guardianship of the youth for whom they have cared as fully approved foster parents. Subsidized guardianship payments cannot be made prior to the transfer of guardianship. The prospective relative guardians will receive foster care board payments until the transfer of guardianship occurs.

For an eligible child entering a subsidized guardianship arrangement prior to reaching the age of 16 (and their siblings placed in the same home prior to the age of 16), the subsidized guardianship payment will cease when the child reaches the age of 18.

Any eligible child in foster care entering a subsidized guardianship arrangement at the age of 16 or older (and his or her siblings in the same home at 16 or older) is eligible for subsidized guardianship until he or she reaches 21 years of age provided at least one of the following criteria are met:

- A. The child is completing secondary education or a program leading to an equivalent credential; or,
- B. The child is enrolled in an institution which provides post-secondary or vocational education; or,
- C. The child is participating in a program or activity designed to promote, or remove barriers to, employment; or,
- D. The child is employed for at least 80 hours per month; or,
- E. The child is incapable of doing any of the above described activities due to a medical condition.

In addition, guardianship subsidy payments may also continue for a child up to the age of 21 if the State determines that the child has a mental or physical handicap which warrants the continuation of assistance.

The Division will ensure that the relatives receiving a subsidized guardianship payment on behalf of a child past the age of 18 provide documentation annually that the child meets the employment or education requirements listed above up to the age of 21. If a child is incapable of meeting the above referenced education or employment requirements due to a medical condition or has a mental or physical handicap(s), the reason for which the child is incapable of meeting the education or employment requirements or the child's mental or physical handicap(s) must be documented by a medical professional and updated annually until the child reaches 21 years of age.

When siblings are placed together in a subsidized guardianship arrangement, the subsidized guardianship payments will be paid on behalf of each of the siblings. The sibling of a child eligible for subsidized guardianship does not need to meet any subsidized guardianship eligibility requirements him or herself.

When determining the amount of each subsidized guardianship payment the following shall be considered:

- A. The needs of the child as supported by accompanying documentation (the rate should not be linked to the means of the prospective relative guardians);
- B. The subsidized guardianship payment shall not exceed the foster care board payment that would have been paid on that child's behalf if he or she had remained in a foster family home. Any child receiving a subsidized guardianship payment may have his or her guardianship subsidy adjusted per Arkansas rate structure based on the child's age or the child's special needs. The subsidy shall not be greater than the amount which the child would have received had the child remained in a foster family home.
- C. The relative guardians may not draw both an SSI payment and a subsidized guardianship payment. The relatives shall determine which form of assistance best meets the needs of the child.
- D. The relative guardians may draw both a Title II SSA payment and a subsidized guardianship payment but the total amount of the combined payments may not exceed the child's foster care board payment.
- E. Any conserved funds in a child's trust account shall not affect a child's subsidized guardianship eligibility or payments. However, the DCFS Eligibility Unit shall close any trust account(s) when a child exits care. The administering agency of the trust account will redistribute the funds per its respective regulations after any board payments, contract reimbursements, and/or overpayments are deducted from the account balance prior to close out.

In addition to the monthly subsidized guardianship payments, approved relative guardian(s) of a child eligible for the Subsidized Guardianship Program will also receive funding for the total cost of non-recurring expenses related to obtaining legal guardianship up to \$2,000 per child. The majority of legal services should be provided by the DHS Office of Chief Counsel (OCC) which would not incur legal fees upon the relative guardians.

The relative guardian(s) are required to inform the Division of circumstances that would make them ineligible for subsidized guardianship payments or eligible for payments in a different amount (e.g., if the child becomes eligible for and begins receiving SSA payments). The relative guardian(s) must also notify the Division of any change of address. Any subsidized guardianship payment will remain in effect without regard to the State of residence of the relative guardian(s).

MEDICAL COVERAGE FOR SUBSIDIZED GUARDIANSHIP ARRANGEMENTS

The Division will ensure health insurance coverage under Medicaid Title XIX for any IV-E eligible child (and their IV-E eligible siblings when placed in the same relative home) who receives a subsidized guardianship payment as the child must be eligible for and receiving IV-E guardianship subsidy payments in order to be categorically eligible for Medicaid. The subsidized guardianship agreement will indicate Medicaid coverage for IV-E eligible children.

A non-IV-E eligible child may qualify for certain Medicaid categories depending on the needs of the child. The relative guardian of a non-IV-E eligible child may apply for health insurance (e.g., AR Kids First) for the child through their local DHS county office. Coverage through the local DHS county office is not guaranteed and may only extend until the time the child reaches 19 years of age.

SUBSIDIZED GUARDIANSHIP PROGRAM DETERMINATION

The child's permanency planning staffing shall be the forum in which the determination regarding whether a guardianship arrangement is in the child's best interest (and his or her siblings if applicable).

If the child's permanency planning hearing results in a permanency goal of a legal guardianship with a specific relative, the Division shall then determine if the child (and his or her siblings if applicable) and prospective relative guardian(s) may qualify for a subsidized guardianship. If the child's FSW believes the child and relative

guardians may qualify based on the subsidized guardianship eligibility and case plan criteria, he or she will make a referral to the DCFS Permanency Specialist or designee.

If the DCFS Permanency Specialist or designee agrees that the family is a candidate for subsidized guardianship, a family-centered subsidized guardianship determination meeting will be held. The purpose of the meeting is to explain the Subsidized Guardianship Program to the prospective relative guardian(s) and ensure that eligibility and case plan criteria for the program are met. The DCFS Permanency Specialist or designee will facilitate the family-centered subsidized guardianship determination meetings.

If it is determined that all Subsidized Guardianship Program eligibility and case plan criteria are satisfied, the decision shall be relayed to the Subsidized Guardianship Oversight Committee via the DCFS Permanency Specialist or designee. The Subsidized Guardianship Oversight Committee serves as an auditing entity to ensure all eligibility and case plan requirements have been met.

The Subsidized Guardianship Oversight Committee shall include, but is not limited to:

- A. DCFS Permanency Specialist or designee
- B. DCFS Foster Care Manager or designee
- C. DCFS Adoption Manager or designee
- D. DCFS Director or designee in cases involving special subsidy requests

If the Subsidized Guardianship Oversight Committee verifies that all Subsidized Guardianship Program eligibility and case plan criteria have been met, DHS may then petition the court for a guardianship hearing to finalize of the guardianship and subsidized guardianship agreement.

SUBSIDIZED GUARDIANSHIP AGREEMENT

Once guardianship with a specific relative has been established as the child's permanency goal and then after the Division has determined that the guardianship may be supported by a guardianship subsidy, the family and the Division will finalize the subsidized guardianship agreement. A subsidized guardianship agreement, a written, binding agreement negotiated between the relative guardian(s), the Division and other relevant agencies, must be in place prior to the finalization of the legal guardianship supported by a subsidy. The prospective relative guardian(s) shall receive a copy of the agreement.

The subsidized guardianship agreement will specify:

- A. The amount of, and manner in which, each subsidized guardianship payment will be provided under the agreement (subsidized guardianship payment should not exceed the amount of the child's foster care board payment unless special circumstances related to the child's care warrant a special subsidy rate);
- B. That (and the manner in which) the payment may be adjusted periodically, in consultation with the relative guardian(s), based on the circumstances of the relative guardian and the needs of the child;
- C. The additional services and assistance that the child and relative guardian(s) will be eligible for under the agreement including Medicaid coverage that may be available through the DCFS Eligibility Unit or, in the case of non-IV-E children, through the local DHS county office;
- D. The procedure by which the relative guardian(s) may apply for additional services needed;
- E. That the Division will pay the total cost of nonrecurring expenses associated with obtaining legal guardianship of the child/youth up to \$2,000;
- F. That the child shall retain eligibility for federal adoption assistance payments under Title IV-E, provided he or she was eligible when the subsidized guardianship agreement was negotiated, if the guardian later decides to adopt the child;
- G. That the agreement will become effective upon the entering of a court order granting guardianship of the child to the guardian(s);
- H. That the agreement shall remain in effect without regard to State residency of the relative guardian;
- I. That the relative guardian(s) are required to respond to annual review requests from the Division;
- J. That OCC will file an annual report with the court;

- K. A designated successor guardian, if desired, for the child in the event that the current relative guardian is no longer able to fulfill guardianship responsibilities. A successor guardian and all household members within that individual's home must clear any applicable Child Maltreatment Central Registry Checks, State Police Criminal Record Checks, and a Vehicle Safety Check before being identified as a potential successor guardian in the subsidized guardianship agreement.

Identification of a successor guardian in the subsidized guardianship agreement will not guarantee an automatic transfer of guardianship in the event that the current relative guardian is no longer able to fulfill guardianship responsibilities. In order for the successor guardian to assume guardianship, he or she must follow all policies and procedures regarding subsidized guardianship arrangements. This includes becoming an approved DCFS foster home placement for the child (if appropriate at that point in time) prior to exploring legal guardianship supported by a guardianship subsidy as a permanency option. In addition, the child must also continue to meet all subsidized guardianship eligibility criteria in order to move forward with requesting a subsidized guardianship arrangement with the identified successor guardian.

ANNUAL REVIEW of SUBSIDIZED GUARDIANSHIP AGREEMENT

A review of the subsidized guardianship agreement is required annually in order for subsidized guardianship payments of any amount or payment rate to continue. This review shall be conducted by the Division of Family Services (DCFS) Permanency Specialist or designee. Documentation of continued eligibility is required for the review. The subsidized guardianship payments granted at the time of review will reflect the child's current, documented level of need.

REVISION OR TERMINATION of SUBSIDIZED GUARDIANSHIP AGREEMENT

Revisions to the subsidized guardianship agreement and/or payments may be requested any time there is a significant change in the child's circumstance and the relative guardian can provide the required and/or requested documentation. To request a revision to the subsidized guardianship agreement and/or payments, the family shall contact the DCFS Permanency Specialist or designee.

The subsidized guardianship agreement and, consequently the subsidized guardianship payments, shall be revised or terminated as appropriate:

- A. If the child is absent from the relative guardian home for more than 14 days in a month (in such an event, the child will be eligible for only a portion of the month that he or she was in the relative guardian home) excluding when a child 18 or older lives in an approved independent living situation outside of the home (e.g., college dorm); or,
- B. When the terms of the subsidized guardianship agreement are fulfilled; or,
- C. If the child begins receiving SSI, SSA, or any other source of income excluding any income that the child may earn from his or her own employment (the relative guardian is responsible for notifying the Division if the child begins receiving other sources of income);
- D. If the child has attained the age of 18 for those who entered into the subsidized guardianship arrangement prior to the age of 16; or,
- E. If the child has attained the age of 21 for those who entered into the subsidized guardianship arrangement at the age of 16 or older; or,
- F. If the child who has an extended subsidy (i.e., up to age 21) does not meet the education or employment conditions outlined above in the Subsidized Guardianship Payments section; or,
- G. If the child who has extended subsidy (i.e., up to age 21) is no longer determined to have a mental or physical handicap which warrants the continuation of assistance; or,
- H. If the child becomes an emancipated minor; or,
- I. If the child marries; or,
- J. If the child enlists in the military; or,
- K. If the relative guardian(s) are no longer legally or financially responsible for the support of the child; or,
- L. If the guardian(s) die; or,
- M. If the guardianship is vacated; or,

N. If the child dies.

Subsidized guardianship payments may continue to be paid on behalf of the child if the child moves out of the relative guardian's home or otherwise lives independently of the guardian(s) as long as the guardian(s) continue to provide support to the child.

If a child whose relatives are receiving subsidized guardianship payments on his or her behalf re-enters DHS custody, the subsidized guardianship agreement will be terminated until such time that the child is reunified with the relative guardian(s), or, in certain cases until such time that a legal guardianship with the successor guardian is determined to be in the child's best interest, it is determined that the child and successor guardian qualify for a subsidized guardianship, and a new subsidized guardianship agreement with the successor guardian is finalized. A successor guardian is not entitled to any payments that would have been made to the initial guardian during the time a child spends in DHS custody. The successor guardian may only receive subsidized guardianship payments once the court has formally appointed the successor guardian as the child's legal guardian and the subsidized guardianship agreement is in effect.

APPEALS

Relative guardian(s) may appeal the Division's decision to deny, terminate, or modify their child's subsidized guardianship agreement and/or payments in accordance with the rules and procedures of the State's fair hearing and appeal process per DHS Policy 1098. The relative guardian(s) must appeal an adverse decision within thirty (30) calendar days of written notice of the adverse action. Subsidized guardianship payments will be suspended pending the determination of all appeals. Families receiving a favorable ruling in their hearing may be entitled to assistance (back payment) that had been suspended.

The child would only be eligible for title IV-E subsidized guardianship if all eligibility criteria had been met prior to the finalization of the guardianship (including executing a subsidized guardianship agreement). Therefore, even if the Office of Hearings and Appeals orders DCFS to provide subsidized guardianship payments and services for the child, the State shall not claim EFP under title IV-E if a subsidized guardianship agreement was not in place prior to the guardianship.

PROCEDURE VIII-L1: Initial Subsidized Guardianship Program Determination

11/2011

If a guardianship with a relative has been determined to be in the child's best interest, the FSW will:

- A. Gather and review all relevant documentation to determine the child's eligibility for the Subsidized Guardianship Program.
- B. Complete CFS-435-A: Subsidized Guardianship Program Application and Checklist with the child (if age appropriate), prospective relative guardians, and child's biological parents (if appropriate) to make the initial determination that the child and prospective relative guardians meet all subsidized guardianship eligibility requirements.
- C. Submit the completed CFS-435-A to the FSW Supervisor for review and approval.
- D. If the FSW Supervisor
 - 1) Denies moving forward with the subsidized guardianship arrangement, proceed to Procedure VIII-L2: Denial of Subsidized Guardianship Arrangement.
 - 2) Approves moving forward with the subsidized guardianship arrangement:
 - a) Update the child's case plan in CHRIS to describe the ways in which the child meets the eligibility requirements for a subsidized guardianship arrangement to include:
 - i. steps the agency has taken to determine that it is not appropriate for the child to be returned home or adopted;
 - ii. reasons for any separation of siblings during placement; the efforts made to place currently separated siblings together, the efforts made to provide frequent visitation or

- other ongoing interaction between siblings not placed together; and efforts to reunify separated siblings in the same home;
- iii. reasons why a permanent placement with an appropriate and willing relative through a Subsidized Guardianship arrangement is in the child's best interest;
- iv. efforts that the Division has made to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship and, in the case of a relative foster parent who has chosen not to pursue adoption, documentation of those reasons;
- v. efforts made by the Division to discuss with the child's parent(s) subsidized guardianship arrangement, or the reasons why the efforts were not made;
- vi. process in place to allow for a successor guardian in the event that the relative guardian of the child dies or is no longer able to care for the child;
- vii. any appropriate transitional youth services for those youth who exit foster care at or after the age of 16; and,
- b) Notify the child's biological parents (if appropriate), attorney ad litem, OCC representative, parent counsel (if applicable), and DCFS Permanency Specialist or designee that the child and prospective relative guardians would like to proceed with the subsidized guardianship arrangement.
- c) Provide the DCFS Permanency Specialist or designee with all pertinent documentation including:
 - i. Copy of CFS-435-A: Subsidized Guardianship Program Application and Checklist
 - ii. Copy of CFS-404: General Medical Report for each relative guardian and all appropriate household members
 - iii. Copy of prospective relative guardian's CFS-446: In Home Consultation Visit Report
 - iv. Copy of prospective relative guardian's SAFE Home Study
- d) If the DCFS Permanency Specialist or designee determines that:
 - i. All initial eligibility and case plan criteria have been met, notify the FSW to proceed with subsidized guardianship determination meeting arrangements to discuss the Subsidized Guardianship Program (per Procedure VIII-L3: Subsidized Guardianship Determination Meeting); or,
 - ii. All eligibility and case plan criteria have not been met, then discuss with the DCFS Permanency Specialist or designee how to meet said criteria and/or other possible permanency options or proceed to Procedure VIII-L2: Denial of Subsidized Guardianship arrangement, as applicable.

The FSW Supervisor will:

- A. Conference with the FSW as to the appropriateness of a guardianship arrangement supported by a subsidy for the child with the prospective relative guardians.
- B. Review the completed CFS-435-A: Subsidized Guardianship Application and Checklist.
- C. Notify FSW of approval or denial to move forward with the subsidized guardianship arrangement.
- D. Notify the Area Director of any approval or denial to move forward with a subsidized guardianship arrangement.

The DCFS Permanency Specialist or designee will:

- A. Review each submitted CFS-435-A: Subsidized Guardianship Program Application and Checklist and other supporting documentation to determine if the family meets the initial eligibility and case plan criteria to further pursue a subsidized guardianship arrangement.
- B. Make the determination as to whether it is appropriate to continue pursuing the subsidized guardianship arrangement and either:
 - 1) Notify the FSW, FSW Supervisor, and Area Director to proceed to Procedure VIII-L3, if the subsidized guardianship arrangement is appropriate; or,
 - 2) Notify the FSW, FSW Supervisor, and Area Director that a subsidized guardianship arrangement is not currently appropriate and
 - a) Discuss how to meet needed criteria;

- b) Discuss other possible permanency options; or
- c) Instruct FSW to proceed to Procedure VIII-L2: Denial of Subsidized Guardianship Arrangement.

PROCEDURE VIII-L2: Denial of Subsidized Guardianship Arrangement

11/2011

If at any point in time it is determined in consultation with the FSW supervisor and/or DCFS Permanency Specialist or designee that a legal guardianship supported by a subsidy is not appropriate for the child and/or relative guardian applicant, the FSW will:

- A. Complete and provide to the relative guardian applicant CFS-435-B: Notification of Subsidized Guardianship Program Denial.
- B. File a copy of CFS-435-B in the provider record.
- C. Note in CHRIS contacts screen reason for subsidized guardianship denial.

PROCEDURE VIII-L3: Subsidized Guardianship Determination Meeting

11/2011

The FSW will:

- A. Coordinate the subsidized guardianship determination meeting to discuss the potential subsidized guardianship arrangement and agreement within 14 days of receiving notification from the DCFS Permanency Specialist or designee to move forward with pursuing a Subsidized Guardianship arrangement.
- B. Arrange a date for the following participants to attend the family centered-meeting with a preference of at least 7 days notice before the meeting date (though the meeting may take place earlier if all participants agree to an earlier date):
 - 1) Child, if age appropriate
 - 2) Prospective relative guardians
 - 3) Child's biological parents, if appropriate
 - 4) Any grandparent who is entitled to notice based on the conditions listed in Procedure II-D8
 - 5) Child's FSW
 - 6) FSW Supervisor
 - 7) Adoption Representative (if Adoption Representative did not participate in permanency planning staffing)
 - 8) DCFS Permanency Specialist or designee

The following shall be invited to the meeting but attendance is not required:

- 1) Area Director or designee
- 2) Child's attorney ad litem
- 3) Child's CASA (if applicable)
- 4) OCC representative
- 5) Parent counsel (if applicable)
- C. If it is determined during the meeting that it is not appropriate for the family to move forward with the legal guardianship supported by a guardianship subsidy, see Procedure VIII-L2: Denial of Subsidized Guardianship Arrangement.

The FSW Supervisor will:

- A. Conference with the FSW as needed.

- B. Participate in the subsidized guardianship determination meeting.
- C. Inform the Area Director of issues related to pursuing the subsidized guardianship arrangement for the child.

The DCFS Permanency Specialist or designee will:

- A. Facilitate the subsidized guardianship determination meeting.
- B. Provide an overview of subsidized guardianship to ensure that all participants have a thorough understanding of the intent and requirements of the program.
- C. Discuss the subsidy rate with the prospective relative guardians. The subsidy rate should not exceed the child's current foster care board payment.
- D. If the prospective relative guardians inquire about a special subsidy rate (i.e. more than the child's current foster care board payment) due to special circumstances related to the youth's care, ask them to complete CFS-435-C: Subsidized Guardianship Special Subsidy Request and to provide the Division with a written statement from the child's physician or treatment professional that provides:
 - 1) Child's diagnosis
 - 2) Child's prognosis
 - 3) Identification of any current treatment being provided; and,
 - 4) Reasoning as to why the preceding information would warrant a special subsidy rate.
- D. Inform the prospective relative guardians that any approved guardianship subsidy will be paid according to the terms outlined in the CFS-435-F: Subsidized Guardianship Agreement (which will not be effective until the court enters an order of guardianship) and may be modified at the annual review based on changes in policy or significant changes in the child's circumstances.
- E. If determined during the subsidized guardianship determination meeting that it is appropriate for the family to move forward with the legal guardianship supported by a guardianship subsidy:
 - 1) Notify the Subsidized Guardianship Oversight Committee within 48 hours of the staffing of the family's intent to move forward;
 - 2) Submit all related forms and supporting documentation to the committee within 48 hours of the staffing of the family's intent to move forward.
 - 3) Arrange a meeting with the Subsidized Guardianship Oversight Committee with a preference of at least 7 calendar days notice of the meeting date (though the meeting may take place earlier if all parties agree to an earlier date).

PROCEDURE VIII-L4: Subsidized Guardianship Oversight Committee Review

11/2011

The Subsidized Guardianship Oversight Committee will:

- A. Meet to review and discuss all subsidized guardianship forms and supporting documentation within 14 calendar days of receiving the information from the DCFS Permanency Specialist. This includes review of CFS-435-C: Subsidized Guardianship Special Subsidy Request and any documentation received from the family that would support the need for a special subsidy rate.
- B. Verify that all subsidized guardianship eligibility and case plan criteria have been met.
- C. Determine if a special subsidy rate is warranted, if requested.

