

Resource Family Manuel

***“Children are one third of our population and all of our future.”***

— Select Panel for the Promotion of Child Health, 1981



*“Safety and security don't just happen, they are the result of collective consensus and public investment. We owe our children, the most vulnerable citizens in our society, a life free of violence and fear.”*

— Nelson Mandela, Former President of South Africa

Huntingdon County Children’s Services Foster Care Program works in partnership with all community members that are vested in ensuring the safety, well-being, and permanency of children, youth, and families.

**Our Mission**

**Our Vision**

*All children of Huntingdon County are safe, loved and protected by empowered families, and an invested community***.**

***Foster a child…***

***foster a brighter***

***future…***

***foster a better***

***community…***

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**Our Mission Our Vision**

*About Huntingdon County Children’s Services Foster Care*

Huntingdon County Children’s Services (HCCS) Foster Care Program serves a broad range of families who serve foster children including foster, adoptive, and kinship families. HCCS Foster Care works in collaboration with a variety of service providers to provide the families of Huntingdon County with access to training, services, resources, and available supports.

In 2004, the Pennsylvania Legislature passed the Resource Family Care Act, which amended the Child Protective Services Law. The Resource Family Care Act defines a Resource Family as, “A family that provides temporary foster or kinship care for children who need out-of-home placement and may eventually provide permanency for those children, including an adoptive family.”

HCCS Foster Care Program advocates for the entire population who are taking care of the children in the child welfare system. HCCS Foster Care strives to provide families with the services, education, community resources, and support needed to facilitate their success in being a successful resource to a child in their care.

***Disclaimer: How to use this Manual***

This information is subject to change based upon the availability of new interpretations, new standards, new policies or change in federal and state laws. The material provided in this document is designed for educational and informational purposes only, which should not be considered legal advice. This information is not inclusive of all terms, and provisions as foster care is so complex. There is no document available that will provide you with all of the information necessary to be a competent resource parent, but this document is an excellent tool for you to use as a solid resource. This manual is filled with a wealth of information. The table of contents is designed in sections that cover the major areas of foster care such as the Children, Resource Family Role/Responsibilities/Rights, Agency responsibilities, and the role of the Courts.

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THE RESOURCE FAMILY ROLE, RESPONSIBILITIES

AND RIGHTS

***Introduction***

Taking a hurting child into your home is one of the most honorable things that you can do and can be one of the most rewarding also. The easiest part for resource care agencies is melting people’s hearts and getting them to say they’ll take needy children. The statistics are that many of the resource families will not make it through their first year, and there is a good reason for that. Resource families agree to perform all of the functions of birth parents while the child is in their care, including meeting the child’s health, school, and parental guidance needs.

There is some great news in Pennsylvania as we have worked tirelessly to have resource families on the same level as other stakeholders. The majority of professionals have come to realize that resource families are one of the most important parts of the system, and the more involved they are the better the outcome, not only for the children, but also for the goals set forth by social services themselves. The professionals in social services have come to realize that if they want to be successful, they must make sure that you are successful. The best way to have this happen is to make Resource Families a part of the professional team. This section of the manual informs you of your responsibilities and the responsibilities of child welfare professionals. Having this knowledge may make the difference in maximizing your success as a resource family member.



Requirements in Pennsylvania to be a Resource Family

***Regulations for resource families***

*Note that these are minimum requirements and individual agencies will vary with their policies.*

**§ 3700.62. Resource family requirements.**

(a) Licensed members of a resource family shall be at least 21 years of age.

(b) Licensed members of a resource family shall pass an initial medical appraisal by a licensed physician prior to being approved. The appraisal must establish that the resource member is physically able to care for children and is free from communicable disease. Further medical examinations may be required by the agency if the agency has reason to believe that additional medical appraisal is appropriate.

(c) Effective January 1, 1986, foster family care agencies shall require prospective resource members to comply with section 23.1 of the Child Protective Services Law (11 P. S. § 2223.1) and Chapter 3490 (relating to protective services). Criminal and child abuse history clearances must be completed and updated every four years.

**§ 3700.64. Assessment of resource family capability.**

(a) The Family Foster Care Agency shall consider the following when assessing the ability of applicants for approval as a resource family:

(1) The ability to provide care, nurturing and supervision to children.

(2) A demonstrated stable mental and emotional adjustment. If there is a question regarding the mental or emotional stability of a family member which might have a negative effect on a foster child, the Family Foster Care Agency shall require a psychological evaluation of that person before approving the resource family home.

(3) Supportive community ties with family, friends and neighbors.

(b) In making a determination in relation to subsection (a) the Family Foster Care Agency shall consider:

(1) Existing family relationships, attitudes and expectations regarding the applicant’s own children and parent/child relationships, especially as they might affect a foster child.

(2) Ability of the applicant to accept a foster child’s relationship with his own parents.

(3) The applicant’s ability to care for children with special needs, such as physical disabilities and emotional disturbances.

(4) Number and characteristics of foster children best suited to the foster family.

(5) Ability of the applicant to work in partnership with a Family Foster Care Agency.

**§ 3700.65. Resource caregiver training.**

After the mandatory orientation training, the licensed resource member shall participate annually in a minimum of 6 hours of agency approved training.

**§ 3700.66. Resource family residence requirements.**

(a) The Family Foster Care Agency shall ensure that the resource family residence has:

(1) At least one flush toilet, one wash basin and one bath or shower with hot and cold running water.

(2) An operable heating system.

(3) An operable telephone.

(b) Sleeping areas shall meet the following criteria:

(1) No unsuitable area such as a hall, stairway, unfinished attic or basement, garage, bathroom, eating area, closet, shed or detached building may be used as a sleeping area for children.

(2) Foster children of the opposite sex who are 5 years of age or older may not share the same bedroom.

(3) Each foster child shall be provided with a clean, comfortable mattress and clean linens, blankets and pillow.

**§ 3700.67. Safety requirements.**

(a) Medication and containers of poisonous, caustic, toxic, flammable or other dangerous material kept in the residence shall be distinctly marked or labeled as hazardous and stored in areas inaccessible to children under 5 years of age.

(b) Emergency telephone numbers, including those for fire, police, poison control and ambulance, shall be conspicuously posted adjacent to all telephones.

(c) Fireplaces, fireplace inserts, wood and coal burning stoves and free-standing space heaters, if allowed by local ordinance, shall be installed, equipped and operated according to manufacturers’ specifications and requirements specified by local ordinance.

(d) An operable smoke detector shall be placed on each level of the residence. The detector shall be maintained in operable condition.

(e) A portable fire extinguisher, suitable for Class B fires, shall be available in the kitchen and other cooking areas. The extinguisher shall be tested yearly or have a gauge to ensure adequate pressure.

(f) Protective safety caps shall be placed in electrical outlets accessible to children younger than 5 years of age.

(g) Exposed electrical wires are prohibited.

(h) Drinking water from an individual water source shall be potable as determined by an annual microbiological test conducted by a laboratory certified by the Department of Environmental Resources.

***Act 160 of 2004 Requirements***

Act 160 of 2004 amended the child protective services law to require the following:

• Agencies must obtain the applicant’s previous addresses for the last 10 years. This can be done by asking the applicant to report this information as well as contacting previous landlords or asking to see purchase or sales agreements. This information is also contained on the child abuse history clearance.

• Agencies must know the composition of the resident family unit. This information is also contained on the child abuse history clearance. Verification may include a detailed tour of the home and identifying where each individual sleeps.

• Agencies must obtain information relating to Protection from Abuse (PFA) orders filed by or against either resource parent applicant, provided such information is accessible to the agency. Applicants should be asked about a history of PFAs and asked to provide copies of any petitions and orders. This information is generally available through the county court system. Verification on how to obtain this information should be confirmed with the county court system.

• Agencies must obtain details of family court proceedings, provided such information is accessible to the agency. Applicants should be asked about previous or current divorce, custody or other family court proceedings to which they or any member of the household were party and asked to provide copies of any petitions and orders. This information may be available through the county court system. Verification on how to obtain this

information should be confirmed with the county court system.

• Agencies must obtain information on drug or alcohol related arrests, whether criminal charges or judicial proceedings are pending, convictions exist or related hospitalizations have occurred within the last five years. Applicants should be asked about a history of drug and alcohol related arrests, criminal charges and convictions or judicial proceedings and hospitalizations and asked to provide copies of any court proceedings or hospital information. The applicant should be asked to sign a release of information in order to obtain information from any hospital in which the applicant received drug and alcohol treatment. If the applicant provides information about a conviction or hospitalization within that five-year period, information on the prior five years must be requested related to additional convictions or hospitalizations.

• Agencies must obtain evidence of financial stability from applicants. This must include current information (income verification and current liens), employment history, and bankruptcy findings within the last 10 years. Applicants should be asked about financial stability and asked to provide copies of lease agreements, purchase or sales agreements, deeds, bankruptcies, liens, pay stubs and an employment history. Information relating to liens and bankruptcies may be available through the county court system. Verification on how to obtain this information should be confirmed with the county court system. The applicant’s employer will be able to verify employment and length of employment• Agencies must obtain information relating to the number and age of foster children and other dependents currently placed in the home.

• Applicants should be asked about other children placed in their care whether through the child welfare system or through a private arrangement. As this information is maintained on the resource family registry, agencies may request in writing, information on the applicant from the registry.

• Agencies must obtain detailed information about children with special needs currently living in the applicant’s home. Applicants should be asked about the special needs of any children living in their home. If the applicant does not have the authority to release such information, the agency should ask the person who has such authority to sign a release of information allowing the agency to confirm the child’s special needs. Refusal to provide this information may result in disapproval of the applicant.

• Agencies must obtain information about the applicant’s history as a resource family, including number and types of children served. Applicants should be asked about their approval or application for approval with another agency.

• Agencies may request the applicant to sign a release of information to obtain information from another agency and from the county children and youth agencies in the counties where the applicant has resided. As this information is maintained on the resource family registry, agencies may request in writing information on the applicant from the registry.

• Agencies must obtain information relating to an applicant’s education, training or personal experience working with foster children or the child welfare system.

• Applicants should be asked about their education, training or personal experiences and asked to provide documentation or sign releases of information in order to confirm such education, training or personal experience. Applicants may provide transcripts of educational courses, certificates or other proof of education or training.

Responsibilities of Resource Families



***General Resource Caregiver Responsibilities***

Foster Care is the day-to-day attention to children’s needs while they reside in a substitute family setting for a limited period of time. Resource families provide basic necessities for growth and development, guidance and discipline for children while issues that developed in removal from their home are resolved. Foster care allows children to grow and develop in a safe and supportive environment until the goal of permanency is achieved. The contents in this section are practiced in some form by most agencies.

***Resource Caregiver Responsibilities to the Child and Mandated Reporting:***

• Provide a safe and comfortable environment for child to live in, a separate bed and a place for belongings.

• Provide for the child’s basic physical and emotional needs as they would for their own child.

• Provide for school attendance.

• Provide appropriate clothing.

• Attend to regular medical and dental needs including regular check-ups.

• Assist the child through the grieving and adjustment process that accompanies the transition from their home to placement.

• Assist the child to maintain realistic relationship with his/her family through cooperation with visitation, understanding feelings and preparing for permanence.

• Provide recreational and enrichment activities that will promote the healthy development of the child.

• Maintain a record of developmental milestone, immunizations, photographs, and report cards for the child.

• Provide consistent and realistic discipline and guidance that is age appropriate and does not involve corporal punishment.

• Be ready to listen when the child speaks.

• Accept the fact that in almost all cases children ultimately love their parents and it is with them that their allegiance lies.

• Assist the child with the transition as the placement ends and the child prepares to leave foster care.

• Resource Families Responsibility for Mandated Reporting and Child Protection in Pennsylvania.

*Protecting Pennsylvania’s children from abuse and neglect is a shared responsibility. It requires collaboration from the formal child protective services system, community partners and our citizens to provide local safety nets for children and families that are facing challenges within our communities and neighborhoods. With that being said it is important to know that* ***LICENSED RESOURCE FAMILY MEMBERS ARE MANDATED REPORTERS****. Recently, 24 pieces of legislation were enacted, changing how Pennsylvania responds to child abuse. These changes significantly impact the reporting, investigation, assessment, prosecution and judicial handling of child abuse and neglect cases. These changes:*

• Strengthen our ability to better protect children from abuse and neglect by amending the definitions of child abuse and perpetrator;

• Streamline and clarify mandatory child abuse reporting processes;

• Increase penalties for failure to report suspected child abuse and protect persons who report child abuse; (This includes licensed resource family members)

• Promote the use of multi-disciplinary investigative teams (MDITs) to investigate child abuse related crimes

• Support the use of information technology to increase efficiency and tracking of child abuse data.

• Require all licensed resource family members to have training on recognizing and reporting child abuse. On the “Training for Mandated Reporters” tab of the keepkidssafe.pa.gov website, there is a lot of information about that training. keepkidssafe.pa.gov/index.htm

• Mandated reporters must make an immediate and direct report of suspected child abuse to

ChildLine either electronically at [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis) or by calling 1-800-932-0313.

Mandated reporting is serious and in light of so many new changes we advise you to consult with

your licensing agency to make sure that you have met all the necessary training requirements.

***Resource Caregiver Responsibilities to the Birth Family:***

• Be open-minded.

• Be respectful of them at all times.

• Support their efforts toward reunification.

• Encourage the child to cooperate with reunification.

• Share with them the day-to-day activities which include their child with them.

• Support the visitation process. Keep a positive attitude.

• Be honest, natural and friendly in contacts with them.

• Avoid criticism or disapproving attitudes of them.

• Help them abide by the family service plan and individual service plan.

***Resource Caregiver Responsibilities to the Agency***

• Must obtain necessary criminal and child abuse history clearances.

• Must complete all pre-service training and requirements of the foster care agency.

• Keep the agency informed of all progress, problems, medical treatment, and school issues regarding the child.

• Keep the agency informed of all changes in your home including: phone number, address, family composition or vacation plans.

• Be available for meetings with caseworker.

• Work as a true “team” member.

• Attend required number of hours and topics of resource parent training.

• Cooperate with the agency to develop and/or implement the terms of family service plan, the child‘s individual service plan and goals for family reunification or permanency.

• Comply with state regulation and agency policies.

• Provide transportation as requested and in accordance with the child’s individual service plan.

• Confidentiality: All resource families have the obligation to treat all information regarding foster children and their families in a strictly confidential manner. Resource caregivers must understand this strict need for confidentiality. Your agency will give you information regarding the child and his/her family. Foster children may also share other information with you. As resource caregivers, you are prohibited from discussing this information with anyone who has no need to know this information. Discussing confidential information with your neighbors, friends or other relatives is inappropriate. Any violation of confidentiality, since state and federal law cover it, could result in legal action against the resource caregiver.

***Resource Caregiver Responsibilities to their Own Family***

• Be open minded.

• Listen to all members of the family.

• Respect each person’s ideas, feelings and needs.

• Take time out for your family as needed.

• Include your family in family decisions.

• Keep a positive attitude.

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Federal Laws that help Resource Families

***Government and Law and Agency Policies***

State and Federal Laws with Regulations.

Agency policies, state laws and rules, and federal laws and regulations govern resource home licensing and resource families. The Department of Human Services and Juvenile Court Services are limited in what they can and cannot do by these laws. Making implementation of laws is more complicated in Pennsylvania because we are one of four commonwealths in the United States. This means our 67 county governments in Pennsylvania are responsible for governing us when it comes to the implementation of laws that apply to resource families and children in care. The primary legal sources that affect child welfare programs are outlined in this section, and there are many, so we will cover specific areas. In this section and the next, we will cover Federal and State law that affect resource families as they are great tools for resource parents, agencies and stake holders to follow best practices.

***Adoption and Safe Families Act***

The federal Adoption and Safe Families Act (ASFA) was created in 1997 to prevent children from staying in foster care for extended periods of time without achieving permanence. The goals of ASFA are to improve the safety and well-being of children and to find permanence for children in a timely manner. ASFA requires agencies to focus on providing immediate services to families and, if services to a family are not effective, to identify other permanent living arrangements for the child. ASFA created specific time limits for when agencies must make a decision about a child‘s permanence goals. If a child has been in out-of-home care for 15 of the last 22 months, the agency must take actions to terminate the rights of the child‘s parents and find an alternate permanent placement for the child. However, ASFA permits agencies to make exceptions on a case-by-case basis to the 15 of 22 month rule, such as if the child and parent have a significant connection, but the parent hasn‘t made enough progress to safely care for his or her child. If you have questions about the child‘s permanency plan or permanency goal, ask the child‘s caseworker.

Another aspect of this that is essential to resource families is in the area of court participation. The Adoption and Safe Families Act (ASFA) recognizes that resource caregivers often have valuable information that will help the court make its decisions. Under ASFA, resource caregivers must be allowed to have input at periodic reviews and permanency hearings. With that being said, Congress found that many agencies were not reliably providing this notice as required by federal law under ASFA. Therefore, Congress wanted courts to ensure that the resource caregivers, relative caretakers, and pre-adoptive families actually receive notice and have the RIGHT to be heard. In order to ensure resource family participation, congress amended the law, Social Security Act section 438(b) (1), 475(5)(G), 42 U.S.C. ¬ß629g(b)(1), 675(5)(G). Now to be eligible to receive Court Improvement Program funds under this section, the highest state court must have a rule that requires courts to ensure that resource families, pre-adoptive parents, and relative caregivers of children in foster care are notified of any proceeding regarding a child. State agencies must also ensure that resource caregivers of a child and any pre-adoptive parent or relative providing care for the child, are provided with notice of, and have a right to be heard in any proceeding to be held with respect to the child.

***John H. Chaffee Act***

The John H. Chaffee Foster Care Independence Act of 1999 outlines requirements and provides funding to meet the needs of youth between 16 - 21 years of age who are in or have aged out of foster care. If you have a teen 16 years of age or older or you take a teen into placement, agency staff will be working with you and the teen to develop a transition plan to help the youth successfully move into adulthood.

***Multiethnic Placement Act***

The federal Multiethnic Placement Act (MEPA) prohibits discrimination based on race, color, or national origin in foster care licensing, adoption approval, and child placement. The placement of a child into resource family care may not be delayed or denied on the basis of race, color, or national origin of the resource caregiver or the child. Foster care placements need to be consistent with what is best for the child. Matching the needs of the foster child with the abilities and expertise of the resource families is the most appropriate way to attend to the best interest of the child. It also reduces the number of moves a child in foster care placement will experience. MEPA requires for the recruitment of potential resource and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. An adequate pool of qualified, trained foster homes are necessary to assure the best placement for children needing out of home care.

***Fostering Connections Act***

Major Provisions of the Act

• Created a new plan option for States and Tribes to provide kinship guardianship assistance payments under title IV-E on behalf of children who have been in foster care of whom a relative is taking legal guardianship. In PA, this is called Subsidized Permanent Legal Custody. (SPLC)

• Extended eligibility for Medicaid to children receiving SPLC assistance payments.

• Required fingerprint-based criminal records checks of relative guardians and child abuse and neglect registry checks of relative guardians and adults living in the guardian‘s home before a relative guardian may receive title IV-E SPLC assistance payments on behalf of a child.

• Amended the Chafee Foster Care Independence Program to allow services to youth who leave foster care for kinship guardianship or adoption after age 16.

• Amended the Education and Training Voucher Program to permit vouchers for youth who are in foster care on or after their 16th birthday or are adopted from foster care after age 16.

• Authorized grants to State, local, or Tribal child welfare agencies and private nonprofit organizations for the purpose of helping children who are in or at-risk of foster care reconnect with family members through: Kinship navigator programs; Efforts to find biological family and reestablish relationships;

Family group decision-making meetings; and, Residential family treatment programs.

• Permitted States to extend title IV-E assistance to otherwise eligible youth remaining in foster care

after reaching age 18 and to youth who at age 16 or older exited foster care to either a kinship guardianship or adoption, provided that they have not yet reached age 19, 20, or 21, as the State may elect, and are in school, employed, engaged in another activity designed to remove barriers to employment, or incapable of doing so due to a documented medical condition (effective October 1, 2010).

• Allowed States to claim Federal reimbursement for short-term training for relative guardians; private child welfare agency staff providing services to children receiving title IV-E assistance; child abuse and neglect, court personnel; agency, child, or parent attorneys; guardian ad litem; and, court-appointed special advocates.

• Required title IV-E agencies to identify and notify all adult relatives of a child, within 30 days of the child‘s removal, of the relatives’ options to become a placement resource for the child.

• Required title IV-E agencies to make reasonable efforts to place siblings removed from their home in the same foster care, adoption, or guardianship placement.

• Permitted title IV-E agencies to waive on a case-by case basis a non-safety licensing standard for a relative foster family home.

