



# *An Incredible Journey*

**A Resource Guide to Assist Families with  
Foster Care  
Adoption and  
Permanency Supports**



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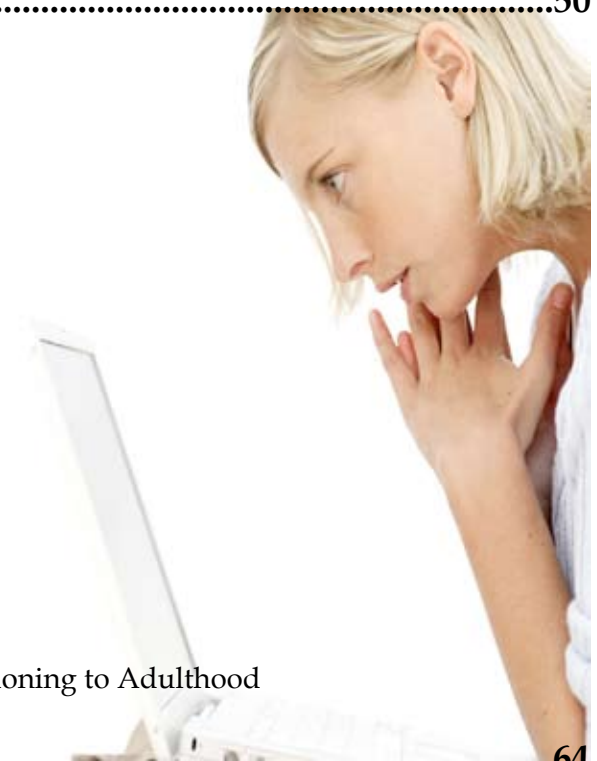
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# Overview

This handbook is designed: 1) to serve as a tool to assist individuals in finding ways they can serve children who are involved with the Division for Children, Youth and Families (DCYF) ; and 2) to make available information to individuals who are providing care so that they can best assist children and youth who are receiving services.

## Serving Children

There are many ways in which an individual can contribute to the welfare of children and families in New Hampshire. One can become a foster parent. This provides an opportunity to work with children and youth, to serve as a role model for their parents, and to assist staff in reuniting these children with their families. Another option is to become an adoptive parent and provide a permanent home for children or youth who cannot be reunified with their parents.

The following is a list of other ways to help:

- Consider becoming a visiting family resource for a youth in residential care. You will have holidays, vacation, and some weekends to provide a youth with a family experience.
- Help a youth in care explore career options, acquire job skills or find employment. Contact Mentoring, Inc. at [www.mentoring.org](http://www.mentoring.org).
- Donate goods and services to your local foster and adoptive parent association such as furniture, sports and recreation equipment and an enrichment program at [www.nhfapa.org](http://www.nhfapa.org).
- Consider learning more about becoming a Court Appointed Special Advocate (CASA) volunteer by contacting [www.nationalcasa.org](http://www.nationalcasa.org).
- Join members of your faith community in the Faith Based Initiative program to support local foster and adoptive families in your community. You could provide a family with tutoring, childcare or needed supplies. Contact Bethany Christian Service for more information at (603) 483-2886.

## Relative Care

Relative Care is the placement of a child, who has a legal relationship with DCYF, in a home in which one of the responsible caregivers is a person related to the child by blood, marriage, or adoption.

The *Fostering Connections to Success and Increasing Adoptions Act of 2008* requires that DCYF identify and notify all adult relatives of a child within 30 days of the child being placed in State custody. In placing a child, the State of New Hampshire gives first priority to adult relatives who can provide a safe nurturing environment while supporting the child's relationship with his or her parent(s).

Relative caregivers must abide by the same rules as licensed foster parents. Haircuts, body piercing and tattoos are not allowed without the permission of the birth parents. Like foster parents, relative providers are not allowed to use physical discipline and must observe confidentiality requirements.

Upon placement of a child, relative caregivers are asked to complete a Relative Caregiver Agreement (Form 2273) and a Resource Care Provider Enrollment (Form 2104). Relatives are required to apply for NH Children's Medicaid for the child and are eligible for a "child only" TANF grant and shelter allowance through the Division of Family Assistance (DFA). This grant is based on the child's income only. It is not necessary for the relatives to report their income. Relatives are asked to report the increase in their shelter expenses for the child in order to receive an additional shelter allowance.



Relative Caregivers also receive paperwork regarding the licensing process and, although not required, are encouraged to become licensed foster parents. Becoming a licensed foster parent enables the Department to provide more benefits and supports to the relative caregiver, including a higher reimbursement rate for board and care. It also connects relative caregivers with other resources they might otherwise be ineligible for, e.g., becoming a member of the NH Foster Adoptive Parent Association.

To become a licensed foster home, relative providers must complete the basic application process required of all licensed foster parents. This includes 21 hours of foster parent education, references, medical statements, financial information, an autobiography, copies of birth certificates and, if applicable, a marriage certificate. Criminal background checks and fingerprinting are also required. The provider's home must be deemed safe and pass both a town health and fire inspection. A phone in the home is required.

Relatives can request a waiver of non-safety related requirements to become a licensed foster parent, such as the education component. This must be approved by the Director of DCYF. However, the education is highly recommended as it is an opportunity for a caregiver to learn about DCYF, the court and the New Hampshire foster care system. The education is designed to help relatives and non-relative caregivers understand special placement issues and the impact these issues, particularly grief and loss, changing family roles and boundaries, can have on a family. Most importantly, the caretaker's well-being is discussed and he or she is given the opportunity to network and connect with other relative caregivers, which has been found to be essential for a successful placement.



At some point, a permanent plan for the child or children in care is going to be made. The preferred plan is for the child to return to his or her birth family and home. When this cannot happen, the next best option is adoption. In adoption, the parental rights of the birth parents are terminated and the adoptive family becomes the child's legal and physical responsibility. Frequently, relatives are asked to adopt but sometimes this is not the best option for the children or family. In this case, a plan for guardianship is explored. With guardianship, the parental rights of the birth parents are not severed but care and responsibility is awarded to the relative. It is important for the relative to know that this is not a permanent situation for the child. The parents can petition the court for guardianship at anytime. There is an annual review and, if the guardian passes away, guardianship is returned to the birth parents. In guardianship cases, long term planning with all family members is essential to discuss these issues.

For more information on Relative Care, check out our Relative Resource Guide at <http://www.dhhs.nh.gov/dcyf/documents/relativecaregivers.pdf>

# Foster Care

## Confidentiality

Foster parents are provided with confidential information about the child placed in their home, including the child's family and the circumstances of placement. This personal information is needed in order to provide appropriate care. This and possible future plans for the child must be kept confidential. Sensitive and confidential information must be maintained and cannot be disclosed outside of the licensed home, including to relatives, friends, and neighbors. Only those involved in carrying out the Case Plan or involved in treatment of the child are permitted to have this information. Sharing information with other foster parents for support and mentoring is allowed, but not for general conversation. Please remember that foster parents must follow the same rules of confidentiality when information is shared with them.

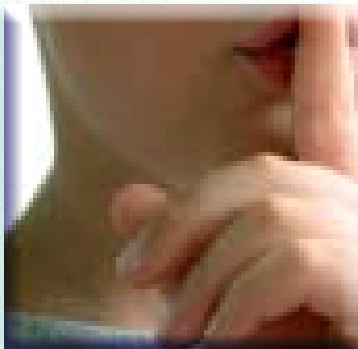


A child may share important information with his or her foster parent that is unknown to DCYF. Foster parents must, in turn, share this information with the Child Protective Service Worker (CPSW) or Juvenile Probation and Parole Office (JPPO) because it may be information that plays an important role in the child's treatment or casework. It is possible that a child may have both a CPSW and a JPPO assigned to him or her. With more than one caseworker, it is essential that you make sure all parties are aware of new developments.