The DCFS Permanency Specialist or designee will:

- A. Facilitate the Subsidized Guardianship Oversight Committee meeting.
- B. Notify the FSW, FSW Supervisor, and Area Director of the Subsidized Guardianship Oversight Committee's verification regarding the subsidized guardianship arrangement and any special subsidy rate determination (if applicable):
 - 1) If the Subsidized Guardianship Oversight Committee verifies that the subsidized guardianship arrangement should move forward, ask the FSW to work with the local OCC attorney to file a petition

- for guardianship (and determine a court date for the guardianship hearing if date was has not already been set) and proceed to procedure VIII-L5: Subsidized Guardianship Agreement Finalization.
- 2) If the Subsidized Guardianship Oversight Committee cannot verify that the subsidized guardianship arrangement should move forward, tell the FSW to
 - a) Work with the family to meet any needed adjustments determined by the Subsidized Guardianship Oversight Committee that may qualify them to move forward with a subsidized guardianship arrangement at a later date; or,
 - b) See Procedure VIII-L2: Denial of Subsidized Guardianship Arrangement, if appropriate.

The FSW will:

- A. If moving forward with the subsidized guardianship arrangement, request that the local OCC attorney petition the court to finalize the guardianship and the subsidized guardianship agreement by providing the OCC attorney with a copy of the CFS-435-A that includes the DCFS Permanency Specialist's signature.
- B. If not moving forward with the subsidized guardianship arrangement:
 - 1) Work with the family to meet any needed adjustments determined by the Subsidized Guardianship Oversight Committee that may qualify them to move forward with a subsidized guardianship arrangement at a later date, if applicable; or,
 - 2) See Procedure VIII-L2: Denial of Subsidized Guardianship Arrangement, if applicable.

The FSW Supervisor will:

- A. Conference with the FSW as needed.
- B. Inform the Area Director of issues related to pursuing the subsidized guardianship arrangement for the child.

PROCEDURE VIII-L5: Subsidized Guardianship Agreement Finalization

11/2011

The DCFS Permanency Specialist or designee will:

- A. Draft and complete the CFS-435-F: Subsidized Guardianship Agreement with the prospective guardians and FSW prior to the guardianship hearing.
- B. Submit the CFS-435-F to the Foster Care Manager or designee for review and approval.
- C. Sign the CFS-435-F.

The Foster Care Manager or designee will:

- A. Review the CFS-435-F: Subsidized Guardianship Agreement and approve or deny as appropriate.
- B. Inform the DCFS Permanency Specialist or designee of approval or denial.

The FSW will:

- A. Assist the DCFS Permanency Specialist or designee in completing the CFS-435-F: Subsidized Guardianship Agreement with the prospective guardian(s) prior to the guardianship hearing.
- B. Ensure all signatures required on the CFS-435-F are obtained.

The FSW Supervisor will:

- A. Conference with the FSW regarding decisions related to and preparation for the finalization of the subsidized guardianship agreement.
- B. Inform the Area Director of issues related to pursuing the subsidized guardianship arrangement for the child.

PROCEDURE VIII-L6: Guardianship Hearing for Subsidized Guardianship

11/2011

The FSW will:

- A. Receive the confirmed guardianship hearing court date from the OCC attorney (if guardianship hearing date was not previously set).
- B. Provide notice to the participants (e.g., foster parents, other relatives, etc) at least 14 calendar days before the guardianship hearing. OCC will provide notice to parties to the legal case.
- C. If siblings will not also be placed in the subsidized guardianship arrangement, make a recommendation to the court to allow visits between siblings and with other relatives (if in the best interest of the children). Document the recommendation in the court report.
- D. Complete court report for the guardianship hearing and submit to supervisor for review.
- E. Submit the CFS-6011: Court Report to the OCC Attorney within 14 calendar days prior to the hearing.
- F. Document distribution of court reports to all parties or their attorneys and CASA, if applicable via the CFS-423: Certificate of Service.
- G. Attend the hearing with the case file and be prepared to provide testimony regarding services offered or provided, progress, and recommendations to the court.
- H. Present the completed CFS-435-F: Subsidized Guardianship Agreement to the court.
- I. Once the court finalizes legal guardianship and the subsidized guardianship agreement with the relative guardians:
 - 1) Discuss the court orders with the family.
 - 2) File the CFS-435-F in the provider record.
 - 3) Provide a copy of the CFS-435-F to the relative guardian(s). Once approved (i.e. once the court enters an order granting guardianship), the subsidized guardianship agreement will remain in effect without regard to the state residency of the legal relative guardian as long as the guardianship remains in effect or has not been terminated.
 - 4) For IV-E eligible children, provide the DCFS Eligibility Unit a copy of the finalized court decree indicating the legal guardianship and a copy of the finalized CFS-435-F: Subsidized Guardianship Agreement in order to continue Medicaid coverage for the child.
 - 5) For non-IV-E eligible children, instruct the relative guardian(s) to apply for health care coverage at their local DHS county office.
 - 6) Exit the child out of foster care and into a subsidized guardianship arrangement supported by a guardianship subsidy in CHRIS.
 - 7) Notify the relative guardian Resource Worker that legal guardianship has been granted.

The FSW Supervisor will:

- A. Conference with the FSW as needed.
- B. Review and approve CFS-6011: Court Report.
- C. Attend the guardianship hearing.
- D. Inform the Area Director of issues related to the subsidized guardianship arrangement for the child.

The Resource Worker will:

- A. End date the Foster Family Service on the Provider Service Tab selecting the appropriate Reason for End Date in CHRIS noting in the comment box on the Provider Services Tab that home was closed due to the parent(s) assuming legal guardianship of the child supported by guardianship subsidy.

The DCFS Eligibility Unit will:

- A. Process the copy of the child's court decree and copy of the finalized CFS-435-F to ensure continued Medicaid coverage for IV-E eligible children.
- B. Close any trust account(s) when any child exits foster care.

PROCEDURE VIII-L7: Annual Subsidized Guardianship Review

11/2011

The DCFS Permanency Specialist or designee will:

- A. Mail the relative guardians the CFS-435-G: Subsidized Guardianship Agreement Review at least 60 calendar days before the anniversary date of the finalization of the family's Subsidized Guardianship Agreement with instructions to return in the provided SASE:
 - 1) The completed CFS-435-G; and,
 - 2) Required documentation:
 - a) For non-school-age children, documentation must include:
 - i. Up-to-date immunization records; and,
 - ii. A typed statement on letterhead from the child's Early Intervention Services provider indicating the child's participation and progress, if applicable; and,
 - iii. A typed statement on letterhead from the child's daycare provider confirming enrollment, if applicable.
 - b) For school-age children, documentation must include:
 - i. Up-to-date immunization records; and,
 - ii. A written confirmation on letterhead from the child's Arkansas Department of Education accredited school or home school program verifying enrollment and regular attendance; and,
 - iii. A copy of the child's up-to-date Individualized Education Plan (IEP), if applicable.
 - c) For children ages 18 up to the age of 21, documentation must include:
 - i. A current transcript from the child's secondary education, post-secondary, or vocational education program, as applicable; or,
 - ii. A typed statement on letterhead from the person responsible for managing the child's program or activity designed to promote, or remove barriers to, employment confirming the child's enrollment and participation; or,
 - iii. The most recent pay stubs from the child's employer indicating that the child is working at least 80 hours per month for that particular employer; or,
 - iv. A typed statement on letterhead from the child's medical professional stating the reason for which the child is incapable of meeting the education or employment requirements listed above.
- B. For all children who are approved for a special guardianship subsidy, the relative guardian must attach current documentation received from the service provider outlining:
 - 1) Current diagnosis, prognosis, and summary of treatment services for the previous year.
 - 2) An estimated expense summary of services which will be necessary to meet the special needs of the child and/or a description of any high-level care routine provided by the relative(s) to meet the child's special needs.
- C. Review requests for special rates. The subsidy will remain the same until the special subsidy is approved. Approval is not guaranteed.
- D. Review the completed CFS-435-G: Subsidized Guardianship Agreement Review and related supporting documentation prior to the anniversary date of finalization of the family's subsidized guardianship agreement at the annual review:
 - 1) If the supporting documentation shows that the child's condition has not changed, send confirmation to the family noting that the subsidized guardianship agreement will continue unchanged for the forthcoming year and make appropriate updates in CHRIS.
 - 2) If the supporting documentation shows that the child's condition has improved, schedule a family-centered staffing or meeting with the relative guardians and Foster Care Manager or designee to renegotiate the subsidized guardianship agreement to the age appropriate guardianship subsidy and complete a new CFS-435-F: Subsidized Guardianship Agreement.
 - 3) If the supporting documentation shows that the child's condition or status within the home has changed such that another type of revision of the subsidized guardianship agreement is needed or termination of that agreement is warranted:

- a) Schedule a meeting with the relative guardians and Foster Care Manager or designee to discuss needed revisions or termination.
 - b) Revise CFS-435-F: Subsidized Guardianship Agreement as appropriate or complete CFS-435-H: Subsidized Guardianship Agreement Termination, if appropriate.
 - c) File appropriate form in relative guardian's record.
 - d) Enter necessary CHRIS updates.
- 4) If relative guardian(s) does not submit CFS-435-G and/or requested documentation within the required timeframe, send the family a copy of the completed CFS-435-H indicating termination of the agreement and associated payments and benefits. File the original CFS-435-H in the provider record.

The Foster Care Manager or designee will:

- A. Conference with the DCFS Permanency Specialist or designee as needed regarding decisions related to annual reviews of subsidized guardianship arrangements.
- B. Participate in meetings with the relative guardians and DCFS Permanency Specialist or designee when discussing revisions to a subsidized guardianship agreement.
- C. Submit any requests for an increase in a guardianship subsidy to the DCFS Director or designee for review.

The DCFS Director will:

- A. Review requests for increases in subsidized guardianship payments and approve or deny as appropriate.

PROCEDURE VIII-L8: Placement with Successor Guardian

11/2011

If a child whose relatives are receiving a guardianship subsidy on his or her behalf re-enters DHS custody, the Area Director or designee will:

- A. Notify the DCFS Permanency Specialist that the child has re-entered care.
- B. Consult with the DCFS Permanency Specialist or designee and appropriate FSW supervisor as to whether:
 - 1) It is appropriate for the child to work toward reunification with the initial relative guardians; or,
 - 2) If guardianship with the successor guardian is in the child's best interest and, if so, if the identified successor guardian and child meet requirements the eligibility criteria for the Subsidized Guardianship Program; or,
 - 3) If another permanency option is more appropriate.
- C. If a subsidized guardianship arrangement with the successor guardian is determined to be appropriate, assign the appropriate Resource Worker to open the successor guardian's home as a provisional foster home per Policy VII: Development of Foster Homes.
- D. If the successor guardian is determined not be an appropriate placement at that point in time, have the assigned FSW find an appropriate approved or licensed placement for the child per A.C.A. § 9-28-402.

The Resource Worker will:

- A. If notified by the Area Director or designee, open the successor guardian's home as a provisional foster home per Policy VII: Development of Foster Homes.
- B. Collaborate with the FSW to evaluate:
 - 1) How the other children and adults in the home will affect the successful development of the child; and,
 - 2) How the child will impact the other members of the home.
- C. Support the relative throughout the process of becoming a provisional and regular DCFS foster home.
- D. If and when legal guardianship is granted to the successor guardian, end date the Foster Family Service on the Provider Service Tab selecting the appropriate Reason for End Date in CHRIS noting in the comment box on the Provider Services Tab that home was closed due to the parent(s) assuming legal guardianship of the child supported by a guardianship subsidy.

The FSW Supervisor will:

- A. Consult with the FSW, Area Director, and DCFS Permanency Specialist as to whether a subsidized guardianship arrangement with the initial relative guardians (i.e., reunification) or with the successor guardian is in the child's best interest or if another permanency option is more appropriate.
- B. Conference with the FSW on decisions regarding the child.

The FSW will:

- A. Consult with the FSW Supervisor, Area Director and DCFS Permanency Specialist as to whether a subsidized guardianship arrangement with the initial relative guardians (i.e., reunification) or the successor guardian is in the child's best interest or if another permanency option is more appropriate.
- B. If appropriate, request that the OCC attorney petition the court for a permanency planning hearing to review the child's case plan goal of legal guardianship supported by a guardianship subsidy with the successor guardian.
- C. Follow Procedure VIII-L5: Subsidized Guardianship Agreement Finalization and Procedure VIII-L6: Guardianship Hearing for Subsidized Guardianship.

The DCFS Permanency Specialist or designee will:

- A. Consult with the FSW, FSW Supervisor, and Area Director as to whether a subsidized guardianship arrangement with the initial relative guardians (i.e., reunification) or the successor guardian is in the child's best interest or if another permanency option is more appropriate.
- B. Follow Procedure VIII-L5: Subsidized Guardianship Agreement Finalization, Procedure VIII-L6: Guardianship Hearing for Subsidized Guardianship and VIII-L7: Annual Subsidized Guardianship Program Review as appropriate.

PROCEDURE VIII-L9: Appeals

11/2011

If the family wishes to appeal a decision regarding their subsidized guardianship agreement, the DCFS Permanency Specialist or designee will:

- A. Direct the family to DHS Policy 1098 for information on administrative hearings if questions from the family are received (instructions regarding how to request an administrative hearing are included on CFS-435-H).
- B. Keep the family and Foster Care Manager or designee informed to any further proceedings related to the appeal request.

POLICY VIII-L: SUBSIDIZED GUARDIANSHIP

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OVERVIEW

For children for whom a permanency goal of guardianship with a relative has been established, the Division offers a federal (title IV-E) Subsidized Guardianship Program to further promote permanency for those children (provided subsidized guardianship eligibility criteria are met). Any non-IV-E eligible child may enter into a subsidized guardianship supported by Arkansas State General Revenue if the Department determines that adequate funding is available and all other Subsidized Guardianship Program criteria are met. The monthly subsidized guardianship payment shall be used to help relative guardian(s) defray some costs of caring for the child's needs.

During permanency planning staffings guardianship should be explored as a potential permanency option. If it is determined at the permanency planning hearing that a guardianship arrangement with relatives is in the child's best interest and the child's permanency goal is changed to legal guardianship, the Division shall then determine if a specific guardianship arrangement may be supported by a subsidy through the Division's Subsidized Guardianship Program. Only relative guardians may apply for a guardianship subsidy. Relative is defined as a person within the fifth degree of kinship by virtue of blood or adoption (A.C.A. § 9-28-108). The fifth degree is calculated according to the child.

When it is in the best interest of each of the children, the Division shall attempt to place siblings together in the same guardianship arrangement. Siblings may be related by biological, marital or legal ties. A child who meets the eligibility criteria for a subsidized guardianship will qualify his or her siblings for subsidized guardianship as well provided the siblings are placed in the same relative home. The child who qualifies for a guardianship subsidy does not necessarily have to be placed at the same time as his or her siblings in the relative home. The guardianships for each child in the same relative home do not need to be finalized in any particular sequence.

ELIGIBILITY CRITERIA FOR SUBSIDIZED GUARDIANSHIP

A child is eligible for a subsidized guardianship in Arkansas if the Division determines that:

- A. The child has been removed from his or her home pursuant to a judicial determination that continuation in the home would be contrary to the welfare of the child and, as such, the child has been placed in DHS custody per judicial order.
- B. The child has resided for at least six consecutive months in the fully approved foster home of the prospective relative guardian(s) which is eligible to receive payments on behalf of the child (i.e., the prospective relative guardian's home is no longer a provisional foster home and has been serving as a fully approved foster home to the child seeking a legal guardianship arrangement for at least six consecutive months) (see POLICY VII: Development of Foster Homes). Any disruption in placement with the prospective relative guardian that is less than 14 days will not affect the six consecutive month qualifying period.
- C. Being returned home to the person from whom he or she was removed or being adopted are not appropriate permanency options for the child, the guardianship arrangement is in the child's best interest, and documentation supporting these determinations is provided;
- D. The child demonstrates a strong attachment to the prospective relative guardian(s) and the guardian(s) has a strong commitment to caring permanently for the child/youth;
- E. Each child is consulted regarding the guardianship arrangement; and,
- F. Youth 12 and older sign a consent to guardianship if he or she agrees to the guardianship arrangement, and it is agreed that procedures to finalize the guardianship should be initiated (unless the court determines it is in the minor's best interest to dispense with the minor's consent).

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CASE PLAN REQUIREMENTS FOR SUBSIDIZED GUARDIANSHIP

If legal guardianship with a relative is the intended permanency goal for a child and the relative guardian(s) intend to apply for a guardianship subsidy, the child's case plan shall include a description of the ways in which the child meets the eligibility requirements for a subsidized guardianship arrangement to include:

- A. The steps that the agency has taken to determine that it is not appropriate for the child to be returned home or adopted;
- B. The reasons for any separation of siblings during placement and description of the efforts made to place currently separated siblings together, the efforts made to provide frequent visitation or other ongoing interaction between siblings; and efforts to reunify separated siblings;
- C. The reasons why a permanent placement with an appropriate and willing relative supported by a subsidized guardianship arrangement is in the child's best interest;
- D. The efforts that the Division has made to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship and, in the case of a relative foster parent who has chosen not to pursue adoption, documentation of the reasons;
- E. The efforts made by the Division to discuss with the child's parent(s) the guardianship arrangement; or the reasons why the efforts were not made;
- F. The process in place to allow for a successor guardian in the event that the relative guardian of the child dies or is no longer able to care for the child; and
- G. Any appropriate transitional youth services for those youth who exit foster care and enter into a guardianship arrangement supported by a subsidy after the age of 16.

SUBSIDIZED GUARDIANSHIP PAYMENTS

The Division will provide subsidized guardianship payments on behalf of eligible children and their siblings (when placed in the same relative home) to approved relatives who assume legal guardianship of the youth for whom they have cared as fully approved foster parents. Subsidized guardianship payments cannot be made prior to the transfer of guardianship. The prospective relative guardians will receive foster care board payments until the transfer of guardianship occurs.

For an eligible child entering a subsidized guardianship arrangement prior to reaching the age of 16 (and their siblings placed in the same home prior to the age of 16), the subsidized guardianship payment will cease when the child reaches the age of 18.

Any eligible child in foster care entering a subsidized guardianship arrangement at the age of 16 or older (and his or her siblings in the same home at 16 or older) is eligible for subsidized guardianship until he or she reaches 21 years of age provided at least one of the following criteria are met:

- A. The child is completing secondary education or a program leading to an equivalent credential; or,
- B. The child is enrolled in an institution which provides post-secondary or vocational education; or,
- C. The child is participating in a program or activity designed to promote, or remove barriers to, employment; or,
- D. The child is employed for at least 80 hours per month; or,
- E. The child is incapable of doing any of the above described activities due to a medical condition.

In addition, guardianship subsidy payments may also continue for a child up to the age of 21 if the State determines that the child has a mental or physical handicap which warrants the continuation of assistance.

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The Division will ensure that the relatives receiving a subsidized guardianship payment on behalf of a child past the age of 18 provide documentation annually that the child meets the employment or education requirements listed above up to the age of 21. If a child is incapable of meeting the above referenced education or employment requirements due to a medical condition or has a mental or physical handicap(s), the reason for which the child is incapable of meeting the education or employment requirements or the child's mental or physical handicap(s) must be documented by a medical professional and updated annually until the child reaches 21 years of age.

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When siblings are placed together in a subsidized guardianship arrangement, the subsidized guardianship payments will be paid on behalf of each of the siblings. ~~The sibling of a child eligible for subsidized guardianship does not need to meet any subsidized guardianship eligibility requirements him or herself.~~

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When determining the amount of each subsidized guardianship payment the following shall be considered:

- A. The needs of the child as supported by accompanying documentation (the rate should not be linked to the means of the prospective relative guardians);
- B. The subsidized guardianship payment shall not exceed the foster care board payment that would have been paid on that child's behalf if he or she had remained in a foster family home. ~~Any child receiving a subsidized guardianship payment may have his or her guardianship subsidy adjusted per Arkansas rate structure based on the child's age or the child's special needs. The subsidy shall not be greater than the amount which the child would have received had the child remained in a foster family home.~~
- C. The relative guardians may not draw both an SSI payment and a subsidized guardianship payment. The relatives shall determine which form of assistance best meets the needs of the child
- D. The relative guardians may draw both a Title II SSA payment and a subsidized guardianship payment but the total amount of the combined payments may not exceed the child's foster care board payment.
- E. Any conserved funds in a child's trust account shall not affect a child's subsidized guardianship eligibility or payments. However, the DCFSS Eligibility Unit shall close any trust account(s) when a child exits care. The administering agency of the trust account will redistribute the funds per its respective regulations after any board payments, contract reimbursements, and/or overpayments are deducted from the account balance prior to close out.

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In addition to the monthly subsidized guardianship payments, approved relative guardian(s) of a child eligible for the Subsidized Guardianship Program will also receive funding for the total cost of non-recurring expenses related to obtaining legal guardianship up to \$2,000 per child. The majority of legal services should be provided by the DHS Office of Chief Counsel (OCC) which would not incur legal fees upon the relative guardians.

The relative guardian(s) are required to inform the Division of circumstances that would make them ineligible for subsidized guardianship payments or eligible for payments in a different amount (e.g., if the child becomes eligible for and begins receiving SSA payments). The relative guardian(s) must also notify the Division of any change of address. Any subsidized guardianship payment will remain in effect without regard to the State of residence of the relative guardian(s).