• Required States to ensure coordination of health care services, including mental health and dental services, for children in foster care.

• Required that, 90 days prior to a youth‘s emancipation, the caseworker develop a personalized transition plan as directed by the youth.

• Required that a case plan include a plan for ensuring the educational stability of the child in foster care.

***Preventing Sex Trafficking and Strengthening Families Act (H.R. 4980)***

On September 29, President Obama signed into law the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183/H.R. 4980). The bipartisan bill passed the House on July 23 and passed the Senate by unanimous consent on September 18. Although this new law takes important steps forward in protecting and preventing children and youth in foster care from becoming victims of sex trafficking, it also makes many important improvements to the child welfare system that will help improve outcomes for children and youth in foster care. The most important improvement for resource families is the Resource Parent Prudent Parent Standard to support normalcy for children in their care. Although there are many other provisions in this legislation, we will only cover the main ones effecting resource families.

***Supporting Normalcy for Children in Foster Care (Sec. 111)***

Requires states to implement a “reasonable and prudent parent standard” for decisions made by a resource caregiver or a designated official for a child care institution. In fact, Pennsylvania passed Act 75 of 2015 for the implementation of this new law and it is covered in this manual under the state laws section. This new standard allows resource caregivers to make parental decisions that maintain the health, safety, and best interest of the child and also decisions about the child’s participation in extracurricular, enrichment, cultural and social activities. Caregivers would have to be trained on the reasonable and prudent parent standard, specifically around the child’s participating in age or developmental appropriate activities. This provision also ensures that liability policies will ensure appropriate liability for caregivers who approve a child’s participation in an activity in accordance with the reasonable and prudent parent standard. There is an extensive training on the Prudent Parent Standard under the educational tab of the Pennsylvania State Resource Family Association web site (www.psrfa.org).

***Improving Another Planned Permanent Living Arrangement as a Permanency Option (Sec. 112)***

Eliminates Another Planned Permanent Living Arrangement (APPLA) as a permanency goal for children under the age of 16 and adds additional case plan and case review requirements for older youth with a permanency goal of APPLA. At each permanency hearing, the agency must document the intensive, ongoing and unsuccessful efforts for family placement, including efforts to locate biological family members using search technologies (including social media). At each permanency hearing, the agency is required to ask the child about the child’s desired permanency outcome, make a judicial determination explaining why APPLA is still the best permanency plan and why it is not in the best interest of the child to be returned home, adopted, placed with a legal guardian, or placed with a fit and willing relative. At each permanency hearing, the agency is also required to specify the steps the agency is taking to ensure the reasonable and prudent parent standard is being followed, and that the child has regular, ongoing opportunities to engage in age or developmental appropriate activities.

***Empowering Foster Children Ages 14 and Older in the Development of their Own Case Plan and Transition Planning for a Successful Adulthood (Sec. 113)***

Youth in foster care who are ages 14 and older are allowed to help develop their own case plan – and any revision to the plan – and are able to select up to two individuals who are not a foster parent or caseworker to be a part of their case planning team. The county agency may reject either individual if it is believed that they would not act in the best interest of the child. One of the individuals may be designated to be the child’s advisor and advocate with respect to the application of the reasonable and prudent parent standard. The case plan for all children ages 14 and older must also include a List of Rights document that describes their rights with respect to education, health, visitation, court participation, the documents outlined in Section 114 (see bullet below), staying safe, and avoiding exploitation. The youth must sign off that they received this document and that it was explained to them in an age appropriate manner.

***Ensuring Foster Children Aging out of Care have a Birth Certificate, Social Security Card, Health Insurance Information, Medical Records, and a Driver’s License or Equivalent State Issued Identification Card (Sec. 114)***

Requires that children exiting foster care because they have turned 18 (or under 21 if state extends foster care) and who have been in care for six months or longer receive an official or certified copy of their birth certificate, a social security card, health insurance information, medical records, and a driver’s license or identification card (if the child is eligible to receive such documents).

State Laws that help Resource Families

***ACT 73 of 2005 Resource Family Care Act and ACT 68 of 2005 Resource Family and Adoption Process Act***

On November 16, 2005, Governor Edward G. Rendell signed Act 68 of 2005, known as the Resource Family and Adoption Process Act, into law. The intent of this Act is to insure that resource families, interested in becoming an adoptive resource for a child in their care, received fair consideration as a permanent resource. This Act became effective on January 15, 2006. Also referenced in this section is Act 73 of 2005, known as the Resource Family Care Act, signed into law by Governor Edward G. Rendell on November 22, 2005. This Act was intended to acknowledge the value of resource families by establishing specific mandated responsibilities for agencies in how they collaborate with resource families, thereby ensuring productive and respectful treatment. Anticipated benefits of improving the working relationship between agencies and resource families are an increased retention rate of resource families, and an enhanced quality of care to the children they both serve.

The Act took effect on January 21, 2006 for some county and private agencies, most of the provisions of these Acts were already incorporated into their own best practice, if not actually codified in an agency manual or foster parent handbook. For other agencies, the required practice points were assumed to occur, but there were no clear agency protocols in operation. To begin to address this lack of consistency, representatives from the Pennsylvania State Resource Family Association (PSRFA), the Pennsylvania Council of Children, Youth and Family Services, and the Pennsylvania Children and Youth Administrators convened for roundtable discussions. Their initial meetings produced a comprehensive document that recommended guidelines for implementation of best practice measures that would include the legislative mandates. Most of those guidelines were then incorporated at later meetings into a “Model Agreement of Mutual Rights and Responsibilities.” A copy of this agreement, approved by DHS, appears as an attachment to this manual.

POLICY AND PROCEDURES:

The Office of Children, Youth and Families (OCYF) expects all public and private social service agencies that approve resource families to have in place written protocols that document how the agencies ensure the following provisions:

• Notification of scheduled meetings to allow resource families to actively participate in the service and permanency planning for the child(ren) in their care;

• Provision of support services consistent with the child(ren)‘s permanency plan to assist the resource parents in caring for the child(ren);

• Timely, open and complete responsiveness from the agency when contacted by a resource family regarding their role and their care of the child(ren) placed in their home;

• Provision of information about the child(ren)‘s medical, behavioral and familial history as soon as obtained by the agency/provision of information about education, experiential and placement history of the child(ren) within a reasonable amount of time;

• Consultation with the resource family in developing the child(ren)‘s permanency plan;

• Consultation with the resource family in the decision to release their address to the child(ren)‘s parent, and notification prior to any such release;

• Assistance with the coordination of services to the family, as needed, to help in dealing with the loss of, or separation from, (a) child(ren) in their care, as long as the removal was not due to an immediate threat to the health or safety of the child(ren) by the resource family;

• Provision of all written agency policies or procedures related to resource family roles;

• Provision of appropriate training to enhance the skills and performance of the resource family;

• Provision of information on how to receive services and reach agency personnel 24 hours a day, 7 days a week;

• Assurance of confidentiality regarding any abuse allegations made about a resource family household member, as long as such assurance does not compromise the safety of the child;

• Provision of the opportunity for resource parents to be heard regarding agency decisions and practices involving the child(ren) in their care/assurance that the agency will in no way discriminate or retaliate if resource parents make appropriate inquiry about such decisions or practices;

• Inclusion of a resource family, if interested, as an adoption interview candidate for (a) child(ren) whose goal has been changed to adoption, and who has/have resided in the resource family home for at least six months, as well as an explanation of the criteria for selection, if another family is chosen by the decision making agency;

• Assurance that the resource family‘s right to be notified of any court proceedings related to the child(ren) in their care happens as soon as the agency receives the information; agencies should consider assisting resource parents in how to prepare for court, and in becoming more comfortable with court appearances;

• Assurance that the right of the resource family to be heard during any court proceeding related to the child(ren) in their care is preserved and encouraged in a proactive manner; and

• Assurance that no resource parent shall be denied consideration as an adoptive resource solely because the resource parent cannot be accessed as a resource parent in the future. Agencies are required to amend their policy and procedures to comply with these Acts, and must have a standard document that lists out all of these provisions, and that can be provided to prospective resource family applicants for thorough review prior to approval. A signed copy of the document must be part of the approval process. Agencies may choose to use an adapted version of the attached model agreement (policy) with its signature page. Having a signed copy of the model agreement in the resource family record assures that agencies are fulfilling the legislative mandate to provide a copy to the resource family, and provides agencies with a signed agreement by the resource families that agency expectations are understood.

***Act 76 of 2007 amending The Juvenile Act on Court Participation***

Congress wanted courts to ensure that the foster parents, relative caretakers, and pre-adoptive parents actually receive notice and have the right to be heard. In order to ensure resource family participation, congress amended the Social Security Act section 438(b) (1), 475(5) (G), 42 U.S.C. ¬ß629g (b) (1), 675(5) (G). Now to be eligible to receive a CIP grant under this section, the highest State court must have a rule that requires state courts to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of any proceeding regarding a child. To ensure that this important change was reflected in State statute, Governor Edward G. Rendell signed Act 76 of 2007 into law on December 18, 2007, amending ¬ß6336.1 (relating to Notice and hearing) of Title 42 of the Pennsylvania Consolidated Statutes, known as ‘The Juvenile Act.‘ The statute now requires that resource parents be provided the right, rather than the opportunity, to be heard. On May 12, 2008, the Department issued OCYF Bulletin 99-08-01, entitled Implementation of the Safe and Timely Interstate Placement of Children Act of 2006, which addresses many of the new requirements under this Federal statute.

***State specific-Guardian Ad Litem responsibilities (Juvenile Act amended with Act 18 in 2000)***

1. Meet with the child, as soon as possible following appointment pursuant to section 6337 (relating to right to Counsel) and on a regular basis thereafter, in a manner appropriate to the child‘s age and maturity.

2. On a timely basis, be given access to relevant court and county agency records; reports of examination of the parents or other custodian of the child pursuant to this chapter; and medical, psychological and school records.

3. Participate in all proceedings, including hearings before masters, and administrative hearings and reviews to the degree necessary to adequately represent the child.

4. Conduct such further investigation necessary to ascertain the facts.

5. Interview potential witnesses, including the child‘s parents, caretakers and foster parents; examine and cross-examine witnesses; and present witnesses and evidence necessary to protect the best interests of the child.

6. At the earliest possible date, be advised by the county agency having legal custody of the child of:

(i) Any plan to relocate the child or modify custody or visitation arrangements,

including the reasons therefore, prior to the relocation or change in custody or visitation; and

(ii) Any proceeding, investigation or hearing under 23 Pa. Cons. Stat. Ch. 63 (relating to child protective services) or this chapter, directly affecting the child.

7. Make specific recommendations to the court relating to the appropriateness and safety of the child‘s placement and services necessary to address the child‘s needs and safety.

8. Explain the proceedings to the child, to the extent appropriate given the child‘s age, mental condition and emotional condition.

9. Advise the court of the child‘s wishes, to the extent that they can be ascertained, and present to the court whatever evidence exists to support the child‘s wishes. When appropriate because of the age or mental and emotional condition of the child, determine, to the fullest extent possible, the wishes of the child and communicate this information to the court. A difference between the child‘s wishes under this paragraph and the recommendations under paragraph (7) shall not be considered a conflict of interest for the guardian ad litem.

***Appealing removal of Child and Disapproval as a***

***Resource Parent***

**Removal of Child**

Foster parents have no legal standing in court but do have rights and responsibilities under certain laws and regulations in Pennsylvania for any child in their care. You have the right to appeal when you feel that the removal of the child is not in the child‘s best interest and when none of the following conditions apply:

* The foster child has been in your home less than six months.
* The child is being placed in an adoptive home.
* The child is being returned to his/her birth parents.
* The court has ordered the child‘s removal.
* The child is being removed due to a report of alleged abuse against the foster parent(s).

To file an appeal, you must notify, in writing, the agency with whom you contract within 15 days after you are informed of the child‘s removal. There are no appeal rights when the court initiates the removal of the child. Appeal rights apply only when the child‘s removal is planned and initiated by the agency. When the agency with whom you contract receives your notification, the agency will contact the Department of Welfare‘s Office of Hearings and Appeals, which will schedule a hearing on your behalf. You may be represented by anyone you feel could aid you in presenting your case. The Office of Hearings and Appeals will render a decision.

**Disapproval as a resource parent**

In the event of approval as a resource family, written notice shall inform the resource parents of the approval with a starting date. In the event of disapproval as a resource family, written notice shall inform the resource parents of the disapproval along with the reason for disapproval. The resource family may appeal the agencies decision to disapprove. In the case where a resource parent wishes to appeal an agency‘s decision to disapprove or provisionally approve, the resource family shall submit to the agency a written appeal. The appeals are subject to 2 Pa.C.S. ¬ß ¬ß 501Äî508 and 701Äî704 (relating to Administrative Agency Law) and 1 Pa. Code Part II (relating to General Rules of Administrative Practice and Procedure). Appeals related to the agency‘s approval shall be made by filing a petition within 30 days after service of notice of the action. Upon receipt of the resource parent appeal, the agency shall date stamp the appeal. The agency shall review the appeal and determine if steps can be taken to resolve the appeal without a hearing. If, after considering the appeal, the agency is unable to resolve issues of disagreement, the appeal shall be sent to the Office of Hearings and Appeals, Post Office Box 2675, Harrisburg, Pennsylvania 17105 within 15 calendar days of the date stamp.

***Act 101 of 2010 Amended the Adoption Act***

For many youth in foster care, the expectation that they would have to completely sever contact with their birth families in order to be adopted often causes fear and opposition to the process. This resistance likely contributes to the fact that while nearly half of all children in foster care in Pennsylvania are 13 and older, only about 8 percent of adoptions from foster care involve teens. The enactment of Act 101 of 2010 provides an option for adoptive parents and birth relatives to enter into a voluntary agreement for ongoing communication or contact. On October 27, 2010, former Pennsylvania Governor Edward G. Rendell signed Senate Bill 1360 into law. This amendment to the Adoption Act, known as Act 101 of 2010, became effective April 25, 2011 (OCYF Bulletin 3350-11-01). Act 101 has far-reaching effects on the ability of adopted children to maintain lifelong connections with their biological family and to have access to information that may not have been readily available in the past when appropriate authorizations are on file. These connections to both people, as well as information, will allow access to information that provides an opportunity for children to understand their past and its potential impact on their lives and the lives of their descendants.

While the enforceability of post-adoption contact agreements is new, the concept is not. For years, adoptive and biological parents have recognized the benefits of post-adoption contact for youth through informal arrangements for contact. Nothing in the information taken from the bulletin to produce this document precludes or discourages the use of these informal arrangements, which have benefited children and families through the years. Act 101 also amended the Adoption Act to provide more detailed information in the Pennsylvania Adoption Information Registry and to provide a new means for accessing information and records related to adoptions. Prior to the implementation of Act 101 of 2010, the law protected adoption records by sealing them after the finalization and limiting the information that may be provided in response to a request for information. In addition to requesting information from the PAIR, specified individuals may also request from the courts and agencies, where applicable, information that is non-identifying, identifying and request contact with family members. Act 101 of 2010 allows a single request form to be used by individuals to make their request for release of information to each location. The list of individuals who may access information is expanded, as well as the list of individuals who may be the subject of a request for information or contact. In some situations, the subject of a request now includes the grandparents and siblings of an adoptee.

***Act 75 of 2015 Activities and Experiences for Children in Out-of-Home Placements Act***

For many years, there has been a movement driven by the youth in foster care to try and create more normal life situations while in the system. The tool to accomplish this goal by some states was to pass laws to implement a “reasonable and prudent parent standard” for decisions made by a resource parent or a designated official for a child care institution. Such a standard allowed caregivers to make parental decisions that maintain the health, safety, and best interest of the child and also decisions about the child’s participation in extracurricular, enrichment, cultural and social activities. For the implementation, Caregivers would have to be trained on the reasonable and prudent parent standard, specifically around the child’s participating in age or developmental appropriate activities.

A major change for all children and youth in foster care in the United States came on September 29, 2014, when President Obama signed into law the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113183/H.R. 4980). This law requires all states to implement a “reasonable and prudent parent standard” for decisions made by a resource parent or a designated official for a child care institution. All states must now produce best practices for assisting resource parents to apply the reasonable and prudent parent standard in a way that protects the child while also allowing them to experience normalcy, and also takes into consideration the concerns of the biological parents related to participation in activities (although these concerns won’t necessarily determine the participation of the child in activities).

This provision also ensures that liability policies will ensure appropriate liability for caregivers who approve a child’s participation in an activity in accordance with the reasonable and prudent parent standard. Many states have already passed laws for the implementation of the new Federal law. This included Pennsylvania when they passed in to law Act 75 of 2015 the Activities and Experiences for Children in Out-of-Home Placements Act. The Federal and Pennsylvania legislative goals of the Prudent Parent Standard laws include but are not limited to:

• Every child adjudged a dependent child of the juvenile court (a foster child) shall be entitled to participate in age-appropriate extracurricular, enrichment, and social activities.

• Caregivers must use a “prudent parent standard” in determining whether to give permission for a foster child to participate in extracurricular, enrichment, and social activities.

• Caregivers must take reasonable steps to determine the appropriateness of the activity in consideration of the child’s age, maturity, and developmental level.

• Any state or local regulation or policy which prevents or creates barriers to participation in those activities is prohibited.

• Each state and local entity is required to ensure that private agencies providing services to foster children have policies consistent with this section and that those agencies promote and protect the ability of foster children to participate in age-appropriate extracurricular, enrichment, and social activities. The best and most accurate way to get to the legislative intent is to take excerpts of the transmittal from June 14, 2013 form the Chairman, Ranking Member, and members of the U.S. House Ways and Means Subcommittee on Human Resources, which has jurisdiction over the nation’s foster care and related child welfare programs. “We are writing to encourage your increased attention to helping children in foster care live more normal lives. Every day, children in foster care across the country face unnecessary barriers that limit their opportunities to succeed. However, we hope that by working together we can remove these barriers and improve the lives of thousands of foster youth across the country. A hearing in our subcommittee spotlighted this issue, along with recent state efforts to promote normalcy for children in foster care. We heard the views of former foster youth, experts representing youth in foster care, foster parents, and advocates. As parents and grandparents, we are concerned that this list and other examples in the hearing testimony we received suggests that too often the foster care system not only prevents kids from leading normal lives, but that it takes away exactly the sorts of activities that they need to grow and develop into happy, healthy, and productive adults. It is no wonder that, as one former foster youth put it, “Growing up in the foster care system, I felt like I was in captivity.” We recognize the paramount need for safety for children in care, but our quest for safety should not stifle the normal development of young people.

List of some examples of activities provided by youth at committee hearing and also suggestions from PA Youth Advisory Board.

• Going to the mall

• Going to summer camp

• Taking part in a family vacation

• Being in a carpool

• Getting a haircut

• Getting a driver’s license

• Having a part-time or summer job

• Going to a sleepover

• Allowances

• School activities, sports, arts and extra-curricular activities

• Employment or post-secondary school opportunities

• Access to social media and other current means of connecting

• Access to self-expression: art, religion, personal style etc. Pennsylvania’s Act 75 of 2015 The Activities and Experiences for Children in Out-of-Home Placements Act is a huge paradigm shift in the way child welfare is done. There is extensive training on the Prudent Parent Standard under the educational tab of the Pennsylvania State Resource Family Association web site (www.psrfa.org).

***Voluntary Post-Adoption Agreement***

The United States Department of Health and Human Services recommended more than a decade ago that states establish laws to allow the courts to approve voluntary post-adoption contact agreements between birth and adoptive families that are legally enforceable. Twenty-four states currently have statutes for voluntary post-adoption contact agreements. These voluntary agreements serve to help more children in foster care find a permanent, adoptive family who would be open to allowing them contact with a birth relative. The idea of authorizing voluntary enforceable post-adoption contact agreements is not new to Pennsylvania. The Joint State Government Commission made a similar recommendation in its report in 2001. According to their report, a formal process to establish voluntary and enforceable post-adoption contact agreements helps protect the legal rights and best interests of children in the adoption process.

While many children leave the foster care system to return to live with their birth parents or other relatives, some children experience circumstances that prevent their return home. These children and youth also need permanent homes and the law favors adoption as the next best option for permanency. The enactment of Act 101 of 2010, which amended the Adoption Act, provides an option for adoptive parents and birth relatives to enter into a voluntary agreement for ongoing communication or contact. This option will result in a paradigm shift in Pennsylvania where ongoing contact has not traditionally occurred, nor have open adoptions. An agreement cannot be entered for a child who is 12 years of age or older without his or her consent. The agreement must be one that:

(1) Is in the best interest of the child;

(2) Recognizes the parties’ interests and desires for ongoing communication or contact;

(3) Is appropriate given the role of the parties in the child‘s life; and

(4) Is subject to approval by the court. OCYF bulletin3350-11-01 also lays out the requirements of the statute, but also provides best practice considerations. That bulletin in its entirety can viewed on the PSRFA website or on google by inserting (Pennsylvania bulletin 3350-11-01).