When foster parents have direct contact with the birth family of the child they have in care, it is important for them to let them know that information they give may be shared with the caseworker because the foster family and agency are working together to assist the family.

Photographs that identify children in care cannot be used in any newspapers, magazines, or other print or TV media without the expressed and written permission of the child's birth parent(s). The CPSW or JPPO must be contacted to request this permission, which may be granted using the "Parental Permission for Children in Care" (Form 2271).

Neither pictures or information about a foster child can be displayed anywhere on the internet, including sources both current and yet to be developed. ***There are no exceptions.*** Information and pictures cannot be shared through texting. If at all possible, no information should be shared via a cell phone, as cell phones have less privacy than a landline. However, picture taking of a foster child for photo albums, life books, and to give to the birth parents is highly encouraged.



If the child in foster care is recognized or questions are asked when out in public or at a gathering of friends or acquaintances, it is appropriate for the foster parents to indicate that they are not at liberty to discuss the child's situation. Foster parents may want to come up with a planned response with their foster child to use when approached. Foster parents can always ask the CPSW/JPPO or Resource Worker for help with appropriate responses.

If the same child is cared for at various times by a number of foster families, it is appropriate for the families to share information about the care of that child. As always, discretion must be used when sharing information about the child or the child's family.

If there are questions about confidentiality, please call your Resource Worker, CPSW or JPPO involved in the case.

## Discipline

Discipline means teaching children how to act and react in socially acceptable ways. It is instruction in rules of conduct that, over time, help the child to develop self-control and self-discipline. Children in foster care need opportunities to learn appropriate behaviors. At times, children exhibit out of control behaviors in response to being placed away from their parents, siblings or other people in their lives. They experience significant loss and may act out their distress, especially when they cannot easily talk about it. Children may react by being abusive to other children, adults and animals. They may be self-abusive. Foster parents, in conjunction with the CPSW or JPPO, need to protect the child, other family members and the community by providing consistency and structure.

Corporal punishment of children in care is prohibited, as are other practices that negatively impact a child's healthy growth and development. Foster parents play a key role in providing children with expectations of how to behave while in their care and in public. Verbal abuse or derogatory remarks and statements that humiliate, ridicule, or intimidate the child are prohibited. Other prohibitions are listed in the Appendix of the FFCLR, He-C 6446.13.

Foster parents must administer discipline in a constructive way that is designed to meet the needs of the child's development and past experiences. By letting children learn the logical and natural consequences of their behavior, by letting them learn what happens and how people react when they behave in a certain way, we begin to teach the child self-discipline.



## Role Of The Resource Worker

A Resource Worker is the person who ensures that an individual completes all the necessary requirements to be a licensed foster parent, who processes the information, and who submits the license for the DCYF Director's approval. The Resource Worker also works with an individual on completing the required home study.



The Resource Worker is available to foster parents to answer questions, help solve problems, discuss concerns, offer support, and be an advocate when necessary - both during and after the licensing process. If a foster parent's Resource Worker is not available and immediate assistance is needed, the foster parent should call and ask to speak with the Permanency Supervisor.

There are times when foster parents need to contact their Resource Worker. For example, they must advise their Resource Worker whenever they are contacted by a CPSW or JPPO regarding accepting a new placement from the District Office in their area, another District Office, or a child placing agency. They also must notify the Resource Worker whenever there is a change in their residence or mailing address, email address, telephone number, physical structure of the home, marital status, employment, household composition, mental, emotional or physical health of any member of the household,



contact with local police or any circumstances that may violate the licensing requirements. (See Licensing Requirements He-C 6446.24.)

Foster parents may contact their Resource Worker whenever they are having difficulty with a placement or need respite care. When foster parents are in need of help and the CPSW or JPPO assigned to the case is not available, they should contact their Resource Worker, who can either help them or direct them to another person for help. Foster parents can also contact their Resource Worker with any questions regarding training.

Resource Workers work with foster families to keep licenses current and to prevent any unnecessary disruption of children in foster care homes. Resource Workers contact foster parents regarding annual visits and every two years to discuss license renewal and the necessary forms needed to complete the process. DCYF sends foster parents a renewal packet three months before their license expires. Foster parents should notify their Resource Worker when the paperwork is complete and allow time for their Resource Worker to process the renewal and schedule a home visit to complete the updated home study.

## Role Of The Foster Parent

To become a foster parent, a person must complete 21 hours of foster care training, called Foster and Adoptive Care Essentials (FACES), and complete training every two years to maintain the license. A foster home can be licensed as General Care and, after fostering for one year or more, can become a Specialized home. To renew their license, foster parents with General Care homes need 16 hours of training every two years and those with Specialized homes need 32 hours of training every two years.

As temporary caregivers, foster parents are responsible for providing the child with daily care, supervision, discipline, transportation to all appointments, and a positive family life experience. Foster parents are in an excellent position to evaluate the child's current needs and to contribute this information to case planning. This might include observations about the child's behavior, with his or her own family, within the foster family, at school, and in the community. Specialized foster parents are required to complete and submit reports to their CPSW or JPPO.

Foster parents need to be sensitive to the child's connection with his or her birth parents, siblings and extended family. Foster parents are expected to maintain connections with the child's birth family because these connections provide the child with roots, identity, and an enhanced self-esteem. Regardless of the length of stay in care, the child's birth family remains significant to the child. Foster parents help to maintain these connections by assisting the child with making regular visits, phone calls, etc. with his or her birth family and by including them in special occasions and celebrations. Keeping a diary of the child's important life events is essential and helps the majority of children with their transition and return home. For some children, contact with their birth family serves to help the child to understand the reality of what his or her family life was like. It may also help them make the adjustment to another permanent plan.

Foster parents are part of a team. The team may consist of the CPSW or JPPO, the child's family, school personnel, therapists, Guardian Ad Litem (GAL), Court Appointed Special Advocate (CASA), attorney, physician, parent aide, or other individuals involved in the child's life. Communicating with the team is crucial. Updates, changes, and monthly reports need to be regularly shared among the members of the team. Keeping these lines of communication open is the responsibility of all concerned with the well being of the child. Because of differences in responsibilities and perspectives, conflicts may arise. Therefore, it is essential that team members maintain honest and open communication at all times.



# Rights And Responsibilities of The Foster Parent

## Rights

As licensed providers of foster family care, foster parents have limited rights regarding the child in their home and legal standing in court. Foster Parents have tremendous responsibility for the daily care of the child in their home, and they should expect to be provided with:

- Information about the child that will enable them as foster parents to make a decision about receiving the child into their family;
- The right to refuse the placement of a child if they believe they cannot adequately provide for the child;
- A case plan for the child;
- An invitation to participate in the Family Assessment and Inclusive Reunification (FAIR) reviews;
- An invitation to court review hearings and an opportunity to submit a written report about the child in care;
- A clear understanding of their role in the child's care;
- Board and care reimbursement;
- Medical coverage for the child in care;
- Training and education opportunities;
- Foster Parent Liability Insurance; and
- Continuation of their own family routines.