MEDICAL COVERAGE FOR SUBSIDIZED GUARDIANSHIP ARRANGEMENTS

The Division will ensure health insurance coverage under Medicaid Title XIX for any IV-E eligible child (and their IV-E eligible siblings when placed in the same relative home) who receives a subsidized guardianship payment as the child must be eligible for and receiving IV-E guardianship subsidy payments in order to be categorically eligible for Medicaid. The subsidized guardianship agreement will indicate Medicaid coverage for IV-E eligible children.

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A non-IV-E eligible child may qualify for certain Medicaid categories depending on the needs of the child. The relative guardian of a non-IV-E eligible child may apply for health insurance (e.g., AR Kids First) for the child through their local DHS county office. Coverage through the local DHS county office is not guaranteed and may only extend until the time the child reaches 19 years of age.

SUBSIDIZED GUARDIANSHIP PROGRAM DETERMINATION

The child's permanency planning staffing shall be the forum in which the determination regarding whether a guardianship arrangement is in the child's best interest (and his or her siblings if applicable).

If the child's permanency planning hearing results in a permanency goal of a legal guardianship with a specific relative, the Division shall then determine if the child (and his or her siblings if applicable) and prospective relative guardian(s) may qualify for a subsidized guardianship. If the child's FSW believes the child and relative

guardians may qualify based on the subsidized guardianship eligibility and case plan criteria, he or she will make a referral to the DCFS Permanency Specialist or designee.

If the DCFS Permanency Specialist or designee agrees that the family is a candidate for subsidized guardianship, a family-centered subsidized guardianship determination meeting will be held. The purpose of the meeting is to explain the Subsidized Guardianship Program to the prospective relative guardian(s) and ensure that eligibility and case plan criteria for the program are met. The DCFS Permanency Specialist or designee will facilitate the family-centered subsidized guardianship determination meetings.

If it is determined that all Subsidized Guardianship Program eligibility and case plan criteria are satisfied, the decision shall be relayed to the Subsidized Guardianship Oversight Committee via the DCFS Permanency Specialist or designee. The Subsidized Guardianship Oversight Committee serves as an auditing entity to ensure all eligibility and case plan requirements have been met.

The Subsidized Guardianship Oversight Committee shall include, but is not limited to:

- A. DCFS Permanency Specialist or designee
- B. DCFS Foster Care Manager or designee
- C. DCFS Adoption Manager or designee
- D. DCFS Director or designee in cases involving special subsidy requests

If the Subsidized Guardianship Oversight Committee verifies that all Subsidized Guardianship Program eligibility and case plan criteria have been met, DHS may then petition the court for a guardianship hearing to finalize of the guardianship and subsidized guardianship agreement.

SUBSIDIZED GUARDIANSHIP AGREEMENT

Once guardianship with a specific relative has been established as the child's permanency goal and then after the Division has determined that the guardianship may be supported by a guardianship subsidy, the family and the Division will finalize the subsidized guardianship agreement. A subsidized guardianship agreement, a written, binding agreement negotiated between the relative guardian(s), the Division and other relevant agencies, must be in place prior to the finalization of the legal guardianship supported by a subsidy. The prospective relative guardian(s) shall receive a copy of the agreement.

The subsidized guardianship agreement will specify:

- A. The amount of, and manner in which, each subsidized guardianship payment will be provided under the agreement (subsidized guardianship payment should not exceed the amount of the child's foster care board payment unless special circumstances related to the child's care warrant a special subsidy rate);
- B. That (and the manner in which) the payment may be adjusted periodically, in consultation with the relative guardian(s), based on the circumstances of the relative guardian and the needs of the child;
- C. The additional services and assistance that the child and relative guardian(s) will be eligible for under the agreement including Medicaid coverage that may be available through the DCFS Eligibility Unit or, in the case of non-IV-E children, through the local DHS county office;
- D. The procedure by which the relative guardian(s) may apply for additional services needed;
- E. That the Division will pay the total cost of nonrecurring expenses associated with obtaining legal guardianship of the child/youth up to \$2,000;
- F. That the child shall retain eligibility for federal adoption assistance payments under Title IV-E, provided he or she was eligible when the subsidized guardianship agreement was negotiated, if the guardian later decides to adopt the child;
- G. That the agreement will become effective upon the entering of a court order granting guardianship of the child to the guardian(s);
- H. That the agreement shall remain in effect without regard to State residency of the relative guardian;
- I. That the relative guardian(s) are required to respond to annual review requests from the Division;
- J. That OCC will file an annual report with the court;

- K. A designated successor guardian, if desired, for the child in the event that the current relative guardian is no longer able to fulfill guardianship responsibilities. A successor guardian and all household members within that individual's home must clear any applicable Child Maltreatment Central Registry Checks, State Police Criminal Record Checks, and a Vehicle Safety Check before being identified as a potential successor guardian in the subsidized guardianship agreement.

Identification of a successor guardian in the subsidized guardianship agreement will not guarantee an automatic transfer of guardianship in the event that the current relative guardian is no longer able to fulfill guardianship responsibilities. In order for the successor guardian to assume guardianship, he or she must follow all policies and procedures regarding subsidized guardianship arrangements. This includes becoming an approved DCFS foster home placement for the child (if appropriate at that point in time) prior to exploring legal guardianship supported by a guardianship subsidy as a permanency option. In addition, the child must also continue to meet all subsidized guardianship eligibility criteria in order to move forward with requesting a subsidized guardianship arrangement with the identified successor guardian.

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ANNUAL REVIEW of SUBSIDIZED GUARDIANSHIP AGREEMENT

A review of the subsidized guardianship agreement is required annually in order for subsidized guardianship payments of any amount or payment rate to continue. This review shall be conducted by the Division of Family Services (DCFS) Permanency Specialist or designee. Documentation of continued eligibility is required for the review. The subsidized guardianship payments granted at the time of review will reflect the child's current, documented level of need.

REVISION OR TERMINATION of SUBSIDIZED GUARDIANSHIP AGREEMENT

Revisions to the subsidized guardianship agreement and/or payments may be requested any time there is a significant change in the child's circumstance and the relative guardian can provide the required and/or requested documentation. To request a revision to the subsidized guardianship agreement and/or payments, the family shall contact the DCFS Permanency Specialist or designee.

The subsidized guardianship agreement and, consequently the subsidized guardianship payments, shall be revised or terminated as appropriate:

- A. If the child is absent from the relative guardian home for more than 14 days in a month (in such an event, the child will be eligible for only a portion of the month that he or she was in the relative guardian home) excluding when a child 18 or older lives in an approved independent living situation outside of the home (e.g., college dorm); or,
- B. When the terms of the subsidized guardianship agreement are fulfilled; or,
- C. If the child begins receiving SSI, SSA, or any other source of income excluding any income that the child may earn from his or her own employment (the relative guardian is responsible for notifying the Division if the child begins receiving other sources of income);
- D. If the child has attained the age of 18 for those who entered into the subsidized guardianship arrangement prior to the age of 16; or,
- E. If the child has attained the age of 21 for those who entered into the subsidized guardianship arrangement at the age of 16 or older; or,
- F. If the child who has an extended subsidy (i.e., up to age 21) does not meet the education or employment conditions outlined above in the Subsidized Guardianship Payments section; or,
- G. If the child who has extended subsidy (i.e., up to age 21) is no longer determined to have a mental or physical handicap which warrants the continuation of assistance; or,
- H. If the child becomes an emancipated minor; or,
- I. If the child marries; or,
- J. If the child enlists in the military; or,
- K. If the relative guardian(s) are no longer legally or financially responsible for the support of the child; or,
- L. If the guardian(s) die; or,
- M. If the guardianship is vacated; or,

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N. If the child dies.

Subsidized guardianship payments may continue to be paid on behalf of the child if the child moves out of the relative guardian's home or otherwise lives independently of the guardian(s) as long as the guardian(s) continue to provide support to the child.

If a child whose relatives are receiving subsidized guardianship payments on his or her behalf re-enters DHS custody, the subsidized guardianship agreement will be terminated until such time that the child is reunified with the relative guardian(s), or, in certain cases until such time that a legal guardianship with the successor guardian is determined to be in the child's best interest, it is determined that the child and successor guardian qualify for a subsidized guardianship, and a new subsidized guardianship agreement with the successor guardian is finalized. A successor guardian is not entitled to any payments that would have been made to the initial guardian during the time a child spends in DHS custody. The successor guardian may only receive subsidized guardianship payments once the court has formally appointed the successor guardian as the child's legal guardian and the subsidized guardianship agreement is in effect.

APPEALS

Relative guardian(s) may appeal the Division's decision to deny, terminate, or modify their child's subsidized guardianship agreement and/or payments in accordance with the rules and procedures of the State's fair hearing and appeal process per DHS Policy 1098. The relative guardian(s) must appeal an adverse decision within thirty (30) calendar days of written notice of the adverse action. Subsidized guardianship payments will be suspended pending the determination of all appeals. Families receiving a favorable ruling in their hearing may be entitled to assistance (back payment) that had been suspended.

The child would only be eligible for title IV-E subsidized guardianship if all eligibility criteria had been met prior to the finalization of the guardianship (including executing a subsidized guardianship agreement). Therefore, even if the Office of Hearings and Appeals orders DCFS to provide subsidized guardianship payments and services for the child, the State shall not claim FFP under title IV-E if a subsidized guardianship agreement was not in place prior to the guardianship.

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PROCEDURE VIII-L1: Initial Subsidized Guardianship Program Determination

11/2011

If a guardianship with a relative has been determined to be in the child's best interest, the FSW will:

- A. Gather and review all relevant documentation to determine the child's eligibility for the Subsidized Guardianship Program.
- B. Complete CFS-435-A: Subsidized Guardianship Program Application and Checklist with the child (if age appropriate), prospective relative guardians, and child's biological parents (if appropriate) to make the initial determination that the child and prospective relative guardians meet all subsidized guardianship eligibility requirements.
- C. Submit the completed CFS-435-A to the FSW Supervisor for review and approval.
- D. If the FSW Supervisor
 - 1) Denies moving forward with the subsidized guardianship arrangement, proceed to Procedure VIII-L2: Denial of Subsidized Guardianship Arrangement.
 - 2) Approves moving forward with the subsidized guardianship arrangement:
 - a) Update the child's case plan in CHRIS to describe the ways in which the child meets the eligibility requirements for a subsidized guardianship arrangement to include:
 - i. steps the agency has taken to determine that it is not appropriate for the child to be returned home or adopted;

- ii. reasons for any separation of siblings during placement; the efforts made to place currently separated siblings together, the efforts made to provide frequent visitation or other ongoing interaction between siblings not placed together; and efforts to reunify separated siblings in the same home;
 - iii. reasons why a permanent placement with an appropriate and willing relative through a Subsidized Guardianship arrangement is in the child's best interest;
 - iv. efforts that the Division has made to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship and, in the case of a relative foster parent who has chosen not to pursue adoption, documentation of those reasons;
 - v. efforts made by the Division to discuss with the child's parent(s) subsidized guardianship arrangement, or the reasons why the efforts were not made;
 - vi. process in place to allow for a successor guardian in the event that the relative guardian of the child dies or is no longer able to care for the child;
 - vii. any appropriate transitional youth services for those youth who exit foster care at or after the age of 16; and,
- b) Notify the child's biological parents (if appropriate), attorney ad litem, OCC representative, parent counsel (if applicable), and DCFS Permanency Specialist or designee that the child and prospective relative guardians would like to proceed with the subsidized guardianship arrangement.
- c) Provide the DCFS Permanency Specialist or designee with all pertinent documentation including:
- i. Copy of CFS-435-A: Subsidized Guardianship Program Application and Checklist
 - ii. Copy of CFS-404: General Medical Report for each relative guardian and all appropriate household members
 - iii. Copy of prospective relative guardian's CFS-446: In Home Consultation Visit Report
 - iv. Copy of prospective relative guardian's SAFE Home Study
- d) If the DCFS Permanency Specialist or designee determines that:
- i. All initial eligibility and case plan criteria have been met, notify the FSW to proceed with subsidized guardianship determination meeting arrangements to discuss the Subsidized Guardianship Program (per Procedure VIII-L3: Subsidized Guardianship Determination Meeting); or,
 - ii. All eligibility and case plan criteria have not been met, then discuss with the DCFS Permanency Specialist or designee how to meet said criteria and/or other possible permanency options or proceed to Procedure VIII-L2: Denial of Subsidized Guardianship arrangement, as applicable.

The FSW Supervisor will:

- A. Conference with the FSW as to the appropriateness of a guardianship arrangement supported by a subsidy for the child with the prospective relative guardians.
- B. Review the completed CFS-435-A: Subsidized Guardianship Application and Checklist.
- C. Notify FSW of approval or denial to move forward with the subsidized guardianship arrangement.
- D. Notify the Area Director of any approval or denial to move forward with a subsidized guardianship arrangement.

The DCFS Permanency Specialist or designee will:

- A. Review each submitted CFS-435-A: Subsidized Guardianship Program Application and Checklist and other supporting documentation to determine if the family meets the initial eligibility and case plan criteria to further pursue a subsidized guardianship arrangement.
- B. Make the determination as to whether it is appropriate to continue pursuing the subsidized guardianship arrangement and either:
 - 1) Notify the FSW, FSW Supervisor, and Area Director to proceed to Procedure VIII-L3, if the subsidized guardianship arrangement is appropriate; or,
 - 2) Notify the FSW, FSW Supervisor, and Area Director that a subsidized guardianship

arrangement is not currently appropriate and

- a) Discuss how to meet needed criteria;
- b) Discuss other possible permanency options; or
- c) Instruct FSW to proceed to Procedure VIII-L2: Denial of Subsidized Guardianship Arrangement.

PROCEDURE VIII-L2: Denial of Subsidized Guardianship Arrangement

11/2011

If at any point in time it is determined in consultation with the FSW supervisor and/or DCFS Permanency Specialist or designee that a legal guardianship supported by a subsidy is not appropriate for the child and/or relative guardian applicant, the FSW will:

- A. Complete and provide to the relative guardian applicant CFS-435-B: Notification of Subsidized Guardianship Program Denial.
- B. File a copy of CFS-435-B in the provider record.
- C. Note in CHRIS contacts screen reason for subsidized guardianship denial.

PROCEDURE VIII-L3: Subsidized Guardianship Determination Meeting

11/2011

The FSW will:

- A. Coordinate the subsidized guardianship determination meeting to discuss the potential subsidized guardianship arrangement and agreement within 14 days of receiving notification from the DCFS Permanency Specialist or designee to move forward with pursuing a Subsidized Guardianship arrangement.
- B. Arrange a date for the following participants to attend the family centered-meeting with a preference of at least 7 days notice before the meeting date (though the meeting may take place earlier if all participants agree to an earlier date)
 - 1) Child, if age appropriate
 - 2) Prospective relative guardians
 - 3) Child's biological parents, if appropriate
 - 4) Any grandparent who is entitled to notice based on the conditions listed in Procedure II-D8
 - 5) Child's FSW
 - 6) FSW Supervisor
 - 7) Adoption Representative (if Adoption Representative did not participate in permanency planning staffing)
 - 8) DCFS Permanency Specialist or designee

The following shall be invited to the meeting but attendance is not required:

- 1) Area Director or designee
 - 2) Child's attorney ad litem
 - 3) Child's CASA (if applicable)
 - 4) OCC representative
 - 5) Parent counsel (if applicable)
- C. If it is determined during the meeting that it is not appropriate for the family to move forward with the legal guardianship supported by a guardianship subsidy, see Procedure VIII-L2: Denial of Subsidized Guardianship Arrangement.

The FSW Supervisor will:

- A. Conference with the FSW as needed.
- B. Participate in the subsidized guardianship determination meeting.
- C. Inform the Area Director of issues related to pursuing the subsidized guardianship arrangement for the child.

The DCFS Permanency Specialist or designee will:

- A. Facilitate the subsidized guardianship determination meeting.
- B. Provide an overview of subsidized guardianship to ensure that all participants have a thorough understanding of the intent and requirements of the program.
- C. Discuss the subsidy rate with the prospective relative guardians. The subsidy rate should not exceed the child's current foster care board payment.
- D. If the prospective relative guardians inquire about a special subsidy rate (i.e., more than the child's current foster care board payment) due to special circumstances related to the youth's care, ask them to complete CFS-435-C: Subsidized Guardianship Special Subsidy Request and to provide the Division with a written statement from the child's physician or treatment professional that provides:
 - 1) Child's diagnosis
 - 2) Child's prognosis
 - 3) Identification of any current treatment being provided; and,
 - 4) Reasoning as to why the preceding information would warrant a special subsidy rate.
- E. Inform the prospective relative guardians that any approved guardianship subsidy will be paid according to the terms outlined in the CFS-435-F: Subsidized Guardianship Agreement (which will not be effective until the court enters an order of guardianship) and may be modified at the annual review based on changes in policy or significant changes in the child's circumstances.
- F. If determined during the subsidized guardianship determination meeting that it is appropriate for the family to move forward with the legal guardianship supported by a guardianship subsidy:
 - 1) Notify the Subsidized Guardianship Oversight Committee within 48 hours of the staffing of the family's intent to move forward.
 - 2) Submit all related forms and supporting documentation to the committee within 48 hours of the staffing of the family's intent to move forward.
 - 3) Arrange a meeting with the Subsidized Guardianship Oversight Committee with a preference of at least 7 calendar days notice of the meeting date (though the meeting may take place earlier if all parties agree to an earlier date).

PROCEDURE VIII-L4: Subsidized Guardianship Oversight Committee Review

11/2011

The Subsidized Guardianship Oversight Committee will:

- A. Meet to review and discuss all subsidized guardianship forms and supporting documentation within 14 calendar days of receiving the information from the DCFS Permanency Specialist. This includes review of CFS-435-C: Subsidized Guardianship Special Subsidy Request and any documentation received from the family that would support the need for a special subsidy rate.
- B. Verify that all subsidized guardianship eligibility and case plan criteria have been met.
- C. Determine if a special subsidy rate is warranted, if requested.

The DCFS Permanency Specialist or designee will:

- A. Facilitate the Subsidized Guardianship Oversight Committee meeting.
- B. Notify the FSW, FSW Supervisor, and Area Director of the Subsidized Guardianship Oversight Committee's verification regarding the subsidized guardianship arrangement and any special subsidy rate determination (if applicable):

- 1) If the Subsidized Guardianship Oversight Committee verifies that the subsidized guardianship arrangement should move forward, ask the FSW to work with the local OCC attorney to file a petition for guardianship (and determine a court date for the guardianship hearing if date was not already been set) and proceed to procedure VIII-L5: Subsidized Guardianship Agreement Finalization.
- 2) If the Subsidized Guardianship Oversight Committee cannot verify that the subsidized guardianship arrangement should move forward, tell the FSW to
 - a) Work with the family to meet any needed adjustments determined by the Subsidized Guardianship Oversight Committee that may qualify them to move forward with a subsidized guardianship arrangement at a later date; or,
 - b) See Procedure VIII-L2: Denial of Subsidized Guardianship Arrangement, if appropriate.

The FSW will:

- A. If moving forward with the subsidized guardianship arrangement, request that the local OCC attorney petition the court to finalize the guardianship and the subsidized guardianship agreement by providing the OCC attorney with a copy of the CFS-435-A that includes the DCFS Permanency Specialist's signature.
- B. If not moving forward with the subsidized guardianship arrangement:
 - 1) Work with the family to meet any needed adjustments determined by the Subsidized Guardianship Oversight Committee that may qualify them to move forward with a subsidized guardianship arrangement at a later date, if applicable; or,
 - 2) See Procedure VIII-L2: Denial of Subsidized Guardianship Arrangement, if applicable.

The FSW Supervisor will:

- A. Conference with the FSW as needed.
- B. Inform the Area Director of issues related to pursuing the subsidized guardianship arrangement for the child.

PROCEDURE VIII-L5: Subsidized Guardianship Agreement Finalization

11/2011

The DCFS Permanency Specialist or designee will:

- A. Draft and complete the CFS-435-F: Subsidized Guardianship Agreement with the prospective guardians and FSW prior to the guardianship hearing.
- B. Submit the CFS-435-F to the Foster Care Manager or designee for review and approval.
- C. Sign the CFS-435-F.

The Foster Care Manager or designee will:

- A. Review the CFS-435-F: Subsidized Guardianship Agreement and approve or deny as appropriate.
- B. Inform the DCFS Permanency Specialist or designee of approval or denial.

The FSW will:

- A. Assist the DCFS Permanency Specialist or designee in completing the CFS-435-F: Subsidized Guardianship Agreement with the prospective guardian(s) prior to the guardianship hearing.
- B. Ensure all signatures required on the CFS-435-F are obtained.

The FSW Supervisor will:

- A. Conference with the FSW regarding decisions related to and preparation for the finalization of the subsidized guardianship agreement.
- B. Inform the Area Director of issues related to pursuing the subsidized guardianship arrangement for the child.