***Adoption or Permanency assistance***

Fact Sheet on Assistance

*1. What is adoption assistance?*

The primary goal of the adoption assistance program is to provide financial support to foster families who adopt children with special needs.

*2. What benefits are provided?*

Three types of benefits are provided if eligible: Title IV-E non-recurring expenses, Title IV-E adoption monthly subsidy, and Medicaid or state adoption monthly subsidy, and Medical Assistance. Title IV-E Non-recurring expenses of adoption are a reimbursement payment for one-time reasonable and necessary expenses incurred by the adoptive parent that are directly related to the legal adoption of a child with special needs that have not been reimbursed from other sources or funds. Reimbursement of non-recurring expenses is limited in Pennsylvania to a maximum of $2,000 per adoption episode. Examples of non-recurring expenses include: court costs, attorney fees, homes studies, adoption studies, health and psychological examinations, transportation and the reasonable costs of lodging and food for the child and/or adoptive parents when necessary to complete the adoption process. Title IV-E or State Adoption Monthly subsidy payments are determined through a negotiation between the adoptive parent(s) and the county children and youth agency based on the needs of the child and the circumstances of the family. The amount of the payment cannot exceed the amount the child would have received if s/he had been in a foster family home. Medicaid/Medical Assistance to support the provision of the child’s medical needs.

*3. What are the categories of adoption assistance?*

• Title IV-E Non-recurring Expenses of Adoption; and

• Title IV-E Adoption Monthly Subsidy and Medicaid; or

• State Adoption Monthly Subsidy and Medical Assistance.

*4. What is a Special Needs Characteristic?*

In order to qualify for Adoption Assistance, a child must meet one of the following criteria:

• Have a physical, mental or emotional condition or disability.

• Have a genetic condition which indicates a high risk of developing a disease or disability.

• Be a member of a minority group.

• Be a member of a sibling group who are placed together in the same adoptive home. (The adoption of the siblings does not have to occur at the same time for this characteristic to be utilized. This characteristic, however, cannot be applied retroactively.) These siblings must be under the placement care and responsibility of CCYA or a private agency licensed by PA DHS prior to the finalization of adoption except if SSI eligible or determined eligible for Title IV-E AA in a previous adoption.

• Be 5 years of age or older.

*5. What are the requirements for a child to receive Title IV-E Non-recurring Expenses of Adoption?*

The child must have a special needs characteristic and placed in an approved home AND the child must be free for adoption either through:

26 • Termination of Parental Rights (TPR) if under the age of 18 or

• Death of parents AND

• Reasonable efforts were made to place the child without adoption assistance. This does not mean an agency should “shop around” for a family that would adopt the child without an adoption assistance subsidy. Once the agency has determined that placement with an identified family is in the child‘s best interest, the agency should make full disclosure about the child‘s background, as well as known or potential problems. Then the agency can ask whether or not the prospective adoptive parents are willing to adopt without assistance. If they say they cannot adopt the child without adoption assistance, the requirement in section 473 (c) of the Social Security Act for a reasonable, but unsuccessful, effort to place the child without providing adoption assistance will be met.

*6. What are the eligibility requirements for Federal Title IV-E Adoption Monthly Subsidy?*

The child must be eligible for Title IV-E Non-recurring Expenses AND Meet one of the following five circumstances:

1. The child is eligible for Aid to Families with Dependent Children (AFDC) in the removal home. This factor refers to the income and resources in the home from which the child was removed, and to the specific language required in the removal court order. The majority of private adoptions (adoptions where legal custody of the child is given directly from the biological parent to a private adoption agency or adoptive family) will not meet this requirement. County children and youth agencies will have to determine whether a child meets this criterion.

2. The child is eligible for Supplemental Security Income (SSI) as determined by the Social Security Administration claims representative. This determination must be made prior to the finalization of the adoption.

3. The child is eligible as a child of a minor parent. The child‘s minor parent must be in foster care and receiving Title IV-E foster care maintenance payments that cover both the minor parent and the child at the time adoption petition is initiated.

4. The child is eligible due to prior Title IV-E adoption assistance eligibility.

5. The child meets the “applicable child” criteria outlined below:

• At the time of the initiation of adoption proceedings, the child was in the care of a public or licensed private child placement agency pursuant to either an involuntary removal, in

accordance with a judicial determination, to the effect that it was contrary to the child‘s welfare to remain in the home, or a voluntary placement agreement or voluntary relinquishment; AND

• The child meets the ‘applicable age ‘criterion any time during the Federal fiscal year (FFY) in which the adoption assistance agreement is entered. Beginning 10/1/09, the

‘applicable‘ age for a child is 16 or older, (meaning: the child will turn 16, or older, by (9/30/10),and decreases by two years in each subsequent fiscal year until a child of any age meets the ‘applicable‘ age requirements by the close of FFY 2018; OR

• The child meets the ‘applicable time-in-care ‘criterion by virtue of having been in foster care under the responsibility of a county children and youth agency for 60 consecutive months; OR

• The child is a sibling of an ‘applicable ‘child, by virtue of the applicable child‘s age or time in foster care, and is placed in the same adoption arrangement as the ‘applicable‘child.

*7. What are the eligibility requirements for State Adoption Monthly Subsidy?*

The child must not be eligible for Title IV-E Adoption Monthly Subsidy AND the child must be eligible for Title IV-E Non-Recurring Expenses AND be in the legal custody of a county children and youth agency public or private agency licensed by the Department AND have been in foster placement for a period of not less than six months.

*8. What are the eligibility requirements for the child to receive Medical Assistance?*

Children who are eligible for Title IV-E Adoption Monthly Subsidy are automatically eligible for Medicaid. If the family moves to another state, they will receive Medicaid in that state through the Interstate Compact on Adoption and Medical Assistance (ICAMA). Children who are not Title IV-E eligible, but are eligible for State Adoption Monthly Subsidy, which includes State Medical Assistance, must have a determination that the child can‘t be placed for adoption without Medicaid because the child has special needs for medical or rehabilitative care for assistance in gaining medical coverage out of state. If the family moves to another state, please note that not all states reciprocate by providing Medical Assistance to children receiving State Funded Monthly Adoption Assistance. These reciprocal arrangements are known as COBRA Reciprocity. Information on the laws in each state can be found at <http://aaicama.org/cms/> uploads/COBRA\_Current.pdf. If a state of residence does not provide Medicaid or Medical Assistance services that Pennsylvania provides, then Pennsylvania is not responsible for covering that service.

*9. How long is adoption assistance provided?*

Adoption monthly subsidies (including Medical Assistance) continue until the date of the child‘s 18th birthday or if the child is eligible for extension until the 21st birthday. Adoption assistance agreements terminate prior to the child‘s 18th or 21st birthday when any one of the following circumstances occurs:

• The adoptive parent(s) and county children and youth agency agree to an earlier termination

date than is stated in the adoption assistance agreement.

• The adoptive parent(s) is/are determined to be no longer legally responsible for the support of

the child. Examples include: when the adoptive parent(s)‘ parental rights have been terminated

or when the child marries or becomes an emancipated minor.

• The adoptive parent(s) cease(s) to provide any support for the child. Any support includes

various forms of financial support that may include, but are not limited to payments for family

therapy, tuition, clothing, maintenance of special equipment in the home, or services for the

child‘s special needs.

• The adoptive parent(s) request(s) termination.

• The adoptive parent(s) or child passes away.

*10. Please explain my child‘s eligibility for extension of adoption assistance beyond the age of 18?*

Due to the passage of Act 80 effective July 1st, 2012, adoptive families may be eligible to receive the monthly subsidy beyond the age of 18 to the age of 21 if the agreement was in effect on or after July 1st, 2012. If a child was 0-12 years of age at the execution of the adoption agreement, this child is not eligible for the subsidy extension. If a child was at least 13 years of age and not yet 21 years of age at the execution of an adoption agreement, the child is eligible for the extension. This child must meet at least one of the five definition of child criteria to receive the monthly subsidy as follows:

1. The youth is completing their secondary education or equivalent credential;

2. The youth is enrolled in a post-secondary educational or vocational training program;

3. The youth is participating in a program designed to promote employment and/or remove barriers to employment;

4. The youth is employed and works at least 80 hours a month; or

5. The youth has a documented medical or behavioral health issue preventing them from doing any of the above. If a child does not meet one of the five extension criteria at 18, the child may meet the criteria until the age 21 to receive a monthly subsidy. Payments may be suspended if the documentation is not provided in the requested time frame. The child has a window to meet the criteria from the age of 18 until reaching the age of 21. For example, if the child does not meet one of the five criteria above at 18, the child may meet the criteria at 19 and receive the adoption monthly subsidy. The agreement will terminate when the child reaches the age of 21.

*11. How do I apply for adoption assistance?*

You must discuss adoption assistance eligibility as early as possible. If the agency is a licensed children and youth social services agency providing adoption services to you, it is essential that the agency provide complete information to the applicable county agency. Both federal and state law as well as regulation require that an adoption assistance agreement must be negotiated (refer to How to Negotiate an Adoption Assistance [Subsidy Agreement]) and fully executed by the prospective adoptive parent(s) and the county agency at, or prior to, the finalization of the adoption. County children and youth agencies are solely responsible for determining a child eligibility determinations for adoption assistance. The following guidance is provided regarding which county agency should make the determination:

• The county/state that has responsibility for the placement and care of the child; or

• The county where the birth parent(s), with whom the child was living, resided when the child was placed in the custody of the agency/adoptive parent(s); or

• The county where the child was located when taken into agency custody in circumstances where the child was abandoned and/or the parents are unknown; or

• The county where the adoptive parents reside. This applies in instances where the child is from another state and that state does not have responsibility for the placement and care of the child. This also applies when the original adoptive parent(s) pass away or have their rights terminated and the child lives with new adoptive parent(s) in Pennsylvania without a county agency having responsibility for the placement and care of the child. If the new adoptive parent(s) live in another state, the state where the new adoptive parent(s) live is responsible for making the eligibility determination.

*12. Who should I contact if I have questions about this information?*

Department of Human Services Office of Children, Youth and Families

P.O. Box 2675, 1st Floor Annex

Harrisburg, PA 17105

Phone: 717.772.1585 • www.dpw.pa.gov

***How to Negotiate an Adoption Assistance (Subsidy) Agreement***

Federal and state law and regulations require that adoption assistance agreements be negotiated to meet the individual needs of each child. Further, parents have the right to re-open negotiations and ask for an amended agreement any time the child‘s needs or the family circumstances change. There is no limit to how often or how many times any agreement can be negotiated. However, federal and state regulations do limit the subsidy amount to not exceed the foster care maintenance that the agency would have to pay to maintain the child in foster care. The information contained in the document supersedes information in the Office of Children, Youth and Families Bulletin 3140-99-01 entitled Adoption Assistance Questions and Answers and Title 55, Pa. Code ¬ß3140 Subchapter C of the Pennsylvania Child Welfare Regulations.

*1. When is the subsidy negotiated?*

Federal and state law and state regulations require that an adoption assistance agreement must be entered into prior to or at the time of the finalization of the adoption. Ideally, adoption assistance should be negotiated several months prior to the anticipated finalization date.

*2. What may be taken to the negotiation process?*

Documentation of the child‘s special needs such as medical records, prescription histories, psychological evaluations, school records and the information about risk factors and special needs listed in the documents given to you by the adoption agency. In addition to the child‘s level of disability, family circumstances can be taken into account during the negotiation process. “Family circumstances” is defined as your ability to incorporate the expense of the child‘s needs into your budget. (Your income may not be used to determine qualification or subsidy dollar amount.) Once an adoption assistance agreement has been established, changes in your circumstances such as losing a job, relocation to another state, divorce or changes in the child‘s situation can also be the basis of a request to renegotiate the contract. You can have an attorney review the subsidy agreement to ensure that the child‘s best interests are addressed. The attorney‘s fees and other expenses related

to the review of the initial adoption assistance agreement may be reimbursed up to $2,000, as part of non-recurring expenses of adoption. If this is a renegotiation of agreement, however, you will be responsible for the payment of any attorney fees incurred in regard to such a review.

*3. Can I bring someone with me to the negotiation process?*

Yes. As above, you may bring an attorney or another interested person to the negotiation session. The attorney‘s fees related to the initial review may be reimbursed up to the $2,000 limit as part of non-recurring expenses of adoption.

*4. Do I have to use the county agency attorney for the adoption/adoption assistance process?*

No. You can retain any attorney you choose. Please keep in mind that all attorneys are not familiar with adoption assistance. Any fees incurred that fall under the nonrecurring expenses category may be reimbursed up to the $2,000 limit if not reimbursed by other sources or funds. Any expenses incurred in excess of the $2,000 limit will be your responsibility, but may be eligible for a tax credit under the Federal Adoption Tax Credit.

*5. Is the $2,000 Non-recurring Expense limit negotiable?*

No. According to federal regulation, while a county children and youth agency may not limit reimbursement for a single category of Non-recurring Adoption Expenses, federal and State regulations limit the total amount the county may reimburse to $2,000 per adoption episode. Adoptive parents who apply for reimbursement of the non-recurring expenses of adoption must be reimbursed for any of the eligible non-recurring adoption expenses, up to $2,000, when they adopt a child with special needs. If the adoptive parents choose to use the entire $2,000 for an attorney, no other eligible non-recurring expense can be paid.

*6. Are there limits to the amount of monthly adoption assistance that my child can receive?*

Yes. The amount of the adoption monthly subsidy payment cannot exceed the foster care maintenance amount the child would receive if s/he had been in a foster family home. The adoption monthly subsidy is not available for any service or item covered under Medicaid.

*7. What if I, the pre-adoptive/adoptive parent, do not agree with the agency?*

Should negotiations break down, the county children and youth agency should contact the regional office of the Department of Human Service’s Office of Children, Youth and Families to explore options that may resolve the disagreement. The county agency must ultimately provide written notification of their decision to you. If you are dissatisfied with the county agency decision relating to adoption assistance, you may file a written appeal within 30 calendar days of the mailing date of the county agency‘s adverse decision.

*8. When can adoption subsidy be appealed?*

According to federal and state regulations, the following situations constitute grounds for a fair hearing:

• Relevant facts regarding the child, the child‘s background or biological family were known and not presented to the adoptive parents prior to the finalization of the adoption;

• Assistance was denied based on a means test of the adoptive family;

• An erroneous determination was made by the county agency regarding the child‘s eligibility status;

• The availability of adoption assistance was not discussed with prospective adoptive parents;

• There was a denial or reduction of service; or

• Services were terminated or suspended.

*9. Once an adoption assistance agreement is entered into with the county, can the adoption assistance payments be adjusted (either reduced or increased)?*

With the concurrence of the adoptive parents, the amount of the assistance may be adjusted if the family‘s or child‘s circumstances change. However, those youth eligible for extension of the monthly subsidy payments from 18 to 20 years of age and not meeting the definition of a child criterion will have a suspension of payment until meeting such criteria.

*10. Who should I contact if I have questions about this information?*

Department of Human Services Office of Children, Youth and Families

P.O. Box 2675, 1st Floor Annex

Harrisburg, PA 17105

Phone: 717.772.1585 • www.dpw.state.pa.us

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***Concurrent Planning***

Concurrent planning is a positive pro-active practice touched on earlier in this manual, but drives so much of the process and outcomes that it needs a second look. Concurrent planning is a process in which the case worker, in conjunction with the court, identifies two permanency goals and actively works on achieving both goals at the same time. Concurrent plans are identified so that, if the first (or preferred) permanency goal is not possible, the child will quickly find another permanent living arrangement. For example, a child‘s permanency goal might be reunification with their birth parents as well as a concurrent goal of adoption or permanent placement with a fit and willing relative in case a return home cannot happen.

Concurrent planning can be difficult for resource parents at times. A resource parent may be required to partner with the family, and to help transport a child to family visits, while, at the same time, be asked to consider being the permanent placement for the child if the parents aren‘t able to change the conditions necessary to have their child returned to them. These can be very emotional and difficult situations resulting in resource parents feeling confused, upset, sad, and disappointed with the decisions that are made. It is important for the resource parent to always keep in mind that in almost all cases the primary goal is to get the children back to their parents if at all possible.

It is important for the resource parent to talk with the child‘s case worker whenever they have questions about this or the permanency planning process or a child‘s permanency goal. It is also helpful to talk about the challenges of concurrent planning with other resource parents. It is important to know that resource parents are involved in the permanency planning process under Pennsylvania Law (Resource Family Care Act). Under this law, resource parents must be given notification of scheduled meetings to allow resource families to actively participate in the service and permanency planning for the child(ren) in their care. Furthermore, resource parents should be considered as kinship under the guidelines for Pennsylvania definitions of kinship (significant positive relationship with the child or the child‘s family), especially if the child has been in their home for at least 6 months, which need to be consecutive. The following is from the OCYF concurrent planning bulletin definition of kinship care:

***Kinship Care:*** The full-time nurturing and protection of a child who is separated from his/her parents and placed in the home of a caregiver who has an existing relationship

with the child and/or the child‘s family. The existing relationship involves one of the following characteristics:

*• Relative of the child through blood or marriage;*

*• God parent of the child as recognized by an organized church;*

*• Member of the child‘s tribe or clan; or*

*• Significant positive relationship with the child or the child‘s family.*

To access the Concurrent Planning Bulletin visit: <http://www.fcu.pitt.edu/files/Concurrent%20Plan%20> Bulletin.pdf

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***When a Resource Parent Is Accused of Abuse***

Child abuse reports are sometimes filed naming the resource parent(s) as alleged perpetrators of child abuse. These allegations are not investigated by the county children and youth agency when the alleged perpetrator is an agent of the county children and youth agency. An agent of the county agency would include resource parents approved by a private foster care agency that contracts with the county children and youth agency where the abuse occurred. The State’s Department of Human services / Office of Children, Youth, and Families Regional staff will conduct the investigation in accordance to regulations. This is so that there can be no alleged conflict of interest for the county agency. An investigation will begin immediately and the child will be seen immediately if the county children and youth agency determines emergency protective custody is required or if the agency cannot determine from the report whether emergency protective custody is needed. Otherwise, the agency begins an investigation and sees the child within 24 hours of the receipt of the report.

The subjects of the report will receive a letter informing them of the investigation. The child involved in the investigation may be removed from the resource home. Other children in the home, including birth children, may also be removed if there are at identified safety threats. All investigations must be completed within 30 days from the date of the report, unless there are extenuating circumstances to be resolved. Then the investigation must be completed within 60 days. There may be a police investigation of the allegation at the same time. Some types of reports are required by law to be referred to law enforcement officials. Referrals are made if the initial report to or initial review by the county children and youth agency gives evidence that the alleged abuse is one of the following:

*• Crimes that prohibit approval as a foster parent or adoptive parent.*

*• The alleged perpetrator is not a family member of the child.*

*• Serious physical injury or an injury that significantly impairs the child‘s functioning, either temporarily or permanently.*

The county children and youth investigation and the law enforcement investigation are separate and require different levels of evidence. The subjects of the report will receive a letter stating the results of the investigation. Services may be provided to the child and the perpetrator. The agency must also submit a plan to assure the safety of that child and the other children in the home.

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***Stipends-Title IV-E Foster Care Maintenance Payments***

Stipends to resource parents are mostly paid with Federal dollars and through Federal Social Security Law called Title IV-E. SOCIAL SECURITY LAW SEC. 475. [42 U.S.C. 675] As used in this part or part B of this title (4)(A) The term “foster care maintenance payments” means payments to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child‘s personal incidentals, liability insurance with respect to a child, reasonable travel to the child‘s home for visitation, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement. Foster care maintenance payments (stipends) are made for eligible children in licensed foster homes, foster homes of relatives, group homes, emergency shelters, residential facilities, and public and private child care institutions and pre-adoptive homes. Specialized foster homes offering therapeutic and treatment services may be eligible for reimbursement for the costs of room and board, however the costs of therapeutic and treatment services are not allowable under Title IV-E.