## Administrative Hearings

Foster parents have the right to appeal any decision made by DCYF. The notice of a decision sent to the foster parents may be in the form of a letter to deny, revoke, or change the conditions of their foster home license. Within 10 working days of receipt of the notice, foster parents may appeal the decision to the Commissioner of the Department of Health and Human Services, Administrative Hearings, 105 Pleasant Street, Concord, NH 03301. All requests must be made in writing.

A hearings officer within the Department schedules a pre-hearing conference in an attempt to mediate the dispute between the agency and the foster parents. If this pre-hearing does not correct the problem, the appeal process proceeds. The Administrative Hearing is scheduled and the foster parents may present their argument. They can call on witnesses or other testimony to assist their case. DCYF is represented at the hearing and also presents testimony and witnesses as necessary. This is an administrative process, and it is separate from a court hearing. The hearing is usually held in Concord.



## Responsibilities

Foster parent responsibilities consist of those tasks related to the care of the child and the requirements related to maintaining a foster home license. The license requirements were designed to create an environment for the child that is safe, secure, and free from abuse and neglect. Children and youth placed away from their homes require foster parents who carry out responsibilities that include, but are not limited to:

- Helping the child to feel comfortable and able to participate in family activities;
- Offering the child a sense of belonging while allowing the child to move at his or her own pace;
- Providing physical space, a bed, food, and clothing appropriate for the child;
- Offering constructive discipline and educational guidance appropriate to the child's needs;
- Keeping the child safe from abuse and neglect;
- Helping the child to learn and perform proper health practices and hygiene tasks;
- Ensuring children and youth receive medical and dental care through recommended periodic visits;
- Transporting the child to appointments;
- Facilitating the visitation of the child in care with parents, siblings, and other significant people;
- Keeping accurate records in the Foster Child's Diary;
- (For Specialized Care Providers only) submitting monthly reports to the CPSW or JPPO;
- Communicating regularly with the Resource Worker and the CPSW or JPPO about the child in care; and
- Attending on-going educational opportunities that relates to the care of the child.



## Order to Comply

An Order to Comply is sent to foster parents who fail to continue to meet the foster family care licensing requirements for which they were originally licensed. An order may restrict any aspect of a license or permit for a period of up to 60 days to allow the foster parents to correct the conditions leading to non-compliance. The agency and the foster parents must jointly develop a corrective action plan. If the violation does not threaten the health and safety of the child, the child in care may remain in the home, but foster parents may not receive any new placement of children while an Order to Comply is outstanding. If the violation leading to the Order is not corrected within 60 days, the permit or license may be revoked.

## Role Of The Case Worker

CPSW's are the case managers for children with whom DCYF has a legal relationship. They are responsible to the court and must assure orders are being implemented. They serve as contact persons for foster parents and are the individuals responsible for managing children's cases. Any questions or concerns foster parents have need to be directed to the assigned case manager. If the case manager cannot be reached, foster parents should contact the CPSW supervisor, the on-call worker, or their Resource Worker. It is also helpful for foster parents to leave a detailed message on the case manager's voicemail so he or she will know the nature of the call and the timeframe in which the call must be returned.

The CPSW is the person who is most likely to place a child with foster parents and to provide the foster parents with the necessary information and paperwork that should accompany a child. At the time of placement, foster parents should receive or request to receive paperwork that shows that the child:

- is legally placed in foster care;
- is covered by NH Children's Medicaid and Medicaid Care Management Health Plan, if one has been chosen; and
- has been given legal permission to be medically treated by a doctor or dentist.

Other permissions that may follow the child's initial placement may include, but are not limited to, permission to:

- take the child out of State;
- participate in school sports or field trips;
- be photographed; and
- participate in driver's education.



The CPSW assigned to a child visits with the foster parents in their home on a monthly basis. The Worker wants to discuss any issues or concerns that have developed and to listen to progress that is being made. The Worker also wants to visit with the foster child on a one-to-one basis. Foster parents need to provide them with a private space in which to talk.

The CPSW is also responsible to make sure the child's bills are paid. The CPSW works with the Fiscal Specialist in the District Office who initiates the paperwork process that places the child in the foster home and opens the child's case for Medicaid. The case manager must approve authorizations for other services and payments to the child's therapist or other providers.

If foster parents are employed and need child care for the child placed in their home, they should notify the CPSW at the time of placement. The child must be placed in a licensed child care facility that is also a DCYF enrolled provider. If the child care facility is licensed but not enrolled, the foster parent should ask the facility to consider enrollment. If they agree, the case manager then refers the child care provider to DCYF's Bureau of Child Development for enrollment. Please note that there is a time delay of payment pending the completion of the enrollment process.

## Special Investigations

Reports alleging child abuse and neglect in foster homes are referred to the DCYF Central Intake Unit. Experienced staff screen the report and a determination is made as to whether the report will be assigned as an investigation. The allegation is then forwarded to State Office and assigned to staff in the Special Investigations Unit (SIU). If the allegation is not referred to the SIU, there still may be a report made to the local DHHS District Office that the Resource Worker will discuss with you. Foster parents may not be aware of an investigation until a SIU worker contacts them. The case manager most likely is not the initial contact with foster parents regarding an abuse/neglect report.

When a foster parent becomes aware of an allegation against them, the most important thing to do is to stay calm. Foster parents have the option of seeking counsel from a First Initial Response Team (F.I.R.S.T.) member. This team is made up of trained foster parents who have knowledge of the protocols DCYF must follow and will explain the investigation process and maintain confidentiality according to state laws. The toll free number for F.I.R.S.T. is 1-800-792-0262. Members can offer suggestions and support to you during this process.

Please keep in mind that an array of feelings is normal during the investigation of allegations of abuse and neglect in foster homes, even when the allegations are false. It is not uncommon to feel frightened, confused or even angry when someone accuses you of child neglect or abuse. You must also remember as advocates for children that these procedures are in place to protect children from any possible situations where mistreatment may exist. Also, do not forget that staff in the field of abuse and neglect is doing these investigations and they have many years of experience.

While foster parents may wish to discuss the allegations with their case manager or Resource Worker, he or she will not be able to discuss any specific information with them. They must allow the investigator to perform his or her role without interference. Sometimes the investigator will request assistance from the caseworker or Resource Worker under special or extenuating circumstances. In all instances, the investigator will direct the case manager and the scope of participation will be clearly outlined by the investigator.

The allegations reported may rise to the level of criminal consideration. For example, all allegations involving sexual abuse are investigated jointly by DCYF and law enforcement. The police will be notified and made aware of the allegations. If the police decide to press charges, you will be notified by them and advised of your rights. Please note that criminal charges are separate from any authority or action that may be taken by DCYF.



# Preparation For Placement

The out-of-home placement of children into foster care is a stressful event for all involved, particularly the children. Placement away from birth family and community can impact a child's physical and emotional health. Whenever possible, in order to minimize stress and subsequent trauma to the child and others, placements and other transitions need to be planned carefully.

## Preparing The Birth Parents

The CPSW or JPPO endeavor to engage the birth parents in planning for the child, including identifying relatives and other family resources with whom the child may be placed. The reasons for the removal and placement of the child must be thoroughly explained and discussed with the birth family. It is the goal of DCYF to reunify the child with his or her birth family as soon as it can be assured that the safety issues have been resolved as addressed in the case plan. The case plan is developed with the birth parents and includes that they must be able to provide a safe home and environment for their child.