PROCEDURE VIII-L6: Guardianship Hearing for Subsidized Guardianship

11/2011

The FSW will:

- A. Receive the confirmed guardianship hearing court date from the OCC attorney (if guardianship hearing date was not previously set).
- B. Provide notice to the participants (e.g., foster parents, other relatives, etc) at least 14 calendar days before the guardianship hearing. OCC will provide notice to parties to the legal case.
- C. If siblings will not also be placed in the subsidized guardianship arrangement, make a recommendation to the court to allow visits between siblings and with other relatives (if in the best interest of the children). Document the recommendation in the court report.
- D. Complete court report for the guardianship hearing and submit to supervisor for review.
- E. Submit the CFS-6011: Court Report to the OCC Attorney within 14 calendar days prior to the hearing.
- F. Document distribution of court reports to all parties or their attorneys and CASA, if applicable via the CFS-423: Certificate of Service.
- G. Attend the hearing with the case file and be prepared to provide testimony regarding services offered or provided, progress, and recommendations to the court.
- H. Present the completed CFS-435-F: Subsidized Guardianship Agreement to the court.
- I. Once the court finalizes legal guardianship and the subsidized guardianship agreement with the relative guardians:
 - 1) Discuss the court orders with the family.
 - 2) File the CFS-435-F in the provider record.
 - 3) Provide a copy of the CFS-435-F to the relative guardian(s). Once approved (i.e., once the court enters an order granting guardianship), the subsidized guardianship agreement will remain in effect without regard to the state residency of the legal relative guardian as long as the guardianship remains in effect or has not been terminated.
 - 4) For IV-E eligible children, provide the DCFS Eligibility Unit a copy of the finalized court decree indicating the legal guardianship and a copy of the finalized CFS-435-F: Subsidized Guardianship Agreement in order to continue Medicaid coverage for the child.
 - 5) For non-IV-E eligible children, instruct the relative guardian(s) to apply for health care coverage at their local DHS county office.
 - 6) Exit the child out of foster care and into a subsidized guardianship arrangement supported by a guardianship subsidy in CHRIS.
 - 7) Notify the relative guardian Resource Worker that legal guardianship has been granted.

The FSW Supervisor will:

- A. Conference with the FSW as needed.
- B. Review and approve CFS-6011: Court Report.
- C. Attend the guardianship hearing.
- D. Inform the Area Director of issues related to the subsidized guardianship arrangement for the child.

The Resource Worker will:

- A. End date the Foster Family Service on the Provider Service Tab selecting the appropriate Reason for End Date in CHRIS noting in the comment box on the Provider Services Tab that home was closed due to the parent(s) assuming legal guardianship of the child supported by guardianship subsidy.

The DCFS Eligibility Unit will:

- A. Process the copy of the child's court decree and copy of the finalized CFS-435-F to ensure continued Medicaid coverage for IV-E eligible children.
- B. Close any trust account(s) when any child exits foster care.

PROCEDURE VIII-L7: Annual Subsidized Guardianship Review

11/2011

The DCFS Permanency Specialist or designee will:

- A. Mail the relative guardians the CFS-435-G: Subsidized Guardianship Agreement Review at least 60 calendar days before the anniversary date of the finalization of the family's Subsidized Guardianship Agreement with instructions to return in the provided SASE:
 - 1) The completed CFS-435-G; and,
 - 2) Required documentation:
 - a) For non-school-age children, documentation must include:
 - i. Up-to-date immunization records; and,
 - ii. A typed statement on letterhead from the child's Early Intervention Services provider indicating the child's participation and progress, if applicable; and,
 - iii. A typed statement on letterhead from the child's daycare provider confirming enrollment, if applicable.
 - b) For school-age children, documentation must include:
 - i. Up-to-date immunization records; and,
 - ii. A written confirmation on letterhead from the child's Arkansas Department of Education accredited school or home school program verifying enrollment and regular attendance; and,
 - iii. A copy of the child's up-to-date Individualized Education Plan (IEP), if applicable.
 - c) For children ages 18 up to the age of 21, documentation must include:
 - i. A current transcript from the child's secondary education, post-secondary, or vocational education program, as applicable; or,
 - ii. A typed statement on letterhead from the person responsible for managing the child's program or activity designed to promote, or remove barriers to, employment confirming the child's enrollment and participation; or,
 - iii. The most recent pay stubs from the child's employer indicating that the child is working at least 80 hours per month for that particular employer; or,
 - iv. A typed statement on letterhead from the child's medical professional stating the reason for which the child is incapable of meeting the education or employment requirements listed above.
- B. For all children who are approved for a special guardianship subsidy, the relative guardian must attach current documentation received from the service provider outlining:
 - 1) Current diagnosis, prognosis, and summary of treatment services for the previous year.
 - 2) An estimated expense summary of services which will be necessary to meet the special needs of the child and/or a description of any high-level care routine provided by the relative(s) to meet the child's special needs.
- C. Review requests for special rates. The subsidy will remain the same until the special subsidy is approved. Approval is not guaranteed.
- D. Review the completed CFS-435-G: Subsidized Guardianship Agreement Review and related supporting documentation prior to the anniversary date of finalization of the family's subsidized guardianship agreement at the annual review:
 - 1) If the supporting documentation shows that the child's condition has not changed, send confirmation to the family noting that the subsidized guardianship agreement will continue unchanged for the forthcoming year and make appropriate updates in CHRIS.
 - 2) If the supporting documentation shows that the child's condition has improved, schedule a family-centered staffing or meeting with the relative guardians and Foster Care Manager or designee to renegotiate the subsidized guardianship agreement to the age appropriate guardianship subsidy and complete a new CFS-435-F: Subsidized Guardianship Agreement.

- 3) If the supporting documentation shows that the child's condition or status within the home has changed such that another type of revision of the subsidized guardianship agreement is needed or termination of that agreement is warranted:
 - a) Schedule a meeting with the relative guardians and Foster Care Manager or designee to discuss needed revisions or termination.
 - b) Revise CFS-435-F: Subsidized Guardianship Agreement as appropriate or complete CFS-435-H: Subsidized Guardianship Agreement Termination, if appropriate.
 - c) File appropriate form in relative guardian's record.
 - d) Enter necessary CHRIS updates.
- 4) If relative guardian(s) does not submit CFS-435-G and/or requested documentation within the required timeframe, send the family a copy of the completed CFS-435-H indicating termination of the agreement and associated payments and benefits. File the original CFS-435-H in the provider record.

The Foster Care Manager or designee will:

- A. Conference with the DCFS Permanency Specialist or designee as needed regarding decisions related to annual reviews of subsidized guardianship arrangements.
- B. Participate in meetings with the relative guardians and DCFS Permanency Specialist or designee when discussing revisions to a subsidized guardianship agreement.
- C. Submit any requests for an increase in a guardianship subsidy to the DCFS Director or designee for review.

The DCFS Director will:

- A. Review requests for increases in subsidized guardianship payments and approve or deny as appropriate.

PROCEDURE VIII-L8: Placement with Successor Guardian

11/2011

If a child whose relatives are receiving a guardianship subsidy on his or her behalf re-enters DHS custody, the Area Director or designee will:

- A. Notify the DCFS Permanency Specialist that the child has re-entered care.
- B. Consult with the DCFS Permanency Specialist or designee and appropriate FSW supervisor as to whether:
 - 1) It is appropriate for the child to work toward reunification with the initial relative guardians; or,
 - 2) If guardianship with the successor guardian is in the child's best interest and, if so, if the identified successor guardian and child meet requirements the eligibility criteria for the Subsidized Guardianship Program; or,
 - 3) If another permanency option is more appropriate.
- C. If a subsidized guardianship arrangement with the successor guardian is determined to be appropriate, assign the appropriate Resource Worker to open the successor guardian's home as a provisional foster home per Policy VII: Development of Foster Homes.
- D. If the successor guardian is determined not be an appropriate placement at that point in time, have the assigned FSW find an appropriate approved or licensed placement for the child per A.C.A. § 9-28-402.

The Resource Worker will:

- A. If notified by the Area Director or designee, open the successor guardian's home as a provisional foster home per Policy VII: Development of Foster Homes.
- B. Collaborate with the FSW to evaluate:
 - 1) How the other children and adults in the home will affect the successful development of the child; and,
 - 2) How the child will impact the other members of the home.
- C. Support the relative throughout the process of becoming a provisional and regular DCFS foster home.
- D. If and when legal guardianship is granted to the successor guardian, end date the Foster Family Service on the Provider Service Tab selecting the appropriate Reason for End Date in CHRIS noting in the comment

box on the Provider Services Tab that home was closed due to the parent(s) assuming legal guardianship of the child supported by a guardianship subsidy.

The FSW Supervisor will:

- A. Consult with the FSW, Area Director, and DCFS Permanency Specialist as to whether a subsidized guardianship arrangement with the initial relative guardians (i.e., reunification) or with the successor guardian is in the child's best interest or if another permanency option is more appropriate.
- B. Conference with the FSW on decisions regarding the child.

The FSW will:

- A. Consult with the FSW Supervisor, Area Director and DCFS Permanency Specialist as to whether a subsidized guardianship arrangement with the initial relative guardians (i.e., reunification) or the successor guardian is in the child's best interest or if another permanency option is more appropriate.
- B. If appropriate, request that the OCC attorney petition the court for a permanency planning hearing to review the child's case plan goal of legal guardianship supported by a guardianship subsidy with the successor guardian.
- C. Follow Procedure VIII-L5: Subsidized Guardianship Agreement Finalization and Procedure VIII-L6: Guardianship Hearing for Subsidized Guardianship.

The DCFS Permanency Specialist or designee will:

- A. Consult with the FSW, FSW Supervisor, and Area Director as to whether a subsidized guardianship arrangement with the initial relative guardians (i.e., reunification) or the successor guardian is in the child's best interest or if another permanency option is more appropriate.
- B. Follow Procedure VIII-L5: Subsidized Guardianship Agreement Finalization, Procedure VIII-L6: Guardianship Hearing for Subsidized Guardianship and VIII-L7: Annual Subsidized Guardianship Program Review as appropriate.

PROCEDURE VIII-L9: Appeals

11/2011

If the family wishes to appeal a decision regarding their subsidized guardianship agreement, the DCFS Permanency Specialist or designee will:

- A. Direct the family to DHS Policy 1098 for information on administrative hearings if questions from the family are received (instructions regarding how to request an administrative hearing are included on CFS-435-H).
- B. Keep the family and Foster Care Manager or designee informed to any further proceedings related to the appeal request.

For the sake of brevity certain sections have been omitted

PROCEDURE XIV-A4: Notices of True Investigative Findings

When a preponderance of the evidence found during an investigation indicates that an allegation should be determined true, the investigating agency shall notify certain persons as noted below or may notify the certain persons as noted below if the department determines the notification is necessary to ensure the health or safety of a child or confirm the investigative determination upon request as noted below. These notices may be made prior to satisfaction of due process for the alleged offender. If notice cannot be made to the alleged offender, see Procedure IX-A6, Expedited Hearing Process.

Any person or agency to whom disclosure is made may not disclose to any other person a report or other information included in the notices. However, the person or agency is permitted to consult his or her own attorney regarding the information in any notice provided to them.

- A. Law Enforcement
 - 1) Type of Allegation Severe maltreatment only
 - 2) What Information
 - Name of each victim
 - Name of alleged offender
 - Type of Maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-221-T or CACD-221-T as appropriate

- B. Prosecuting Attorney
 - 1) Type of Allegation Severe maltreatment only
 - 2) What Information
 - Name of each victim
 - Name of alleged offender
 - Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-221-T or CACD-221-T as appropriate

- C. Facility Director or Licensing or Registering Authority
 - 1) Type of Allegation All maltreatment, only if the maltreatment occurred at the facility or if the alleged offender holds a license or registration from the authority Information
 - 2) What information
 - Name of alleged offender
 - Type of maltreatment
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
 - 4) Form CFS-234-T or CACD-234-T as appropriate

- D. Facility Director
 - 1) Type of Allegation All maltreatment, only if the maltreatment occurred at the facility and the facility is licensed or registered by, or is operated by or operated under contract with the State of Arkansas.
 - 2) What Information
 - Name of alleged offender
 - Type of maltreatment
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
 - 4) Form CFS-222-T or CACD-222-T as appropriate

- E. DHS Division Director
 - 1) Type of Allegation All maltreatment, only if the maltreatment occurred at a facility operated by or operated under contract with the Department

EXCERPT, Procedure XIV-A4

For the sake of brevity certain sections have been omitted

- 3) When Within 10 business days of determination
- 4) Form CFS-224-T2 or CACD-224-T2 as appropriate

- L. Legal parents and legal guardians of alleged juvenile offender (16 - 17 years old)
 - 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged juvenile offender
Name of alleged victim
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-224-T3 or CACD-224-T3 as appropriate

- M. Current foster parent of alleged offender in foster care.
 - 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged offender
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-224-T4

- N. Legal Parents and legal guardians of alleged offender 13-15 not adjudicated delinquent, not pleaded guilty or not been found guilty of sexual abuse offense on same set of facts contained in report.
 - 1) Type of Allegation Sexual abuse
 - 2) What information Name of alleged juvenile offender
Name of alleged victim
 - 3) When Within 10 business days of determination
 - 4) Form CFS-224-T5 or CACD-224-T5 as appropriate

- O. Legal parents or legal guardians of alleged victim in foster care.
 - 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged offender
Name of alleged victim
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-225-T1 or CACD-225-T1 as appropriate

- P. Current Foster parent of alleged victim in foster care
 - 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-225-T2

- Q. Custodial, non-custodial parent, guardians, legal custodians of victim, regardless of the age of the child
 - 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-225-T1 or CACD-225-T1 as appropriate

- R. Victim, if 10 years of age or older

EXCERPT, Procedure XIV-A4

For the sake of brevity certain sections have been omitted

- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-225-T1 or CACD-225-T1 as appropriate
- S. Attorney ad litem of alleged victim
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
 - 4) Form CFS-226-T1
- T. Court appointed special advocate of alleged victim
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
 - 4) Form CFS-226-T1
- U. Juvenile division of circuit court with jurisdiction of an ongoing dependency neglect or FINS case of alleged victim
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim over whom the court has jurisdiction
Name of alleged offender
Type of maltreatment
 - 3) When Upon request
 - 4) Form CFS-226-T1
- V. Juvenile division of circuit court with jurisdiction of an ongoing dependency neglect or FINS case of alleged offender
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Name of alleged offender over whom the court has jurisdiction
Type of maltreatment
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
 - 4) Form CFS-230-T
- W. Attorney ad litem of alleged offender
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child

EXCERPT, Procedure XIV-A4

For the sake of brevity certain sections have been omitted

- 4) Form CFS-228-T
- X. Court appointed special advocate of alleged offender
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
 - 4) Form CFS-228-T
- Y. Counsel in Dependency Neglect or FINS Case of an alleged offender
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged offender
Name of alleged victim
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-230-T
- Z. Counsel in Dependency Neglect or FINS Case of an alleged victim
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged offender
Name of alleged victim
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-226-T1
- AA. Attorney ad litem of child in foster home where maltreatment is reported
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of child represented by the AAL only
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
 - 4) Form CFS-229-T
- BB. Court appointed special advocate of child in foster home where maltreatment is reported or when alleged juvenile offender or under-aged juvenile offender is placed in the same placement as client
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of child represented by the CASA only
Type of maltreatment
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
 - 4) Form CFS-229-T
- CC. Multidisciplinary Team for Alleged Offender or Victim
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
 - 4) Form CFS-230-T

For the sake of brevity certain sections have been omitted

DD. School where any child who is an alleged victim of maltreatment is enrolled

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-231-T or CACD-231-T as appropriate

EE. School where alleged juvenile offender is enrolled

- 1) No notice at this time

FF. Offender, 13 years of age and older (*see "True Determination and special process for Notice to Offender" below*)

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS 232-T1 and CFS-232-T1a or CACD-232-T1 and CACD-232-T1a as appropriate

GG. Offender, Exempt, Garrett's Law or Religious

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-232-T2 or CACD-232-T2 as appropriate

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EXCERPT, Procedure XIV-A4

For the sake of brevity certain sections have been omitted

PROCEDURE XIV-A4: Notices of True Investigative Findings

When a preponderance of the evidence found during an investigation indicates that an allegation should be determined true, the investigating agency shall notify certain persons as noted below or may notify the certain persons as noted below if the department determines the notification is necessary to ensure the health or safety of a child or confirm the investigative determination upon request as noted below. These notices may be made prior to satisfaction of due process for the alleged offender. If notice cannot be made to the alleged offender, see Procedure IX-A6, Expedited Hearing Process.

Any person or agency to whom disclosure is made may not disclose to any other person a report or other information included in the notices. However, the person or agency is permitted to consult his or her own attorney regarding the information in any notice provided to them.

- A. Law Enforcement
 - 1) Type of Allegation Severe maltreatment only
 - 2) What Information
 - Name of each victim
 - Name of alleged offender
 - Type of Maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-221-T or CACD-221-T as appropriate
- B. Prosecuting Attorney
 - 1) Type of Allegation Severe maltreatment only
 - 2) What Information
 - Name of each victim
 - Name of alleged offender
 - Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-221-T or CACD-221-T as appropriate
- C. Facility Director or Licensing or Registering Authority
 - 1) Type of Allegation All maltreatment, only if the maltreatment occurred at the facility or if the alleged offender holds a license or registration from the authority
 - 2) What information
 - Name of alleged offender
 - Type of maltreatment
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
 - 4) Form CFS-234-T or CACD-234-T as appropriate
- D. Facility Director
 - 1) Type of Allegation All maltreatment, only if the maltreatment occurred at the facility and the facility is licensed or registered by, or is operated by or operated under contract with the State of Arkansas.
 - 2) What Information
 - Name of alleged offender
 - Type of maltreatment
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
 - 4) Form CFS-222-T or CACD-222-T as appropriate
- E. DHS Division Director
 - 1) Type of Allegation All maltreatment, only if the maltreatment occurred at a facility operated by or operated under contract with the Department

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EXCERPT, Procedure XIV-A4

For the sake of brevity certain sections have been omitted

- 2) What Information Name of alleged offender
 Name of alleged victim
 Type of maltreatment
- 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
- 4) Form CFS-230-T

F. Alleged underaged juvenile offender (under 13 years of age)

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
 Name of alleged victim
 Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-223-T1 or CACD-223-T1 as appropriate

G. Alleged juvenile offender 13-15 years of age

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
 Name of alleged victim
 Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-223-T2 or CACD-223-T2 as appropriate

H. Alleged juvenile offender 16-17 years of age

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
 Name of alleged victim
 Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-223-T3 or CACD-223-T3 as appropriate

I. Alleged juvenile offender (at time of offense) currently 18 or older (at time of notification)

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
 Name of alleged victim
- 3) When Within 10 business days of determination
- 4) Form CFS-223-T4 or CACD-223-T4 as appropriate

J. Legal parents and legal guardians of alleged underaged juvenile offender (under 13 years of age)

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
 Name of alleged victim
 Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-224-T1 or CACD-224-T1 as appropriate

K. Legal parents and legal guardians of alleged juvenile offender (13 through 15 years old)

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
 Name of alleged victim
 Type of maltreatment

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EXCERPT, Procedure XIV-A4

For the sake of brevity certain sections have been omitted

- 3) When Within 10 business days of determination
4) Form CFS-224-T2 or CACD-224-T2 as appropriate
- L. Legal parents and legal guardians of alleged juvenile offender (16 - 17 years old)
1) Type of Allegation All maltreatment
2) What Information Name of alleged juvenile offender
Name of alleged victim
Type of maltreatment
3) When Within 10 business days of determination
4) Form CFS-224-T3 or CACD-224-T3 as appropriate
- M. Current foster parent of alleged offender in foster care.
1) Type of Allegation All maltreatment
2) What Information Name of alleged offender
Type of maltreatment
3) When Within 10 business days of determination
4) Form CFS-224-T4
- N. Legal Parents and legal guardians of alleged offender 13-15 not adjudicated delinquent, not pleaded guilty or not been found guilty of sexual abuse offense on same set of facts contained in report
1) Type of Allegation Sexual abuse
2) What information Name of alleged juvenile offender
Name of alleged victim
3) When Within 10 business days of determination
4) Form CFS-224-T5 or CACD-224-T5 as appropriate
- O. Legal parents or legal guardians of alleged victim in foster care
1) Type of Allegation All maltreatment
2) What Information Name of alleged offender
Name of alleged victim
Type of maltreatment
3) When Within 10 business days of determination
4) Form CFS-225-T1 or CACD-225-T1 as appropriate
- P. Current Foster parent of alleged victim in foster care
1) Type of Allegation All maltreatment
2) What Information Name of alleged victim
Type of maltreatment
3) When Within 10 business days of determination
4) Form CFS-225-T2
- Q. Custodial, non-custodial parent, guardians, legal custodians of victim, regardless of the age of the child
1) Type of Allegation All maltreatment
2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
3) When Within 10 business days of determination
4) Form CFS-225-T1 or CACD-225-T1 as appropriate
- R. Victim, if 10 years of age or older
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1) . Type of Allegation . All maltreatment¶
2) . What information . Name of alleged offender¶
. . . . Name of alleged victim¶
3) . When . . . Within 10 business days of determination¶
4) . Form . . . CFS-224-T4 or CACD-224-T4 as appropriate¶

EXCERPT, Procedure XIV-A4

For the sake of brevity certain sections have been omitted

- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-225-T1 or CACD-225-T1 as appropriate
- S. Attorney ad litem of alleged victim
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
 - 4) Form CFS-226-T1
- T. Court appointed special advocate of alleged victim
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
 - 4) Form CFS-226-T1
- U. Juvenile division of circuit court with jurisdiction of an ongoing dependency neglect or FINS case of alleged victim
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim over whom the court has jurisdiction
Name of alleged offender
Type of maltreatment
 - 3) When Upon request
 - 4) Form CFS-226-T1
- V. Juvenile division of circuit court with jurisdiction of an ongoing dependency neglect or FINS case of alleged offender
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Name of alleged offender over whom the court has jurisdiction
Type of maltreatment
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
 - 4) Form CFS-230-T
- W. Attorney ad litem of alleged offender
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child

