



CDSS

JOHN A. WAGNER
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



ARNOLD SCHWARZENEGGER
GOVERNOR

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

October 3, 2008

ALL COUNTY INFORMATION NOTICE I-68-08

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: KINSHIP/FOSTER CARE EMERGENCY FUND

REFERENCE: SUPERSEDES ALL COUNTY INFORMATION NOTICE I-65-07

This letter is to provide counties with information regarding the allocation of funding of the Kinship/Foster Care Emergency Fund. The Fiscal Year (FY) 2008/09 State Budget allocates a \$903,000 General Fund (GF) appropriation to this fund.

BACKGROUND

The purpose of the Kinship/Foster Care Emergency Fund is to enable successful emergency placement of a child with a relative, nonrelative extended family member (NREFM), or foster parent by removing barriers to such a placement. The fund may also be used to retain a placement when extenuating circumstances may alter the stability of the placement. Additionally, funds may be used to assist a prospective relative, NREFM or foster family home applicant in meeting the requirements to provide care to a child.

All expenditures of this funding are to be for one-time needs and not to pay for recurring expenses. (Note: Social services such as short-term counseling are not an allowable Title IV-E cost and as such, may not be claimed to this fund.) A county may serve a relative caregiver, NREFM, or prospective foster parent requiring one-time emergency assistance for expenses not covered by other funding sources, such as Specialized Care Incentives and Assistance Program (SCIAP) or clothing allowance.

Examples of the types of costs for which a county may use the Kinship/Foster Care Emergency Fund allocation are costs that:

- Remove barriers that prevent the safe placement of a child (e.g., fire or water safety hazards, medication storage, electrical repair, or inadequate living space).
- Defray relocation expenses when necessary to ensure the child's safety or to provide adequate living space.
- Meet a child's special needs when those needs cannot be met through other funding sources (e.g., SCIAP).
- Make emergency purchase of a major appliance or furniture when necessary to serve the placement of a child.
- Defray utility installation fees.
- Provide temporary childcare to permit adjustment of job and/or home schedules when an emergency placement is made.

ALLOCATION AMOUNT

Planning allocation and claiming instructions for FY 2008/09 have been issued in County Fiscal Letter (CFL) 08/09-06, available at: www.dss.cahwnet.gov/lettersnotices.

HOW TO RECEIVE AN ALLOCATION

Counties that received an allocation of the FY 2007/08 appropriation will receive an allocation for FY 2008/2009. A letter of non-participation is required from any county that received an allocation from the fund in FY 2007/2008 but does not want to receive an allocation from the fund for FY 2008/09. Please submit this letter to the address listed below by October 15, 2008.

California Department of Social Services
Child & Youth Permanency Branch
ATTN: Kinship Care Policy & Support Unit
744 P Street, M.S. 8-13-66
Sacramento, California 95814

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All counties that receive Kinship/Foster Care Emergency Funds must submit a report of its FY 2008/09 Fund activities (see Attachment A) by **September 1, 2009**. A reminder will be sent to all participating counties prior to the submission deadline.

If you have any questions concerning the use of these funds, please contact the Kinship Care Policy and Support Unit at (916) 657-1858. Questions concerning the allocations or claiming should be directed to fiscal.systems@dss.ca.gov.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Enclosure(s)

c: County Welfare Directors Association

**KINSHIP/FOSTER CARE EMERGENCY FUND
REPORT
Fiscal Year 2008-2009**

Please provide the following information by September 1, 2009. Completed reports should be mailed to:

California Department of Social Services
Child and Youth Permanency Branch
ATTN: Kinship Care Policy and Support Unit
744 P Street, M.S. 8-13-66
Sacramento, California 95814

REPORTING COUNTY: _____ **COUNTY CONTACT:** _____

TELEPHONE NUMBER _____ **FAX NUMBER** _____ **E-MAIL ADDRESS:** _____

HOW were the funds **SPENT**? List **ALL** the reasons for using these funds.

NUMBER of children **PLACED** with a relative, NREFM or prospective foster parent with the assistance of these funds: _____

NUMBER of children in a relative or NREFM placement **MAINTAINED** with the assistance of these funds: _____