The birth parents are encouraged to help explain the reasons for the placement to their child and to participate as much as possible in placement activities. Information about the child is collected from the birth parents via the *Child's Information Sheet* (Form 2267) and the *Youth's Information Sheet* (Form 2281), which includes the child's schedule, routines, likes, and dislikes. It is important that the birth parents help with their child's transition. They are encouraged to accompany their child to the home or facility and, whenever possible, to communicate directly with the foster parent or residential care staff.

## Preparing The Foster Parents

Foster parents are provided with complete and accurate information about the child. The child's birth family, school, doctors, and other service providers may each have information. The child's birth parents are encouraged to talk directly with the foster parents. When this is not possible, the CPSW or JPPO provide the foster parents with the information needed to maintain a safe place for the child and their own family members. Information may include:

- the method and frequency of contact with the birth family
- schedule of visits
- responsibilities for transportation or supervision
- physical and mental health issues, including names and phone numbers of the child's/youth's established medical, dental and mental health providers
- special education
- medications
- allergies
- placement of other siblings and expected contact with them
- child's personal preferences related to being comforted when upset
- food likes/dislikes
- hobbies, interests, activities, and skills
- fears and anxieties
- history of abuse and neglect
- behaviors that might be expected and recommended ways of handling the child's problems
- religious preference



The CPSW or JPPO will provide the foster parents with as much information as possible about the child or youth on the required forms:

- The “Case Plan” (Form 2240)
- The “Medical Authorization” (Form 2266, Form 2304 or Form 2303)
- The “Child’s Information Sheet” (Form 2267)
- The “Youth’s Information Sheet” (Form 2281)
- The “Parental Permission for Child in Care” (Form 2271)
- The “Needs Assessment for Independent Living” (Form 2290)

Foster parents must be advised of the reason for the child’s placement, anticipated duration of the stay in care, safety concerns, and other information that would allow an easier transition for the child. Foster parents must maintain a confidential record of information provided to them about each child in their care.

## The Child’s Information Sheet

The Child’s Information Sheet (Form 2267) or the Youth Information Sheet (Form 2281) is used to obtain information about a child or youth who is entering foster care. It is used also to share confidential information with foster care providers to ensure a safe and appropriate placement for a child. In addition, information on the form is shared with any subsequent caregivers that the child may have.

The Information Sheet is originally completed by a child’s birth parents or guardian and the CPSW or JPPO. It must be completed prior to a child’s placement or within 30 days of placement. It must also be completed before a change in placement, including when a child is returning home to his or her birth family. Foster parents must update the Information Sheet every six months for as long as a child remains in their care or sooner if the child is leaving the home.

The CPSW or JPPO provide foster parents with the Information Sheet and can assist with its completion. While the foster parent retains the original on file, a copy of the Sheet is retained in the case record or file. If a child is put into a new placement, the original and the most up-to-date versions of the Information Sheet must be forwarded to whomever is providing the care for the child. The form is also available on line at [www.dhhs.nh.gov/dcyf/adoption/formsbrochures.htm](http://www.dhhs.nh.gov/dcyf/adoption/formsbrochures.htm).



## The Foster Child’s Diary

DCYF believes that all children who are in out-of-home care need to maintain a connection with their birth families. Each child in foster care must have a diary that contains important factual information about him or her and documents personal experiences. Tracking daily routines, celebrations, events, medical histories, and visits with birth and extended family members provide the continuity so necessary and important to a child.

The purposes for the child’s diary are:

- to ensure that the current and any subsequent foster parents have access to information that is necessary for the proper care of the child;
- to provide the child and his or her birth family with a record of events that occurred in the child’s life while in care;
- to help the child in care understand who she or he is and where and with whom she or he has been; and
- to help connect the child’s past and present life to aid him or her in creating a stronger, more positive sense of self.

Diaries are available from the CPSW, JPPO or the Resource Worker. The child's foster parents must maintain the diary. Input may be obtained from the child, child's birth family, CPSW or JPPO and other individuals. When the child returns home to his or her birth family or moves to another residence, the diary must accompany him or her.

## Religion, Church Attendance And Personal Beliefs

In New Hampshire, the law (RSA 170-E: 34a, 10) requires that, insofar as it is practical, children should be placed in foster homes of the same religion as their birth family. This includes following the laws set forth in the Multi-Ethnic Placement Act and the Indian Child Welfare Act. If a child or his or her birth parents specify the family's religion or denomination, it is the responsibility of the foster parents, together with the CPSW or JPPO, to find the means by which the child may attend the preferred church, religious education, and/or religious affiliation. If no expressed preference is made for religion, birth parents may consent to the child attending church services with the foster family. However, children in care are not allowed to participate in the sacraments of a church (e.g., baptism, confirmation, communion, etc.) without the permission of the child's birth parent. Children in care are expected to attend public school in their community and cannot attend a church affiliated school without authorization from the birth parent and DCYF.

## CPS Court Process

DCYF may file a few types of petitions on behalf of a child. These are neglect and abuse. Once a petition is filed, a series of hearings take place that generate decisions made by the court on behalf of the child. It is during this process that the petitioner must prove the facts being alleged are true. The court must determine that there is a preponderance of evidence to substantiate the petition at each of the hearings or the petition is dismissed. The hearing process varies depending on the type of petition filed.

### Abuse And Neglect

The court process begins when a petition is filed alleging that a child has been abused and/or neglected. Abuse and neglect cases under State Law RSA 169-C are brought forth to protect the health, safety and well being of children and are handled through a series of court hearings. All court hearings and records of abuse and neglect cases are confidential. The hearings are not open to the public and only people involved in the case will be admitted to the court hearings.

The court appoints a Guardian Ad Litem (GAL) or Court Appointed Special Advocate (CASA) for the child. The GAL or CASA then reports to the court and makes a recommendation about what is in the best interest of the child.



### Court Hearings

If a judge determines that there is evidence that a parent has abused and/or neglected his or her child, the judge may award legal custody to DCYF. This gives DCYF the right to temporarily remove the child from parental care and custody and determine where and with whom the child lives. This may include DCYF placement of the child in a relative home or foster home. The judge could award legal supervision to DCYF, which would permit the child to remain in the parent's home under the supervision of DCYF subject to further court order. The court



makes all final decisions and includes any other orders it believes are necessary, including joining the school districts when the child is educationally handicapped.

## 24-Hour Protective Custody Hearing

If a child has already been removed from his or her parent's home, the first hearing the judge conducts is a 24-hour protective hearing. At this hearing, the judge determines whether there is reasonable cause to believe that the child's circumstances or surroundings present an immediate danger to the child's health or life. If the judge makes such a determination, a preliminary hearing is scheduled.



## Preliminary Hearing

If the child has not been removed from the parent's home, the first hearing the judge conducts is a preliminary hearing. At this hearing, the judge determines whether there is reasonable cause to believe that the child's circumstances or surroundings present an immediate danger to the child's health or life or whether there is reasonable cause to believe that the child has been abused or neglected. If this determination is made, the judge schedules an adjudicatory hearing. If not, the petition is dismissed.

## Adjudicatory Hearing

At the adjudicatory hearing, or trial, the judge listens to evidence from the parent's attorney and the agency or individual who filed the petition. The petitioner must present evidence and prove, by a preponderance of the evidence, that the abuse and neglect occurred, as stated in the petition. The standard "preponderance of evidence" is defined as being more probable than not.

If the judge determines that the child has not been abused and/or neglected, the judge will dismiss the petition. If the judge determines that the child has been abused or neglected, a finding of TRUE is entered and a dispositional hearing is scheduled.