*NOTE: PA has 67 counties. The counties themselves set the* *rates for their own licensed families and also the rates for* *levels of care with the private providers that they contract* *with. These rates will vary not only from county to county,* *but also from private agency to private agency. The State* *office does not set minimums or maximums, but will only* *reimburse up to a certain amount. However, counties may* *exceed these amounts and support with county dollars.*

Foster care maintenance payments are intended to provide the resource parent with funds to meet the child‘s “physical” needs, including the cost of room and board, personal needs, school needs (including such things as school supplies, school trips, and graduation expenses), transportation, clothing, and allowance. In addition, the payment recognizes that resource parents provide for the child‘s care and supervision needs, which, depending on the individual child, might include such tasks as teaching independent living skills, assisting with homework, modeling appropriate parenting for the child‘s legal parent or supervising phone calls with the parent. Specialized foster care payments may be paid for certain categories of children who have greater than usual needs and/or who require more day-to-day supervision and/or attention than those without such conditions.

**Room and Board:**

Room and board daily maintenance payments are intended to reimburse the caregiver for housing, food, transportation, child care and entertainment as defined below:

• Housing — Housing expenses include shelter (mortgage payments or rent, property taxes, maintenance and repairs; and insurance), utilities (gas, electricity, fuel, cell/telephone, and water), and housing furnishings and equipment (furniture, floor coverings, major appliances, and small appliances).

• Food — Food expenses include food and nonalcoholic beverages purchased at grocery, convenience and specialty stores, dining at restaurants, and household expenditures on school meals.

• Transportation — Transportation expenses include the net outlay on purchase of new and used vehicles, gasoline and motor oil, maintenance and repairs, insurance, and public transportation. The State or Counties may make a separate payment for transportation for reasonable travel to the child‘s home for visitation and for the child to remain in the school in which the child is enrolled at the time of placement.

• Child care — Child care expenses include day care tuition and supplies, and babysitting. Child care costs, which facilitate the resource parent‘s attendance at activities which are beyond the scope of normal parent duties, may be reimbursed or paid to the resource parent or directly to the child care provider. Child care services will be rendered by a provider that is licensed, certified, or has some other formal status under State or local regulations.

• Miscellaneous — miscellaneous expenses include entertainment, sports equipment and reading materials.

**Clothing** payments are intended to reimburse the caregiver for clothing expenses, which may include clothing purchased during the first days in an emergency substitute care placement, ongoing clothing needs as a result of growth, seasonal changes, or attrition, and clothing services such as dry cleaning, alterations and repair.

**Personal incidental** payments are intended to reimburse the caregiver for personal items including, but are not limited to:

• Items related to personal hygiene.

• Haircuts.

• Cosmetics.

• Over-the-counter medications.

• Special dietary foods.

• Allowance.

• Infant and toddler supplies (e.g., high chairs, diapers).

• Fees related to activities (e.g., boy/girl scouts).

• Special lessons (e.g., horseback riding, music/band). School Supply payments are intended to reimburse the caregiver for school fees, supplies, and books. These costs are allowable for Federal financial participation under the Title IV-E Foster Care Program as foster care maintenance payments.

***Levels of care or Special Rates: (Vary from agency to agency and may need special approval)***

Specialized foster care rates or levels of care are intended to compensate resource parents for various reasons, such as but not limited to the following. Caregivers in these circumstances may need to obtain additional training specific to the child‘s special needs per their licensing agency.

These special needs may include:

• Educational Needs: The child has special education needs and is not performing normally for his or her age and/or development level which require more time, expertise, and/or supervision on the part of the resource parent(s) that is usually expected for a resource parent.

• Psychological and Behavioral Needs: The child has needs and behaviors which are considered abnormal for a child of this child‘s age which requires more supervision and treatment than is expected for a foster child of this developmental age. The resource parent would be involved in more than monthly treatment for the child.

• Medical and Dental Needs: The child has needs beyond routine medical and dental care appointments, which requires additional care on the part of the resource parent(s) that are beyond the age-appropriate needs for a child of this age. Especially in the case for medical fragile. The additional daily supervision required to care for a medically fragile child with severe and/or chronic medical problems, which require specialized care, intensive medical follow-up, supportive treatment and continuous monitoring and are based on the level of care needed by the child. The level of care is determined by the child‘s diagnoses, medical problems, and individual treatment and care needs. Any caregiver may need to obtain additional training specific to the child‘s special needs.

***Emergency Care Rates (Vary from agency to agency)***

In some instances, children removed from their birth families are first placed into an emergency care setting. This may be a shelter/group facility or a family setting designed to keep the children safe while assessing their needs and finding an appropriate placement to meet their needs. The emergency care foster care rates are intended to compensate resource parent(s) for the additional daily supervision required to acclimate the child to a foster care setting and to document the child‘s needs to be used as part of the placement assessment. It is also intended to compensate resource parent(s) for additional transportation expenses associated with the initial medical and educational related appointments.

***Sibling Rate (Vary from agency to agency)***

Placing siblings together is critical to maintaining family connections and promoting children‘s sense of permanency and well-being. Current law among other things, require the agencies which provide child welfare services to make reasonable efforts to place siblings in the same location and to presume that it is in the best interest of the child to be placed together with his/her siblings. Sibling rates are intended to compensate the resource parent(s) for the additional daily supervision required to care for sibling groups. It is very important to preserve their connection with one another and to their family, improving long-term well-being and permanency, whether the ultimate plan is reunification, adoption, or permanent placement with kin. **Placing siblings together is critical to maintaining family connections and promoting children‘s sense of permanency and well-being.**

*Due to the complexity of the Child Welfare system, the Agency has specific procedures\which vary by state. The following information gives a brief overview of the Agency‘s responsibilities to biological families/caregivers, children and resource parents. The system typically will receive and investigate reports of possible child abuse and neglect, provide services to families, identify resource families for children who need placed out of the home and work with resource families when a child is placed out of the home, as well as arrange permanency when it is needed for a child. The child welfare system is not a single entity and does rely on community organizations to work together to assure families are strengthened, their needs are met and children are safe.*

***AGENCIES AND PROVIDERS RESPONSIBILITIES TO***

***YOUTH AND FAMILIES***

Introduction

*Agency Resource Caseworker*

Their role is to assure the Resource Parent home is compliant with licensing standards in the State of PA. They will do an initial approval as well as an annual evaluation. They will give opportunities for training hours for resource parents with training hours. The Agency maintains a file in their office of the Resource Home and the required documentation. Depending on the County, this worker may be involved on different levels from weekly, bi-weekly, monthly, quarterly or yearly visits to the home. Recruitment and retention is also another responsibility of the resource caseworkers.

*Agency Family Caseworker*

Their role is to assure the child‘s needs (physical, educational, and emotional) are being met in the foster care system. They are working with the biological parents, the resource parents, kin and the legal system. They will create a Family Service Plan with the biological parents/caregiver, the children and ideally the resource family. They also create a Child Permanency Plan to address the needs of the children. They are expected to see children once every 30 days in the home of the Resource Parent. They are also to be coordinating visits with the biological families and resource families. This worker is also expected to report out to the court the progress of the parents, and the children. As a resource parent, one may be licensed through a Public Agency or a Private Agency.



***Public and Private Agencies Roles and Case Management***

***Initial and Annual Recertification of Resource Families***

Initial Certification Process

Licensing requirements are defined by Federal and Pennsylvania Laws and regulations (stated in section IV-B). These requirements were created by resource Families, Resource Children, Professionals, and Advocates for the Resource Care system; they are in place to assure children placed in the home are safe, physically and emotionally. The agency will go over these regulations with you as part of the orientation process.

Your home will be inspected and will need to meet the guidelines set forth by the state. You must obtain a physical from your physician, State/FBI clearances are obtained for all household members 14 and older, as well as a ChildLine clearance. There is also a minimum of 6 hours of training required, however, many agencies require more to assure you are successful in caring for a foster child. Policies and expectations are reviewed. You, as the Resource Parent, must adhere to these policies (some are specific to the Agency). These policies will consist of Discipline, Clean Air Act (cannot smoke in the resource home or in the vehicles), Rights of Appeal, and others specific to the Agency.

A portion of the approval process will be getting to know resource families. This will happen through interviews and completing a personal questionnaire for each resource parent. As part of the process, you will be listed on the Resource Family Registry. This form will be discussed with you and completed by you and the agency worker. Please keep in mind through the approval process not only is the agency meeting and interviewing you, they will talk to all household members, including children in the home. Also, all household members’ information such as Social Security Numbers, any clearances and dates of birth need to be provided to the agency for the purpose of the child abuse registry.

If your home is not approved, you will receive written notice as well and have the right to appeal the decision. You have the right to appeal any adverse regulatory action if you believe you have met necessary regulatory requirements.

Appeals should be submitted in writing to the administrator of the agency with who you are under contract within 15 days of the notice of the action. If the agency is unable to resolve the issues of disagreement, the appeal will be forwarded to the Department of Human Services Office of Hearings and Appeals for a hearing to be heard.

Annual Recertification

Each Resource Home will be visited and formally evaluated annually by a representative of the licensing agency with whom you hold a contract. The evaluation is used to determine continued compliance with state regulations for a licensed resource home (stated in section IV-B). Resource Families will schedule with the representative, and will also receive written notice of the annual evaluation and the results of the annual evaluation.

Any deficiencies found during the recertification will be noted and a correction plan will be established. The date by which the correction must be accomplished will be specified. If corrections are required, the Resource Home is considered out of compliance and will be placed on provisional status. While on provisional status, no additional children may be placed in the home. If, after one year, you have not made the necessary corrections, you may be excluded and your home closed.

You have the right to appeal any adverse regulatory action if you believe you have met necessary regulatory requirements. Appeals should be submitted in writing to the administrator of the agency with who you are under contract within 15 days of the notice of the action. If the agency is unable to resolve the issues of disagreement, the appeal will be forwarded to the Department of Human Services Office of Hearings and Appeals for a hearing to be heard.

**TYPES OF LICENSE**

**FULL LICENSE:**

A full license will state what was listed above, as a licensed home it means the family has met all requirements asked of them. There are two types of home– traditional resource home and kinship resource home. Traditional is a home approved for a resource child or their family. A traditional home may not know the child and/or have a previous relationship with this child. Kinship is a family who has a connection with a child who is being placed in the home. This connection can be either a blood relationship or not.

**PROVISIONAL LICENSE:**

An agency may grant a provisional license for a period needed for a family to meet the standards; the family was not able to meet for their Annual Approval. Agencies will give a timeline for extension, and if the family cannot meet the requirements for a full License, the home may be closed. During this time, the family cannot accept any additional placements in their home.

**EMERGENCY CARETAKER:**

This is a temporary license for a family who would be pursuing kinship. This states the family has met basic requirements to assure the child‘s safety. There is a 60-day timeframe to become a licensed home. If the family is not able to become licensed in 60 days, then the child needs to be removed from the home.

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***Child Placement Procedures/Court and Placement Monitoring***

Placement is initiated by a worker petitioning the court, even in emergency situations. If there is an emergency removal, there is a hearing within 72 hours; this is known as the Emergency Hearing. The purpose of this hearing is to determine if there was enough evidence for a child to be removed from the home, and for the child to remain in care pending the Dependency Hearing. At the Emergency Hearing, children may be sent home or they may stay in care. A Dependency Hearing is held within 10 days of the Emergency Hearing. The court oversight will consist of frequent court Hearings and Permanency Reviews. (For details of the types of hearings and permanency goals, please refer to section 6D: When a Case Comes to Court- -Different Hearings in Process.)

During the time a child is in a resource home, they are seen by the agency caseworker once every 30 days. The agency caseworker reports to the court how a child is doing in their placement, academically, and their progression in any recommended service. They also report on how the parents are doing toward reaching their goals stated on the Family Service Plan.

Placing siblings together is important and it is federal law that agencies make every effort to accommodate this practice (Bulletin 3130-12-01). Act 115 requires that siblings be placed together unless there are safety concerns, such as situations in which one sibling is abusing the other sibling and separation is needed to ensure the safety of the sibling, or when a sibling has special needs that can only be met in a separate placement setting. The severity of the behavior must be assessed, and a determination made as to whether these behaviors can be managed through closer supervision, therapeutic interventions, and clinical treatment. Agencies must exercise due diligence in pursuing counseling and other supportive services to address sibling issues before separating siblings. To support the early identification of mothers, fathers (including noncustodial caregivers), siblings and kin as well as efforts to locate kin throughout the life of a case, family finding, and skills such as family engagement and strength-based, solution focused practice should be used. When removing siblings from home, provided there is no contraindication for doings so, agencies must make every attempt to find an approved or approvable resource home that is able to accommodate all of the siblings even if a waiver request is needed. “Every attempt” in this context means considering all kin, relative and provider agency homes that will allow the children to remain in or as close to their home community as possible. If kinship care is unavailable for a sibling group, a resource family home that can accommodate the entire sibling group is the second preferred placement setting.

***Visitation***

When a child is placed out of the home, they will continue to have visitation with their caregivers, family members and siblings. Visitation is a right, not a privilege, and must never be used as a form of punishment for a parent or the child. The purpose of visitation is to preserve or develop the parent/child bond. Visitation is to improve a healthy parent/child relationship, to help the child deal with the trauma of being away from their family, to further evaluate family strengths and identify ways to help reduce concerns within the family, to help parents learn, improve, develop, and practice parenting skills, and to help parents understand what activities their child enjoys. A visitation plan will be discussed with the Resource Parents, the Caregivers, and the child if age appropriate. The plan will consist of frequency of visits. According to Pennsylvania legislation, there must be one visit every two week; however, many counties have visits more frequently than once every two weeks. Also times of visits and lengths of the visit are part of a visitation plan. The visitation plan will consist of expectations and goals for caregivers and the child.

As a Resource Parent, it is asked of you to assist in transporting and supporting the child in the visitation process. Visits may be at an agency building, in the community, at a school event, in the Resource Home or at a place where all parties are comfortable. Visits may be supervised or unsupervised. Supervised visits may be monitored by agency staff, by a birth family member, or by a Resource Family member. Visitation is a right, not a privilege, and must never be used as a form of punishment for a parent or child. The purpose of visitation is to preserve or develop the parent/child bond.

***Family Service Plan***

The Family Service Plan is required by law. It will state the goals of the parents, the children, and resource parents if it is needed. The purpose of this plan is to show the progress of the family toward reunification. This document will also state where the child is placed, if there would be a safety concern then the resource parents’ information can be withheld. This is a fluid document and may be amended as situations change. An initial plan is created upon case acceptance, when a child is placed and when placement setting changes. The Agency caseworker will also utilize this document to report out on progress in court hearings. There are also two permanency goals listed on the Family Service Plan, a primary goal and a concurrent goal. If a child is in placement, the primary goal is typically Reunification. This means the Agency is working on returning the child home. The Concurrent Goal, a second plan for a child, would be one of the permanency goals. If a parent is unable to reach the primary goal in the set timeframe (on average 15 out of 22 months), then a Judge may change the concurrent goal to the primary goal.

***Child Permanency Plan***

Similar to the family service plan, this will be about the child. This document will contain information about the child‘s medical history, educational history and mental health information. The visitation plan is also stated on this document. A child‘s permanency goal is also documented. This is monitored by the Agency and updated at Permanency Review Hearings. Unlike the Family Service Plan, this is child specific. All children placed in out-of home care will have a child permanency plan. This is created by the Child Protective Service‘s Agency. This document is created with the child, the resource family, the caregivers, agency and provider agency.

***Child Individualized Service Plan (ISP)***

The purpose of an ISP is to be child specific and establish goals for the child to be working on. If a Resource Home is licensed by a provider, than an ISP is created along with the Family Service Plan and the Child Permanency Plan. Consideration for the child needs such as but not limited to Physical, Emotional, Social, Psychological and Educational. These goals may be to attend therapy, obtain certain grades in school/attend school, possible chores the child may do or independent living tasks they would like to accomplish. If the child is seeing a Psychiatrist, there may be a medication goal on the document. This is child specific and is created with the child, the resource family, the caregivers, agency and provider agency.

***Family Finding and Family Group Conferencing***

Family Finding is required by state law and is a process that Children and Youth Agencies utilize to find family members. Family Finding is an ongoing process that begins when a case is accepted and when a child is placed out of the home. Fostering Connections is a federal law that requires Children and Youth to contact family members within 30 days of a child‘s placement. This notification provides family members with an opportunity to be a support for a child and remain connected with him/her. A Blended Perspective meeting is part of the family finding process this brings everyone together. It is the first step of family goal planning.

The purpose of the meeting is to share information, understand a child‘s need for connections and prepare for decision making. Family Group Decision Making is the next step in family goal planning. This is an opportunity for a family and supports to have a voice in the decision making process. At this meeting, children, family and supports (such as church family, friends, and supports of the child teacher or coach) will get together and come up with the steps needed to achieve the goals established by the family.

***Concurrent Planning and Permanency***

A concurrent plan must be established for all children who enter out-of-home care should the child not be reunified with the caregiver of origin. The initial plan should be established at the initial dependency hearing. Reunification efforts, the development, and maintenance of the concurrent plan are to be undertaken simultaneously, not sequentially. It is the responsibility of the caseworker to assure both of these permanency goals are being worked toward. The purpose of concurrent planning is to assure the least amount of moves for a child. The most favorable permanency option for a concurrent plan is adoption, and then legal guardianship. The third, and not considered permanent, is long-term placement (another planned living arrangement) for a child.

The concurrent goal is reviewed at each hearing to assure it is still appropriate for the child. There will be cases where the concurrent plan becomes the primary plan due to timelines established by the Child Protective Services Law. It is also important to realize that Foster Parents are considered kinship especially after six months in their care. In the concurrent planning bulletin (3130-12-13), one of the ways kinship is defined: Significant positive relationship with the child or the child‘s family. (Please refer to section 5 on the courts for definitions of permanency goals and the concurrent planning bulletin as an excellent resource also on these topics.) Part of the concurrent planning bulletin is listed below with the different permanency options.



***Permanent and Subsidized Legal Custodianship***

**Custodian:** A person other than a parent or legal guardian, who stands in loco parentis of the child, or a person to whom legal custody of the child has been given by order of a court.

**Permanent Legal Custodianship (PLC):** A permanency plan option for a child who is in the custody of the county agency, and who is placed in substitute care. PLC is a recognized permanency goal. Once custody of the child is awarded to a permanent legal custodian, the child is considered to have achieved permanency.

**Relative:** The definition of relative encompasses any relation by blood, marriage or adoption, which is within the fifth degree of kinship to the child. This includes great-great-great grandparents and first cousins once removed (children of first cousins).

**Kinship/Kin:** The definition of kinship/kin encompasses those relationships that fall under Pennsylvania‘s current definition of kin that exists in other areas of practice and policy. This includes existing relationships with a child that meets at least one of the following:

• Relative through blood, marriage (affinity), or adoption;

• Godparent as recognized by an organized church;

• Member of the child‘s Indian tribe, nation or clan; or

• Individual with a significant, positive relationship with the child or family. An individual with a significant, positive relationship with the child or family would be a person who knew the child or family prior to the execution of the PLC agreement.

**Subsidized Permanent Legal Custodianship (SPLC):** A permanent legal custodianship arrangement is wherea federal, state or county subsidy is provided to thecustodian for the cost of providing care to a child.

**Child Eligibility Requirements**

• The child has been adjudicated dependent, or delinquent with SCR, cannot return home.

• The child under the age of 12 for whom adoption prep counseling has been provided, but who remains opposed to adoption and the court has made the determination that adoption is not in the best interest of the child.

**Permanent Legal Custodian (PLC) Rights and Duties**

Once the custodian has been awarded legal custody of the child, the following are the parents’ rights and duties to the child:

• Legal and physical custody

• To determine the nature of care and treatment for the child

• Abide by any visitation plan

• Petition for child support from the parents in non-subsidized PLC

• Make other decisions such as:

— Child‘s travel

— Driver‘s license

— Marriage

— Enlistment in armed forces

**Services Available to PLC Families**

• Case advocacy

• Respite

• Support groups

**Subsidized Permanent Legal Custodianship (SPLC)**

• County agencies must negotiate a subsidy amount that will meet the child‘s needs and the

SPLC circumstances.

• The amount cannot exceed the foster care maintenance.

• The subsidy agreement should be signed prior to Permanent Legal Custodianship and the

SPLC parent should be given a copy of the agreement, including the process for requesting a change to the subsidy amount.

• The subsidy agreement is a written, legally binding document, signed by the county agency director or designee and the SPLC parent. A copy of the parents appeal rights must accompany each agreement and any annual evaluation.

**Adoption**

When a child moves toward adoption with their permanency goal, they will no longer receive a daily stipend after the adoption, but instead switch over to an adoption subsidy. This subsidy may not be more than what they received as a foster care stipend and must meet other criteria when qualifying for adoption subsidy such as being a special needs child.

The Definition of Special Needs

A Child must have at least one special needs characteristic:

• Physical, mental, or emotional condition or disability;

• Genetic condition which indicates a high risk of developing a disease or disability;

• Member of a minority group;

• Member of a sibling group who are placed together in the same adoptive home;

• Five years of age or older.

