

## Child and Family Services Licensing Policy Manual: Resource Family Overview Initial Inquiry and Application/Assessment

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### Inquiry

Any person inquiring about becoming a resource parent is to be referred to a Family Resource Specialist (FRS) or Family Resource Specialist Supervisor (FRSS). The FRS or FRSS is responsible to describe to the person making the inquiry the licensing/approval process and requirements, and to answer any initial questions that the inquirer may have.

Neither the state nor any other entity in the state that receives funds from the federal government and is involved in adoption or foster care placements may deny to any person the opportunity to become a foster or adoptive parent on the basis of race, color, national origin or jurisdictional boundaries of the applicant or of the child involved; or delay or deny the placement of a child for adoption or foster care on the basis of race, color or national origin of the adoptive or foster parents of the child involved. For adoption of an Indian child in state court, however, the Indian Child Welfare Act applies, and adoptive placement preferences must be followed. See Section 305-1, Indian Child Welfare Act of the CFSD manual.

<https://dphhs.mt.gov/portals/85/cfsd/documents/cfsdmanual/305-1.pdf>

All applicants shall have an equal opportunity to apply and to receive fair and equal treatment and consideration of their qualifications to become resource parents. Applicants must be fairly assessed on their abilities to successfully parent a child safely.

### Division Employees

CFSD staff may not become newly licensed to provide foster care for children in the Division's custody unless the employee is determined to be the most appropriate **kinship** placement for a child. The Regional Administrator will determine who will conduct the licensing study.

CFSD staff who were licensed for foster care and had children in the care or custody of the Division in his or her home as of March 2002, may continue to be licensed as long as the youth is in his or her home, but may not accept additional children placed by or in the custody of the Division.

If a person hired by the Division is a licensed foster parent at the time s/he is hired and has foster children in the care or custody of the Division in his or her home, the individual may continue to be licensed until those children have left his or her home. The individual may not accept placements of additional

## Child and Family Services Licensing Policy Manual: Resource Family Overview Initial Inquiry and Application/Assessment

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children who are in the care or custody of the Division.  
Division employees who want to adopt must be referred to a licensed private adoption agency.

**Responding To An Inquiry** The assigned FRS shall respond to an inquiry **within 2 working days** of receiving the information.

**Documentation of Inquiries in CAPS** All inquiries regarding approval and/or licensure as a resource family **shall** be entered in CAPS on RRD1 as an **LII** or **ADP**. The FRS shall complete a person search and a provider search on CAPS to determine if the prospective resource parents have previously been entered. If the person/persons cannot be found, they should be added to CAPS as persons. The FRS shall also enter in the results of the inquiry in the ACTION TAKEN. The following codes may be used: PAC (Mail Packet), NTR (Notified of Training), RCR (Resource/Referral), and/or OTH (Other).

### Application Process

If the person making an inquiry wishes to proceed with the process, s/he should be invited to the next available orientation and pre-service. S/he should also be provided an initial application packet **within five working days** of his or her inquiry. The initial application packet, at a minimum, includes:

- written information describing the licensing/approval process;
- information regarding adoption, if applicable;
- information about the availability of other licensing agencies;
- information describing the types of children for whom the Division is seeking resource families; and
- a copy of the DPHHS-CFS-090 Resource Family Application and Profile (Part I).

Additional information that must be provided once the initial application has been received includes:

- a copy of the Youth Foster Home Licensing

## Child and Family Services Licensing Policy Manual: Resource Family Overview Initial Inquiry and Application/Assessment

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### Requirements;

- sufficient copies of the DPHHS-CFS-LIC-018 Release of Information for each applicant and adult member of the household;
- sufficient copies of the DPHHS-CFS-033 Personal Statement of Health for each member of the prospective applicant's household;
- sufficient copies of the HES-101 State of Montana Certificate of Immunization for each child under 12 years of age who is a permanent resident in the applicant's household; and
- W-9 Request for Taxpayer Identification Number and Certification.
- CFS-199 Use of Protected Health Information
- Non-criminal justice applicant rights

Fingerprint cards and information regarding the fingerprinting process may be included in an initial or subsequent inquiry packet, or may be provided to an applicant at a later time during the licensing process.

### **Review of Application**

Upon receipt of a completed DPHHS-CFS-090(Resource Family Application and Profile (Part I)), the application should be reviewed. The FRS should determine if there is any information on the application that might preclude the applicant from becoming a resource family.

Once the application (DPHHS-CFS-090) is received, the FRS shall enter the applicant as a (prospective) provider. The provider status would be **PEN**.