## Appeals

Any legal party to a case may appeal the judge's decision, after the adjudicatory and decision phase. Any legal party may request reconsideration regarding any orders the court has set in motion. Foster parents are rarely if ever made legal parties to a hearing. The legal parties usually consist of the petitioner and the parents or legal guardian of the child. However, foster parents may be asked to participate in the hearing process if any party believes they have relevant information to contribute. If foster parents have information the court should know, they should inform their CPSW or JPPO. The CPSW or JPPO's experience with the court and knowledge of the case will best guide the method of conveying this information to the judge.

## Consent Order

If the parent chooses not to have an adjudicatory hearing, he or she may waive the right to appeal by signing a consent agreement with the court. If the judge approves the consent decree, it has the same force and effect as if the judge had entered a finding of TRUE and determined at an adjudicatory hearing that the child had been abused or neglected.

## Finding Of TRUE

In the event that there is a finding of TRUE, the parent has 12 months from the date of the finding to correct the conditions that led to the finding. Parents are advised that a finding of TRUE may be the basis for a petition to terminate their parental rights (TPR) to the child.

## Dispositional Hearing

If there is a finding of TRUE, the judge holds a dispositional hearing within 30 days of the finding. At this hearing, the judge considers recommendations from the parties and approves a Case Plan that outlines what the parents must do to correct the conditions that led to the finding of TRUE that the child has been abused and/or neglected.

## Review Hearings

In the 9 months following the finding, the judge may hold periodic review hearings. At these hearings, the judge reviews the status of the case and examines the progress that the parents and other parties have made with the Case Plan since the last hearing. As a foster parent, you are invited to attend review hearings for a child placed in your home. If you do not wish to attend the hearing, you may write a letter to the court outlining the facts of the child's placement with you.

## Permanency Hearing

If a child is removed from the parent's home and placed in out-of-home care for an extended period of time, the judge holds a permanency hearing at the end of the 12-month period. At this hearing, the judge makes a final decision about whether and when the child returns home, or if this is not possible, determines an alternative plan for the child's permanent living arrangement. The judge may order a limited extension to work on reunification if progress has been made.

Types of permanency vary depending on the particular circumstances of each case. These include: reunification, termination of parental rights or parental surrender, kinship guardianship, adoption, another planned permanent living arrangement (APPLA) or guardianship with another appropriate party. Ongoing review hearings are necessary for another planned permanent living arrangement.

## Role Of Foster Parents In The Court Process

Foster parents may attend a review hearing or permanency hearing for a child in their care or submit a letter to the court. Notification of the date and location of the hearing comes from the court. DCYF notifies the court of the name and address of the current placement for the child. If foster parents do not receive a notice of the hearing, they should direct their concern to the CPSW for the child in their care.

If foster parents or relative caregivers choose to attend a hearing, they are given an opportunity to present information to the judge about the status of the child or children in their care. Please note that although foster parents attendance at the hearing is encouraged, their participation does not make them a party in the case.



Foster parents or relative caregivers also are invited to submit a letter or report to the court. The letter or report should be sent to the court at least 14 calendar days before the scheduled hearing. (The address for the court should be included on the form received from the District Court.) Once the court receives the letter or report, a copy of it is sent to all parties of record. In addition to the child's parents, the other parties of record who receive the foster parents' or relative caregivers's written comments are also listed on the form. The comments that foster parents or relative caregivers submit to the court should not advance a particular position or plan for the child. They need to focus on the status of the child in your care. Foster parents or relative caregivers should discuss their general observations about the behavior of the child while in their home and the relationship of the child with any members of his or her family. Foster parent or relative caregivers may also want to discuss:

- visits and/or connections between the birth parents and the child;
- visits and connections with siblings and extended family;
- educational and social issues;
- medical and/or mental health considerations concerning the child; or
- other comments or concerns.

Foster parents or relative caregivers should also include in their comments any other information that, in their opinion, affects the health, safety or well being of the child in their care. Children should also attend the court hearing. After attending court, foster parents are asked to complete a survey about their court experience. Go to <http://www.surveymonkey.com/s/CIPNH-FPRC> or just ask your CPSW for a paper copy of the survey.

This information is excerpted from *The New Hampshire District Court Improvement Project, Draft Protocols Relative to Abuse and Neglect Cases and Permanency Planning in Cooperation with the Family Division and The Probate Court*. These protocols are available from local Resource Worker for foster parents or relative caregivers to review. Foster parents are encouraged to become familiar with the protocols. If they have any questions, their CPSW is available to discuss them.

## Termination Of Parental Rights/Or Surrender

If the court accepts a permanent plan of adoption, parental rights must be terminated for the adoption to proceed. Parents may consent to surrender their parental rights as an option, which means they voluntarily give up all legal rights to their child. If termination is required, the petitioner must supply the court with sufficient evidence to warrant termination. An existing finding of abuse or neglect must already be in place for the court to move forward with the termination process. In cases of consent decrees with no findings, the process may not move forward until a finding by the court is established. In circumstances of abandonment, parental rights can also be terminated after a period of 6 months. Once children are legally free for adoption, the adoption process may proceed.

## The Importance Of Family To The Child In Care

The connection of children in care to their birth parents remains incredibly powerful, even when strained by abuse, anger, or guilt. The family unit is a child's identity and his or her past, present, and future. For a successful reunification, it is vital that this bond be sustained and nurtured. Even when there is no plan for future parental involvement, children must be able to resolve their relationship with their parents and the role their parents have in their identity.



## Visits With The Child

Regular and frequent visitation between the birth parent and child is critically important. Without visitation, the parent and child relationship deteriorates. Young children cannot remain emotionally involved in relationships when long periods of time occur between contacts. During an extended absence between parent and child, children and parents may become emotionally detached. When this occurs, successful reunification is extremely difficult. A plan for visitation must be created and schedules established. The assigned CPSW or JPPO takes the lead and sets the tone in arranging the visits and contacts. The initial contact may be a telephone call from the child to a family member on the day of placement.

The first visit needs to occur as soon as possible within the first week of placement. Visits should be scheduled at least weekly and, if at all possible, more often. The visit needs to be of adequate duration to maintain the parent child relationship. In general, one-to-four hours is an appropriate time range. The length of the visit should be based on the age of the child and his or her need for protection. Overnight visits can be considered when it is assured that the child will be protected in the parent's home.

Visitation must take place in the least restrictive, most normal environment in the community that can assure the safety of the child. Visits should take place, in order of preference: in the home of the parent, in the home of a relative, in the foster home, or in a public community location, such as a park or restaurant. Visitation in the foster home may be preferred because of the opportunity it affords for relationship building and parenting support early in placement. Visits are held in the agency's office only if the protection of the child cannot be otherwise assured.

## Supervised Visits

A supervised visit is necessary when:

- the parent is incarcerated;
- there is a concern about physical or emotional abuse to the child during visits;
- there is a reason to believe the parent's behavior may be inappropriate or unpredictable;
- the child is visiting with the perpetrator of physical or sexual abuse;
- the parent is known to verbally abuse the child, "badmouth" the agency or the foster family, or makes unrealistic and inappropriate promises to the child;
- the child is afraid to be alone with the parent; and/or
- the court has ordered supervised visits.