EXCERPT, Procedure XIV-A4

For the sake of brevity certain sections have been omitted

- 4) Form CFS-228-T
- X. Court appointed special advocate of alleged offender
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
 - 4) Form CFS-228-T
- Y. Counsel in Dependency Neglect or FINS Case of an alleged offender
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged offender
Name of alleged victim
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-230-T
- Z. Counsel in Dependency Neglect or FINS Case of an alleged victim
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged offender
Name of alleged victim
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-226-T1
- AA. Attorney ad litem of child in foster home where maltreatment is reported
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of child represented by the AAL only
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
 - 4) Form CFS-229-T
- BB. Court appointed special advocate of child in foster home where maltreatment is reported or when alleged juvenile offender or under-aged juvenile offender is placed in the same placement as client
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of child represented by the CASA only
Type of maltreatment
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
 - 4) Form CFS-229-T
- CC. Multidisciplinary Team for Alleged Offender or Victim
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
 - 3) When Upon request or if department determines notification is necessary to ensure the health or safety of the child
 - 4) Form CFS-230-T

EXCERPT, Procedure XIV-A4

For the sake of brevity certain sections have been omitted

DD. School where any child who is an alleged victim of maltreatment is enrolled

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-231-T or CACD-231-T as appropriate

EE. School where alleged juvenile offender is enrolled

- 1) No notice at this time

FF. Offender, 13 years of age and older (see "True Determination and special process for Notice to Offender" below)

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS 232-T1 and CFS-232-T1a or CACD-232-T1 and CACD-232-T1a as appropriate

GG. Offender, Exempt, Garrett's Law or Religious

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-232-T2 or CACD-232-T2 as appropriate

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For the sake of brevity certain sections have been omitted

PROCEDURE XIV-A5: Notices of Unsubstantiated Allegations of Child Maltreatment

07/2010

When a determination that an allegation of child maltreatment is not supported by a preponderance of evidence and is determined to be unsubstantiated, the investigating agency shall notify as outlined below or confirm upon request as outlined below, only if notice of the allegation was given:

- A. Law Enforcement
 - 1) Type of Allegation Severe maltreatment only
 - 2) What Information
 - Name of each victim
 - Name of alleged offender
 - Type of Maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-241-U or CACD-241-U as appropriate

- B. Prosecuting Attorney
 - 1) Type of Allegation Severe maltreatment only
 - 2) What Information
 - Name of each victim
 - Name of alleged offender
 - Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-241-U or CACD-241-U as appropriate

- C. Licensing or Registering Authority
 - 1) Type of Allegation All maltreatment
 - 2) What Information
 - Name of alleged offender
 - Type of maltreatment
 - 3) When Upon request
 - 4) Form CFS-242-U or CACD-242-U as appropriate

- D. Facility Director
 - 1) Type of Allegation All maltreatment, only if the maltreatment occurred at the facility and the facility is licensed or registered by, or is operated by or operated under contract with the State of Arkansas
 - 2) What Information
 - Name of alleged offender
 - Type of maltreatment
 - 3) When Upon request
 - 4) Form CFS-243-U or CACD-243-U as appropriate

- E. DHS Division Director
 - 1) Type of Allegation All maltreatment, only if the maltreatment occurred at a facility operated by or operated under contract with the Department
 - 2) What Information
 - Name of alleged victim
 - Name of alleged offender
 - Type of maltreatment
 - 3) When Upon request
 - 4) Form CFS-250-U

- F. Alleged underaged juvenile offender (under 13 years of age)

EXCERPT, Procedure XIV-A5

For the sake of brevity certain sections have been omitted

- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-240-U1 or CACD-240-U1 as appropriate
- G. Alleged juvenile offender (13-17 years of age)
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-240-U2 or CACD-240-U2 as appropriate
- H. Legal parent or legal guardian of alleged offender
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-244-U or CACD-244-U as appropriate
- I. Legal parent or legal guardian of alleged victim in foster care
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-245-U or CACD-245-U as appropriate
- J. Current Foster parent of alleged victim
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-245-U or CACD-245-U as appropriate
- K. Custodial, non-custodial parent, guardians, legal custodians of victim, regardless of the age of the child
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged victim
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-245-U or CACD-245-U as appropriate
- L. Alleged Victim
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged offender
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-245-U-1 or CACD-245-U-1 as appropriate

EXCERPT, Procedure XIV-A5

For the sake of brevity certain sections have been omitted

M. Attorney ad litem of alleged victim

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-246-U

N. Court appointed special advocate of alleged victim

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-246-U

O. Juvenile division of circuit court with jurisdiction of an ongoing dependency neglect or FINS case for alleged victim

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-246-U

P. Counsel in Dependency Neglect or FINS case if alleged victim has an open court case

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-246-U

Q. Juvenile division of circuit court with jurisdiction of an ongoing dependency neglect or FINS case for alleged offender

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-250-U

R. Counsel in Dependency Neglect or FINS case if alleged offender has an open court case

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-250-U

S. Attorney ad litem of alleged offender

EXCERPT, Procedure XIV-A5

For the sake of brevity certain sections have been omitted

- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged offender
Type of maltreatment
 - 3) When Upon request
 - 4) Form CFS-248-U
- T. Court appointed special advocate of alleged offender
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged offender
Type of maltreatment
 - 3) When Upon request
 - 4) Form CFS-248-U
- U. Attorney ad litem of other children in foster home where maltreatment is reported
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of child represented by the AAL only
Type of maltreatment
 - 3) When Upon request
 - 4) Form CFS-249-U
- V. Court appointed special advocate of other children in foster home
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of child represented by the CASA only
Type of maltreatment
 - 3) When Upon request
 - 4) Form CFS-249-U
- W. Multi-Disciplinary Team of alleged victim and alleged offender
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged offender
Name of alleged victim
Type of maltreatment
 - 3) When Upon request
 - 4) Form CFS-250-U
- X. Alleged offender
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged offender
Name of Alleged Victim
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-252-U or CACD-252-U as appropriate
- Y. Alleged offender's employer when other children under the care of the alleged offender appeared to have been at risk, only if notified initially
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged offender
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-254-U or CACD-254-U as appropriate

For the sake of brevity certain sections have been omitted

- Z. Person in charge of alleged offender's paid or volunteer activity when other children under the care of the alleged offender appeared to have been at risk, only if notified initially
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged offender
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-254-U or CACD-254-U as appropriate
- AA. Licensing or registering authority when children under care of the alleged offender appeared to have been at risk, only if notified initially
- 1) Type of Allegation All maltreatment
 - 2) What Information Name of alleged offender
Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-254-U or CACD-254-U as appropriate

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For the sake of brevity certain sections have been omitted

PROCEDURE XIV-A5: Notices of Unsubstantiated Allegations of Child Maltreatment

07/2010

When a determination that an allegation of child maltreatment is not supported by a preponderance of evidence and is determined to be unsubstantiated, the investigating agency shall notify as outlined below or confirm upon request as outlined below, only if notice of the allegation was given:

- A. Law Enforcement
 - 1) Type of Allegation Severe maltreatment only
 - 2) What Information
 - Name of each victim
 - Name of alleged offender
 - Type of Maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-241-U or CACD-241-U as appropriate
- B. Prosecuting Attorney
 - 1) Type of Allegation Severe maltreatment only
 - 2) What Information
 - Name of each victim
 - Name of alleged offender
 - Type of maltreatment
 - 3) When Within 10 business days of determination
 - 4) Form CFS-241-U or CACD-241-U as appropriate
- C. Licensing or Registering Authority
 - 1) Type of Allegation All maltreatment
 - 2) What Information
 - Name of alleged offender
 - Type of maltreatment
 - 3) When Upon request
 - 4) Form CFS-242-U or CACD-242-U as appropriate
- D. Facility Director
 - 1) Type of Allegation All maltreatment, only if the maltreatment occurred at the facility and the facility is licensed or registered by, or is operated by or operated under contract with the State of Arkansas
 - 2) What Information
 - Name of alleged offender
 - Type of maltreatment
 - 3) When Upon request
 - 4) Form CFS-243-U or CACD-243-U as appropriate
- E. DHS Division Director
 - 1) Type of Allegation All maltreatment, only if the maltreatment occurred at a facility operated by or operated under contract with the Department
 - 2) What Information
 - Name of alleged victim
 - Name of alleged offender
 - Type of maltreatment
 - 3) When Upon request
 - 4) Form CFS-250-U
- F. Alleged underaged juvenile offender (under 13 years of age)

EXCERPT, Procedure XIV-A5

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For the sake of brevity certain sections have been omitted

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-240-U1 or CACD-240-U1 as appropriate

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G. Alleged juvenile offender (13-17 years of age)

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-240-U2 or CACD-240-U2 as appropriate

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H. Legal parent or legal guardian of alleged offender

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-244-U or CACD-244-U as appropriate

I. Legal parent or legal guardian of alleged victim in foster care

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-245-U or CACD-245-U as appropriate

J. Current Foster parent of alleged victim

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-245-U or CACD-245-U as appropriate

K. Custodial, non-custodial parent, guardians, legal custodians of victim, regardless of the age of the child

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-245-U or CACD-245-U as appropriate

L. Alleged Victim

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-245-U-1 or CACD-245-U-1 as appropriate

For the sake of brevity certain sections have been omitted

M. Attorney ad litem of alleged victim

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-246-U

N. Court appointed special advocate of alleged victim

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-246-U

O. Juvenile division of circuit court with jurisdiction of an ongoing dependency neglect or FINS case for alleged victim

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-246-U

P. Counsel in Dependency Neglect or FINS case if alleged victim has an open court case

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-246-U

Q. Juvenile division of circuit court with jurisdiction of an ongoing dependency neglect or FINS case for alleged offender

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-250-U

R. Counsel in Dependency Neglect or FINS case if alleged offender has an open court case

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim
Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-250-U

S. Attorney ad litem of alleged offender

EXCERPT, Procedure XIV-A5

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For the sake of brevity certain sections have been omitted

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-248-U

T. Court appointed special advocate of alleged offender

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-248-U

U. Attorney ad litem of other children in foster home where maltreatment is reported

- 1) Type of Allegation All maltreatment
- 2) What Information Name of child represented by the AAL only
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-249-U

V. Court appointed special advocate of other children in foster home

- 1) Type of Allegation All maltreatment
- 2) What Information Name of child represented by the CASA only
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-249-U

W. Multi-Disciplinary Team of alleged victim and alleged offender

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Name of alleged victim
Type of maltreatment
- 3) When Upon request
- 4) Form CFS-250-U

X. Alleged offender

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Name of Alleged Victim
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-252-U or CACD-252-U as appropriate

Y. Alleged offender's employer when other children under the care of the alleged offender appeared to have been at risk, only if notified initially

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-254-U or CACD-254-U as appropriate

EXCERPT, Procedure XIV-A5

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Z. Person in charge of alleged offender's paid or volunteer activity when other children under the care of the alleged offender appeared to have been at risk, only if notified initially

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-254-U or CACD-254-U as appropriate

AA. Licensing or registering authority when children under care of the alleged offender appeared to have been at risk, only if notified initially

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-254-U or CACD-254-U as appropriate

MARKUP

EXCERPT, APPENDIX I

For the sake of brevity terms have been omitted

MANDATED REPORTER -- Individuals identified in the "Child Maltreatment Reporting Act" who must immediately notify the Child Abuse Hotline or law enforcement if they have reasonable cause to suspect that a child has been subjected to or died from child maltreatment, or who observe the child being subjected to conditions or circumstances which would reasonably result in child maltreatment. These individuals include:

AR State Police Crimes Against Children Division (CACD) Employee
Attorney ad litem in the course of his or her duties as an attorney ad litem
Child abuse advocate or volunteer
Child advocacy center employee
Child Care center worker
Child Care worker
Child safety center employee
Clergyman*
Coroner
Court Appointed Special Advocate (CASA) program staff or volunteer
Dental hygienist
Dentist
Department of Human Services employee
Domestic abuse advocate
Domestic violence shelter employee
Domestic violence volunteer
Employee working under contract for the Division of Juvenile Services
Foster care worker
Foster parent
Judge
Juvenile intake or probation officer
Law enforcement official
Licensed nurse
Medical personnel who may be engaged in admission, examination, care, or treatment of persons
Mental health professional
Osteopath
Peace officer
Physician
Prosecuting attorney
Rape crisis advocate or volunteer
Resident intern
School counselor

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EXCERPT, APPENDIX I

For the sake of brevity terms have been omitted

School official**

Sexual abuse advocate or volunteer

Social worker

Surgeon

Teacher

Victim assistance professional or volunteer

Victim/witness coordinator

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*Clergyman includes a minister, a priest, rabbi, accredited Christian Science practitioner, or other similar functionary of a religious organization, or an individual reasonably believed to be so by the person consulting him, except to the extent he has acquired knowledge of suspected maltreatment through communications required to be kept confidential pursuant to the religious discipline of the relevant denomination or faith, or he received knowledge of the suspected maltreatment from the offender in the context of a statement of admission.

**"School Official" means any person authorized by a school to exercise administrative or supervisory authority over employees, students, or agents of the school. A volunteer exercising administrative or supervisory authority in a program conducted by a school is also considered a school official.

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Deleted: means any person authorized by the school to exercise authority over students

SCHOOL -- Any; (1) Elementary school, junior high school, or high school; (2) Technical institute or post-secondary vocational-technical school; or; (3) Two-year or four-year college or university.

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MARKED

For the sake of brevity terms have been omitted

MANDATED REPORTER -- Individuals identified in the "Child Maltreatment Reporting Act" who must immediately notify the Child Abuse Hotline or law enforcement if they have reasonable cause to suspect that a child has been subjected to or died from child maltreatment, or who observe the child being subjected to conditions or circumstances which would reasonably result in child maltreatment. These individuals include:

- AR State Police Crimes Against Children Division (CACD) Employee
- Attorney ad litem in the course of his or her duties as an attorney ad litem
- Child abuse advocate or volunteer
- Child advocacy center employee
- Child Care center worker
- Child Care worker
- Child safety center employee
- Clergyman*
- Coroner
- Court Appointed Special Advocate (CASA) program staff or volunteer
- Dental hygienist
- Dentist
- Department of Human Services employee
- Domestic abuse advocate
- Domestic violence shelter employee
- Domestic violence volunteer
- Employee working under contract for the Division of Juvenile Services
- Foster care worker
- Foster parent
- Judge
- Juvenile intake or probation officer
- Law enforcement official
- Licensed nurse
- Medical personnel who may be engaged in admission, examination, care, or treatment of persons
- Mental health professional
- Osteopath
- Peace officer
- Physician
- Prosecuting attorney
- Rape crisis advocate or volunteer
- Resident intern
- School counselor

EXCERPT, APPENDIX I

For the sake of brevity terms have been omitted

School official**

Sexual abuse advocate or volunteer

Social worker

Surgeon

Teacher

Victim assistance professional or volunteer

Victim/witness coordinator

*Clergyman includes a minister, a priest, rabbi, accredited Christian Science practitioner, or other similar functionary of a religious organization, or an individual reasonably believed to be so by the person consulting him, except to the extent he has acquired knowledge of suspected maltreatment through communications required to be kept confidential pursuant to the religious discipline of the relevant denomination or faith, or he received knowledge of the suspected maltreatment from the offender in the context of a statement of admission.

**"School Official" means any person authorized by a school to exercise administrative or supervisory authority over employees, students, or agents of the school. A volunteer exercising administrative or supervisory authority in a program conducted by a school is also considered a school official.

SCHOOL -- Any: (1) Elementary school, junior high school, or high school; (2) Technical institute or post-secondary vocational-technical school; or, (3) Two-year or four-year college or university.

CLEEM



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to Facility Director

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender: _____

The Division of Children and Family Services of Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice or confirmation that:

- Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type(s) of maltreatment involved:

Please note that the alleged offender has a right to contest the agency investigation determination by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

CACD INVESTIGATOR PRINTED NAME

CACD INVESTIGATOR SIGNATURE



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to Facility Director

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender: _____

The Division of Children and Family Services of Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice or confirmation that:

- Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type(s) of maltreatment involved:

Please note that the alleged offender has a right to contest the agency investigation determination by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

CACD INVESTIGATOR PRINTED NAME

CACD INVESTIGATOR SIGNATURE



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to Facility Director

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____ CHRIS Referral # _____

Re: Name of Alleged Offender: _____

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice or confirmation that:

- Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type(s) of maltreatment involved:

Please note that the alleged offender has a right to contest the agency investigation determination by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

CACD INVESTIGATOR PRINTED NAME

CACD INVESTIGATOR SIGNATURE

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ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to Facility Director

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____ CHRIS Referral # _____

Re: Name of Alleged Offender: _____

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice or confirmation that:

- Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type(s) of maltreatment involved:

Please note that the alleged offender has a right to contest the agency investigation determination by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

CACD INVESTIGATOR PRINTED NAME

CACD INVESTIGATOR SIGNATURE

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ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice
to Alleged Juvenile Offender (if currently age 18 or older)

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving you at some point during the time you were 13 through 17 years of age. The incident was reported on (date) _____. The type of maltreatment was _____.

Please review the information below that is next to the box that is checked. Only the information next to the checked box pertains to you and your case.

[] Pursuant to A.C.A. 12-18-703, this notice is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

- Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

-
- Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice
to Alleged Juvenile Offender (if currently age 18 or older)

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____ CHRIS Referral # _____

Re: Name of Alleged Offender: _____

Name of Alleged Victim: _____

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving you at some point during the time you were 13 through 17 years of age. The incident was reported on (date) _____.

The type of maltreatment was _____

Please review the information below that is next to the box that is checked. Only the information next to the checked box pertains to you and your case.

[] Pursuant to A.C.A. 12-18-703, this notice is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

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Pursuant to Arkansas Code Ann. §12-18-703 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and your name should be placed in the Child Maltreatment Central Registry.

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Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

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You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, your employment or ability to provide volunteer services may be adversely affected if your name is placed on the Child Maltreatment Central Registry. Under certain circumstances, your name may be automatically removed or you may be able to petition to have your name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

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¶ When the hearing is waived or when the Administrative Law Judge upholds the true investigative determination, your name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, your employment or ability to provide volunteer services may be adversely affected if your name is placed on the Child Maltreatment Central Registry. Under certain circumstances, your name may be automatically removed or you may be able to petition to have your name removed after one year.¶

¶ You have the right to an attorney; if you cannot afford one you should contact Legal Services.¶

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To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

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You have the right to an attorney. If you cannot afford one, contact Legal Services.

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CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to
 Legal Parents and Legal Guardians
of Underaged Juvenile Offender (under 13 years old)

To: _____
Address: _____

From: _____
Address: _____

Phone: _____
County Office: _____
Date: _____

CHRIS Referral # _____

Re: Name of Underaged Juvenile Offender: _____
Name of Victim: _____

On _____ the Arkansas State Police Crimes Against Children Division, received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on the following date: _____

Pursuant to A.C.A. §12-18-704, this letter is to notify you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Although your child has been named as an Underaged Juvenile Offender, your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age.

Since your child's name will not be placed on the Child Maltreatment Central Registry, your child will not have an automatic administrative hearing. However, you may ask for an administrative hearing by submitting a signed request within 30 days of this notice to: Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks for that hearing to be held in-person. The request for an in-person hearing must also be made with 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

CLEAN



ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to
 Legal Parents and Legal Guardians
of Underaged Juvenile Offender (under 13 years old)

To: _____
Address: _____
From: _____
Address: _____
Phone: _____
County Office: _____
Date: _____

CHRIS Referral # _____

Re: Name of Underaged Juvenile Offender: _____
Name of Victim: _____

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On _____ the Arkansas State Police Crimes Against Children Division, received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on the following date: _____

Pursuant to A.C.A. §12-18-704, this letter is to notify you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Although your child has been named as an Underaged Juvenile Offender, your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age.

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Since your child's name will not be placed on the Child Maltreatment Central Registry, your child will not have an automatic administrative hearing. However, you may ask for an administrative hearing by submitting a signed request within 30 days of this notice to: Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks for that hearing to be held in person. The request for an in-person hearing must also be made with 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

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Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

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If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

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Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

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CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to
Legal Parents and Legal Guardians
of Alleged Juvenile Offender 13 through 15 Years of Age

To:
Address:
From:
Address:
Phone:
County Office:
Date:

CHRIS Referral #

Re: Name of Juvenile Offender:
Name of Victim:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on: . The type of maltreatment was

Please review the information below that is next to the box(es) that is/are checked. Only the information next to the checked box(es) pertain(s) to your child.

Pursuant to A.C.A. § 12-18-705, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because your child has been named as a juvenile offender and has also been adjudicated delinquent or has pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, your child will automatically have an administrative hearing.

The alleged juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

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- Pursuant to A.C.A. § 12-18-704, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although your child has been named as a juvenile offender, at this point in time your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age (13-15 years of age) at the time of the allegation and the fact that your child has not been adjudicated delinquent or has not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts as contained in the report.

Since your child's name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer your child for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing on the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box S566, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the name(s) of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

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- Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary. If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

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- Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.
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CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to
Legal Parents and Legal Guardians
of Alleged Juvenile Offender 13 through 15 Years of Age.

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To:
Address:
From:
Address:
Phone:
County Office:
Date:

CHRIS Referral #

Re: Name of Juvenile Offender:
Name of Victim:

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The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on... The type of maltreatment was...

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Please review the information below that is next to the box(es) that is/are checked. Only the information next to the checked box(es) pertain(s) to your child.

Pursuant to A.C.A. § 12-18-705, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because your child has been named as a juvenile offender and has also been adjudicated delinquent or has pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, your child will automatically have an administrative hearing.

The alleged juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

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Pursuant to A.C.A. § 12-18-704, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although your child has been named as a juvenile offender, at this point in time your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age (13-15 years of age) at the time of the allegation and the fact that your child has not been adjudicated delinquent or has not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts as contained in the report.

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Since your child's name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

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If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

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The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box S566, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the name(s) of the child(ren) involved.