### **Recent Family Change**

Unless an exception is granted by the Regional Administrator, no applicant(s) shall be approved as a youth foster family if any of the following has occurred within the 12 months of the application:

## Child and Family Services Licensing Policy Manual: Resource Family Overview Initial Inquiry and Application/Assessment

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- death of a spouse or child in an applicant's family;
- marital separation of an applicant;
- divorce of an applicant;
- the adoption of a child by an applicant;
- the birth of a child to an applicant; or
- loss of employment by an applicant.

If a couple, the applicants must have lived together, not necessarily married, for at least 24 months.

If one or more of the above listed factors exist, the FRS should review the circumstances with the FRS supervisor and jointly determine what action should be taken.

### **Alien Status/IV-E Funding**

The FRS may request a copy of the applicant's birth certificate to verify citizenship status.

If the applicant indicates on the DPHHS-CFS-090 (Resource Family Application and Profile (Part I)) that they are not a U.S. citizen, the FRS should verify the applicant's legal entry status by requesting a copy of the applicant's I-94 Alien Registration Form. The FRS should consult with the Regional Financial Specialist to make further determination as to whether or not the applicant is eligible to receive IV-E payments.

If the applicant is not eligible to receive IV-E payments, the FRS should process the application in the same manner as any other application. When completing PROD for applicants not eligible to receive IV-E payments, the FRS must enter "no" when answering the question as to whether or not the provider is IV-E eligible.

### **Incomplete Application Packet**

If the application or any of the other forms in the application packet are determined to be incomplete or erroneous, the FRS must notify the applicant within 15 working days of the deficiencies or errors.

## Child and Family Services Licensing Policy Manual: Resource Family Overview Initial Inquiry and Application/Assessment

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The applicant must be notified that they have 60 days to submit the required or corrected information. If the requested information has not been received by the 60th day, the application may be considered withdrawn.

In addition, if an applicant has been invited to two orientation or training sessions and has not responded to the invitations, the application may be considered withdrawn.

### CAPS

The FRS should change the status on CAPS to WTD to indicate that the application was withdrawn.

### Release of Information Criminal/Protective Services/Motor Vehicle Checks

A criminal background check (including a Department of Motor Vehicles check) and a protective services check must be completed on each applicant and each adult member of the household. These checks cannot be completed until a signed release of information and a non criminal justice applicant rights form is received. When the FRS receives the signed **and notarized** DPHHS-CFS-LIC-018 Release of Information and the signed and dated non-criminal justice applicant rights, the checks should promptly be initiated.

Montana motor vehicle checks are completed via an on-line process. FRS staff unfamiliar with this process should contact his or her supervisor for information.

Any applicant who has received services for substantiated abuse or neglect of a child, or whose own children have been in foster care should not be licensed or approved as a resource family unless the Regional Administrator grants a justifiable exception.

Any applicant whose criminal background check reveals a conviction for a crime that reasonably relates to the ability of the applicant to care for or protect a child may not be licensed or approved.

Detailed information on completing and responding to the results of protective services checks, criminal and motor vehicle checks is found in policy section 802-3, Criminal Records and Protective Services Checks  
<https://dphhs.mt.gov/portals/85/cfsd/documents/cfsdmanual/802-3.pdf>

## Child and Family Services Licensing Policy Manual: Resource Family Overview Initial Inquiry and Application/Assessment

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- Youth Court Records** Youth Court Records for any person over age 13 living in a **prospective adoptive home** may also be reviewed. The applicant should sign a release of information for the criminal justice system for themselves and any teen aged children living in the home. The release should be sent to the juvenile probation office in the county where the family resides, or resided when family members were teenagers. If the family has moved from another state, the FRS does not need to attempt to obtain these records.
- Personal Statement of Health** Applicants and all members of the applicant(s)' household must submit a DPHHS-CFS-033 Personal Statement of Health. The DPHHS-CFS-033 is to be completed by a parent for each minor child living in the home. If a health problem is reported on the DPHHS-CFS-033 or by another source, then a DPHHS-CFS-033a Licensed Care Provider Medical Report may be required.
- If required, a physician, psychiatrist, psychologist or counselor must complete the DPHHS-CFS-033a at the applicant's own expense. Additional information may also be requested from any other professionals involved with an applicant.
- Medical Marijuana Recipients** A person with a state-issued medical marijuana card, or a person who is a registered provider of medical marijuana, is prohibited from being a licensed resource provider. Reasons for this prohibition are as follows:
- ARM 37.51.301 (1) (g) states that licensed foster parents must comply with state laws including those that relate to the possession or use of drugs, alcohol, tobacco, and firearms.
  - Ambiguity exists on the legality of medical marijuana. Although Montana law allows its use under certain restrictions, the federal government categorizes marijuana as a Schedule I drug, meaning it has no medical purposes. Federal law traditionally trumps state law.
  - Montana law outlines restrictions on the use of medical marijuana as it applies to safety. It does not permit operation of any motor vehicle, and a person who tests with a tetrahydrocannabinol (THC) level of 5 ng/ml may

## Child and Family Services Licensing Policy Manual: Resource Family Overview Initial Inquiry and Application/Assessment

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be charged with driving under the influence. It further prohibits the use of medical marijuana “where exposure to the marijuana smoke significantly adversely affects the health, safety, or welfare of children.” (Section 50-46-320, MCA.)