***Eligibility For Title IV-E Monthly Adoption Subsidy***

***Child must be placed in an approved home, free for adoption, and determined eligible for Title IV-E Non Recurring Expenses and must meet one of the following circumstances (pathways)***

• An Applicable child must have been in foster care 60 consecutive months prior to the finalization of the adoption. For more details see 8.2B TITLE IV-E, Adoption Assistance Program, Eligibility in the Child Welfare Policy Manual, question 5.

• A Child that is eligible for Aid to Families with Dependent Children (AFDC) and meets the definition of a child with special needs. Adoption assistance eligibility that is based on a child‘s AFDC eligibility (in accordance with the program rules in effect on July 16, 1996) is predicated on a child meeting the criteria for such at the time of removal. In addition, the State must determine that the child meets the definition of a child with special needs prior to finalization of the adoption.

• A Child that is eligible for SSI and meets the definition of a child with special needs.

• A Child is eligible as a child of a minor parent and meets the definition of a child with special needs. A child is eligible for title IV-E adoption assistance in this circumstance if: prior to the finalization of the

adoption, the child‘s parent was in foster care and received a title IV-E foster care maintenance payment that covered both the minor parent and the child of the minor parent and is determined by the State to meet the definition of a child with special needs.

• A Child is eligible due to prior title IV-E adoption assistance eligibility and meets the definition of a child with special needs. In the situation where a child is adopted and receives title IV-E adoption assistance, but the adoption later dissolves or the adoptive parents die, a child may continue to be eligible for title IV-E adoption assistance in a subsequent adoption. The only determination that must be made by the State prior to the finalization of the subsequent adoption is whether the child is a child with special needs, consistent with the requirements in section 473© of the Act.

***Reasonable efforts were made to place the child without adoption assistance***

• Pennsylvania Adoption Exchange

• Title 55 PA code ¬ß 3140.202 (d) and Gruzinski V. DPW — County agencies must “locate the most suitable family for the child” without regard for whether the most suitable family does or does not require any form of assistance.

• ACF-PIQ-92-02 *“It was not the intent of Congress that a child* *remain unnecessarily in foster care while the agency* *“shops” for a family which might be less suitable but* *is willing to adopt the child without a subsidy, if it* *has already found a suitable placement for the child.”* As of October 7, 2008, County Children and Youth Agencies are required to assure that each child receiving Title IV-E Subsidy Assistance is enrolled as a full time student. Includes both subsidized adoption and permanent legal custodianship Federal and State laws that help children/youth in care. The county may ask such a question of adoptive parents but this is not a condition to discontinue the subsidy payment.

***Federal and State laws are the main driver that molds policy and practice in child welfare.***

In the resource family section of the manual, it is covered how child welfare laws are implemented. In this section, some of statutes that are especially designed to help youth are covered. It is important for resource families and other stakeholders to be aware of these so that they can help the youth in their care have as normal of a life as possible. In Pennsylvania, we have some exceptional organizations that are at the forefront of this and we recommend that you visit their websites to get more information on topics that can help the youth in your care. The Juvenile Law Center (www.JLC. org) for the latest information on laws policy and practices that help youth and the Educational Law Center ([www.elc-pa.org](http://www.elc-pa.org)) for issues of education for the youth in your care.

**Children in Foster Care Act of 2010**

While children in foster care are some of the most vulnerable members of our communities, they can also be their own best advocate when they have a full understanding of the system. Public and private agencies are entrusted with their care, it is critical that every effort be made to assure their safety and well-being. This well-being includes one of the best resources in the tool box the Children in Foster Care Act of 2010. Resource parents and congregate providers can help the youth in their care with the information that will improve consistency of services and support. The following is an excerpt from the act and it can be accessed in its entirety at Pennsylvania general assembly web site.

***Children in foster care shall be provided with the following:***

(1) Treatment with fairness, dignity and respect.

(2) Freedom from discrimination because of race, color, religion, disability, national origin, age or gender.

(3) Freedom from harassment, corporal punishment, unreasonable restraint and physical, sexual emotional and other abuse.

(4) The ability to live in the least restrictive, most family like setting that is safe, healthy and comfortable and meets the child‘s needs.

(5) Proper nourishment.

(6) Clothing that is clean, seasonal and age and gender appropriate.

(7) Access to medical, dental, vision, mental health, behavioral health and drug and alcohol abuse and addiction services consistent with the laws of this Commonwealth and for which the child qualifies.

(8) Information related to services under paragraph (7), including, but not limited to, medication and medication options and the opportunity to communicate a preference regarding a treatment plan, medication or medication options. If a child objects to a treatment plan, his or her objection shall be noted in the child‘s case record.

(9) Opportunity to consent to medical and mental health treatment consistent with applicable law.

(10) Permission to visit and have contact with family members, including siblings, as frequently as possible, consistent with the family service plan and the child‘s permanency plan, unless prohibited by court order, but no less than that prescribed by statute or regulation.

(11) The contact information of the child‘s guardian ad litem, attorney, court-appointed special advocate and members of the integrated services planning team and the opportunity to contact those persons.

(12) An environment that maintains and reflects the child‘s culture as may be reasonably accommodated.

(13) Education stability and an appropriate education consistent with the laws of this Commonwealth, including the opportunity to participate in extracurricular, cultural and personal enrichment activities that are reasonably available and accommodated and consistent with the child‘s age and developmental level.

(14) The opportunity to work and develop job skills at an age-appropriate level, consistent with the laws of this Commonwealth and as may be reasonably accommodated.

(15) The ability to receive appropriate life skills training and independent living services to prepare the child for the transition to adulthood, as consistent with Federal and State laws.

(16) Notice of and the ability to attend court hearings relating to the child‘s case and to have the opportunity to be heard consistent with 42 Pa.C.S. Ch. 63 (relating to juvenile matters).

(17) Confidentiality consistent with the laws of this Commonwealth.

(18) First consideration for placement with relatives, including siblings. In the absence of relatives, to have any kinship resource be considered as the preferred placement resource if the placement is consistent with the best interest of the child and the needs of other children in the kinship residence.

(19) Consideration of any previous resource family as the preferred placement resource, if relative and kinship resources are unavailable and the placement resource is consistent with the best interest of the child.

(20) If the child in foster care has a child of his or her own and that child has been placed in the same resource family with the parent, the child in foster care may exercise parental and decision-making authority over his or her own child, so long as there are no safety concerns on the part of the county child welfare agency or determined by the juvenile court.

(21) Permission to participate in religious observances and activities and attend religious services of the child‘s preference or the religion

of the child‘s family of origin or culture as may be reasonably accommodated.

(22) A permanency plan and transition plan developed in conjunction with the child, and

reviewed with the child, that provides the child with: (i) Safety.

(ii) Stability.

(iii) Permanence and well-being, including stable and safe housing, opportunities for postsecondary education and training and employment and a stable source of income, health insurance and a plan for future treatment.

(iv) Connections with reliable adults.

(23) Notification that the child may request to remain under the court‘s jurisdiction under paragraph (3) of the definition of “child” under 42 Pa.C.S. ¬ß 6302 (relating to definitions).

(24) The grievance policy and procedure from a county agency or private agency and in accordance with section 4.

(25) The ability to file a grievance related to any of the provisions under this section to the appropriate official overseeing the child‘s care in accordance with a county or private agency‘s grievance policy and procedure.

**Act 80 and Act 91**

Two new Pennsylvania laws provide greater opportunities and support to older youth in foster care. Not only will these laws help provide support and guidance for youth who are not ready to be on their own at age 18, it will also increase the number of youth who leave the system achieve permanency by extending adoption and guardianship subsidies to age 21. Act 80, which amended provisions of the Human Service Code, extends kinship guardianship and adoption subsidies to age 21 for youth having adoption assistance agreements executed at age 13 or older and having agreements in effect on July 1, 2012. Act 80 was signed into law by Governor Corbett July 1, 2012. Act 91, which amended various provisions of the Juvenile Act, expands the criteria for youth to stay in care past age 18 and also allows youth to re-enter care before turning 21 if they aged out at 18 or older. It was signed into law by Governor Corbett on July 5, 2012. Youth can remain in care past 18 as determined by the courts if they are doing any one of the following:

• Completing secondary education or an equivalent credential;

• Enrolled in an institution that provides post-secondary or vocational education;

• Participating in a program actively designed to promote or remove barriers to employment;

• Employed for at least 80 hours per month; or

• Incapable of doing any of the activities described above due to a medical or behavioral health condition, which is supported by regularly updated information in the permanency plan of the child. Fostering Connections Act is covered under the Resource Family section of this document. With that being said, the need to elaborate on school stability is being done in this section.

**Fostering Connection Consideration of School Stability Benefits (Bulletin 3130-10-04)**

Fostering Connections requires county children and youth agencies to work with local school districts to maintain school stability for all children placed in out-of home care, including those in residential placements, by coordinating with appropriate school districts to ensure that placed children remain in their current school unless a change would be in the best interests. Agencies should work with local education agencies (LEA) to arrange transportation needed to help children remain in their current school and should use Title IV-E funding whenever possible for this purpose.

As discussed above to determine which school is in a child‘s best interest, child welfare professionals should consult with the child, parents, resource parents, teachers and other school staff, and should give preference to the current school unless significant factors weigh in favor of a move. Some factors that suggest that a school move may be appropriate are: the child‘s new living arrangement is likely to become permanent, the move coincides with a natural transition time (vacation/holiday closure), and the child would be better served by the new school; the child‘s social or academic needs would be better met at the new school; a significant commute to the original school would have a negative impact on the child; or the child‘s safety would be compromised by remaining in the current school.

It is important for county children and youth agencies and child welfare professionals to be prepared to inform the court about the educational status and needs of the child, whether the proximity to the school was considered in recommending a planned placement, whether and/or how school

stability can be maintained and if so, whether and/or how necessary transportation will be provided, and if a school change is in the child‘s interest, whether the child has been immediately enrolled with all school records. In Pennsylvania, the only items required for the child to be enrolled in school are proof of age, immunization, residence, and a Parent Registration Statement.

**Affordable Care Act, (ACA)**

On March 23, 2010, President Obama signed the federal healthcare reform law, the Patient Protection and Affordable Care Act (ACA). Under ACA, youth who were in Pennsylvania‘s or another state‘s foster care system and enrolled in Medicaid/Medical Assistance at any time on or after their 18th birthday will be eligible for Medical Assistance coverage until age 26 beginning January 1, 2014. Individuals may apply through COMPASS, Pennsylvania‘s online application for health and human services programs or the Federally Facilitated Marketplace, (FFM).

Children in Pennsylvania will be better served if resource parents attend and participate in court hearings. This section will help resource parents provide information about children to the court and to the local private and public child welfare agencies. This section will also help resource parents give information in the most effective way and learn how to work with the court and public (Children and Youth) or private providers. Resource parents are often in the best position to give an account of the child‘s wellbeing. They see the child every day and have an understanding of the child‘s development, needs, routines, likes, dislikes, etc. That level of knowledge cannot be achieved by courts or agencies having limited contact with the child.

***THE ROLE OF THE COURTS***

Pennsylvania Resource Family Court Participation Introduction

There is a new focus on getting resource parents to attend and participate in court. In the past, they rarely participated because of their own fears and beliefs, or the beliefs and misconceptions of others in the system. Resource parents often felt if they spoke in court they may be reprimanded, misunderstood, or would anger the judge and/or Children and Youth into retaliation by removing the child. Another reason resource parents did not attend court was that sometimes there was an extended wait for the case to be called. Resource parents generally work regular business hours and have to take time off. Long court waits, delays and rescheduling discouraged participation. However, it‘s important to know that resource parents have valuable information that the court and all parties should hear. Writing a letter or attending the court hearings are both good ways to get that information out. We are working with the court to ensure that resource parents are encouraged to participate.

Reasons Resource Parents Should Participate

*It‘s important to know that resource parents have valuable information that the court and all parties should hear.*

Notice and Right to be Heard

The Adoption and Safe Families Act (ASFA) recognizes that resource parents often have valuable information that will help the court make its decisions. Under ASFA, resource parents must be allowed to have input at periodic review and permanency hearings. With that being said, Congress found that many agencies were not reliably providing this notice as required by federal law under ASFA. Therefore, Congress wanted courts to ensure that the foster parents, relative caretakers, and pre-adoptive parents actually receive notice and have the RIGHT to be heard. In order to ensure resource family participation, Congress passed a new law, Social Security Act section 438(b)(1), 475(5) (G), 42 U.S.C. ¬ß629g(b)(1), 675(5)(G). Now to be eligible to receive a CIP grant under this section, the highest State court must have a rule that requires state courts to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of any proceeding regarding a child.

State agencies must also ensure that foster parents of a child and any pre-adoptive parent or relative providing care for the child, are provided with notice of, and have a right to be heard in, any proceeding to be held with respect to the child. Pennsylvania also passed Act 76 to reinforce the new Federal Statute giving foster parents the RIGHT to participate. Pennsylvania also passed house bill 1511 and the Governor signed it in to law as act 109 0f 2008. Act 109 of 2008 allows resource families to provide written documentation to be presented in court. There is a standard document developed by the Department of Human Services to provide written testimony. This document does not have to be used, but is a good model to cover all the bullets in the statute. The document is made available for resource families at the end of this guide and may be used by any resource family or provider.

***What if resource parents do not receive notice?***

Contact the social worker (or social worker‘s supervisor) or ask the child‘s attorney when the hearing is. If you continue to not receive notices, send a request to the judge or the county attorney asking that you get notice. When you do appear in court, tell the judge you would like to receive notice of the hearings.

***Who attends court hearings?***

Usually the social worker and his or her attorney, the child(ren) and attorney, the parents and their attorneys, the resource parents, and a CASA. Other relatives and service providers might also be in attendance.

***Resource Parents Status***

Parties are the official people involved in each case. Children and Youth is one party, the child is another party, and the parents are a third party. Most parties to a case are represented by a lawyer. They have access to court documents, may file motions to request court orders, and call and cross-examine witnesses. ASFA does not require juvenile courts to make resource parents parties to a case.

***Procedures for the Courtroom***

If possible (not necessary), resource parents should call the social worker or his/her supervisor to let them know they are coming. When resource parents get to court, approach the social worker and let him/her know you are present. When the case is called, stand and approach the front of the courtroom. The county attorney will introduce the resource parents to the Master/Judge. Resource parents will be told when they can speak.

When a Case Comes to Court — Different Hearings in Process

***Investigation***

When Children and Youth receives a report of suspected abuse or neglect, they conduct an investigation. If Children and Youth believes that the child needs court protection, they file a petition to declare a child dependent. They can also provide voluntary services to the family and monitor the situation.

***Shelter Care Hearing***

If the child is involuntarily removed from the home, within 72 hours the court must hold a Shelter Care hearing. The judge appoints an attorney for the child and if parents are present and it‘s appropriate, appoints an attorney for the parents. The Judge also hears about the circumstances that led to the child‘s removal, decides whether the child‘s safety requires her to be removed from home, then determines whether the child should be placed with Children and Youth, a relative, or some other safe place. Because this hearing happens relatively quickly, most resource parents are not provided written notice but are provided verbal notice by the social worker.

***Adjudication Hearing***

This hearing usually happens within 10 days of the dependency petition being filed if the child is placed out of the home. At this hearing, the court:

• Receives evidence and determines whether the allegations of abuse or neglect are true.

• Decides whether the child is dependent based on the proven allegations.

• Most resource parents will not have information that would help the court to make a determination about the allegations so would not attend. However, Pennsylvania law requires notice to be given to resource parents. Like shelter care hearings, notice is usually given verbally for adjudication hearings.

***Disposition Hearing***

If the Court finds that the allegations are true and that the child is dependent, the Court then has several options based on what is in the best interests of the child.

• Dismiss the case.

• Place the child back with the family with protective supervision with Children and Youth.

• Continue the child in the custody of Children and Youth for placement.

• Place the child with a relative or other appropriate caregiver.

• The court then can make orders concerning visitation, services for the child and family, and other orders the judge finds are in the best interests of the child. All parties have input into these decisions. Children and Youth submits the petition with recommendations.

• Usually the disposition and the adjudication hearing are held on the same day. Because decisions made at the disposition hearing generally focus on the parent’s ability to provide care for the child and services that the family will need to reunify, resource parent’s input is not appropriate. However, Pennsylvania law requires notice to be given to resource parent.

***Permanency Planning Hearing***

Cases must be reviewed by the court at least every six months. Sometimes cases are reviewed more frequently. The permanency plan is established and the court reviews efforts that have been made to achieve this plan. The purpose is to assess how the child is doing in foster care and the progress the parents have made toward reunification and on their plan. The intent for these hearings is that they are meaningful reviews by the court of the progress toward permanency. Resource parents are required to receive notice of this hearing and have the opportunity to provide input. Resource parents should provide input to Children and Youth and the court. Under federal and state law, there are five permanency plans that an agency and judge can choose from for the child. Each plan requires certain efforts to be made to achieve the plan.

*Here are the plans:*

• Reunification — This plan is usually in place at the beginning of a case. The agency works with the parents to fix why the children came into care so the children can be placed back home.

• Adoption — This plan is the second preferred option and can only proceed after both parents’ rights are terminated. Children and Youth should not wait until an adoptive home is waiting before freeing the child for adoption. However, the court should make a full inquiry as to whether there are any adoptive resources and what the agency is doing to find one. Sometimes there is contact with the birth family after an adoption takes place. In Pennsylvania, children 14 and older have a say in whether they want to be adopted.

• Permanent Legal Custodianship (PLC) or Subsidized Permanent Legal Custodianship (SPLC) — When there is someone in the child‘s life that wishes to care for the child, but adoption has been ruled out, PLC or SPLC may be the best plan. PLC and SPLC are intended to be permanent and self-sustaining. A significant number of parental rights are transferred to the custodian with respect to the child (protection, education, custody, decision making).

• Placement with a fit and willing relative — Relatives sometimes do not want to adopt because of loyalties to the parent but are willing to be a permanent placement for the child.

• Another Planned Permanent Living Arrangement (APPLA) — This plan may only be chosen if Children and Youth documents compelling reasons why none of the other plans are chosen. APPLA is meant to be planned and permanent. It should include services and supports necessary to make the placement as permanent as possible. Connections for the child should be sought through supportive adults. APPLA does not rule out a child living in foster care until adulthood, but it does require the foster parent to commit to raising the child until adulthood. It is unacceptable for the child to be placed in foster care and then moved from home to home. If the resource parents need extra supports or services to make a long- term commitment, they should notify Children and Youth. Foster parents and relative caregivers should be participating in permanency hearings and providing input to Children and Youth and the courts.

***90 Day Status Hearing***

Much like the Permanency Hearing, this is held 90 days after dependency/disposition, and held 90 days after the Permanency Planning Hearing. The purpose is to continue to monitor progress of the parents as well as the children in care.

***Termination of Parental Rights Hearing***

When a child has been in the care of Children and Youth for 15 out of the last 22 months, or when the parents have committed serious enough acts to waive their rights to reunification efforts, or when they have abandoned their child, a termination of parental rights petition is filed. At this hearing, the judge determines whether the parental rights of these parents to this child should be ended forever. Resource parents may be called to testify either for the termination or against it.

*Note: There may be an occasion during the hearing when the* *Master/Judge may close the hearing to the public or request* *that the resource parents leave the courtroom. Resource* *parents will be able to provide input in these instances, but* *then must leave the courtroom.*

Maximizing Your Opportunity in Court

You can provide information to the court either verbally or in writing. Most courts hear a large number of cases each day. As a result, judges have very little time to spend at each hearing listening to court participants and making decisions about the child and family. Resource parents must be prepared to clearly state their comments to the court, usually in less than two or three minutes. Writing

down two or three main points on an index card may help remind the resource parents of the most important information to tell the judge.

***If you are submitting something in writing:***

• Make sure that your writing is focused on the child.

• Find out what the court will be deciding at the hearing and only provide information that will assist the court in making those decisions.

• Provide facts, not opinions.

• Avoid negative comments about the birth parents and others involved in the case.

• Attach supporting documents (school and doctor reports, letters sent by parents, etc.) if appropriate.

• If possible, submit written document before the hearing.

• Bring five additional copies with you to court (for mother, father, guardian ad litem, social worker, and the court).

***Tips for Testifying/ Presenting to the Court***

• Resource parents should arrive 15—20 minutes before the scheduled hearing. The judge likes to start on time, so it is important to be prompt.

• If resource parents don‘t understand an attorney or judge‘s question, do not answer the question until you understand it. Ask the judge.

• Do not guess at an answer and never lie.

• Be prepared to make a concise statement.

• Use language you are comfortable using.