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You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary. If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

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Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

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CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to
 Legal Parents and Legal Guardians of the Alleged Juvenile Offender
(16 through 17 Years of Age)

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to A.C.A. §12-18-705 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.

The type of maltreatment was

Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if his or her name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

- Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.
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CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to
 Legal Parents and Legal Guardians of the Alleged Juvenile Offender
(16 through 17 Years of Age)

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To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____ CHRIS Referral # _____

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to A.C.A. §12-18-705 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.

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The type of maltreatment was

Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

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If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if his or her name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

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The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

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To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

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Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

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If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

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CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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Arkansas Department of Human Services
Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice to Facility Director

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender:

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice or confirmation that:

- Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type(s) of maltreatment involved:

Please note that the alleged offender has a right to contest the agency investigation determination by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



Arkansas Department of Human Services
Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice to Facility Director

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____ CHRIS Referral # _____

Re: Name of Alleged Offender: _____

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice or confirmation that:

- Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type(s) of maltreatment involved:

Please note that the alleged offender has a right to contest the agency investigation determination by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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Arkansas Department of Human Services Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving you at some point during the time you were 13 through 17 years of age. The incident was reported on (date) _____. The type of maltreatment was _____.

Please review the information below that is next to the box that is checked. Only the information next to the checked box pertains to you and your case.

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

-
- Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

- Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

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You have the right to an attorney. If you cannot afford one, contact Legal Services.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

CLEAN



Arkansas Department of Human Services
Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice
to Alleged Juvenile Offender (if currently age 18 or older)

To:
Address:

From:

Title:

Phone:

County Office:

Date: CHRIS Referral #

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Division of Children and Family Services or Arkansas State Police, Crimes Against Children Division received an allegation of suspected child maltreatment involving you at some point during the time you were 13 through 17 years of age. The incident was reported on (date) . The type of maltreatment was

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Please review the information below that is next to the box that is checked. Only the information next to the checked box pertains to you and your case.

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Pursuant to Arkansas Code Ann. §12-18-703 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and your name should be placed in the Child Maltreatment Central Registry.

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

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The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

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Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

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¶ When the hearing is waived or when the Administrative Law Judge upholds the true investigative determination, your name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, your employment or ability to provide volunteer services may be adversely affected if your name is placed on the Child Maltreatment Central Registry. Under certain circumstances, your name may be automatically removed or you may be able to petition to have your name removed after one year.¶

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Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

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You have the right to an attorney. If you cannot afford one, contact Legal Services.

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DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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Arkansas Department of Human Services
Division of Children & Family Services

Child Maltreatment True Investigative Determination Notice to
Legal Parents and Legal Guardians
of Underaged Juvenile Offender (under 13 years old)

To:
Address:
From:
Address:
Phone:
County Office:
Date:

CHRIS Referral #

Re: Name of Underaged Juvenile Offender:
Name of Victim:

On the Division of Children and Family Services or Crimes Against Children Division, received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on the following date:

Pursuant to Arkansas Code Ann. §12-18-704, this letter is to notify you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Although your child has been named as an Underaged Juvenile Offender, your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age.

Since your child's name will not be placed on the Child Maltreatment Central Registry, your child will not have an automatic administrative hearing. However, you may ask for an administrative hearing by submitting a signed request within 30 days of this notice to: Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks for that hearing to be held in person. The request for an in-person hearing must also be made with 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

CLEAN



Arkansas Department of Human Services
Division of Children & Family Services

Child Maltreatment True Investigative Determination Notice to
Legal Parents and Legal Guardians
of Underaged Juvenile Offender (under 13 years old)

To:
Address:
From:
Address:
Phone:
County Office:
Date:

CHRIS Referral #

Re: Name of Underaged Juvenile Offender:
Name of Victim:

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On the Division of Children and Family Services or Crimes Against Children Division, received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on the following date:

Pursuant to Arkansas Code Ann. §12-18-704, this letter is to notify you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Although your child has been named as an Underaged Juvenile Offender, your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age.

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Since your child's name will not be placed on the Child Maltreatment Central Registry, your child will not have an automatic administrative hearing. However, you may ask for an administrative hearing by submitting a signed request within 30 days of this notice to: Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks for that hearing to be held in person. The request for an in-person hearing must also be made with 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

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If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

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Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

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DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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Arkansas Department of Human Services
Division of Children & Family Services

Child Maltreatment True Investigative Determination Notice to
Legal Parents and Legal Guardians
of Alleged Juvenile Offender 13 through 15 Years of Age

To:
Address:
From:
Address:
Phone:
County Office:
Date:

CHRIS Referral #

Re: Name of Juvenile Offender:
Name of Victim:

The Division of Children and Family Services or Crimes Against Children Division received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on [blank]. The type of maltreatment was [blank].

Please review the information below that is next to the box(es) that is/are checked. Only the information next to the checked box(es) pertain(s) to your child.

[] Pursuant to A.C.A. § 12-18-705, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because your child has been named as a juvenile offender and has also been adjudicated delinquent or has pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, your child will automatically have an administrative hearing.

The alleged juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

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- Pursuant to A.C.A. § 12-18-704, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although your child has been named as a juvenile offender, at this point in time your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age (13-15 years of age) at the time of the allegation and the fact that your child has not been adjudicated delinquent or has not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts as contained in the report.

Since your child's name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed, request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

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To obtain a copy of the report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box S566, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the name(s) of the child(ren) involved.

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DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



**Arkansas Department of Human Services
Division of Children & Family Services**

Child Maltreatment True Investigative Determination Notice to
 Legal Parents and Legal Guardians
 of Alleged Juvenile Offender 13 through 15 Years of Age,

To: _____
 Address: _____
 From: _____
 Address: _____
 Phone: _____
 County Office: _____
 Date: _____

CHRIS Referral # _____

Re: Name of Juvenile Offender: _____
 Name of Victim: _____

The Division of Children and Family Services or Crimes Against Children Division received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on, _____
 The type of maltreatment was _____

Please review the information below that is next to the box(es) that is/are checked. Only the information next to the checked box(es) pertain(s) to your child.

Pursuant to A.C.A. § 12-18-705, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because your child has been named as a juvenile offender and has also been adjudicated delinquent or has pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, your child will automatically have an administrative hearing.

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You have the right to an attorney. If you cannot afford one, contact Legal Services.

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Since your child's name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

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If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer your child for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box S566, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the name(s) of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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Arkansas Department of Human Services Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice to
 Legal Parents Legal Guardians of the Alleged Juvenile Offender
(16 through 17 Years of Age)

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Division of Children and Family Services or Arkansas State Police's Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to A.C.A. §12-18-705 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.

The type of maltreatment was

Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if his or her name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, you should contact Legal Services.

Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

- Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.
-

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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**Arkansas Department of Human Services
Division of Children and Family Services**

Child Maltreatment True Investigative Determination Notice to
 Legal Parents Legal Guardians of the Alleged Juvenile Offender
(16 through 17 Years of Age)

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To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____ CHRIS Referral # _____

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Division of Children and Family Services or Arkansas State Police's Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to A.C.A. §12-18-705 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.

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Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

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You have the right to an attorney. If you cannot afford one, you should contact Legal Services.

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Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

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If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

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DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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Arkansas Department of Human Services
Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice
to Current Foster Parents of the Alleged Offender in Foster Care

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender: _____

The Division of Children and Family Services (DCFS) or Arkansas State Police's Crimes Against Children Division (CACD) received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to A.C.A. §12-18-705, this is your notice that:

- Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type of maltreatment was

Please note that the alleged offender has a right to contest the agency investigation determination of true by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



Arkansas Department of Human Services
Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice
to Current Foster Parents of the Alleged Offender in Foster Care

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____ CHRIS Referral # _____

Re: Name of Alleged Offender:

The Division of Children and Family Services (DCFS) or Arkansas State Police's Crimes Against Children
Division (CACD) received an allegation of suspected child maltreatment involving the above named person. The
incident was reported on (date)

Pursuant to A.C.A. §12-18-705, this is your notice that:

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- Based on the preponderance of the evidence, the investigative agency determined the allegation to be true,
and the offender's name should be placed in the Child Maltreatment Central Registry.
Based on the preponderance of the evidence, the investigative agency determined the allegation to be true,
but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type of maltreatment was

Please note that the alleged offender has a right to contest the agency investigation determination of true by
requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged
offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES**
Adoption Assistance Agreement for State Funded Subsidy Payments

Adoptive Parent(s)' Name _____

Adoptive parent(s)'s Address _____

I (we), adoptive parents of _____

Child's Full Adoptive Name	Social Security Number	Date of Birth
-----------------------------------	-------------------------------	----------------------

Reason/Special Needs:

- | | |
|--|--|
| <input type="checkbox"/> Serious Physical/Mental/Emotional Condition | <input type="checkbox"/> Race _____ |
| <input type="checkbox"/> Child at Risk of Serious Physical/Mental/ Emotional Condition | <input type="checkbox"/> Member of a Sibling Group |
| <input type="checkbox"/> Age _____ | <input type="checkbox"/> Other (Specify) _____ |

This Agreement will be effective **UPON FINALIZATION** and remain in effect until the child's eighteenth (18th) birthday, or unless termination of the Agreement occurs as a result of one or more conditions set forth in Section IV (Termination) of this Agreement.

_____ **Date of Adoption Finalization**

Amended Agreement: This amends the Adoption Assistance Agreement for the child adopted on _____ **Date**

This Agreement will be effective _____ **Date** and remain in effect until _____ **Date**

PROVISIONS OF AGREEMENT

I. Monthly Maintenance Subsidy

Monthly Payments of \$ _____ for _____ months

\$ _____ for _____ months

Sub-Total \$ _____

II. Special Subsidy (specify)

Sub-Total \$ _____ **TOTALS \$** _____

III. I (we) agree to provide the Division of Children and Family Services with statements of my (our) finances, my (our) circumstances, and the child's circumstances: (a) upon request; and (b) in the event of significant

changes.

IV. Automatic increases will occur due to child's age. A subsidy may be continued as long as the terms of the Agreement specify and eligibility exists under the current rules and regulations for subsidized adoptions.

A subsidy will be discontinued when:

- (a) The child reaches the age of eighteen;
- (b) The subsidy benefits are provided by other state or federal programs;
- (c) The child dies;
- (d) The adoptive parent(s) of the child die (one in a single parent family and both in a two-parent family); or
- (e) The family is no longer legally responsible for providing care and support for the adoptive child.

V. If I (we) plan to move to another state, I (we) will notify the Division of Children and Family Services in Arkansas at least ten days prior to the move.

VI. Maintenance and special subsidies as outlined in this Agreement will be payable without regard for my (our) state of residence.

VII. If my (our) child is eligible to receive a Medicaid card, I (we) understand that it will be necessary to follow the appropriate procedures as determined by Arkansas or my (our) new resident state in order for Medicaid eligibility to continue.

VIII. This Agreement is for the benefit of the subject child, his or her parents and the State of Arkansas and is enforceable by any and all of these parties.

IX. Adoptive parents may appeal the Division's decision to reduce, change or terminate adoption assistance in accordance with the state's hearing and appeal process.

X. For special subsidies, this Agreement will be in effect for no longer than 12 months. If a modification should occur sooner, a new Agreement will be entered.

SUBSIDY NOTE:

Children at high risk for the development of a serious physical, mental, developmental or emotional condition may be considered special needs if documentation of the risk is provided by a medical professional specializing in the area of the condition for which the child is considered at risk, but no subsidy payment will be made without documentation that the child has developed the actual condition. When DHS accepts that the child has developed the condition, the adoption subsidy shall be retroactive to the date the adoptive parents submitted adequate documentation that the child developed the condition. In order to be eligible for special needs based on developmental delay, documentation must be provided, current within 6 months, attesting to the fact that the child has a delay of 24% or more in two major developmental categories.

By: _____
Director, Division of Children and Family Services

Date

Adoptive Mother's Signature

Date

Adoptive Father's Signature

Date

A signed copy of the Adoption Assistance Agreement was given / sent to the Adoptive parent(s) on _____
Date

INSTRUCTIONS

CFS-428A

Adoption Assistance Agreement for State Funded Subsidy Payments

PURPOSE -

To define the parameters for an Adoption Assistance Agreement regarding subsidy payments funded by the state. The form identifies the adoptive parents and child(ren). It establishes the amount of the subsidy and the period it will be in effect. The form also specifies the nature of the problem(s) that justify the subsidy.

COMPLETION -

1. The Adoption Subsidy Coordinator fills out the CFS-428a.
2. Insert the adoptive parent(s) name(s) and address.
3. Insert the adoptive child's full name, social security number and date of birth.
4. Insert the date on which the adoption was finalized.
5. Mark the check box if this is an amendment to a prior agreement AND insert the original date of the adoption.
6. Insert the starting and ending dates for this agreement.
7. At numbered item 1., insert the amount of the monthly subsidy payment AND the number of months the agreement will exist.
8. At numbered item 2., insert a brief justification for the subsidy.
9. Read all the information in numbered items 3. – 10 carefully.
10. The adoptive mother and adoptive father will sign and date the form.
11. The DCFS Director or his/her designee will sign and date the form.
12. The DCFS staff member, who gives or mails a signed copy of the form to the adoptive parents will insert the date the signed copy is mailed or given to the adoptive parents.

ROUTING -

1. Once the DCFS Director or his/her designee signs the form, the Adoption Subsidy Coordinator will retain a copy and send the original to the appropriate Adoption Specialist.
2. The Adoption Specialist will have the adoptive parent(s) sign and date the original.
3. The Adoption Specialist will make two copies of the completed form with all the required signatures and will retain one and give the other copy to the adoptive parent(s).
4. The Adoption Specialist will return the completed original form to the Adoption Subsidy Coordinator.

NOTE: The Adoption Specialist will ensure that the original and all copies are dated with the date when a completed copy was given to the adoptive parents.



ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
 Adoption Assistance Agreement for State Funded Subsidy Payments

Adoptive Parent(s)' Name _____

Adoptive parent(s)'s Address _____

I (we), adoptive parents of _____

Child's Full Adoptive Name Social Security Number Date of Birth

Reason/Special Needs:

- Serious Physical/Mental/Emotional Condition
- Child at Risk of Serious Physical/Mental/ Emotional Condition
- Age
- Race
- Member of a Sibling Group
- Other (Specify) _____

This Agreement will be effective UPON FINALIZATION and remain in effect until the child's eighteenth (18th) birthday, or unless termination of the Agreement occurs as a result of one or more conditions set forth in Section IV (Termination) of this Agreement.

Date of Adoption Finalization _____

Amended Agreement: This amends the Adoption Assistance Agreement for the child adopted on _____

Date

This Agreement will be effective _____ and remain in effect until _____

Date

Date

Deleted: This Agreement will be effective UPON FINALIZATION and remain in effect for one year.

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Date of Adoption Finalization

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PROVISIONS OF AGREEMENT

I. Monthly Maintenance Subsidy
 Monthly Payments of \$ _____ for _____ months

\$ _____ for _____ months

Sub-Total \$ _____

II. Special Subsidy (specify) _____

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Sub-Total \$ _____ TOTALS \$ _____

III. I (we) agree to provide the Division of Children and Family Services with statements of my (our) finances, my (our) circumstances, and the child's circumstances: (a) upon request; and (b) in the event of significant changes.

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IV. Automatic increases will occur due to child's age. A subsidy may be continued as long as the terms of the Agreement specify and eligibility exists under the current rules and regulations for subsidized adoptions.

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A subsidy will be discontinued when:

- (a) The child reaches the age of eighteen;
- (b) The subsidy benefits are provided by other state or federal programs;
- (c) The child dies;
- (d) The adoptive parent(s) of the child die (one in a single parent family and both in a two-parent family); or
- (e) The family is no longer legally responsible for providing care and support for the adoptive child.**

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V. If I (we) plan to move to another state, I (we) will notify the Division of Children and Family Services in Arkansas at _____ least ten days prior to the move.

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VI. Maintenance and special subsidies as outlined in this Agreement will be payable without regard for my (our) state of _____ residence.

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VII. If my (our) child is eligible to receive a Medicaid card, I (we) understand that it will be necessary to follow the _____ appropriate procedures as determined by Arkansas or my (our) new resident state in order for Medicaid eligibility to _____ continue.

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VIII. This Agreement is for the benefit of the subject child, his or her parents and the State of Arkansas and is enforceable _____ by any and all of these parties.

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IX. Adoptive parents may appeal the Division's decision to reduce, change or terminate adoption assistance in _____ accordance with the state's hearing and appeal process.

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X. For **special subsidies**, this Agreement will be in effect for no longer than 12 months. If a modification should occur _____ sooner, a new Agreement will be entered.

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SUBSIDY NOTE:

Children at high risk for the development of a serious physical, mental, developmental or emotional condition may be considered special needs if documentation of the risk is provided by a medical professional specializing in the area of the condition for which the child is considered at risk, but no subsidy payment will be made without documentation that the child has developed the actual condition. When DHS accepts that the child has developed the condition, the adoption subsidy shall be retroactive to the date the adoptive parents submitted adequate documentation that the child developed the condition. In order to be eligible for special needs based on developmental delay, documentation must be provided, current within 6 months, attesting to the fact that the child has a delay of 24% or more in two major developmental categories.

By: _____
Director, Division of Children and Family Services

_____ Date

Adoptive Mother's Signature

_____ Date

Adoptive Father's Signature

_____ Date

A signed copy of the Adoption Assistance Agreement was given / sent to the Adoptive parent(s) on _____

_____ Date

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INSTRUCTIONS
CFS-428A

Adoption Assistance Agreement for State Funded Subsidy Payments

PURPOSE -

To define the parameters for an Adoption Assistance Agreement regarding subsidy payments funded by the state. The form identifies the adoptive parents and child(ren). It establishes the amount of the subsidy and the period it will be in effect. The form also specifies the nature of the problem(s) that justify the subsidy.

COMPLETION -

1. The Adoption Subsidy Coordinator fills out the CFS-428a.
2. Insert the adoptive parent(s) name(s) and address.
3. Insert the adoptive child's full name, social security number and date of birth.
4. Insert the date on which the adoption was finalized.
5. Mark the check box if this is an amendment to a prior agreement AND insert the original date of the adoption.
6. Insert the starting and ending dates for this agreement.
7. At numbered item 1., insert the amount of the monthly subsidy payment AND the number of months the agreement will exist.
8. At numbered item 2., insert a brief justification for the subsidy.
9. Read all the information in numbered items 7 - 10 carefully.
10. The adoptive mother and adoptive father will sign and date the form.
11. The DCFS Director or his/her designee will sign and date the form.
12. The DCFS staff member, who gives or mails a signed copy of the form to the adoptive parents will insert the date the signed copy is mailed or given to the adoptive parents.

ROUTING -

1. Once the DCFS Director or his/her designee signs the form, the Adoption Subsidy Coordinator will retain a copy and send the original to the appropriate Adoption Specialist.
2. The Adoption Specialist will have the adoptive parent(s) sign and date the original.
3. The Adoption Specialist will make two copies of the completed form with all the required signatures and will retain one and give the other copy to the adoptive parent(s).
4. The Adoption Specialist will return the completed original form to the Adoption Subsidy Coordinator.

NOTE: The Adoption Specialist will ensure that the original and all copies are dated with the date when a completed copy was given to the adoptive parents.

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**Arkansas Department of Human Services
Division of Children and Family Services
IN HOME CONSULTATION VISIT REPORT**

The In Home Consultation Visit is the first formal step in the foster and/or adoptive parent application process. Failure to provide complete and accurate information may result in a delay in processing the application.

Date Completed Inquiry/Info Meeting: _____ Date of Initial Contact: _____

Date of Home Visit: _____ County: _____

TYPE OF HOME: PROVISIONAL FOSTER HOME REGULAR FOSTER HOME ADOPTIVE HOME

If provisional, date of child's placement in home: _____

Applicant Name: _____ SSN: _____ Age: _____

DOB: _____ Race: _____ Highest Grade Completed: _____ Religious Preference: _____

Primary Phone: (____) _____ - _____ Other Phone: (____) _____ - _____

Joint Applicant Name: _____ SSN: _____ Age: _____

DOB: _____ Race: _____ Highest Grade Completed: _____ Religious Preference: _____

Address, City, State, Zip: _____

Preferred Training Timeframe (for MidSOUTH PRIDE planning purposes only; marking a selection does not guarantee that preferred timeframe will be available):

Week Nights Weekends Combination of Week Nights and Weekends

FAMILY COMPOSITION

Two-Parent Household Single-Parent Household

PREVIOUS MARRIAGES

Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

Joint Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

MILITARY HISTORY

	Branch(es)	Rank	Dates	Honorably Discharged?
Applicant				
Joint Applicant				

CHILDREN LIVING IN THE HOME FULL-TIME OR PART-TIME (e.g. college-age children, stepchildren)

NAME	SSN	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PLACE OF EMPLOYMENT OR SCHOOL/ GRADE

OTHER PEOPLE LIVING IN THE HOME (Anyone living in the home for 3 months or more, whether consecutively or cumulatively, must be listed.)

NAME	SSN	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PLACE OF EMPLOYMENT OR SCHOOL/ GRADE

PETS (All household pets must have proof of current rabies vaccinations.)

Breed/Species	Current rabies vaccination?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

ADDITIONAL INFORMATION

1. Have the applicants previously applied or been approved to foster? Yes No H
2. If yes, please provide agency name, city, and date: _____
3. Have the applicants ever been denied to foster? Yes No H
4. If yes, please explain: _____

5. Have the applicants previously applied or been approved to adopt? Yes No H
6. If yes, please provide agency name, city, and date approved: _____ I
7. Have the applicants ever been denied for adoption? Yes No H
8. If yes, please explain: _____
9. Can the applicants provide reliable transportation for children in foster care? Yes No C
10. Do the applicants have any pending legal actions? Yes No D
11. If yes, please provide a brief explanation: _____ I
12. Do any roomers or boarders reside in the home? Yes No D
13. Do applicants and/or other household members smoke? Yes No D
14. If yes, please list names: _____ I
15. What are the sleeping arrangements for all members of the household? How many bedrooms and bathrooms are in the home and what is the square footage of each room? W

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16. What is each applicant's daily routine?