- ARM 37.51.301 (2) provides that “[n]o person residing in or visiting the foster home may pose a risk or threat to the safety and well being of children in the home.” Any risk is considered grounds to deny or revoke a foster care license.
- ARM 37.51.216 (2)(i).The provider’s use of marijuana may pose a risk to children in that provider’s care.

### Immunization Records

An HES-101 State of Montana Certificate of Immunization **or** other proof of immunization must be completed by a physician, health officer or designee for each child under twelve years of age who is a permanent resident of the applicant(s)’ home. A copy of the immunization record should be attached to each child’s DPHHS-CFS-033 and both should be kept in the applicant(s)’ file.

### References

The FRS should promptly send letters to the names listed as references on the DPHHS-CFS-090 or CFSD - Kinship Reference Form 603. Written responses are required from three references. The FRS should investigate any ambivalent, poor or incomplete references. The FRS cannot guarantee the anonymity of the person making the reference. If a negative reference is a factor in denying an application, the applicant must be allowed an opportunity to respond.

## Child and Family Services Licensing Policy Manual: Resource Family Overview Initial Inquiry and Application/Assessment

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<b>Family Profile</b>	<p>The supplemental questionnaires (Safe Questionnaire 1 or 2 or the Kinship Assessment Questionnaire CFSD 601) may be provided to an applicant at any time after an initial inquiry is made. It must be provided to an applicant within 10 working days of a determination that the application packet is otherwise complete providing grounds do not exist to deny the application.</p> <p>The supplemental questionnaires assist the FRS and the applicant in assessing motivation and capacity to provide for children in out-of-home placement. It also helps the applicant determine his or her ability to work with birth parents, DPHHS and other agencies</p>
<b>Resource Parent Pre-Service Training</b>	<p>Prior to issuance of a <b>regular</b> license or approval, all prospective resource parents must attend <u>Keeping Children Safe</u> (KCS) pre-service training provided by the Division unless a specific exception has been granted in writing by the Regional Administrator or designee. (See Policy Section 602-1 Adoption Inquiry and Training for further guidelines on Adoption Inquiries.) <a href="https://dphhs.mt.gov/portals/85/cfsd/documents/cfsdmanual/602-1.pdf">https://dphhs.mt.gov/portals/85/cfsd/documents/cfsdmanual/602-1.pdf</a></p> <p>See policy 802-2 regarding exceptions and required certification.</p>
<b>Home Consultation</b>	<p>The initial home consultation may be scheduled at any time following an inquiry. Prior to the initial home consultation, the FRS should review all documents that have been provided by the family. A home consultation <b>must</b> be scheduled within 30 days of receipt of all completed paperwork, including the DPHHS-CFS-090 Part I <u>Resource Family Application and Profile</u>, providing no grounds to deny the application have been identified.</p> <p>A completed application packet consists of:</p> <ul style="list-style-type: none"> <li>• the DPHHS-CFS-090 Part I <u>Resource Family Application and Profile</u> and Supplemental Questionnaires,</li> <li>• DPHHS-CFS-033 <u>Personal Statements</u> of Health for Licensure or Approval to Adopt for each member of the applicant(s)' household;</li> <li>• DPHHS-CFS – 199 Notice of Use of Protected Health</li> </ul>



## Child and Family Services Licensing Policy Manual: Resource Family Overview Initial Inquiry and Application/Assessment

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### Information

- DPHHS-CFS-033a Licensed Care Provider Medical Report, if required;
- Immunization information, if required;
- DPHHS-CFS-LIC-018 Release of Information for each applicant and adult member of the household;
- Non-Criminal Justice Applicant's Rights
- a W-9 Request for Taxpayer Identification Number and Certification;
- satisfactory criminal, motor vehicle and protective service checks on the applicant and all adult household members;
- SAFE Quesitonnaire1 and 2 or Kinship Assessment Questionnaire
- satisfactory reference letters, and
- if the application is for adoption, the Youth Court Record for any person over age 13 living in the prospective adoptive home, as necessary.

The worker **must** visit the home and conduct at least one individual interview with all family members. These interviews provide an opportunity for the potential resource parents and FRS to share information and establish an understanding of roles and responsibilities. The number and duration of contacts (home visits, phone calls, etc.) with a family will vary depending on factors such as family size, concerns or questions.

