

STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Jim Justice Governor Bureau for Children and Families
Deputy Commissioner Office of Programs
350 Capitol Street, Room 715
Charleston, West Virginia 25301-3711
Telephone: (304) 558-0982 Fax: (304) 558-5039

Bill J. Crouch Cabinet Secretary

Date
Name of SW
Work address of SW
Office phone #

KE. (name of child/children) Age. Dob. Sex.	RE: (name of child/children) Age: DOB:	Sex:
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The above-named child has been placed or is being placed in foster care through West Virginia Department of Health and Human Resources (WVDHHR). When children cannot live with their parents, WVDHHR considers what is in the best interest of the child for placement. We recognize that kin/relatives play an important role in the lives of children, especially those who must be temporarily cared for by someone other than their parents. A kinship/relative placement resource is defined as any person related to the child by blood or marriage, including cousins and in-laws or a person the child considers a relative, such as a godparent or close family friend. Children do better when they are placed with or able to stay connected in other ways to people who know and care about them. We understand that you may be a kin/relative of (name of child).

We would ask that you complete the attached form stating your interest in becoming a possible placement option for (name of child) or if you would otherwise like to remain connected to him/her. Please understand that stating you are interested in becoming a placement option **does not guarantee that the child will be placed with you**. After a kin/relative expresses interest as a placement option, WVDHHR **may** do an evaluation of the home and household members. The decision to complete an evaluation, known as a Homestudy, will be determined by numerous factors as well as by a recommendation by the Multi-disciplinary Team. This evaluation includes, but is not limited to, a complete study of the home as a suitable placement for the child, a complete state and federal background check on all members of the household and Adult and Child Protective Services background checks. The decision to place a child in any home is based on what is in that child's best interest with regard to safety, permanency and well-being.

In order to receive the foster care boarding care reimbursement, the kin/relative must become a certified foster home. This is done by successfully completing the above evaluation as well as successfully completing PRIDE training. Kin/relatives may have the opportunity to become adoptive parents or legal guardians of the child placed in their home. WV State statute allows the Court to give legal and physical custody of the child to a "fit and willing relative". However, with this option, there is no financial assistance. With either legal guardianship or adoption, there is financial assistance available to help offset the expense of raising the child. In addition to financial

assistance, there are other supports and services available such as post-adoptive services and a medical card.

It is vital that you respond back to us within 14 days of receipt of this letter. If you do not notify the WVDHHR of your interest to be a placement or permanent connection option for this child within 14 days, the WVDHHR will assume you do not wish to be considered and you will be prohibited from seeking placement or connection with the child in the future. Further, WVDHHR will assume that you have no additional information about other family members.

Thank you for your time and	assistance in returning the attachment promptly,
Sincerely,	
Please provide your init and return to:	cials in the blank next to each appropriate statement (name of worker) (Worker address) (Worker phone)
I <u>am</u> interested in bein My relationship to the child	g considered as a possible placement resource for this child. I is
	being considered as a possible placement resource for this
I am only interested in phone calls, letters, etc.	being a connection to this child in regards to possible visits,
	mily members who may be interested in being a placement of for this child. Their names, addresses, phone numbers and w:
Please sign and date: _	