If the visit must be supervised, the supervision can be provided by the CPSW or JPPO, the foster parent, a parent aide, or a relative or family member who can be trusted to protect the child. When supervising a visit, foster parents need to maintain a low profile and intervene only if necessary. The parent should be allowed privacy with the child if the child's safety is assured. Foster parents should choose a location outside of the visitation room where what is going on can be seen and heard without being obviously visible. If the goal of a visit is to help parents learn more appropriate parenting skills, the foster parent may become more directly involved in visitation activities. By joining in the activity, the foster parent can model skills for parents, instruct them, and reinforce effective implementation. This can be easily accomplished if the visits are held in the context of the child's normal routine (i.e., by inviting the parent to a school or recreational activity). This needs to be discussed fully with the parent prior to the visit. The parent should agree that learning more appropriate parenting skills is a goal of the visit.

If the parent does not keep the appointed visit, it will be less disruptive to the child if the visit has been scheduled in the foster home within the context of the child's normal daily routine. If visits are held in the home of a relative or family friend, the child still has the opportunity to visit with his or her birth and extended family.

# Reunification

Family reunification is the planned process of maintaining and/or reconnecting children in out-of-home care with their families by a variety of services and supports to the children, their families, and their foster parents or other service providers. The goal is to help each child and family achieve and maintain, at any given time, their optimal level of reconnection – from full reentry of the child into the family system to other forms of contact, such as visiting, that affirm the child’s membership in the family.

*Family Reunification: An Overview*  
A.N. Maluccio, R. Warsh, and B.B. Pine

Foster parents are important partners with the CPSW and the family. When foster parents are able to develop a supportive connection with the child’s parents, a natural progression towards the reunification transition can begin. Foster parents will be acting in a secondary, complementary, “assisting” role to the birth parents during the process of reunification. They need to gradually relinquish control to empower the family.

## Children in Custody, Legal Supervision, or Guardianship

All children placed in foster care or other alternative settings by DCYF must have a legal relationship with the agency. This process takes place through the filing of a petition in behalf of the child or children. (See Court Process, Section E.) The court may establish one of the four types of legal relationships. These are:

1. Custody
2. Supervision
3. Protective Supervision
4. Guardianship

A police department may exercise a fifth type of custody called protective custody. It allows the police to directly remove a child from his or her home when a determination is made that the child is in imminent danger and there is no time to request an order from the court. The following are definitions of the various types of legal relationships according to the **Child Protection Act RSA 169 C**:

**Legal Custody** means a status created by a court order embodying the following rights and responsibilities unless otherwise modified by court order:

- (a) The right to determine where and with whom the child shall live;
- (b) The right to have physical possession of the child;
- (c) The right and duty to protect and constructively discipline the child; and
- (d) The responsibility to provide the child with food, clothing, shelter, education, emotional security and ordinary medical care provided that such rights and responsibilities shall be exercised subject to the power, rights, duties and responsibilities of the guardian of the child and subject to residual parental rights and responsibilities if these have not been terminated by judicial decree. **RSA 169-C: 3 XVII**

**Legal Supervision** means a legal status created by a court order wherein the child is permitted to remain in his or her home under the supervision of a child-placing agency subject to further court order. **RSA 169-C: 3 XVIII**



**Protective Supervision** means the status of a child who has been placed with a child-placing agency pending the adjudicatory hearing. **RSA 169-C: 3 XXV**

**Guardian** means a parent or person appointed by a court having jurisdiction with the duty and authority to make important decisions in matters having a permanent effect on the life and development of the child, and to be concerned about the general welfare of the child. Such duty and authority include but are not necessarily limited either in number or kind to:

(a) The authority to consent:

- (1) to marriage,
- (2) to enlistment in the armed forces of the United States,
- (3) to major medical, psychiatric and surgical treatment,
- (4) to represent the child in legal actions; and
- (5) to make other decisions of substantial legal significance concerning the child;

b) The authority and duty of reasonable visitation, except to the extent that such right of visitation has been limited by court order; and

(c) The rights and responsibilities of legal custody except where legal custody has been vested in another individual or in an authorized agency. **RSA 169 C-3 XIV**

Guardianship requires the filing of a separate petition requesting this status. It may be filed jointly with consenting parties, such as when a parent and relative agree to make that decision. This can be done without any involvement by DCYF. There are circumstances when a petition for guardianship may be presented to the court as a contested matter. There are also times when, if recommended, the foster parent may choose to enter into a guardianship arrangement for a child in care. And there are times when the foster parent and DCYF request joint guardianship. Please note that guardianship does not replace parental rights or responsibilities of the parents. They may still exercise certain residual rights "including but not limited to visitation, consent to adopt, right to determine religious affiliation and responsibilities for support." **RSA 169-C: 3 XXVII**



## Education Of The Child

Children in foster care attend public school unless other arrangements are obtained and approved by the birth parent and DCYF. When a child enters foster care, the parent retains certain rights. Education is one area where a parent continues to be responsible for his or her child. Parents should attend school-related meetings and participate in school functions that involve their child. Either the parent or CPSW/JPPO needs to arrange for the transfer of school records. The foster parent, in conjunction with the parent, if possible, register the child into a new school. Unless an educational surrogate exists, the parent is the person who signs all special education related paperwork, including consents to evaluate or approval of an Individualized Education Program (IEP). Foster parents are not allowed by New Hampshire law to sign any standard education or special education related paperwork.



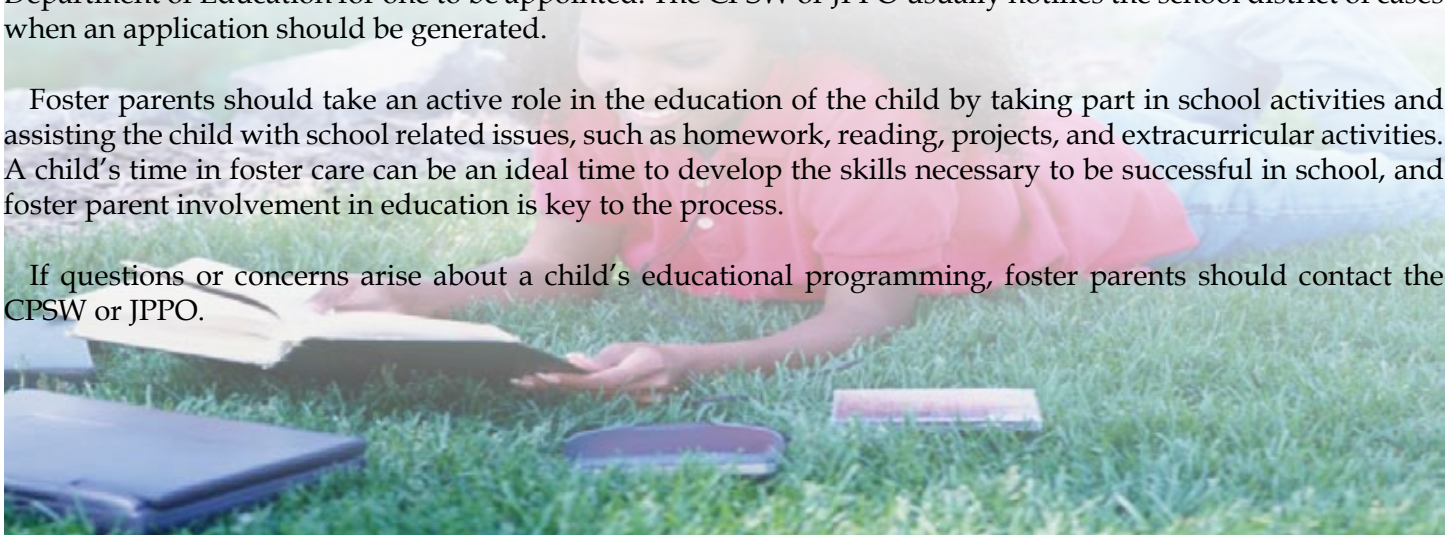
The foster parent should participate in special education team meetings that include educational evaluations, IEP development and educational placement. Special education meeting notices and other documents are to be sent directly to parents by the school districts. Although foster parents are not allowed to sign for special education related items, they are an important part of the special education team as they can relate important information on how the child is doing in their home.

Using the Parental Permission for Child in Care (Form 2271), the CPSW or JPPO has the parent sign as the responsible person to share this information with persons who have a right and need to know. This form can also be used to allow the child to participate in routine school activities, including Driver's Education, or allowing the foster parent to approve field trips. Most information from school is sent home with the child. Because of this, the foster parent is the person responsible to share this information with the parent. This is a great opportunity for the foster parent to work cooperatively with the parent for the benefit of the child.

An Educational Surrogate Parent may be assigned to a child if a parent is not available or if a parent requests one be appointed. Foster parents can apply to be an Educational Surrogate Parent if they are in a long-term (over a year) placement with the child. The appointment of an Educational Surrogate Parent should be discussed with the CPSW or JPPO. If a surrogate is warranted, the sending school district applies to the New Hampshire Department of Education for one to be appointed. The CPSW or JPPO usually notifies the school district of cases when an application should be generated.

Foster parents should take an active role in the education of the child by taking part in school activities and assisting the child with school related issues, such as homework, reading, projects, and extracurricular activities. A child's time in foster care can be an ideal time to develop the skills necessary to be successful in school, and foster parent involvement in education is key to the process.

If questions or concerns arise about a child's educational programming, foster parents should contact the CPSW or JPPO.



## Respite Care

DCYF recognizes the complexity and demands placed on foster parents who provide continuous care to children and youth each day. Respite care is a support service the goal of which is to help maintain and/or restore the child caring strengths and abilities of foster parents. Respite care may be used by foster parents to:

- provide temporary relief from child caring responsibilities;
- to take advantage of overnight training or conferences;
- to take an extended vacation; or
- to prevent the placement disruption of a child in their care.

Foster parents can access a maximum of 14 days of respite care per placement, per state fiscal year (July 1-June 30), for each child in their care. The Supervisor reviews any circumstances requiring more than 14 days. Foster parents need to notify the CPSW or JPPO of any extenuating circumstances.

To request respite care, foster parents must complete a Request for Respite (Form 2255 ) and send it to their CPSW or JPPO. The information on this form is made available to the respite provider to enable a smooth transition. If the foster parents already have selected a licensed provider, they should note this on the form. In a planned respite situation, foster parents should allow two-to-four weeks to process the request.

DCYF or another child placing agency must license providers of respite care services as foster parents. Foster parents who receive children into respite care may not exceed their license limitations to provide this service. Foster parents may want to arrange respite with another foster family, but should notify the CPSW or JPPO to give them the time to complete and process the necessary paperwork. The CPSW or JPPO can assist with identifying respite care providers. The Transfer and Discharge Form (Form 2270D) must be completed by the foster parents and is sent along with the child when he or she goes to respite care. Any medication the child uses must be sent to the respite provider in the original prescription bottle, along with detailed information about the times medications are given and what, if any, medications have already been given for that day.

Foster parents are not responsible to pay a foster parent for arranged respite care. Both the foster parent and the respite provider are paid for the care of the child for the days in which the child received respite care. Remember, respite care is a community-based service and is paid via Form 2110 that the CPSW or JPPO completes. If the foster care parents have questions, they should contact their Worker or JPPO.





# Child Care

## Licensed Child Care

Children in foster care who require full time child care while their foster parents are working are eligible for enrollment in licensed, DCYF approved and certified child care. The CPSW completes the initial paperwork (Form 2110) with supervisory approval. The service can be authorized every six months. Foster parents submit proof of employment every six months to ensure continued funding of child care. The child care provider must receive a completed copy of Form 2110 from the CPSW at the time the child is enrolled. Child care must not begin before the approved service date. The licensed provider bills DCYF directly for payment.



## Child In-Home Care

Child In-Home Care (CIHC) is the provision that permits the care and supervision of children in their own home during the temporary absence of their parents. For children in care, this means in the home of the foster parents currently caring for them while the foster parents are employed. It also includes the provision of food, activity, rest, and other necessities of physical care for the child.

The person who is selected to provide CIHC must meet specific requirements, complete an application, and provide references. A household member cannot be approved to provide care, but a neighbor or an extended family member may be approved. The Request for Child In-Home Care (Form 2249) must be completed and given to the CPSW. The Certification Unit at DCYF contacts the provider and begins the approval process.

## Educational Opportunities For Foster Parents

The Education and Training Partnership (E&TP) at Granite State College is a contracted service by DCYF, providing high quality, competency-based pre-licensing and ongoing training to New Hampshire foster and adoptive parents and relative caregivers. It is also part of the DCYF Bureau of Organizational Learning. All classes award Continuing Education Units, are free-of-charge to participants and are held online and in different locations throughout the State. Instructors are selected based on experience and expertise in their field including foster/adoptive parents and DCYF Resource Workers.

Foster and Adoptive Care Essentials (FACES) is offered to individuals interested in becoming licensed to provide foster/adoptive care and for relative caregivers. The program consists of 21-hours of training, consisting of seven three-hour modules. FACES promotes an understanding of the foster care system and working with children and



families. It also prepares participants to be skilled caregivers and team members. Schedules are available at <http://etp.granite.edu/schedule/faces>.

Caregiver Ongoing Training (COT) helps to enhance the quality of care for children living outside of their own homes. The intent of COT is to provide participants with the skills and mutual support necessary to address the daily issues that confront substitute caregivers. Training is available to foster and eligible adoptive parents, DCYF staff, residential child care staff, designated private providers and non-licensed relative caregivers. More information can be found here: <http://etp.granite.edu/schedule/cot>.

*Relatively Speaking* is offered to relative caregivers of children in care. The eligible relative caregiver is, or will be, taking care of, on a temporary or permanent basis, a child under the age of 18 who is related by blood, marriage, or adoption. The classes are designed to further the understanding of the relative caregiver's role in the child's life. The training also seeks to enhance skills to strengthen and manage relationships with all involved. Relative caregivers learn about the impact and effect of this relationship on the child, the birth parent(s), and the relative's family. <http://etp.granite.edu/schedule/relativelyspeaking>.



## Child Care Stipend

Licensed New Hampshire foster and adoptive parents are eligible for a child care stipend for their hours of classroom training through the Education & Training Partnership (E&TP). E&TP instructors have Child care Reimbursement forms available during each class session for participants to complete and submit at that time. For forms for other trainings, call 603-271-4961.

## Foster Parent Training Report

Foster parents may utilize the Foster Parent Training Report (DCYF Form 2364) that is provided by the Resource Worker to verify training hours immediately by asking instructors to complete the form at the conclusion of the training.

## Informal Training

Informal training is a planned learning activity geared to the needs of the child/children in care that does not have a sponsoring agency or program. This includes reading a book, watching a video, participating in a discussion group and utilizing an online training site. For informal training to apply toward a licensing requirement, prior approval is needed from a Resource Worker.