[Empty response box]

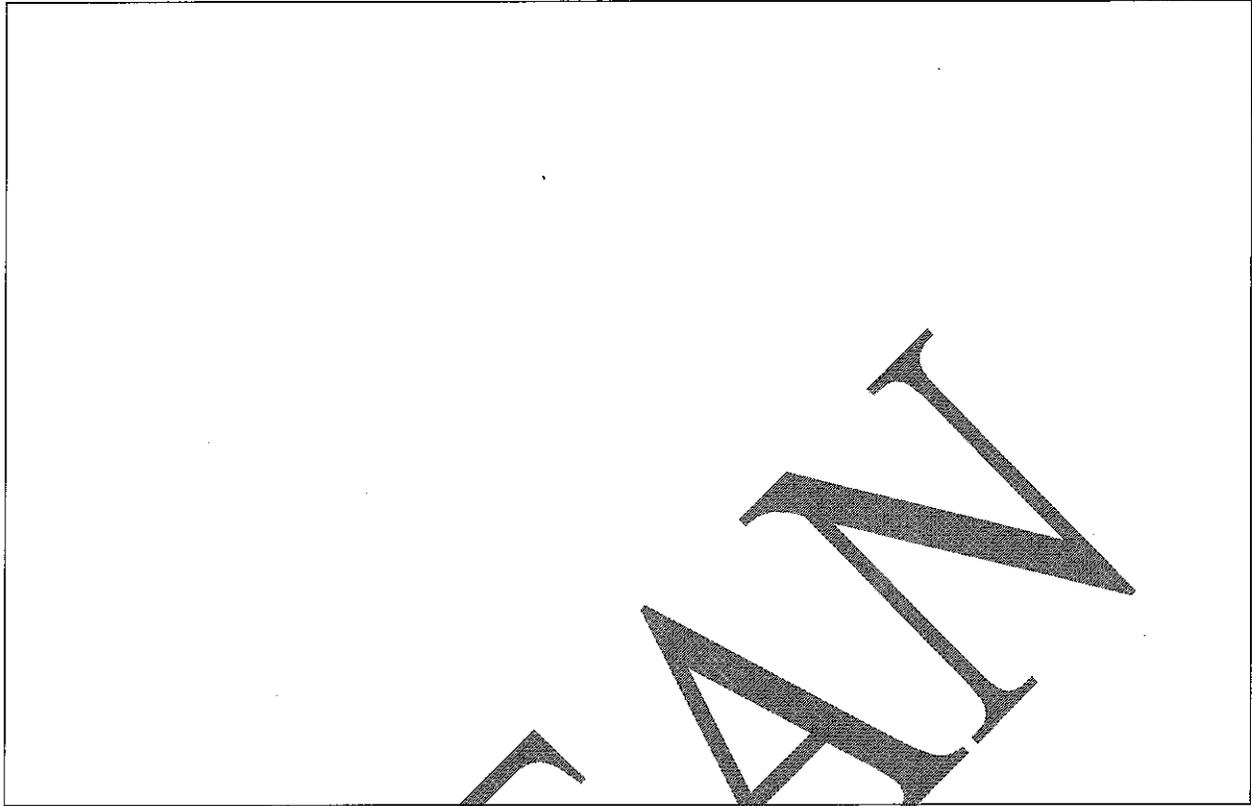
17. If the applicants work outside of the home, what are the child care plans?

[Empty response box]

18. Describe family composition (including step-children, adult children, and any other individuals who may reside inside or outside of the home):

[Empty response box]

19. Describe the family's support system (e.g., extended family, neighbors, friends, church, community).



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RESPONSIBILITIES *As outlined in Minimum Licensing Standards, the following are the responsibilities of foster parents. It is important for foster parent to understand these responsibilities in order to ensure the safety and well-being of children who are placed in their home.*

1. Foster parents shall be responsible for providing the level of supervision, care, and treatment necessary to ensure the safety and well being of each child placed into their home, taking into account the child's age, individual differences and abilities, surrounding circumstances, hazards and risks.
2. Foster parents shall provide regular activities to promote the physical, social, intellectual, spiritual, and emotional development of the children in care.
3. Foster parents shall provide each child their own clothing that is clean, well fitted, seasonal, appropriate to age and sex, and comparable to community standards.
4. Foster parents shall allow foster children to acquire and keep personal belongings.
5. Foster parents shall fully cooperate with DCFS's efforts to achieve the case plan goals for each foster child, including visitation.
6. Foster parents shall provide routine transportation for each child.
7. Foster parents shall attend and participate in case planning and case plan reviews.
8. Foster parents shall attend school conferences concerning a foster child, and shall notify DCFS of any situations that may affect the case plan or require agency involvement.
9. Foster parents shall notify DCFS promptly of serious illness, injury, or unusual circumstances affection the health, safety, or welfare of the foster child.
10. Foster parents shall cooperate with DCFS in conducting monitoring and investigations, and shall provide information required to verify compliance with rules.
11. Foster parents shall maintain absolute confidentiality of private information about each foster child and the birth family.
12. The foster parents shall give advance notice to DCFS of any major changes that affect the life and circumstances of the foster family, including a change of residence, whenever possible.
13. Foster parents shall keep a life book for each foster child that includes:
 - a. Periodic photographs of the child;
 - b. A record of the child's memberships, activities, and participation in extracurricular school or church activities;
 - c. Trophies, awards, ribbons, etc.

I acknowledge that I was informed of the Standards of Approval and Foster Parent Responsibilities, including but not limited to those outlined above. I further acknowledge that the Resource Worker/Adoption Specialist has informed me of the standards of approval that must be met in order to obtain approval as a foster/adoptive home.

Applicant Signature

Date

Joint Applicant Signature

Date

Resource Worker/Adoption Specialist Name

Date

Signature

FINANCIAL STATEMENT (Recent check stubs and the previous year's income tax return are required for employment verification.)

Monthly Income		Monthly Expenses	
<i>Applicant</i>		Rent/House Payment	\$
Gross Income	\$	Water	\$
Net Income	\$	Electric	\$
Other Income	\$	Gas (Utility)	\$
Total Income	\$	Home Alarm System	\$
		Cable/Satellite/Internet	\$
<i>Joint Applicant</i>		Cell Phone	\$
Gross Income	\$	Other Phone	\$
Net Income	\$	Auto Insurance	\$
Other Income	\$	Vehicle Payment	\$
Total Income	\$	Vehicle Maintenance	\$
		Gas (Vehicles)	\$
Savings		Entertainment	\$
Applicant	\$	Groceries	\$
Joint Applicant	\$	Dining Out	\$
Joint Savings	\$	Health Insurance	\$
		Prescriptions	\$
Insurance Coverage		Other Medical	\$
Medical Company		Dental	\$
Type		Life Insurance	\$
Coverage	\$	Charitable Giving	\$
		Credit Card #1	\$
		Credit Card #2	\$
		Credit Card #3	\$
		Other Debt Payment	\$
		Student Loan #1	\$
		Student Loan #2	\$
		Other Loan Payment	\$

Resource Worker comments regarding assessment of applicant's financial stability (attach additional page(s) if necessary): _____

STANDARDS OF APPROVAL	YES	NO
Home Requirements—Interior:		
1. Is the interior of the home clean and free of physical and health hazards?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the home have adequate light, heat, ventilation, and plumbing for safe and comfortable living?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there adequate space for privacy, play, and study for all household members? <i>Copy of the current floor plan of the home with room dimensions of all rooms used for sleeping will be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there sufficient seating for the family to eat together?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will each child in foster care have adequate space for storing clothing and personal belongings, in or near his/her bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are heating devices such as radiators, fireplaces, wood stoves, gas or electric heaters, and steam and hot water pipes within reach of children screened or otherwise protected?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have fire hazards, such as dangerous or defective heating equipment, flammable materials, defective electrical appliances or electrical cords, excessive use of extension cords, etc., been eliminated or corrected?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are interior halls and doors free from clutter and not blocked, ensuring easy passage/exit?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is all garbage and other waste kept in a suitable covered receptacle and disposed of in such a way as not to constitute a health or safety hazard?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does home have at least one flush toilet, one sink with running water, and one bath or shower with hot and cold water?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are cleaning supplies, insecticides, gasoline, hazardous tools, knives, or similarly dangerous objects stored out of reach of children or kept in locked closets or drawers?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are liquor and other alcoholic beverages stored out of reach of children?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all firearms unloaded; maintained in a secure, locked location; and stored separately from ammunition?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are operational smoke detectors located within 10 feet of the kitchen and each bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is there an operational chemical fire extinguisher in the cooking area?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the home have an operational telephone or working cellular phone that is accessible to all children?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are emergency phone numbers (911, fire, ambulance, and responsible adult to contact in case of emergency) posted near each telephone?	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping Arrangements:	YES	NO
18. Will children sleep in a bedroom, not in a living room, or dining room where others are passing through?	<input type="checkbox"/>	<input type="checkbox"/>

19. Does each bedroom have at least 50 square feet of floor space per occupant?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do bedrooms have windows which provide natural light and ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
21. Does each bedroom to be used for children in foster care have a window to the outside which is capable of serving as an emergency escape?	<input type="checkbox"/>	<input type="checkbox"/>
22. Can bars, grilles, grates or other items that block access to the bedroom window be removed from the inside without the use of a key, tool, or force greater than required for normal operation of a window?	<input type="checkbox"/>	<input type="checkbox"/>
a. In this event, does each such bedroom contain a working smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>
23. Will no more than 4 children share a bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
24. Will each child in foster care be provided a comfortable bed, in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
25. Will children of the opposite sex not share the same bedroom if either child is 4 years old or older, except for a mother in foster care with her child?	<input type="checkbox"/>	<input type="checkbox"/>
26. Will any children share a bed if either child is 4 years old or older?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are any applicable children who will share a bed the same sex?	<input type="checkbox"/>	<input type="checkbox"/>
27. Will any child under age 6 occupy a top bunk?	<input type="checkbox"/>	<input type="checkbox"/>
28. Will any child in foster care, except an infant under age 2, share a sleeping room with adults? <i>In the case of a grandparent to the child, the age would increase to 4.</i>	<input type="checkbox"/>	<input type="checkbox"/>
29. Will each child be provided with clean bedding, in good condition, that will be laundered at least weekly, or as needed?	<input type="checkbox"/>	<input type="checkbox"/>
Home Requirements—Exterior:	YES	NO
30. Is home accessible to community resources needed by children in foster care?	<input type="checkbox"/>	<input type="checkbox"/>
31. Are the premises of the house, including the yard, garage, carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards which would endanger the safety of children?	<input type="checkbox"/>	<input type="checkbox"/>
32. Is yard free of dangerous debris, trash, uncovered cisterns, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
33. Is yard large enough to provide ample play space for children?	<input type="checkbox"/>	<input type="checkbox"/>
34. Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area?	<input type="checkbox"/>	<input type="checkbox"/>
35. If applicable, is the manufactured home properly installed and stabilized?	<input type="checkbox"/>	<input type="checkbox"/>
a. If the manufactured home is located in a mobile home park, is there sufficient fenced play space outside?	<input type="checkbox"/>	<input type="checkbox"/>
36. Is outdoor play equipment safe, hazard-free, and properly anchored?	<input type="checkbox"/>	<input type="checkbox"/>
37. Does home have at least 2 exterior doors situated to provide safe exit, or home has a written statement from the Fire Department that an alternative escape route is approved? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Home Requirements—Other:	YES	NO
38. Does home have a continuous supply of sanitary drinking water? The municipal water system is part of _____ (City), County of _____.	<input type="checkbox"/>	<input type="checkbox"/>

39. If the source is not a municipal water system, has the water been tested and approved by the Health Department? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
40. If the water is not approved, has an alternate compliance of water supply agreement (CFS-480) been established with the family and approved. <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
41. Does the home have a safe sewage disposal system?	<input type="checkbox"/>	<input type="checkbox"/>
42. If the home has a septic system, has it been tested and approved by the Health Department? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
43. Does family have a plan for evacuating the house in the event of fire and a plan for seeking shelter during a storm or tornado?	<input type="checkbox"/>	<input type="checkbox"/>
a. Is the escape plan posted within the home?	<input type="checkbox"/>	<input type="checkbox"/>
44. Has the family been informed that emergency evacuation drills must be performed and documented with each new child entering the home, and at least quarterly thereafter (date/time/persons involved/length of time needed to clear home)?	<input type="checkbox"/>	<input type="checkbox"/>
45. Does family have adequate toys that are safe and developmentally appropriate for children who will be placed in the home?	<input type="checkbox"/>	<input type="checkbox"/>
46. Is the number of children recommended to be placed in the home limited by the number of persons who can satisfactorily live within the physical limits of the home?	<input type="checkbox"/>	<input type="checkbox"/>
47. Is there a safety plan for any noted hazards in place?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, please identify which type:		
Transportation:	YES	NO
48. Do applicants have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities?	<input type="checkbox"/>	<input type="checkbox"/>
49. Do all vehicles owned by the applicants have liability insurance? <i>Documentation of liability insurance must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
50. Is any vehicle to be used to transport children in foster care insured and maintained in compliance with motor vehicle laws?	<input type="checkbox"/>	<input type="checkbox"/>
51. Do applicants and anyone else transporting children in foster care, have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
52. Will children be transported according to Arkansas law, including, but not limited to, use of safety belts, child safety seats, and smoking restrictions? <i>Children who are 5 and younger and children who weigh less than 60 pounds require a child safety seat. All other children must be restrained by safety belts. Smoking is prohibited in any motor vehicle in which a child who is less than 14 years of age is a passenger.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Medications:	YES	NO
53. Are all over-the-counter medications stored in an area not readily accessible to children, and are all prescription medications locked?	<input type="checkbox"/>	<input type="checkbox"/>
54. Will applicants be aware of possible side effects of all medications and administer them only in accordance with directions on the label?	<input type="checkbox"/>	<input type="checkbox"/>
55. Will applicants log all medications at the time the medication is administered and include the child's name; time and date; medication and dosage; and initials of the	<input type="checkbox"/>	<input type="checkbox"/>

person administering the medication?	<input type="checkbox"/>	<input type="checkbox"/>
56. Will age-appropriate children be provided a daily supply of medication (over-the-counter or prescription) for use when the child is away from the home during times the dose is needed? <i>Examples include pain relievers, fever reducers, and anti-inflammatory and other related medications, or prescribed antibiotics or inhalers. These medications must be logged at the time they are given to the child.</i>	<input type="checkbox"/>	<input type="checkbox"/>

DOES THE HOME MEET STANDARDS? Yes No

If no, list the standards not met and corrective action plan or safeguard measure to be implemented.

Standard Not Met & Corrective Action Plan/Safeguard Measure	Prior to Training	Prior to Home Approval	Persons Responsible

Corrective Actions Achieved/Safeguard Measures Implemented & Approved? Yes No

Applicant Signature

Date

Joint Applicant Signature

Date

Resource Worker/Adoption Specialist Name

Date

Signature

BACKGROUND CHECKS (Make additional copies of pages as necessary.)

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		
	FBI	STATE	VSP 1	VSP 2	IN-STATE CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	AR ADULT MALTREATMENT
SUBMITTED							
RECEIVED							
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved						

NAME OF PERSON CHECKED:

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		
	FBI	STATE	VSP 1	VSP 2	IN-STATE CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	AR ADULT MALTREATMENT
SUBMITTED							
RECEIVED							
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved						

NAME OF PERSON CHECKED:									
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS			ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17	
	FBI	STATE	VSP 1	VSP 2	ARGONIA MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	AR ADULT MALTREATMENT	Approved	Disapproved
SUBMITTED									
RECEIVED									
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved								

NAME OF PERSON CHECKED:									
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS			ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17	
	FBI	STATE	VSP 1	VSP 2	ARGONIA MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	AR ADULT MALTREATMENT	Approved	Disapproved
SUBMITTED									
RECEIVED									
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved								

RECOMMENDATIONS

Resource Worker/Adoption Specialist recommends approval of applicants to attend training? Yes No

Name Date

Signature

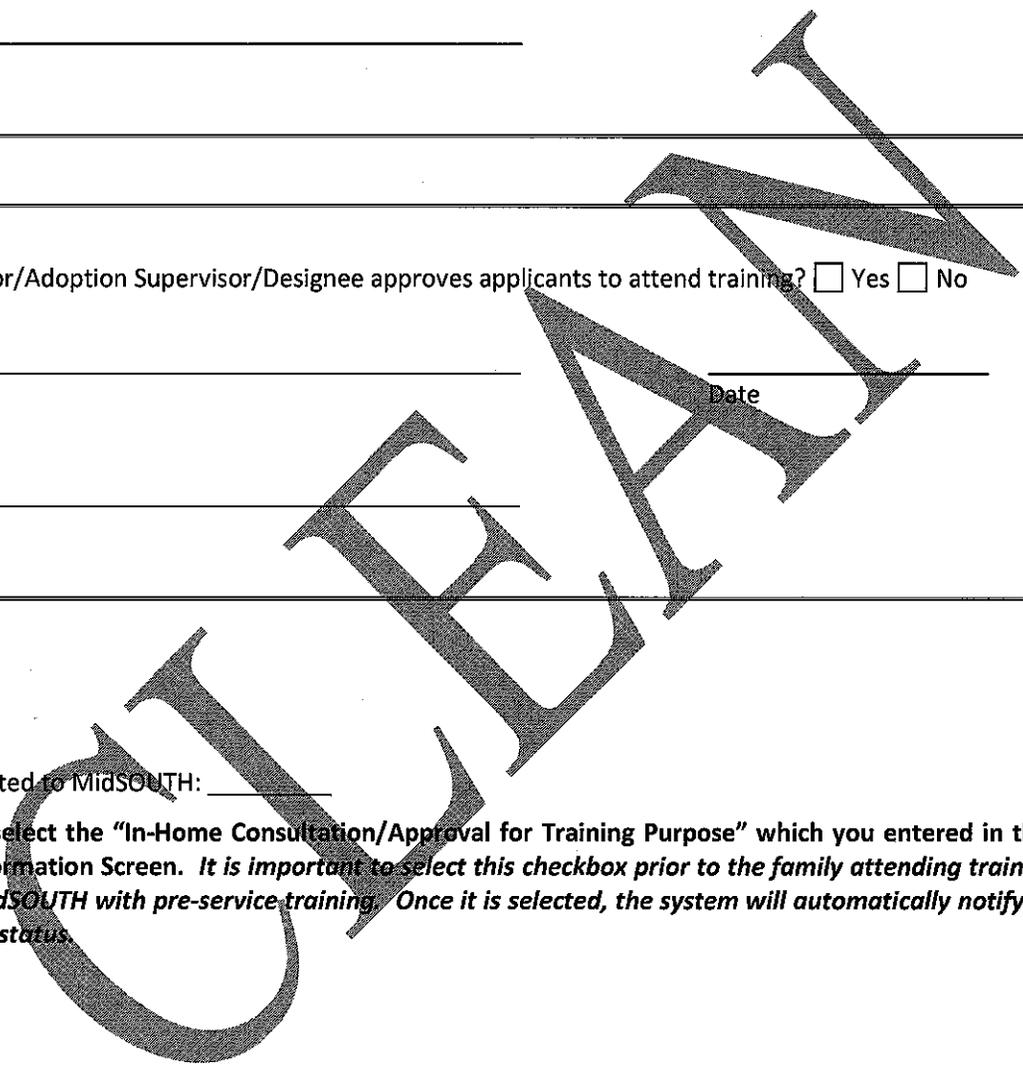
Area Director/Adoption Supervisor/Designee approves applicants to attend training? Yes No

Name Date

Signature

Date submitted to MidSOUTH: _____

Be sure to select the "In-Home Consultation/Approval for Training Purpose" which you entered in the Provider Contact Information Screen. It is important to select this checkbox prior to the family attending training in order to assist MidSOUTH with pre-service training. Once it is selected, the system will automatically notify MidSOUTH of approval status.





**Arkansas Department of Human Services
Division of Children and Family Services
IN HOME CONSULTATION VISIT REPORT**

*The In Home Consultation Visit is the first formal step in the foster and/or adoptive parent application process.
Failure to provide complete and accurate information may result in a delay in processing the application.*

Date Completed Inquiry/Info Meeting: _____ Date of Initial Contact: _____

Date of Home Visit: _____ County: _____

TYPE OF HOME: PROVISIONAL FOSTER HOME REGULAR FOSTER HOME ADOPTIVE HOME

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If provisional, date of child's placement in home: _____

Applicant Name: _____ SSN: _____ Age: _____

DOB: _____ Race: _____ Highest Grade Completed: _____ Religious Preference: _____

Primary Phone: (____) _____ - _____ Other Phone: (____) _____ - _____

Joint Applicant Name: _____ SSN: _____ Age: _____

DOB: _____ Race: _____ Highest Grade Completed: _____ Religious Preference: _____

Address, City, State, Zip: _____

Preferred Training Timeframe (for MidSOUTH PRIDE planning purposes only; marking a selection does not guarantee that preferred timeframe will be available):

Week Nights Weekends Combination of Week Nights and Weekends

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FAMILY COMPOSITION

Two-Parent Household Single-Parent Household

PREVIOUS MARRIAGES

Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

Joint Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

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MILITARY HISTORY

	Branch(es)	Rank	Dates	Honorably Discharged?
Applicant				
Joint Applicant				

CHILDREN LIVING IN THE HOME FULL-TIME OR PART-TIME (e.g. college-age children, stepchildren)

NAME	SSN	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PLACE OF EMPLOYMENT OR SCHOOL/GRADE

OTHER PEOPLE LIVING IN THE HOME (Anyone living in the home for 3 months or more, whether consecutively or cumulatively, must be listed.)