• If an attorney makes an objection while you are testifying, stop talking and wait for the judge/master to tell you to continue.

• Resource parents must show the judge respect and always address him or her as “Judge” or “Your Honor,” use good eye contact, and be polite and attentive. Dress professionally.

***Suggested Topics For The Court***

Resource parents are encouraged to choose three to five of the following topics. You need not cover them all.

• Placement information — How long the child has been in the foster home.

• Medical Information — Doctor visits or hospitalizations since the last court hearing, and the result of those visits. Any medications the child is taking and the dosages. Any adverse reactions the child has had to medical procedures or medications. A brief description of the child‘s physical development, and any developmental lags the foster parents have observed.

• Dental Information — Visits to the dentist since the last court hearing, and the results of those visits.

• Educational Information — The child‘s grade in school and whether the child is performing at grade level. The dates of any school conferences foster parents have attended and the results of those conferences (especially if the child is in special education).

• Behavioral Information — A brief description of the child‘s behavior while in the resource parent’s home. Any services the child is receiving to address behavioral problems, who is providing the services, and how often the child goes for the services. A brief description of how the child expresses his feelings and needs. A brief description of the child‘s eating and sleeping patterns and any problems the child has eating or sleeping.

• Child‘s Adjustment to Living Arrangement — A brief description of the child‘s social skills and peer relationships. A brief description of how the child is interacting with other members of the resource family.

• Child‘s Special Interests and Activities — A brief description of any special activities the child participates in (Scouts, music lessons, religious groups) and how often the child participates.

• Visitation — The dates of visits between the child and her parents or other family members.

A brief factual description of the child‘s behavior (and, where relevant, physical appearance) before and after visits. A brief description of any arrangements for sibling visitation. The dates of contacts between the child and the child‘s parents or other family members including telephone, letters, email.

• Professional Contacts — Any in-person and/or telephone contacts between foster parent and caseworker, GAL, and CASA.

• Willingness of the Foster Parent to adopt or become a Legal Guardian — If services to the child‘s birth parent have not been terminated, the ability of the resource parents to adopt or become a legal guardian for the child if he cannot return home.

• The child‘s need for any specialized services that she is not currently receiving. (For example, Independent Living Services, tutoring, mental health services, disability assessment, etc.)

• A photograph of the child.

***PA Specific-Guardian Ad Litem Responsibilities***

***(Juvenile Act Amended with Act 18 in 2000)***

In the year 2000, the juvenile Act was amended with Act 18 to assure that children have appropriate representation, in that it is of vital importance for their outcome to have the best results possible. If there is a lack of legal counsel, not only is it a problem for the best outcome for the child, but it also puts a tremendous strain on resource parents that may have to advocate for the child in their care. One of the main reasons that resource parents walk away from doing foster care is frustration with the system. The lack of representation has residual effect, of losing a large part of your quality foster families. They cannot function in a situation where the children they have attached to are treated with less dignity than their own children are treated with and proper counsel is one of those areas. This is the needs brought to your attention because developing a relationship with the GAL can help achieve the best outcome for the children, along with alleviating some of your frustrations that care for them.

• Meet with the child, as soon as possible following appointment pursuant to section 6337 (relating to right to Counsel) and on a regular basis thereafter, in a manner appropriate to the child‘s age and maturity.

• On a timely basis, be given access to relevant court and county agency records; reports of examination of the parents or other custodian of the child pursuant to this chapter; and medical, psychological and school records.

• Participate in all proceedings, including hearings before masters, and administrative hearings and reviews to the degree necessary to adequately represent the child.

• Conduct such further investigation necessary to ascertain the facts.

• Interview potential witnesses, including the child‘s parents, caretakers and foster parents; examine and cross-examine witnesses; and present witnesses and evidence necessary to protect the best interests of the child.

• At the earliest possible date, be advised by the county agency having legal custody of the child of:

(i) any plan to relocate the child or modify custody or visitation arrangements, including the reasons therefore, prior to the relocation or change in custody or visitation; and

(ii) any proceeding, investigation or hearing under 23 Pa. Cons. Stat. Ch. 63

(relating to child protective services) or this chapter, directly affecting the child.

• Make specific recommendations to the court relating to the appropriateness and safety of the child‘s placement and services necessary to address the child‘s needs and safety.

• Explain the proceedings to the child, to the extent appropriate given the child‘s age, mental condition and emotional condition.

• Advise the court of the child’s wishes, to the extent that they can be ascertained and present to the court whatever evidence exists to support the child’s wishes. When appropriate because of the age or mental and emotional condition of the child, determine, to the fullest extent possible, the wishes of the child and communicate this information to the court. A difference between the child’s wishes under this paragraph and the recommendations under paragraph (7) shall not be considered a conflict of interest for the guardian ad litem.

**Appendix**

**Support Resources Statewide**

**Childline & Abuse Registry**

Report suspected abuse

1-800-932-0313

**Connect Information Service**

Information and literature about child development, early intervention and special education

1-800-692-7288

**Department of Human Services (DHS)**

Clarification of state policies & regulations

1-717-787-3984

**DHS Central Region**

Clarification of state policies & regulations

1-717-772-7702

**Education Law Center**

Information and advocacy for special education needs; free brochures for parents

Philadelphia: 1-215-238-6970

Pittsburgh: 1-412-391-5225 — Disabilities rights network of PA

<http://www.keepkidssafe.pa.gov/>

**Juvenile Law Center**

Information on Juvenile Law

1-215-625-0551

**Parent to Parent of Pennsylvania**

For families of children and adults with special needs. Connects families with similar situations to share experiences, offer information and provide support 1-888-727-2706

**PIN of PA (Parent Involved Network)**

Advocacy for parents to be involved in planning services for their child

1-800-688-4226

**PSRFA (Pennsylvania State Resource Family Association)**

Organization provides training & support services, legislative advocacy

1-800-951-5151

**Special Education Consult Line**

Help for families and advocates of children with special needs about special education regulations and complaint system

1-800-879-2301

**Special Kids Network**

\*Offers info on health care resources, advocacy, assistive technologies &more. \*Provides support in education and employment, provides information about accessible recreation and leisure activities for children and adults.

\*\*\*Partnering with PA Elks Home Service which provides home visits for children with developmental disabilities at no cost.

1-800-986-4550

**SWAN (Statewide Adoption and Permanency Network)**

Special needs adoption issues, information & support

1-800-585-SWAN

1-800-585-7926

**Other Resources**

**CDC-AIDS Information Hotline**

1-800-342-4636

**AIDS Intervention Project**

1-800-445-6262

**Alcohol And Drug Information Line**

1-800-356-9996

**American Academy of Pediatrics**

ECELS

1400 n. Providence Rd. Bldg. 2

Medica, PA 19063

[www.aap.org](http://www.aap.org)

1-800-243-2357

**American Cancer Society**

Holidaysburg Office

1004 N. Juniata Street

Holidaysburg, PA 16648

1-888-227-5445

[www.cancer.org](http://www.cancer.org)

Nationwide community based voluntary health organization dedication to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer through research, education, advocacy and services

**American Diabetes Association**

480 W. 5th Street

Bloomsburg, PA 17815

1-800-232-3472

[www.diabetes.org](http://www.diabetes.org)

Provides info. on diabetes per the ADA, diabetic resources, local fundraising and support and educational groups

**American Heart Association**

501 Howard Ave.

Altoona, PA 16602

[www.americanheart.org](http://www.americanheart.org)

1-814-641-7334

**American Lung Association**

209 E Beaver Ave.

State College, PA 16801

1-800-932-0903

1-814-234-8037

Provides health education, info, and referral

**American Red Cross**

4100 5th Avenue

Altoona, PA 16602

(814) 944-6146

[www.redcross.org](http://www.redcross.org)

Services to military personnel and their families (emergency communication, health and welfare inquires), individual disaster relief, water safety instruction for all ages, CPR courses, walkers, canes, and wheelchairs for loan

**Huntingdon County Emergency Management**

223 Penn Street

Huntingdon, PA 16652

1-814-643-6613

Helps with recovery from natural disasters such as floods and hurricanes, and man-made disasters such as fires

**Autism Society of America**

1-800-3-AUTISM

**Asthma/Allergy Foundation of America**

1-800-727-8462

**Blue Chip of Pennsylvania-Children’s Health Insurance**

Western Pennsylvania Caring Foundation Inc.

501 Penn Avenue

Pittsburgh, PA 15230

1-800-KIDS-105

Free or low cost health insurance program for uninsured children between the ages of 1-19

**Candle Lighters for Children with Cancer**

1-503-235-5722

**Capital Blue Cross Chip**

1-800-543-7101

Answers questions regarding the CHIP and Adult Basic Health Insurance Programs offered

**Centers for Disease Control and Prevention**

1-800-311-3435

[www.cdc.gov](http://www.cdc.gov)

**Children’s Craniofacial Association**

1-800-535-3463

**Cleft Palate Foundation**

1-800-535-5338

**Cystic Fibrosis Foundation**

1-800-344-4823

**Epilepsy Foundation**

Western/Central PA

1501 Reedsdale St.

Pittsburgh, PA 15233

1-412-322-5880

1-800-361-5885

**Healthy Baby**

1-800-986-2229

**Healthy Kids**

1-800-986-5437

**Home Nursing Agency**

Nurse/Family Partnership Program

9492 William Penn Hwy, Suite 126

Huntingdon, PA 16652

1-814-643-5585

1-800-445-6262

**Juvenile Diabetes Research Foundation**

1-800-223-1138

**Lead Information Line**

1-800-440-5323

**National Down Syndrome Congress**

1-800-232-6372

**National Reyes Syndrome Foundation**

1-800-233-7393

**National Spinal Cord Injury Association**

**Tourette‘s Syndrome Assoc. of Pennsylvania**

1-800-990-3300

**ADD/ADHD**

The National Parenting Center

Child Welfare League of America

Adult & Child ADD / ADHD: Attention Deficit &

Hyperactivity Disorder

1-800-962-9629

**Adoption**

Together as Adoptive Parents (TAP) Pennsylvania

Adoption Exchange Adopting.org

North American Council on Adoptable Children

**Fetal Alcohol Syndrome**

National Organization on Fetal Alcohol Syndrome

Independent Living Pennsylvania Independent Living

Project Independent Living PA Youth Advisory Board

Chafee Foster Care Independence Program

**Parenting**

National Fatherhood Initiative

Kidsource Online

**Support Services**

National Foster Parent Association

U Promise — Help with College Tuition

**PA Association for the Blind**

1-717-766-2020

**Parent Education and Advocacy Leadership Center**

1-866-950-1040

**Spina Bifida Association**

1-800-621-3141

**PEDIATRIC CENTERS**

**BroadTop Pediatric & Family Health Care**

6675 Towne Center Blvd. Suite 6678

Huntingdon, PA 16652

(814) 506-8490. Fax: (814) 506-8493

**CCP Huntingdon**

Dr. Jamie Mansberger MD

10663 Raystown Rd Suite B

Huntingdon, PA 16652

\*New patients accepted (Children ONLY) \*Medical Assistance accepted for current patients

(814)627-0071, Fax (814)627-0315

**CCP Altoona**

800 S. Logan Blvd.

Altoona Logan Medical Center

Hollidaysburg, PA 16648

(814)946-7568, FAX (814)943-7490

**CCP Bedford**

249 Hospital Drive

Suite 1

Everett, PA 15537

(814)623-9030, (814)623-0355

**Geisinger Medical Group Lewistown Pediatrics**

**21 Geisinger Lane**

Lewistown, PA 17044

\*New Patients Except for Medical Assistance Accepted \*Medical Assistance Accepted for Current Patients

(717)242-4200, Fax (717)242-4237

**Geisinger Greyswoods Medical Group**

2520 Green Tech Drive, Suite D

State College, PA 16801

\*New Patients Accepted

(814)272-7100, Fax (814)272-6510

**Geisinger Medical Group – Philipsburg**

210 Medical Center Drive

Phillipsburg, PA 16866

\*New Patients Accepted, \*Medical Assistance Accepted

(814)342-5402, Fax (814)342-8037

**Keystone Pediatrics**

830 5TH Ave. #103

Chambersburg, PA 17201

(717) 709-7950, Fax (717) 263-8898

**Mt. Nittany Physicians Group: Boalsburg office**

3901 S. Atherton Street

State College, PA 16801

\*New Patients Accepted, \*Medical Assistance Accepted

(814)466-7921, Fax (814)466-6570

**Bellefonte Office**

141 Medical Park Lane

Bellefonte, PA 16823

\*New Patients Accepted

(814) 355-3626, Fax (814) 355-9604

**Nason Pediatrics**

105 Hillcrest Drive

Roaring Springs, PA 16673

\*no new patients, \*medical assistance accepted

(814)224-2555, FAX (814)224-4704

**Pediatric Health Care Assoc.**

615 6th Ave

Altoona, PA 16602

(814) 944-7383, Fax (814) 944-7608

**Physicians/Pediatricians**

**Chopra, Rakesh, MD**

1224 7th Ave.

Altoona, PA 16602

(814) 944-8784, Fax (814) 944-8625

**Cohen, Steven, MD**

292 Buchannan Trail

McConnellsburg, PA 17233

\*New patients accepted depending on insurance

(717) 987-4111

**Hayden, James B., MD**

See Huntingdon Family Care Center

**Mullen, Amy, MD**

14 E Third Ave

Everett, PA 15537

\*New patients accepted, \*medical assistance accepted

(814) 652-2141, Fax (814) 652-2198

**Milroth, William, MD**

318 N. First Street (PO Box 721)

McConnellsburg, PA 17233

\*New patients accepted, \*medical assistance accepted

(717) 485-4180, Fax (717) 485-3249

**Reams, Jean, DO**

16 N. Brown St.

Lewistown, PA 17044

\*No new patients, \*medical assistance accepted for current patients

(717) 248-3002, Fax (717) 248-3017

**Medical Centers**

**Broad Top Medical Center**

4133 Medical Center Drive

PO Box 127

Broad Top, PA 16621

\*New Patients Accepted \*Medical Assistance Accepted

(814) 635-2916, Fax (814)635-2918

909 Moore Street

Huntingdon, PA 16652

\*New patients accepted, \*medical assistance accepted

(814) 643-1414, Fax (814)643-6903

**BroadTop Pediatric & Family Health Care**

6675 Towne Center Blvd. Suite 6678

Huntingdon, PA 16652

(814) 506-8490, FAX (814)506-8493

**Family Health Associate**

27 Sandy lane, Lemed building, Suite 270

Lewistown, PA 17044

\*New Patients Accepted**,**\*Medical Assistance Accepted

(717) 242-7332, Fax (717)242-7375

**Fulton Family Practice**

214 Peach Orchard Road

McConnellsburg, PA 17233

(717) 485-4180, (717) 485-3249

**Geisinger Medical Center**

**Release of Medical Information**

100 North Academy Avenue

Danville, Pa.17822-1311

(570) 271-6319 (Option 1&5), Fax (570) 271-5963

**Geisinger Medical Group**

200 Scenery Drive

State College, PA 16801

\*New Patients Accepted, \*Medical Assistance Accepted

(814) 231-4560, Fax (814) 235-5508

**Geisinger Medical Group**

**Of Cold Springs**

Cold Springs Medical Bldg.

3228 Cold Springs Rd.

Huntingdon, PA 16652

\*New Patients Accepted, \*Medical Assistance Accepted

(814) 643-6462, Fax (814) 643-6345

**Geisinger Medical Group Lewistown**

21 Geisinger Lane

Lewistown, PA 17044

\*Family Practice, Pediatrics, & Specialty Care

PEDS (717) 242-4208, (717) 242-4200

Fax (717) 242-4327

**Geisinger Medical Group Patton Forest**

2520 Green Tech Drive, Suite D

State College, PA 16803

\*Family Practice, Pediatrics, & Specialty Care

(814) 234-5021, Fax (814) 235-3313

**BroadTop Huntingdon Center**

835 Washington Street

Huntingdon, PA 16652

\* New Patients Accepted**,** \*Medical Assistance Accepted

(814) 506-8114, Fax (814) 506-8553

**Huntingdon Healthcare Inc-UPMC**

814 Washington Street

Huntingdon, PA 16652

\* New Patients Accepted,\*Medical Assistance Accepted

(814) 643-4415, Fax (814)643-2620

**UPMC-Hutingdon Family Practice**

9492 William Penn HWY

Huntingdon, pa 16652

(814) 643-0461, Fax (814)643-0464

**JC Blair Convenient Care Center**

7651 Lake Raystown Shopping Center

Huntingdon, PA 16652

\*Medical Assistance Accepted

(814)643-8750

**Juniata Valley** **Medical Center-UPMC**

846 Medical Center Dr. (PO Box 355)

Alexandria, PA 16611

\*New Patients Accepted,\*Medical Assistance Accepted

(814)669-4444, Fax (814)669-1971

**Medical Express – Walk In Care**

300 East Plank Road

Altoona, PA

(814) 946-3801, Fax (814) 946-3805

1613 North Atherton Street Suite B.

State College, PA

(814)238-1066, Fax (814)238-1455

**Mount Nittany Physician’s Group**

3901 S Atherton St Suite 5

State College, PA 16801

\*New Patients Accepted,\* Medical Assistance Accepted (Centre & Clinton County Residents Only)

(814) 466-7921, Fax (814) 466-6570

**BroadTop-Mount Union Medical Center**

95 South Park Street

Mount Union, PA 17066

\*New Patients Accepted, \*Medical Assistance Accepted

(814) 542-8627, Fax (814)542-5444

Lab phone (814)542-2803

**PennHighlands Family Medicine**

820 Bryan Street, Suite 1

Huntingdon, PA 16652

(814) 643-8668, (814) 643-8771

**Primary Care Center**

790 Bryan Street, Suite 2

Huntingdon, PA 16652

(814) 643-8300, (814) 643-8299

**Southern Huntingdon\_County Medical Center**

Affiliate of Fulton County Medical Center

626 Water Street, Suite 1(PO Box 40)

Orbisonia, PA 17243

(814) 447-5556, Fax (814)447-5682

**Trough Creek Family Practice**

478 Seminary St.

Cassville, PA 16623

\*New Patients Accepted, \*Medical Assistance Accepted

(814) 448-9225, (717) 485-3850, Fax (717) 485-3725

**Tyrone Medical Center**

225 Hospital Drive

Tyrone, PA 16686

(814) 684-3101, Fax (814)684-5539

**Tri-State Community Health Center**

525 Fulton Drive

McConnellsburg, PA 17233

(717) 485-3850, Fax (717) 485-3725

**Williamsburg Family Practice**

306 Plum Street

Williamsburg, PA 16693

(814) 832-3405, Fax (814) 832-3811

**Hospitals**

**UPMC/ ALTOONA REGIONAL HEALTH SYSTEM**

620 Howard Ave.

Altoona, PA 16601

(814)889-2011

www.altoonaregional.org

**UPMC BEDFORD MEMORIAL**

10455 Lincoln Highway

Everett, PA 15537-7046

(814)623-6161

[www.bedford.org](http://www.bedford.org)

**CHAMBERSBURG****HOSPITAL**

112 N. Seventh St.

Chambersburg, PA 17201

(717)267-3000

*www.summithealth.org*

**FULTON COUNTY** **MEDICAL CENTER**

214 Peach Orchard Road

Mcconnellsburg, PA 17233-1399

(717)485-3155

**J C BLAIR MEMORIAL HOSPITAL**

1225 Warm Springs Ave

Huntingdon, PA 16652

(814) 643-2290

www.jcblair.org

**JC BLAIR OCCUPATIONAL HEALTH**

7651 Lake Raystown Shopping Center

Huntingdon, PA 16652

(814)643-8482

**GEISINGER HOSPITAL**

400 Highland Ave.

Lewistown, PA 17044

(717)242-5411, (800)248-0505

www.lewistownhospital.org

**Mount Nittany Medical Center**

1800 East Park Avenue

State College, PA 16803

(814)231-7000

www.cch1.org

**NASON HOSPITAL**

105 Nason Drive

Roaring Spring, PA 16673

(814)224-2141

www.nasonhospital.org

**TYRONE HOSPITAL**

1 Hospital Drive

Tyrone, PA 16686

(814)684-1255

*tyronehospital.org*

**State Health Centers**

**HUNTINGDON COUNTY**

6311 Margy Dr. Suite 1

Huntingdon, PA 16652

(814)627-1251, Fax (814)627-5142

**FULTON COUNTY**

PO Box 248, 182 Buchanan Trail, Suite 160

McConnellsburg, PA 17233-0248

(717)485-5137, Fax (717)485-4364

**MIFFLIN COUNTY**

21 S. Brown Street

Lewistown, PA 17044

(717)242-1452

**Pediatric Dentistry**

**Children’s Dental Health**

4 Flowers Drive

Mechanicsburg, PA 17050

(717)458-1039, (717)918-5686

**CHILDREN’S HOSPITAL of PITTSBURGH DENTAL SERVICES**

One Children’s Hospital Drive

4401 Penn Avenue

Pittsburgh, PA. 15224

(814)692-5440, Fax (814)692-7426

**Keystone Dental Care**

767 5th Avenue B-3A

Chambersburg, PA 17201

(717)709-7940

**Keystone Dental Care**

1041 3rd Avenue

Duncansville, PA 16635

(814)695-0920

**PEDIATRIC DENTAL CARE AND ORTHODONICS**

1019 Ghaner Road

Port Matilda, PA 16870

\*Medical Assistance Accepted,\*New Patients Accepted Ages

\*Orthodontics provided by Joe Schuchert

(814)238-7120, Fax (814)238-2981

[www.pediatricdentalcare.org](http://www.pediatricdentalcare.org)

**Dental Care**

**Baker, Robert, DDS**

1808 Third Ave

Altoona, PA 16602

\*No Medical Assistance Accepted***,***\*New Patients Accepted (3 yrs. & up)

(814) 944-5937

**Betar Dental**

2217 7th AVE.