At a minimum, the following issues should be addressed during the course of the home consultations:

- any concerns or questions that the family has regarding the family's role(s) as resource parents;
- review of any application documents, including a

## Child and Family Services Licensing Policy Manual: Resource Family Overview Initial Inquiry and Application/Assessment

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request for clarification on any incomplete, unclear or questionable responses;

- discussion of the family's motivation for applying to become resource parents;
- review of the type of child or children the family believes they can best provide for considering the physical space in the home and the needs/ abilities of current family members;
- review of parenting attitudes and beliefs in relation to needs/abilities of children in out-of-home placement;
- review of child behavior and discipline;
- review of the DPHHS-CFS-LIC-020 Foster Home Licensing-Relicensing Agreement; and
- an assessment of the applicant(s)' home as a safe environment for a child.

The FRS should utilize the home consultations to inform the family of concerns or issues which may result in the denial of the family's application.

### **W-9 Request for Taxpayer Identification Number and Certification.**

**Effective 10/1/04, FRS staff will not be entering the TIN on CAPS.** The W-9 must be sent or faxed (444-9763) to the DPHHS Fiscal Division so the tax payer identification number (TIN) from the W-9 can be entered and verified by the Fiscal Division. If the W-9 does not indicate that the provider is a CAPS provider, please write CAPS on the top of the W-9 before sending or faxing the form.

The TIN will be entered on a new screen (PTID). The fiscal staff will enter the TIN and business type, set the 1099 flag and enter the verified date. The TIN will be pulled to PROD and FACD. The FRS supervisor will not be able to approve a license on CAPS until the TIN has been entered.

If for some reason the license must be approved immediately, the FRS may contact the Fiscal Division (444-5932 or 444-

## Child and Family Services Licensing Policy Manual: Resource Family Overview Initial Inquiry and Application/Assessment

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4060) to request that the TIN be entered or may contact the regional Fiscal Officer. The W-9 must still be sent or faxed to the Fiscal Division.

### Resource Family Agreement

The DPHHS-CFS-LIC-020 Foster Home Licensing-Relicensing Agreement must be reviewed and signed during a home consultation if the applicants are to be licensed for foster care. The purpose of the DPHHS-CFS-LIC-020 is to assure understanding between the Division and prospective resource parents regarding compliance with the licensing requirements. The prospective resource parents must be informed that his/her signature on the DPHHS-CFS-LIC-020 indicates that the applicant(s) understand all of the licensing requirements and agree to comply with the requirements.

### Written Assessment

Prior to licensure or approval, the FRS must complete a written assessment of the applicant(s) and his/her family, including a recommendation regarding licensure or approval.

The purpose of the assessment is to clarify issues raised in the family profile and to document issues leading to the FRS decision and recommendation regarding the licensure/approval of the applicants.

### Licensing/ Approval Action

Foster Care or Guardianship: The FRS sends a hard copy application and supporting documentation to the FRS supervisor. The FRS supervisor reviews the application and supporting documentation, along with the information that has been entered into CAPS, including the assessment and recommendation. The FRS supervisor approves or denies the application in CAPS.

Foster Care: If the application for a license is approved, the FRS issues the license from the FALD screen. The license is Docgen 606 Provider License. The license is signed by the FRS supervisor and mailed to the applicant.

Guardianship: For specific information on the assessment and approval process for guardianship, refer to section 802-6 of this manual. The FRS supervisor approves or denies the guardianship application and enters the action into CAPS. The FRS or FRS supervisor notifies the applicants in writing of the approval or denial of their application for guardianship.

## Child and Family Services Licensing Policy Manual: Resource Family Overview Initial Inquiry and Application/Assessment

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### Denial

For additional information regarding denial of foster care applicants (including licensed kinship providers), refer to section 802-10 of this manual.

<https://dphhs.mt.gov/portals/85/cfsd/documents/cfsdmanual/802-10.pdf>

For information regarding denial of guardianship applicants, refer to section 802-6 of this manual.

<https://dphhs.mt.gov/portals/85/cfsd/documents/cfsdmanual/802-6.pdf>

For information regarding denial of adoptive applicants, refer to section 602-2, Assessment and Pre-Placement Evaluation in the CFSD manual.

<https://dphhs.mt.gov/portals/85/cfsd/documents/cfsdmanual/602-2.pdf>

### References

Mont. Code Ann. § 52-2-621 through 623

Mont. Code Ann. § 42-3-201 through 42-3-213

Mont. Code Ann. § 50-46-320

Admin. R. Mont. 37.52.101

Admin. R. Mont. 37.51.201-203, 37.51.210 and 37.51.216 Admin.

R. Mont. 37.51.301-1410

42 USC 670 Sec. 471(20)(A)

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