NAME	SSN	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PLACE OF EMPLOYMENT OR SCHOOL/GRADE

PETS (All household pets must have proof of current rabies vaccinations.)

Breed/Species	Current rabies vaccination?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

ADDITIONAL INFORMATION

1. Have the applicants previously applied or been approved to foster? Yes No H
2. If yes, please provide agency name, city, and date: _____
3. Have the applicants ever been denied to foster? Yes No H
4. If yes, please explain: _____

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5. Have the applicants previously applied or been approved to adopt? Yes No H

6. If yes, please provide agency name, city, and date approved: _____ I

7. Have the applicants ever been denied for adoption? Yes No H

8. If yes, please explain: _____

9. Do the applicants provide reliable transportation for children in foster care? Yes No C

10. Do the applicants have any pending legal actions? Yes No D

11. If yes, please provide a brief explanation: _____ I

12. Do any roomers or boarders reside in the home? Yes No D

13. Do applicants and/or other household members smoke? Yes No D

14. If yes, please list names: _____ I

15. What are the sleeping arrangements for all members of the household? How many bedrooms and bathrooms are in the home and what is the square footage of each room? W

MAILED

16. What is each applicant's daily routine?

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17. If the applicants work outside of the home, what are the child care plans?

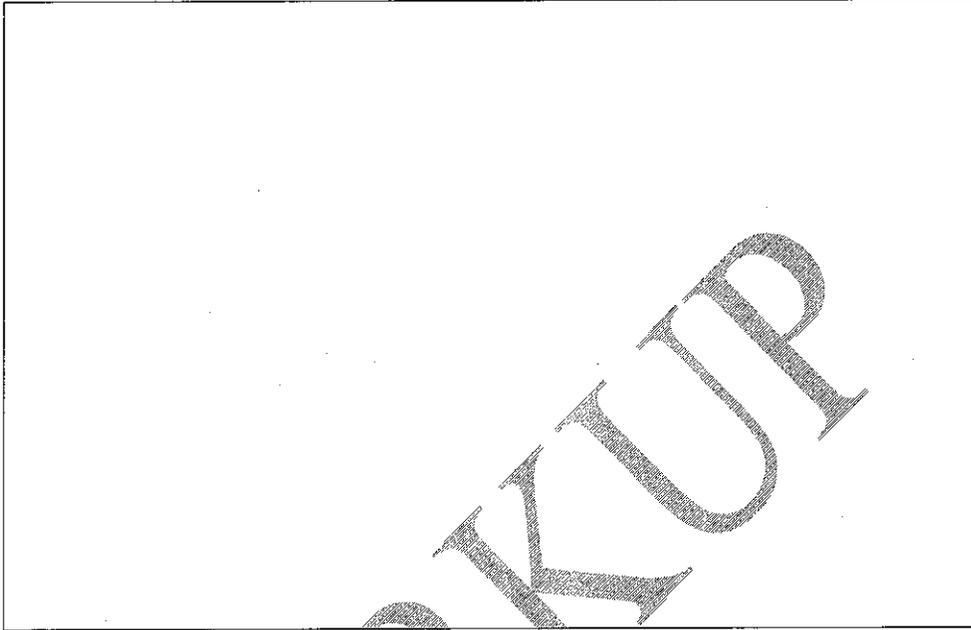
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18. Describe family composition (including step-children, adult children, and any other individuals who may reside inside or outside of the home).

[Empty text box]

19. Describe the family's support system (e.g., extended family, neighbors, friends, church, community).

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MARKUP

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FINANCIAL STATEMENT (Recent check stubs and the previous year's income tax return are required for employment verification.)

Monthly Income		Monthly Expenses	
<i>Applicant</i>		Rent/House Payment	\$
Gross Income	\$	Water	\$
Net Income	\$	Electric	\$
Other Income	\$	Gas (Utility)	\$
Total Income	\$	Home Alarm System	\$
		Cable/Satellite/Internet	\$
<i>Joint Applicant</i>		Cell Phone	\$
Gross Income	\$	Other Phone	\$
Net Income	\$	Auto Insurance	\$
Other Income	\$	Vehicle Payment	\$
Total Income	\$	Vehicle Maintenance	\$
		Gas (Vehicles)	\$
<i>Savings</i>		Entertainment	\$
Applicant	\$	Groceries	\$
Joint Applicant	\$	Dining Out	\$
Joint Savings	\$	Health Insurance	\$
		Prescriptions	\$
<i>Insurance Coverage</i>		Other Medical	\$
Medical Company		Dental	\$
Type		Life Insurance	\$
Coverage	\$	Charitable Giving	\$
		Credit Card #1	\$
		Credit Card #2	\$
		Credit Card #3	\$
		Other Debt Payment	\$
		Student Loan #1	\$
		Student Loan #2	\$
		Other Loan Payment	\$

Resource Worker comments regarding assessment of applicant's financial stability (attach additional page(s) if necessary): _____

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STANDARDS OF APPROVAL	YES	NO
Home Requirements—Interior:		
1. Is the interior of the home clean and free of physical and health hazards?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the home have adequate light, heat, ventilation, and plumbing for safe and comfortable living?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there adequate space for privacy, play, and study for all household members? <i>Copy of the current floor plan of the home with room dimensions of all rooms used for sleeping will be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there sufficient seating for the family to eat together?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will each child in foster care have adequate space for storing clothing and personal belongings, in or near his/her bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are heating devices such as radiators, fireplaces, wood stoves, gas or electric heaters, and steam and hot water pipes within reach of children screened or otherwise protected?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have fire hazards, such as dangerous or defective heating equipment, flammable materials, defective electrical appliances or electrical cords, excessive use of extension cords, etc., been eliminated or corrected?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are interior halls and doors free from clutter and not blocked, ensuring easy passage/exit?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is all garbage and other waste kept in a suitable covered receptacle and disposed of in such a way as not to constitute a health or safety hazard?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does home have at least one flush toilet, one sink with running water, and one bath or shower with hot and cold water?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are cleaning supplies, insecticides, gasoline, hazardous tools, knives, or similarly dangerous objects stored out of reach of children or kept in locked closets or drawers?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are liquor and other alcoholic beverages stored out of reach of children?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all firearms unloaded; maintained in a secure, locked location; and stored separately from ammunition?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are operational smoke detectors located within 10 feet of the kitchen and each bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is there an operational chemical fire extinguisher in the cooking area?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the home have an operational telephone or working cellular phone that is accessible to all children?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are emergency phone numbers (911, fire, ambulance, and responsible adult to contact in case of emergency) posted near each telephone?	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping Arrangements:	YES	NO
18. Will children sleep in a bedroom, not in a living room, or dining room where others are passing through?	<input type="checkbox"/>	<input type="checkbox"/>

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19. Does each bedroom have at least 50 square feet of floor space per occupant?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do bedrooms have windows which provide natural light and ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
21. Does each bedroom to be used for children in foster care have a window to the outside which is capable of serving as an emergency escape?	<input type="checkbox"/>	<input type="checkbox"/>
22. Can bars, grilles, grates or other items that block access to the bedroom window be removed from the inside without the use of a key, tool, or force greater than required for normal operation of a window?	<input type="checkbox"/>	<input type="checkbox"/>
a. In this event, does each such bedroom contain a working smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>
23. Will no more than 4 children share a bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
24. Will each child in foster care be provided a comfortable bed, in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
25. Will children of the opposite sex not share the same bedroom if either child is 4 years old or older, except for a mother in foster care with her child?	<input type="checkbox"/>	<input type="checkbox"/>
26. Will any children share a bed if either child is 4 years old or older?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are any applicable children who will share a bed the same sex?	<input type="checkbox"/>	<input type="checkbox"/>
27. Will any child under age 6 occupy a top bunk?	<input type="checkbox"/>	<input type="checkbox"/>
28. Will any child in foster care, except an infant under age 2, share a sleeping room with adults? <i>In the case of a grandparent to the child, the age would increase to 4.</i>	<input type="checkbox"/>	<input type="checkbox"/>
29. Will each child be provided with clean bedding, in good condition, that will be laundered at least weekly, or as needed?	<input type="checkbox"/>	<input type="checkbox"/>
Home Requirements—Exterior:	YES	NO
30. Is home accessible to community resources needed by children in foster care?	<input type="checkbox"/>	<input type="checkbox"/>
31. Are the premises of the house, including the yard, garage, carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards which would endanger the safety of children?	<input type="checkbox"/>	<input type="checkbox"/>
32. Is yard free of dangerous debris, trash, uncovered cisterns, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
33. Is yard large enough to provide ample play space for children?	<input type="checkbox"/>	<input type="checkbox"/>
34. Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area?	<input type="checkbox"/>	<input type="checkbox"/>
35. If applicable, is the manufactured home properly installed and stabilized?	<input type="checkbox"/>	<input type="checkbox"/>
a. If the manufactured home is located in a mobile home park, is there sufficient fenced play space outside?	<input type="checkbox"/>	<input type="checkbox"/>
36. Is outdoor play equipment safe, hazard-free, and properly anchored?	<input type="checkbox"/>	<input type="checkbox"/>
37. Does home have at least 2 exterior doors situated to provide safe exit, or home has a written statement from the Fire Department that an alternative escape route is approved? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Home Requirements—Other:	YES	NO
38. Does home have a continuous supply of sanitary drinking water? The municipal water system is part of _____ (City), County of _____.	<input type="checkbox"/>	<input type="checkbox"/>

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39. If the source is not a municipal water system, has the water been tested and approved by the Health Department? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
40. If the water is not approved, has an alternate compliance of water supply agreement (CFS-480) been established with the family and approved. <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
41. Does the home have a safe sewage disposal system?	<input type="checkbox"/>	<input type="checkbox"/>
42. If the home has a septic system, has it been tested and approved by the Health Department? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
43. Does family have a plan for evacuating the house in the event of fire and a plan for seeking shelter during a storm or tornado? a. Is the escape plan posted within the home?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
44. Has the family been informed that emergency evacuation drills must be performed and documented with each new child entering the home, and at least quarterly thereafter (date/time/persons involved/length of time needed to clear home)?	<input type="checkbox"/>	<input type="checkbox"/>
45. Does family have adequate toys that are safe and developmentally appropriate for children who will be placed in the home?	<input type="checkbox"/>	<input type="checkbox"/>
46. Is the number of children recommended to be placed in the home limited by the number of persons who can satisfactorily live within the physical limits of the home?	<input type="checkbox"/>	<input type="checkbox"/>
47. Is there a safety plan for any noted hazards in place? a. If yes, please identify which type:	<input type="checkbox"/>	<input type="checkbox"/>
Transportation:	YES	NO
48. Do applicants have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities?	<input type="checkbox"/>	<input type="checkbox"/>
49. Do all vehicles owned by the applicants have liability insurance? <i>Documentation of liability insurance must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
50. Is any vehicle to be used to transport children in foster care insured and maintained in compliance with motor vehicle laws?	<input type="checkbox"/>	<input type="checkbox"/>
51. Do applicants and anyone else transporting children in foster care, have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
52. Will children be transported according to Arkansas law, including, but not limited to, use of safety belts, child safety seats, and smoking restrictions? <i>Children who are 5 and younger and children who weigh less than 60 pounds require a child safety seat. All other children must be restrained by safety belts. Smoking is prohibited in any motor vehicle in which a child who is less than 14 years of age is a passenger.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Medications:	YES	NO
53. Are all over-the-counter medications stored in an area not readily accessible to children, and are all prescription medications locked?	<input type="checkbox"/>	<input type="checkbox"/>
54. Will applicants be aware of possible side effects of all medications and administer them only in accordance with directions on the label?	<input type="checkbox"/>	<input type="checkbox"/>
55. Will applicants log all medications at the time the medication is administered and include the child's name; time and date; medication and dosage; and initials of the	<input type="checkbox"/>	<input type="checkbox"/>

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person administering the medication?		
56. Will age-appropriate children be provided a daily supply of medication (over-the-counter or prescription) for use when the child is away from the home during times the dose is needed? <i>Examples include pain relievers, fever reducers, and anti-inflammatory and other related medications, or prescribed antibiotics or inhalers. These medications must be logged at the time they are given to the child.</i>	<input type="checkbox"/>	<input type="checkbox"/>

DOES THE HOME MEET STANDARDS? Yes No

If no, list the standards not met and corrective action plan or safeguard measure to be implemented.

Standard Not Met & Corrective Action Plan/Safeguard Measure	Prior to Training	Prior to Home Approval	Persons Responsible

Corrective Actions Achieved/Safeguard Measures Implemented & Approved? Yes No

Applicant Signature

Date

Joint Applicant Signature

Date

Resource Worker/Adoption Specialist Name

Date

Signature

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BACKGROUND CHECKS (Make additional copies of pages as necessary.)

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		
	FBI	STATE	VSP 1	VSP 2	AR/CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (If applicable)	AR ADULT MALTREATMENT
SUBMITTED							
RECEIVED							
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved				

NAME OF PERSON CHECKED:

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		
	FBI	STATE	VSP 1	VSP 2	AR/CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (If applicable)	AR ADULT MALTREATMENT
SUBMITTED							
RECEIVED							
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			

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NAME OF PERSON CHECKED:									
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS			ABSENCE OF CRIMINAL RECORD FOR YOUTH (0-17)	
	FBI	STATE	VSP 1	VSP 2	RESUB SUBSTITUTION	OUT OF STATE CHILD MALTREATMENT (If applicable)	ADULT MALTREATMENT		
SUBMITTED									
RECEIVED									
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved								

NAME OF PERSON CHECKED:									
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS			ABSENCE OF CRIMINAL RECORD FOR YOUTH (0-17)	
	FBI	STATE	VSP 1	VSP 2	RESUB SUBSTITUTION	OUT OF STATE CHILD MALTREATMENT (If applicable)	ADULT MALTREATMENT		
SUBMITTED									
RECEIVED									
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved						

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RECOMMENDATIONS

Resource Worker/Adoption Specialist recommends approval of applicants to attend training? Yes No

Name Date

Signature

Area Director/Adoption Supervisor/Designee approves applicants to attend training? Yes No

Name Date

Signature

Date submitted to MidSOUTH: _____

Be sure to select the "In-Home Consultation/Approval for Training Purpose" which you entered in the Provider Contact Information Screen. *It is important to select this checkbox prior to the family attending training in order to assist MidSOUTH with pre-service training. Once it is selected, the system will automatically notify MidSOUTH of approval status.*

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ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to Underaged Juvenile Offender (under 13 years old)

To: _____

Address: _____

From: _____

Address: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Underaged Juvenile Offender: _____

Name of Victim: _____

On _____ the Arkansas State Police Crimes Against Children Division, received an allegation of suspected child maltreatment identifying you as an alleged offender. The allegation stated that the incident was reported on the following date: _____.

Pursuant to A.C.A. 12-18-703, this letter is to notify you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Although you have been named as an Underaged Juvenile Offender, your name will not be placed in the Arkansas Child Maltreatment Central Registry due to your age.

Since your name will not be placed on the Child Maltreatment Central Registry, you will not have an automatic administrative hearing. However, you may ask for an administrative hearing by submitting a signed request within 30 days of this notice to: Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks for that hearing to be held in person. The request for an in-person hearing must also be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

CACD INVESTIGATOR PRINTED NAME

CACD INVESTIGATOR SIGNATURE

NEED



ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to
Alleged Juvenile Offender
13 - 15 Years of Age

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____ CHRIS Referral # _____

Re: Name of Alleged Offender:

Name of Alleged Victim: _____ Certified Mail # _____

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named people. The incident was reported on (date) . The type of maltreatment was .

Please review the information below that next to the box(es) that is/are checked. Only the information next to the checked box(es) pertain(s) to you and your case.

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to Arkansas Code Ann. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

Pursuant to Arkansas Code Ann. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

CACD INVESTIGATOR PRINTED NAME

CACD INVESTIGATOR SIGNATURE

Date

PRINTED NAME OF ALLEGED OFFENDER

SIGNATURE OF ALLEGED OFFENDER

Date



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to
Alleged Juvenile Offender
16-17 Years of Age

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-703 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.

The type of maltreatment was

Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

[] Pursuant to Arkansas Code Ann. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

-
- Pursuant to Arkansas Code Ann. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.
-

CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

NEW



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Notice of
Unsubstantiated Child Maltreatment Investigative Determination to
Alleged Underaged Juvenile Offender (Under 13 years old)

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Victim(s):

Name of Alleged Offender:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment identifying you as an alleged offender. The incident was reported on (date) . The type of alleged maltreatment was

Pursuant to Arkansas Code Ann. 12-18-703, this is your notice that because the allegations were not supported by a preponderance of evidence, the allegation has been determined to be unsubstantiated, and the alleged offender's name will not be placed in the Child Maltreatment Central Registry.

Because that allegation has been determined unsubstantiated, and pursuant to Arkansas Code Ann. §12-18-1011, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive Services may include tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Notice of
Unsubstantiated Child Maltreatment Investigative Determination to
Alleged Juvenile Offender (13-17 years of age)

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____ CHRIS Referral # _____

Re: Name of Alleged Victim(s):

Name of Alleged Offender:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment identifying you as an alleged offender. The incident was reported on (date) . The type of alleged maltreatment was

Pursuant to Arkansas Code Ann. 12-18-703, this is your notice that because the allegations were not supported by a preponderance of evidence, the allegation has been determined to be unsubstantiated, and the alleged offender's name will not be placed in the Child Maltreatment Central Registry.

Because that allegation has been determined unsubstantiated, and pursuant to Arkansas Code Ann. §12-18-1011, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive Services may include tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



Arkansas Department of Human Services
Division of Children & Family Services

Child Maltreatment True Investigative Determination Notice to
Underaged Juvenile Offender (under 13 years old)

To:
Address:
From:
Address:
Phone:
County Office:
Date:

CHRIS Referral#

Re: Name of Underaged Juvenile Offender:
Name of Victim:

On the Division of Children and Family Services or Crimes Against Children Division, received an allegation of suspected child maltreatment identifying you as an alleged offender. The allegation stated that the incident was reported on:

Pursuant to A.C.A. §12-18-703, this letter is to notify you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Although you have been named as an Underaged Juvenile Offender, your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age.

Since your name will not placed on the Child Maltreatment Central Registry, you will not have an automatic administrative hearing. However, you may ask for an administrative hearing by submitting a signed request within 30 days of this notice to: Office of Appeals and Hearing. SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks for that hearing to be held in-person. The request for an in-person hearing must also be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see addresss listed above).

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to Arkansas Code Ann. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

Pursuant to Arkansas Code Ann. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

NEW



Arkansas Department of Human Services Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 13 - 15 Years of Age

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender: _____

Name of Alleged Victim: _____

Certified Mail # _____

The Division of Children and Family Services or Arkansas State Police's Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named people. The incident was reported on (date) _____
The type of maltreatment was _____

Please review the information below that is next to the box(es) that is/are checked. Only the information next to the checked box(es) pertain(s) to you and your case.

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

- Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

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- Pursuant to Arkansas Code Ann. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

-
- Pursuant to Arkansas Code Ann. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

Date

PRINTED NAME OF ALLEGED OFFENDER

SIGNATURE OF ALLEGED OFFENDER

Date



Arkansas Department of Human Services Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 16-17 Years of Age

To: _____

Address: _____

From: _____

Title: _____

Phone: _____

County Office: _____

Date: _____

CHRIS Referral # _____

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Division of Children and Family Services or Arkansas State Police's Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-703 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.

The type of maltreatment was

Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to Arkansas Code Ann. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

Pursuant to Arkansas Code Ann. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

NEW



Arkansas Department of Human Services
Division of Children and Family Services

Notice of
Unsubstantiated Child Maltreatment Investigative Determination to
Alleged Underaged Juvenile Offender (Under 13 years old)

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____ CHRIS Referral # _____

Re: Name of Alleged Victim(s):

Name of Alleged Offender:

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment identifying you as an alleged offender. The incident was reported on (date) . The type of alleged maltreatment was .

Pursuant to Arkansas Code Ann. 12-18-703, this is your notice that because the allegations were not supported by a preponderance of evidence, the allegation has been determined to be unsubstantiated, and the alleged offender's name will not be placed in the Child Maltreatment Central Registry.

Because that allegation has been determined unsubstantiated, and pursuant to Arkansas Code Ann. §12-18-1011, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive Services may include tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



Arkansas Department of Human Services
Division of Children and Family Services

Notice of
Unsubstantiated Child Maltreatment Investigative Determination to
Alleged Juvenile Offender (13-17 years of age)

To: _____

Address: _____

From: _____

Phone: _____

County Office: _____

Date: _____ CHRIS Referral # _____

Re: Name of Alleged Victim(s):

Name of Alleged Offender:

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment identifying you as an alleged offender. The incident was reported on (date) . The type of alleged maltreatment was

Pursuant to Arkansas Code Ann. 12-18-703, this is your notice that because the allegations were not supported by a preponderance of evidence, the allegation has been determined to be unsubstantiated, and the alleged offender's name will not be placed in the Child Maltreatment Central Registry.

Because that allegation has been determined unsubstantiated, and pursuant to Arkansas Code Ann. §12-18-1011, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive Services may include tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE