

Social Service Information System, Fall, 2013

Relative Search letter sample for child in voluntary foster care for treatment

Date

To: Name: _____
Address: _____

From: Name: _____
Agency: _____
Address: _____

RE: Child: _____ Child's date of birth: _____
Parent: _____
Parent: _____

Dear _____:

This letter is to notify relatives that the above named child is in need of foster care, and current level of care requires treatment. The purpose of the child's foster care placement is to receive needed treatment services. The child's parents and agency are voluntarily planning together for the child's best interest.

To preserve the child's family relationships, Minnesota law requires the responsible social service agency to identify and notify maternal and paternal relatives.

When the care needs can be met at home, the child will be returned to the parents' care. If at that time the child cannot be reunified, this agency is required to first consider relatives as an option for foster care placement. While in foster care, relatives can help a child and their parents by:

- Sharing information about the child's family, such as names of other relatives or significant people in the child's life
- Sharing family history, including medical history
- Asking agency staff how to help the child during foster care placement
- Considering whether you are willing to become the child's foster parent and if so, asking agency staff to consider placing the child in your home, if the child cannot return to the parent's home when their needs may be met in the home and community.

To help the child and their parents, please contact this agency as soon as possible. When you call the agency, possible options to participate in the care and planning for the child will be explored with you. If you prefer to respond in writing, a form for that purpose is enclosed.

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Foster care placement

All foster parents, including relatives, must be licensed. To be a foster parent for the child, you must apply for a foster care license. You can ask agency staff for help with the licensing process. The agency may vary some licensing requirements for relatives. If a specific licensing requirement cannot be met in your home, and it does not pose a safety risk or affect the child’s health, you may ask the licensing agency for a variance. All foster parents receive the same supports, including foster care payments and other services to help keep children in their care.

Court reviews and future planning

Foster care is temporary. In this case, the child is in voluntary foster care for the purpose of receiving necessary treatment. State and federal law requires regular court reviews to ensure that agency staff and parents are planning together for the child’s best interest. The court conducts a permanency review hearing annually to ensure appropriate planning for the child’s safety, permanency and well-being. Future notices of court hearings may be sent to relatives who respond to this notice. If the child is not able to be returned to their parents when treatment is completed, and family foster home placement is needed, relatives willing to care for the child must be the first placement option considered. If your mailing address changes, let the agency and the court know as soon as possible. Without a current address, future notices may not be delivered.

More information

More information is available on the Minnesota Department of Human Services’ website about foster care for relatives. The ways relatives may participate in the care and planning for a child, and foster care licensing standards, are included in the “Family Matters” brochure, available at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4672-ENG>. If you do not have access to a computer, contact the agency and it will provide a copy of “Family Matters.”

If you can help this child in any way, please contact me at phone number and email address. If you prefer to respond in writing, return the enclosed form to me. The agency address is:

_____.

Sincerely,

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Kinship Reply: Child's name _____ Child's date of birth: _____

My name _____

Current address: _____

Phone number: _____

Email: _____

Relationship to child: _____

I have received your letter and am available to care for this child at this time: Yes No

I am interested in receiving a notice if a permanent home is needed in the future: Yes No

I am not able to care for the child at this time because _____.

I would like to participate in planning for the child: Yes No

I am willing to stay involved in the child's life, including one or more of the activities listed below: (Please circle)

- Provide respite
- Provide child care
- Take the child to family reunions and celebrations
- Attend school activities
- Transport the child to appointments (this may require special training)
- Invite the child to cultural or spiritual events
- Invite the child to a movie or other activity
- Help the youth find a job, or other activities that develop independent living skills
- Share family history with the child
- Other _____.

Information about other relatives:

Relative's name	Relationship	Address	Phone

Signature of Relative _____ Date _____