Altoona Pa 16602

(814) 942-9111, Fax (814)946-9411

\*Will do dental work on children

**Blair Dental Associates**

200 Union Ave.

Altoona, PA. 16602

(814) 942-1890, FAX (814) 942-0673

**Carnicella & Associates**

212 Kenlee Drive

Bellefonte, PA 16823

(814)355-1587 Accepts Blue Cross and Blue Shield

**Chambersburg Dental Association**

225 Walker Rd.

Chambersburg, PA 17201

\*No Medical Assistance Accepted

\*Accept: Blue Chip, United Concordia, Delta Dental, and Guardian

(717) 264-2011, Fax (717)264-0169

101 Loudon Road

Mercersburg, PA 17236

\*No Medical Assistance Accepted***,*** \*Accept Concordia, Delta Dental,and Guardian***,*** \*New Patients Accepted

(717) 328-2933, No Fax Number Please, Mail All Necessary Paperwork

**Chambersburg Family Dentistry**

1854 Wayne Road

Chambersburg, PA 17202

(717) 263-0449, FAX (717) 263-6870

**Dental Smiles And Fast Braces Of Altoona**

125 E. Pleasant Valley Blvd.

Altoona, PA 16602

\*Medical Assistance Accepted & all insurances, \*New Patients Accepted Under 18

(814) 942-4699, Fax (814) 942-4587

**Dr. Lips Of Blair County**

1409 13th Street

Altoona, PA 16601

\*Some Medical Assistance Accepted, \*New Patients Accepted

(814) 944-6611, Fax (814) 944-9570

**FISHER, LARRY, DDS**

51 Pennsylvania Ave.

Huntingdon, PA 16652

\*Does Not Accept AnyInsurance/Medical Assistance

\*New Patients Accepted

(814)643-2181, Fax (814)643-6250

**Fulton County Partnership**

**Dental Clinic**

22438 Great Cove Road (PO Box 464)

McConnellsburg, PA 17233

\*Medical Assistance Accepted –Fulton County Residents Only

(717) 485-3079, Fax (717)-485-4505

**Hartman, Jeffrey, DDS**

524 Washington St. Huntingdon, PA 16652

\*No Medical Cards Accepted, \*New Patients Accepted, \*Laser Dentistry – No Pain, No Shot, No Drill for most patients***,***\*Invisalign braces available

(814) 643-9414, Fax (814) 643-9415, 1 (800) 732-9630

www.drhartmandentistry.com

**Hill, Stephen, DMD**

9589 Lincoln Highway

Bedford, PA 15522

\*Medical Assistance Accepted, \*No New Patients

(814) 623-4249, Fax (814)623-3454

**Howells, Richard, DDS, MS**

**Reed, Michael A. DDS, MS, LLT**

929 Washington St.

Huntingdon, PA 16652

\*Orthodontics ONLY

\*No Medical Assistance Accepted, \*New Patients Accepted

(814)643-1044, Fax (814)643-0148

**KEYSTONE DENTAL CARE**

**Dental Clinic 5 Avenue**

767 Fifth Ave.,

Chambersburg, PA 17201

Accepts: Ameri Health, Aetna Health, \*Waiting List,

\*Please allow 2-3 weeks advance for scheduling for new patients

(717)709-7940

**Long, Christian, DMD**

920 Washington St.

Huntingdon, PA 16652

\*Medical Assistance Accepted for Current Patients,\*New Patients Accepted

(814) 643-4757, Fax (814) 643-4370

**Maruca, Edward**

1041 3RD Avenue

Duncansville, PA 16635

\*Medical Assistance Accepted, \*New Patients Accepted

(814) 695-0920, Fax (814) 695-0926

**Mercersburg Family Denistry**

200 Fort Loudon Road

Mercersburg, PA. 17236

(717) 328-5700, FAX (717) 328-4310

**Miller Family Dentistry LLC**

435 Limekiln Drive

Chambersburg, PA 17201

\*Accepts: Blue Cross Dental, Blue Chip, Keystone Dental

(717) 267-3922

**Ormsby, Douglas J., Dmd**

Big Valley Medical Center

4752 SR 655 Suite C

Belleville, PA 17004

\*No Medical Assistance Accepted, \*New Patients Accepted

(717) 935-2295, Fax (717)935-5095

**Oral Surgery Associates Of Central PA**

200 Mifflin St.

Huntingdon, PA 16652

(814) 643-6603, Fax (814) 643-2996

138 Memorial Drive

Everett, PA 15537

(814) 623-1022, Fax (814) 623-7147

901 Logan Boulevard

Hollidaysburg, PA 16648

\*Medical Assistance (18 Yrs. & under)Accepted Only If Referred by a

Dentist, \*New Patients Accepted***,*** \*Does Not Provide Routine Dental Care

(814) 944-2802, Fax (814) 944-2851

**Partnering For Denistry**

501 Howard Avenue

Suite B 108, Building B

Altoona, PA. 16602

\*Medical Assistance Accepted, \*New Patients Accepted

(814) 889-6420, FAX (814) 889-6423

**Pitts, Latonya**

40 Chestnut Street

Lewistown, PA 17044

\*Medical Assistance Accepted (only for children 3yrs and up)

\*New Patients Accepted

(717) 248-9551

**Pleasant Valley Dental Pc**

305 Cayuga Ave

Altoona, PA 16602

(814) 944-0607, Fax (814) 944-0587

**Primary DENTAL Clinic INC**

31 South Dorcas Street

Compass Building Suite E

Lewistown, PA 17044

\*Medical Assistance Accepted **ONLY** for Mifflin, Juniata, Snyder Counties

(717) 248-9900, FAX (717) 248-9910

**Ritchey, Daniel**

2189 Raystown Road

Everett, PA 15537

(814) 652-5517

**Shuke, Michael, DDS**

810 Spring Street

Saxton, PA 16678

\*Medical Assistance Acceptedfor Children Only***,*** \*New Patients Accepted

(814) 635-3176, Fax (814) 635-3017

**Sloss, Robert**

1006 Logan Ave.

Tyrone, PA 16686

**\***New patients accepted, \*Accepts Blue Cross/Blue Shield & Delta Dental Insurance

(814) 684-4170, Fax(814) 684-4426

**Smolcic, John**

73 Chestnut St.

Lewistown, PA 17044

\*Medical Assistance Accepted, Mifflin County Children only,

\*New Patients Accepted

(717)248-6485, No Fax Number, Please Mail All Necessary Paperwork

**Snyder, John, DDS**

1010 Sixth Street (PO Box 97)

Saxton, PA 16678   
\*No Medical Assistance Accepted***,*** \*New Patients Accepted

(814)635-2727, No Fax Number, Please Mail All Necessary Paperwork

**Southern Huntingdon Dental Clinic**

Affiliate Fulton County Medical Center, Southern Huntingdon Medical Center

626 Water Street

Orbisonia, PA 17243

\*Medical Assistance Accepted, \*New Patients Accepted

(814) 447-3159, Fax (814) 447-3194

**STEELE, JACK (DMD) FAMILY DENTISTRY**

20344 School Road

Dry Run, Pa 17220

\*Medical Assistance accepted – co pay due at visit

(717)349-2600, Fax (717)349-7235

\*501 East Poplar Street

McConnellsburg Pa, 17233

\*No Medical Assistance accepted, \*New Patients Accepted

(717)485-3015, Fax (717)485-3096

**STEIDLE,DAVID DDS**

911 Mifflin St.

Huntingdon, PA 16652

\*Medical Assistance Accepted

When Openings Available\*New Patients Accepted

(814)643-3920, Fax (814)643-3926

**TIPTON FAMILY DENTISTRY**

4579 East Pleasant Valley Blvd

Tyrone, PA 16686

\*New Patients Accepted

(814)684-9455, Fax (814)684-9573

**UNIVERSITY DENTAL CARE**

**KULKARNI, SHAMA DMD**

407 E. Calderway

State College, PA 16801  
\*Medical Assistance Accepted

(814)234-8224, Fax (814)234-8827

**WILSON, ANDREW, DMD**

3195 Cold Springs Rd

Huntingdon, PA 16652

\*No Medical Assistance, \*New Patients Accepted

(814)643-7300, Fax (814)643-7310

**Wong, Richard, DMD**

826 Washington St.

Huntingdon, PA 16652

\*Medical Assistance Accepted,\*New Patients Accepted

(814)643-7300, Fax (814)643-7310

**Obstetrics/Gynecology**

**CENTER FOR WOMEN’S HEALTH**

400 Highland Ave. 5th Floor

Lewistown, PA 17044

\*Medical Assistance Accepted, \*New Patients Accepted

(717)242-8917, Fax (717)242-8925

**GEISINGER MEDICAL GROUP**

**COLD SPRINGS**

Cold Springs Medical Building

3228 Cold Springs Rd.

Huntingdon, PA 16652

(814)643-1551, Fax (814)643-0901

**GEISINGER LEWISTOWN CLINIC**

21 Geisinger Lane

Lewistown, PA 17044

\*Medical Assistance Accepted, \*New Patients Accepted

(717)242-4200, Fax (717)242-4204

**MALHOTRA, R.P., MD**

18 N. Main Street

Lewistown, PA 17044

\*Medical Assistance Accepted, \*New Patients Accepted

(717)242-1441, Fax (717)242-6107

**NASON HOSPITAL OB/GYN**

105 Nason Drive

Roaring Spring, PA 16673

\*Medical Assistance Accepted, \*New Patients Accepted

(814)224-5455

**MaGee Women’s Speciality Services**

Dr. Diane Adams, Dr. Ralph Aldinger, Dr. Ramona Shope

9492 William Penn Highway

Huntingdon, PA 16652

\*Medical Assistance Accepted, \*New Patients Accepted

(814)643-8866, Fax (814)643-8867

**WIC OFFICES**

**Huntingdon WIC Office**

900 Bryan St., Suite 2

Huntingdon, PA 16652  
1-814-643-4491, Fax 1-814-506-8125

**Mount Union WIC Office**

115 West Shirley St.

Mount Union, PA 17066  
1-814-542-4339, Fax 1-814-542-9478

**Saxton WIC Office**

101 Commerce Drive, Suite B

Saxton, PA 16678

1-814-635-3942, Fax 1-814-635-3674

**McConnellsburg WIC Office**

102 Lincoln Way

West McConnellsburg, PA 17233

1-717-485-9484

**Specialists**

**Vision Care**

**ALTOONA OPTHALMOLOGY ASSOC.**

600 East Pleasant Valley Boulevard Altoona PA 16601

\*Medical Assistance Accepted

1-814-946-0821, Fax 1-814-941-2520

**BARCLAY, ROBERT & ARTA MARIE**

314 9th Street

Huntingdon, PA 16652

\*Some Medical Assistance Accepted, \*New Patients Accepted

(814)643-4500, Fax: (814)643-2938

44 E. Shirley Street

Mount Union, PA 17066

(814)542-2536, Fax (814)234-0797

**BRANDE/SAAD GROUP**

611 University Drive, Suite 111

State College, PA 16801

\*Medical Assistance Accepted, \*New Patients Accepted

(814)234-6060

**CENTAR, RICHARD, OD**

108 Olde Farm Road

Duncansville, PA 16635

\* Medical Assistance Accepted Temporarily, \*New Patients Accepted

(814)695-3141, Fax (814)696-4780

**COOK RITCHEY, KARA, OD**

**WINSTEAD,SHANNON, OD**

828 Washington street

Huntingdon, PA 16652

\*No Medical Cards Accepted, \*Does not participate with Davis Insurance through Blue Chip, \*Medical Assistance Accepted, \*New Patients Accepted

(814)643-2020, Fax (814)641-2020

**GJURICH, DANA**

108 Olde Farm Road

Duncansville, PA 16635

\*No Medical Assistance Accepted, \*New Patients Accepted

(814)695-3141, Fax (814)642-2020

**WATSON’S OPTICAL, INC.**

50 Valley St.

Lewistown, PA 17044

1-717-242-2721, 1-800-633-1304

9596 William Penn Highway, Suite B

Huntingdon, PA 16652

\*Exams not covered under MA

(814)643-9371

**WERNER EYE ASSOCIATES** Dr. David Werner

507 Locust Lane Suite 1

State College, PA 16801

\*New patients accepted, \*Medical Assistance Accepted

(814)237-0376, (814)237-4105, No Fax Number Please Mail All Necessary Paperwork

**WISE EYES OPTICAL SERVICES**

6676 Smithfield Towne Center Blvd

Huntingdon, PA 16652

\*No Medical Assistance Accepted

(814)643-6190, Fax (814)643-6191

**ZEIGLER, DAVID PC**

611 University Dr., 2nd floor Suite 213

State College, PA 16801

\*Medical Assistance Accepted, \*New Patients Accepted

(814)234-2002, No Fax Number Please, Mail All Necessary Paperwork

**McCUSKER, M. COLLEEN, OD**

2 E. Market Street

Lewistown, PA 17044

\*No Medical Assistance Accepted, \*New Patients Accepted

(717)248-3643, No Fax Number Please, Mail All Necessary Paperwork

**MY EYE DOCTOR**

1039 Wayne Avenue

Chambersburg, PA 17201

(717)263-2389

\*Accepts Gateway & other Access Insurance

**PATITSAS, CHRISTOPHER, MD**

J. C. Blair Hospital

1227 Warm Springs Ave Ste 303

Huntingdon, PA 16652

\*Medical Assistance Accepted with referral, \*New Patients Accepted

(814)643-5660, Fax (814)643-5667

**WALMART VISION CENTER**

6716 Towne Center Blvd

Huntingdon, Pa 16652

\*Medical Assistance Accepted

(814)644-6926, Fax (814)644-6928

**Audiologist**

**KEYSTONE HEARING SOLUTIONS**

Amy Freed, AU.D

1130 W. 4th Street, Suite 2

Lewistown, PA 17044

(717)247-4327

**UHRING’S HEARING & BALANCE CENTER**

6678 Towne Center Blvd

Huntingdon, PA 16652

(814)641-4327, Fax (814)641-7104

**UHRING’S HEARING & BALANCE CENTER**

200 Mifflin Street

Huntingdon, PA 16652

(814)641-4327, Fax (814)641-7104

**Ears, Nose, & Throat**

**BILOFSKY, ELLIOT, DO**

202 Memorial Drive, Suite 1

Everett, PA 15537

(814)623-6400

(JC Blair Memorial Hospital)

1225 Warm Springs Ave.

Huntingdon, PA 16652

\*Medical Assistance Accepted, \*New Patients Accepted

\*Referral from Primary Care Physician if part of HMO

(814)643-8444, Fax (814)643-8552

**ENT ASSOCIATES OF CENTRAL PA**

Dr. Higgans, Dr. Howells, Dr. Caughey

3341 Beale Ave.

Altoona, PA 16601

\*Some Medical Assistance Accepted

(814)944-5357, Fax (814)946-8017

**RECALDE, CARLOS M, MD**

307 4th Street Pleasant Acres

Lewistown, PA 17044

\*Medical Assistance Accepted with Referral from Physician

(717)248-9694, Fax (717)248-5806

**Dermatology**

**BLAIR MEDICAL ASSOCIATES** Jane Rowe, DO

9492 William Penn Highway

Huntingdon, PA 16652

\*Medical Assistance Accepted if Referral by Primary Care Physician

(814)643-4010, Fax (814)643-3705

**MCKINNEY, HENRY, MD**

1800 Grant Ave.

Altoona, PA 16602

\*New Patients Accepted, \*No Medical Assistance

(814)944-7109

**Chiropractic Care**

**BACK TO HEALTH CHIROPRACTIC**

14330 Croghan Pike

Mount Union, PA 17066

\*New Patients Accepted

(814)542-3127

**BATTISTELLA, DAVID**

103 S. Division Street

Mount Union, PA 17066

\*Patients By Referral

(814)542-2752

**FAMILY CHIROPRACTIC**

Mike Simone & Kim Vining

613 Washington Street

Huntingdon, PA 16652

\*Medical Assistance Accepted

(814)643-2616

**HUNTINGDON CHIROPRACTIC CENTER**

Scott Fye

302 William Smith Street

Huntingdon, PA 16652

\*Medical Assistance Accepted

(814)643-1900

**LOGAN VALLEY CHIROPRACTIC**

9596 William Penn Highway

Huntingdon, PA 16652

\*Medical Assistance Accepted

(814)506-8323

**Abuse**

**HUNTINGDON COUNTY CHILDREN’S SERVICES**

430 Penn St Courthouse, Annex #II

Huntingdon, PA 16652

(814)643-3270, after hours (814)643-3960

\*Provides services designed to prevent neglect, abuse, and exploitation of children, and to help overcome problems that result in dependency and delinquency, provide services to families in their own homes which protect children from continued harm, provide temporary, substitute care in foster homes or residential childcare facilities for any child in need of such care, and investigate allegations of abuse or neglect.

Other Hotlines:

**ChildLine- Child Abuse Hotline**

(800)932-0313

**Domestic Violence-“You Can Make a Difference”**

(800)799-7233

**The Abuse Network**

500 Washington St.

Huntingdon, PA 17044

(814)506-8237

24 hour hotline-Toll Free: (888) 810-2444

\*The abuse network offers counseling and supportive services to victims of domestic and/or sexual violence. It also provides a 24 hour hotline as well as legal and medical advocacy. Emergency shelters are also available.

**Huntingdon House**

A Program for Victims of Domestic Violence, Inc.

PO Box 217,

Huntingdon, PA 16652

(814)643-2801 or HOTLINE (814)643-1190

Fax #: (814)643-2419

24 hr Hotline, provides temporary emergency shelter and transportation, client and systems advocacy and support groups for adults and children. Not only domestic violence, but also sexual assault for men and women.

**Adoption/Pregnancy**

**CROSSROADS PREGNANCY SERVICES**

424 Washington Street

Huntingdon, PA 16652

(814)643-3570

15 S. Division Street

Mount Union, PA 17066

(814)542-2880

[www.cpcforlife.org](http://www.cpcforlife.org)

\*Provides free, confidential counseling and pregnancy testing, assistance in obtaining maternity and baby clothing and information on adoption and foster care. Parenting classes offered in the evenings.

**WIC OFFICES**

**SAXTON OFFICE**

101 Commerce Drive, Suite B

Saxton, PA 16678

(814)635-3942, FAX (814)635-3674

**HUNTINGDON OFFICE**

900 Bryan Street, Suite 2

Huntingdon, PA 16652

(814)643-4491, Fax (814)506-8125

**MT.UNION OFFICE**

115 West Shirley Street

Mount Union, PA 17066

(814)542-4339, Fax 814-542-9478

**MCCONNELLSBURG OFFICE**

102 Lincoln Way West

McConnellsburg, PA 17233

(717)485-9484

**PENNWOOD OFFICE**

134 Upper Snake Spring Suite 2

Everett, PA 15537

(814)623-6571

**Early Head Start**

(814) 643-6800 ext. 106

Program designed to serve pregnant women and families with children ages birth to 3. Focuses on developmental and physical care of participants and is concerned with the whole family.

**March of Dimes Birth Defect Foundation**

117 Old Farm Road, Suite 909

Duncansville, PA 16635

1-814-696-9691 or 1-800-258-4159

[www.marchofdimes.com](http://www.marchofdimes.com)

Provides a prenatal education program for prospective parents, a nutrition program to teach low income pregnant women how to shop for food, and an incentive program to entice pregnant women to receive prenatal care.

**Aging**

**Huntingdon County Aging Agency**

307 10th Street

Huntingdon, PA 16652

(814)643-1900

Provides personal, legal, and protective services. Also provides socialization and nutritional sites, and transportation to meet needs. All other services for people who are over 60 years of age.

**Alcohol and Drug Counseling**

**ALCOHOLICS ANONYMOUS**

(814)643-0623

[www.alcoholics-anonymous.org](http://www.alcoholics-anonymous.org)

**INTREGRATED BEHAVIORAL HEALTHCARE**

**MANAGEMENT**

900 Bryan Street, Suite 5

Huntingdon, PA 16652

Phone: 866-377-1234

Program: HMJ Patch Program, Tobacco Cessation

Nicotine Replacement, Treatment Behavioral, Counseling

**Juniata Valley Tri-County Drug and Alcohol Abuse Commission**

31 S. Dorcas St D

Lewistown, PA 17044

1-717-242-1446

**MAINSTREAM COUNSELING**

900 Washington Street

Huntingdon, PA 16652

(814)643-1114

Provides individual and group counseling for drug and alcohol abuse.

Contact: Lonnie Woomer

**NARCOTICS ANONYMOUS**

137 S. Pugh St., Suite #5

State College, PA 16801

(866)996-8444

[www.statecollegena.com](http://www.statecollegena.com)

**Behavioral Health and Counseling Services**

**CHILDREN’S BEHAVIORAL HEALTH**

213 5th Street

Huntingdon, PA 16652

(814)643-0250, [www.childrensbh.com](http://www.childrensbh.com)

\*CBH offers a Partial Hospitalization and Behavioral Health Rehabilitation Services including case program, management, therapeutic staff support, behavioral specialist consultant, and mobile therapy.

**CLARION PSYCHICATRIC CENTER**

2 Hospital Drive

Clarion, PA 16214

(800)253-4906, [www.clarioncenter.com](http://www.clarioncenter.com)

\*Provides a peaceful, therapeutic environment for both patients and families. Clarion is a major regional resource for children, adolescents and adults who have psychiatric, behavioral, and/or emotional problems.

**Evolution Counseling Services LLC**

710 Mount Vernon Avenue, Suite 1   
Huntingdon, PA 16652   
(814) 506-8651

Evolution Counseling Services, LLC is a multidisciplinary behavioral health care agency that offers an array of evidence based programming and unique opportunities for growth and healing to the youth and families of Blair and Huntingdon Counties. Our focus is to provide strengths focused, evidence-based, performance measured, cost-effective, quality treatment that is person centered and consumer driven.

**FAMILY NETWORKING PROJECT**

302 1/2 7th Street,

P.O. Box 394

Huntingdon, PA 16652

(814)641-7581 or (888)974-0044

\*Acts as a go-between for families receiving mental health services and the agencies that serve them to provide support and to ensure quality service.

**Merakey**

10517 Raystown Road

Huntingdon, PA 16652

814-506-8143

\*Provides behavioral health rehabilitation services (wrap around) to children ages 18 & under who are experiencing mental health, emotional, or behavioral problems.

**HUNTINGDON COUNSELING & PSYCHIATRIC SERVICES**

900 Bryan St, Suite 5

Huntingdon, PA 16652

(814)643-6300

\*Provides individual, family or group counseling; play therapy; and child psychiatric services. Works with social, emotional, psychological, developmental or behavioral problems

**LISA REED COUNSELING INC**

900 Sixth Street

Saxton, Pa. 16678

(814)240-0553

Depression, Relationship Issues, Self Esteem, Accepts most insurance

**INDIVIDUAL FAMILY & COMMUNITY SERVICES, COUNSELING, AND MEDIATION-**

20 North Jefferson Street

Mount Union, PA 17066

(814)542-9282, Fax: (814)514-1022

\*Provides residential services for disabled adults and children, an adult day program for developmentally disabled adults. \*Provides in home respite care. \*Provides mental health services such as counseling, parenting supervision, mediation, and a residential facility for children and youth.

**JC BLAIR BEHAVIOR HEALTH**

J.C. Blair Hospital,

Warm Springs Ave.

Huntingdon, PA 16652

1-814-643-8675, or 1-814-643-8778

[www.jcblair.org](http://www.jcblair.org)

\*Provides an extensive treatment program for adults with adjustment problems or chronic mental illness. \*Provides a program of therapies, activities, experiences and education. \*Provides crisis counseling services and coordinates aftercare arrangements for patients and families.

**JUNIATA VALLEY TRI COUNTY MH/MR CASSP**

399 Green Avenue

Lewistown, PA 17044

(717) 242-6467

**MAINSTREAM COUNSELING**

900 Washington Street

Huntingdon, PA 16652

(814)643-1114

\*Mainstream Counseling is a drug or alcohol rehabilitation center with a primary focus on substance abuse treatment.

**PA MENTOR**

2090 Linglestown Rd., Suite 203

Harrisburg, PA

(717)657-2073-Harrisburg, (717)299-1050-Lancaster

(800)765-0438-Harrisburg

\*Coordination of services between agencies serving children with emotional and behavioral difficulties. Referrals are accepted from any parent, agency, or school district. Birth through age 21.

\*Provides community-based care for people who require services in the areas of behavioral health rehabilitation and developmental disabilities. MENTOR serves high-risk populations such as children and adolescents with serious emotional disorders

**RAYSTOWN DEVELOPMENTAL SERVICES, INC.**

306 Penn Street

Huntingdon, PA 16652

(814)643-6510

[www.rdsinc.org](http://www.rdsinc.org)

\*Provides residential services for mentally challenged adults. \*Provides supervision for MR adults living independently in the community.

**SUNPOINTE HEALTH**

320 Rolling Ridge Drive Suite

State College, PA 16801

Children & Adults: Trauma Therapy, Counseling, Mental Health Services

**UCBH-MEADOWS OUTPATIENT CLINIC & BEHAVIORAL HEALTH**

676 Washington Street

Huntingdon, PA 16652

(814)643-0309

[www.themeadows.net](http://www.themeadows.net)

\*Rehabilitative mental health services for children and adolescents ages 3-21 years who are at risk of out-of-home placement due to diagnosable mental health problems. These services can be provided within a youth’s home, school and/or community. \*Provides family-based mental health services to children and adolescents with emotional problems. Services are provided in the family’s home. \*Free confidential assessments, crisis intervention, outpatient counseling, and medication management. \*Mental Health Services – referrals to partial hospitalization counseling, and inpatient service at the hospital. Clinical services, Family-Based Mental Health

**YOUTH ADVOCATE PROGRAM**

115 West Shirley Street

Mount Union, PA 17066

(814)542-3256, Fax (814)542-3284

\*YAP remains dedicated exclusively to community-based alternatives to institutionalization, incarceration and other out-of-home placements

We do not operate any out-of-home care programs-no shelters, no foster homes and no residential facilities. But with experience, adaptation and refinement, the YAP model now successfully serves a much broader population with a variety of program types including those in child welfare, in behavioral health, in schools, within developmental disabilities, in autism support, as gang intervention, and with adult offender re-entry.

**Marriage and Couple Services**

**HUNTINGDON COUNSELING & PSYCHIATRIC SERVICES**

900 Bryan St, Suite 5

Huntingdon, PA 16652

(814)643-6300

\*Provides individual, family or group counseling; play therapy; and child psychiatric services. Works with social, emotional, psychological, developmental or behavioral problems

**LISA REED COUNSELING INC**

900 Sixth Street

Saxton, Pa. 16678

(814)240-0553

Depression, Relationship Issues, Self Esteem

Accepts most insurance

**Day Care and Preschool**

**ABBEY’S JACK & JILL NURSERY**

Abbey Reform Church, 515 6th Street

Huntingdon, PA 16652

(814)643-1340 or (814)641-7578

Preschool for children ages 3 to 5.

**1st CHOICE CHILD CARE**

52 Juniata Avenue

Huntingdon, PA 16652

(814)643-5199 ext. 113

7568 Bridge Street

Alexandria, PA 16611

(814)643-5199 ext. 113

Provides day care services for children ages 6 weeks to 13 years.

**BRIGHT BEGINNINGS NURSERY SCHOOL**

P.O. Box 110

Rockhill Furnace, PA 17249

(814)447-3553

Serves preschool age children. Fee for service.

**Child Care Works**

(814) 643-4980

Provides information for those seeking subsidized child care services in Huntingdon County.

**Head Start**

(814) 643-6800 ext. 106

Educational preschool program for children 3-5. Focuses on the child and family as a whole.

**JUNIATA COLLEGE EARLY CHILDHOOD EDUCATION CENTER** Juniata College, Dept. of Education

Maude Lesher Hall

Huntingdon, PA 16652

Provides educational and developmental services for children with or without disabilities.

**PA Pre-K**

(814) 643-6800

Educational program for children ages 3-5.

**TWO BY TWO NURSERY SCHOOL**

2411 Cassady Avenue

Huntingdon, Pa. 16652

(814)643-4650

**Developmental Disabilities**

**CENTER FOR INDIVIDUAL LIVING OF SOUTH CENTRAL PA.**

1017 Logan BLVD

Altoona, PA 16602

[www.cilscpa.org](http://www.cilscpa.org)

(814)949-1905, (800)237-9009

The mission of the Center for Independent Living of South Central

PA is to promote and support independent living for people with physical and mental disabilities.

**SAM INC – HUNTINGDON COUNTY EARLY INTERVENTION**

710 Mount Vernon Avenue

Huntingdon, PA 16652

(814)643-6100 or (717)242-0351

Identifies children, age’s birth to three years that have developmental delays. After referral, they receive a developmental screening to determine if they have a delay of at least 25% in any one area of development. If a delay is found, the child will have an Individualized Family Service Plan that will outline the services the child will be receiving. 24 hr. crisis hotline, provides sheltered employment, partial hospitalization counseling, and in-patient service at hospital

**TRI -COUNTY CRISIS HOTLINE**

(800) 929-9583

**Service Access & Management Inc.**

Blended Case Management

710 Mt. Vernon Ave. Suite 3

Huntingdon Pa 16652

Phone: 814-643-6100

**Service Access & Management Inc.**

IDD Supports Coordination

710 Mt. Vernon Ave. Suite 3

Huntingdon Pa 16652

Phone: 814-643-6100

**Service Access & Management Inc.**

Early Intervention Service Coordination

710 Mt. Vernon Ave. Suite 3

Huntingdon Pa 16652

Phone: 814-643-6100

**TUSCARORA INTERMEDIATE UNIT #11**

2527 US Hwy 522 South

McVeytown, PA 17051

(814)542-2501

Provides children age 3 to school entrance age with early intervention, speech, language, hearing, vision, psychological services, instructional support and transportation services to classrooms home-based programs, Head Starts, nursery schools, and day cares.

**Education**

**Huntingdon County PRIDE**

1301 Mount Vernon Avenue

Huntingdon, PA 16652

[www.huntingdonpride.org](http://www.huntingdonpride.org)

The goal of PRIDE is to provide programs which will enable people who are developmentally or physically disabled to function at their optimal level of performance.

**Penn State Cooperative Extension**

10722 Fairgrounds Road, Suite 6

Huntingdon, PA 16652

1-814-643-1660

Huntingdon County Cooperative Extension programs and officers are available in all surrounding counties. Cooperative Extension is an educational and informational organization that is part of Penn State University.

**ABE-Adult Basic Education**

(814) 643-5199 ext. 125

Provides services offered through ABLE agencies provides instruction in reading, writing, math at grade-level equivalents up to 8th grade.

**Family Literacy Program**

(814) 542-4070

Provides GED, employment, and parental skills programs. The program also includes skill building on tasks such as budgeting, employment skills, time and stress management and more.

**Employment Training and Placement Services**

**PA- County Career Link**

54 Pennsylvania Ave,

Huntingdon, PA 16652

(814)641-6408 Career Link

TTY# 800-817-3383

[www.pacareerlink.state.pa.us](http://www.pacareerlink.state.pa.us)

Offers a wide array of employment and GED services in a one-stop environment Partners include, job services, welfare, Office Vocational Rehabilitation, Goodwill Industries, WIA, Southern Allegheny Job Developer, Green Thumb and other partner.

**Office of Vocational Rehabilitation**

1130 12th Avenue Suite 500

Altoona, PA 16601

(814)946-7240 or (800)442-6343

Medical examinations, diagnostic services, counseling, guidance, and job placement of persons with physical or mental disabilities which are interfering with their ability to secure or maintain employment.

**Food/Financial/Clothing Assistance**

**Huntingdon County Assistance Office**

7591 Lake Raystown Shopping Center

Huntingdon, PA 16652

(814) 643-1170

Provides financial assistance, medical assistance, nursing home payment and food stamp programs. Provides SSI recipient assistance and energy assistance. The agency also administers the fuel program.

**Center for Community Action**

207 Fifth St

Huntingdon, PA 16652

(814)643-4202, Fax (814)643-4481

195 Drive In Lane

Everett, PA 15537

(814)623-9129, (814)623-1444

[www.centerforcommunityaction.org](http://www.centerforcommunityaction.org)

Assists with access to a variety of services including: budgeting classes, home repair, financial literacy services, medical transportation, etc.

**Citizens Energy**

(Assistance begins in January), Must send in written application

(877)563-4645

**Weatherization**

917 Mifflin St.

Lewistown, PA (814) 643-2343

Assistance for low-income families having difficulty meeting their energy needs. The mission of the program is to reduce energy consumption and cost in order to conserve energy and aid those who are least able to afford higher utility costs.

**Expanded Food & Nutrition Education Program**

152 East Market Street, Suite 100

Lewistown, PA 17044

(717)248-9618

Provides nutrition education and cooking lessons for limited income adults with children birth – 19 years & pregnant moms. Currently serving Huntingdon County.

**Graceful Soles**

Lewistown, PA 17044

**Huntingdon County Drop-In Center**

512 Washington Street

Huntingdon, PA 16652

(814)643-1364

Free meal program Tuesday- Friday at 12:00 noon. Social support and recreation for consumers with mental health needs.

**Living Waters Clothing Bank**

Division Street (Alley)

Mount Union, PA 17066

(814)542-8384

**Mount Union Area Food Pantries**

10 W. Market Street

Mount Union, PA 17066

(814)542-4778

9am to 11am Tuesday

Provides donated food for those who are eligible.

**Social Security Administration**

3415 Pleasant Valley Blvd Suite

Altoona, PA 16602

(800)772-1213

Accepts applications for new and replacement Social Security Cards.

Aids persons making application for retirement, survivor, disability,

Medicare, Black Lung, and SSI Payments.

[www.socialsecurity.gov](http://www.socialsecurity.gov)

**St. Vincent DePaul Society of Most Holy Trinity Catholic Church**

524 Mifflin Street

Huntingdon, PA 16652

(814)643-2222 or (814) 643-1100

Food, clothing, and medical assistance as deemed necessary by the society.

**Salvation Army**

2514 Shadyside Avenue

Huntingdon, PA 16652

(814)643-1430

Provides a food bank for those who are eligible, emergency services and disaster relief

**Southern Huntingdon Area Food Bank**

**Orbisonia Library (downstairs)**

447-3796 Library

447-3579 Food Pantry

2nd and 4th Wednesday of every month 9:00 AM -11:30 AM

3rd Tuesday from 6:00 pm-8:00 pm

Provides donated foods for those who are eligible.

**Housing**

**Huntingdon County Housing Authority**

711 Church St,

Huntingdon, PA 16652

(814)643-4226

Housing for low income families, elderly and the disabled. Conventional and Section and Housing voucher program.

**Huntingdon County Housing Authority**

100 Federal Drive

Mt Union, PA 17066

(814) 542-2531

Housing for low income families, elderly and the disabled. Conventional and Section and Housing voucher program.

**Legal Services**

**Huntingdon County Domestic Relations**

231 Washington Street,

Huntingdon, PA 16652

(814)643-1403, Fax#: (814)643-4770

Receives petitions for child support, schedules and hears support cases, enforces court orders for support.

**Huntingdon County Public Defender’s Office**

P.O. Box 365, 228 Penn Street

Penn Street, Huntingdon, PA

(814)643-1550

The Public defender provides criminal legal representation and defense of criminal charges. There is no fee. Eligibility determined on a case by case basis.

**Mid Penn Legal Services Inc.**

3500 East College Ave., Suite 1295

State College, PA 16801

(814)238-4958 or (800)326-9177

Provides free legal representation for low income clients in a wide variety of civil matters.

**School Districts**

**Huntingdon Area School District**

2400 Cassidy Avenue

Huntingdon, PA 16652

(814) 643-4140

**Juniata Valley School District**

7775 Juniata Valley Pike

Alexandria, PA 16611

(814) 669-9150

**Mount Union Area School District**

603 North Industrial Drive

Mount Union, PA 17066

(814) 542-8631

**Southern Huntingdon School District**

PO Box 184

Rockhill, PA 17240

(814) 447-5529

**Tussey Mountain School District**

(814)635-3670

**Transportation**

**C.A.R.T**

1301 Mt. Vernon Avenue

Huntingdon, PA 16652

(814)643-5700 or 1(800)-999-8364

Medical Transportation for Healthcare.

**MATP Program PA- County Career Link**

54 Pennsylvania Ave,

Huntingdon, PA 16652

(814)641-6408 Career Link

TTY# 800-817-3383

[www.pacareerlink.state.pa.us](http://www.pacareerlink.state.pa.us)

Mileage Reimbursement. Where appropriate, the county MATP may reimburse consumers who have access to private vehicles (their own or another individual’s) but cannot meet their own transportation needs. This reimbursement will be at a specified rate per mile for travel expenses plus parking and tolls. Paratransit Services County MATPs provide rides on paratransit vehicles including vans or lift equipped vans. Usually the vehicle will be transporting multiple riders with different pick-up and drop-off locations.

**Youth Services/Social Development**

**BOYS SCOUTS OF AMERICA 497**

Juniata Valley Council

9 Taylor Drive

Reedsville, PA 17084

(717)667-9236

[www.jvcbsa.org](http://www.jvcbsa.org)

Available to boys at least 10 years old. The program aims to develop character, citizenship and personal character.

**Clifton Five Movie Theatre**

717 Washington Street

Huntingdon, PA. 16652

(814)643-3310

**GIRL SCOUT IN THE HEART OF PENNSYLVANIA**

1040 Benner Pike

State College, PA 16801

(814)231-4077, (800)242-9666

Hemlock Girl Scout Council is an inclusive organization for the development of girls in central Pennsylvania. Girl scouting helps girls develop as creative, caring, competent people; helps girls develop self-potential and self-worth

**Huntingdon Community Center**

310 5th Street

Huntingdon, PA. 16652

(814)643-4241

Offers a variety of active and educational programs for people of all ages

Free tutoring program for children In grades K-6 Monday-Thursday, 4-6pm

Gymnastics

**Huntingdon County 4H Penn State Ext**

10722 Fairgrounds Road, Suite 6

Huntingdon, Pa. 16652

(814)643-1660

**Huntingdon County Youth Football League**

E-mail info@jvfl.org for information

**Huntingdon Little League**

Washington Street & 2nd Avenue

Huntingdon, Pa. 16652

(814) 643-0221

**Huntingdon Soccer League**

11640 Standing Stone Road

Huntingdon, PA. 16652

(814) 643-4241

Boys and girl ages 3-19

**Isett Community Pool**

175 Penn Street

Huntingdon, PA. 16652

(814)643-2530

**Jensens School of Tae Kwon Do Karate**

606 Mifflin Street

Huntingdon, PA. 16652

(814)643-2717

**Juniata Valley Youth League**

Contact: Denny Campbell

(814)599-6607

**Little League Robertsdale**

Spring Street

Wood, PA. 16694

(814)635-3797

**Mapleton Community Pool**

Glendower Street

Mapleton Depot, PA. 17052

(814)542-8301

**Mount Union Girls Softball League**

Local-softball.com

1-800-872-0222

**Mount Union Little League/Teener League**

[www.mulittleleague.org](http://www.mulittleleague.org)

**Mount Union Soccer League**

[www.Mucsl.org](http://www.Mucsl.org)

**The Professional Martial Sciences Association**

609 Washington Street

Huntingdon, PA. 16652

(814)669-3412

**Three Springs Community Pool**

8703 Hudson Street

Three Springs, PA. 17264

(814)448-3456

***EMERGENCY NUMBERS***

***911***

**Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dentist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ambulance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Police:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fire:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Huntingdon County Children’s Services: (814) 643-3270**

**After hours and weekends: (814) 643-3960**

**Agency Caseworker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Foster Care Caseworkers: Nathan Woods and Alecia Robbins, Supervisor: Laura Hardy**

**Central PA Poison Center Hotline: 1-800-222-1222**

**Domestic Abuse Hotline: 1-814-944-3585**

**Tri-County Crisis Line: 1-800-929-9583**