The Family Resource Connection is a service of the New Hampshire State Library and is available to all New Hampshire residents. Books, videos and other media are available with current and useful information on all aspects of caring for, education and raising healthy children, especially those with special needs. There are many resources available on the topics of fostering and adoption. For more information, phone 1-800-298-4321 or visit <http://www.nh.gov/nhsl/frc/>.



## Supports

### National Foster Parent Association

The National Foster Parent Association (NFPA) is a nonprofit (501 (c) (3)), volunteer organization established in 1972. The purpose of NFPA is:

- To bring together foster parents, agency representatives and community people who wish to work together to improve the foster care system and enhance the lives of all children and families;
- To promote mutual coordination, cooperation and communication among foster parents, Foster Parent Associations, child care agencies and other child advocates; and
- To encourage the recruitment and retention of foster parents.

NHFAPA works in partnership with DCYF and the E&TP to host an annual training and appreciation conference for all foster and adoptive families.

Contact the NFPA at:

National Foster Parent Association, Inc.  
P.O. BOX 81  
Alpha, Ohio, 45301-0081  
Phone: (800) 557-5238  
website: <http://www.nfpainc.org>



## New Hampshire Foster and Adoptive Parent Association

The New Hampshire Foster and Adoptive Parent Association (NHFAPA) is an organization representing Resource Parents (foster, adoptive and relative care providers) in New Hampshire. The Association's objectives include advocacy for children in foster care, communication and support among providers and improvement of the foster care system. To contact NHFAPA visit [www.nhfapa.org](http://www.nhfapa.org).

## Local Foster Parent Support

Associations are more formal in their organizational structure, having a slate of officers and, possibly, a board of directors. They usually have by-laws and some have developed mission statements, goals and objectives. Some of these associations have attained federal non-profit status. Some associations are strictly for currently licensed or permitted foster parents only, while others allow interested community members.

Support groups and/or associations are made up of foster parents from the local areas. Support groups function as informal, unstructured bodies. Meetings are often set up to coincide with in-service training opportunities.

## Reimbursement Information



## Board and Care Rates

Rates are set that reimburse foster family care providers for providing supervision, board, care, and clothing to children in placement. When children must be temporarily placed away from their families, DCYF provides an adequate level of funding to providers of foster care as they work with the child and his or her family towards reunification. The foster care rates paid for children who are in placement and who are the financial responsibility of DCYF is based on the licensed category of care, i.e.: General, Emergency, Respite, Adolescent, and Specialized. The rates also are related to the age of the child in care and are automatically adjusted according to the child's birthday.

Foster family care reimbursement is paid automatically when an authorization has been completed by the child's CPSW or JPPO. Only the actual days a foster child resides in the foster family's home are reimbursed. If an overpayment is received, foster parents should call their District Office and staff will guide them through the process of an adjustment. A subsequent check will show an adjustment of the overpayment that was recouped. If individuals discontinue fostering and have no other children placed in their home, they will be required to repay any amount that was overpaid.

Foster Parents receive a check and a remittance advice that lists the child and the dates of service that the check covers. If foster parents want to access their claims payment history, they can call the toll free telephone number (1-888-294-4353) at any time. It is updated daily by 8 am. The foster parent calling should have his or her BRIDGES Resource ID Number and the last four digits of his or her Social Security Number (SSN) ready. The system provides step-by-step instructions.

Rates for foster family care are reviewed and set by the Fiscal Unit at NH DHHS State Office. For the latest rates paid, contact your Resource Worker. Rates for residential care facilities are also reviewed and set by the Fiscal Unit.

## General Care

General Care is provided to children in foster care who are placed with foster parents who meet the general requirements outlined in the Foster Family Care Licensing Requirements He-C 6446, (Form 2372) and the level of care needed for the child is considered to be General. The rates cover customary care of children in licensed foster homes. The rate includes the cost of providing food, shelter, daily supervision, school supplies, and a child's personal incidentals.

## Specialized Care

Specialized Care is provided to children in foster care who are placed with foster parents who meet the specialized care requirements in the Foster Family Care Licensing Requirements and the level of care needed by the child is greater than general care. These foster parents are entitled to the specialized rate for children in their care with special needs.

## Emergency Care

Providers of Emergency Care must be licensed foster parents who are enrolled as an emergency home (EM) provider and have completed the core training for emergency care providers as outlined in the Foster Family Care Licensing Requirements. Emergency Care is provided to children who are experiencing an unplanned placement. Payment is limited to a maximum of 10 days per incident. The emergency care rate includes clothing allowance funds. Emergency Care is provided when there is little information about the child (no evaluation or assessment has been made). If the child remains with the emergency care provider beyond the 10-day limit, the rate is changed to either the General or Specialized rate.



## Crisis Care

After Hours Crisis Care is provided to children requiring emergency care placement when the District Offices are closed. This service is arranged through a collaboration of law enforcement and DCYF After Hours Service Provider. Crisis Care providers are selected by their local District Office and must meet the criteria for and be enrolled as Emergency Care Providers. Contact information for these providers is available to the DCYF After Hours Service Provider. Payment is limited to five working days per child. When a placement is made, the crisis care rate includes clothing allowance funds. Foster Parents receive a board and care invoice that they must sign and return to Provider Relations at State Office for reimbursement.

## Foster Parent Insurance

Individuals who provide foster care to children are entitled to liability insurance coverage, pursuant to RSA 170-G: 3 VI and VII. Foster parents are required to have homeowner's or renter's insurance coverage, and if they provide transportation services to the child in care, to have automobile insurance coverage. Foster parent insurance is intended to cover malicious or unusual acts resulting in damages, which are not seen as common occurrences within the typical child rearing experience.

Foster parents may not submit claims that include: ordinary maintenance or wear and tear from usual and customary usage; damages resulting from the failure of foster parents to give instruction and supervision to the child in care, or damages that should be submitted to and covered by other insurance coverage of the foster parents or other liable persons.

Claims for damages or loss caused by the child in foster care are filed with the Resource Worker and processed through the New Hampshire Bureau of Risk Management. Foster parents must file their claims promptly. The Resource Worker, the CPSW or JPPO who places the child provides the "Foster Parent Insurance Claim" (Form 2370) to foster parents, upon request. Foster parents submit the "Foster Parent Insurance Claim" (Form 2370) to the Foster Home Licensing Specialist at State Office and forward additional descriptions of the damages upon request. The foster parent may also submit claims to their homeowner's/renter's/automobile insurance company. The Bureau of Risk Management and DCYF will make a determination as to the validity of all claims.

## Community-Based Services

Community-Based Services are purchased services that are necessary to carry out the Case Plan for the child and the family and are not provided directly by DCYF staff. State and county funds are combined to pay for these services and the payment vouchers are processed through the county human services administrators.

## Licensing/Renewals

Foster home licenses have a start date and an end date. In order to maintain a foster care license beyond the current end date, the home must be relicensed, reviewed, and evaluated by the licensing agency pursuant to RSA 170-E: 32. Filing for renewal begins 90 days before the current license expires. The review and evaluation for renewal includes current:

- Application cover sheet
- Emergency Information sheet
- Fire inspection
- Criminal records search
- Local police check
- Central registry search
- In-service training requirements for the two year period (See Licensing Requirements He-C 6446.19):
  - 16 hours for each general care provider;
  - 32 hours for each specialized care provider;
- Relicensing Self Assessment Form 2362
- Training log of all completed trainings (See Licensing Requirements He-C 6446.14)
- Updated foster family assessment and home study
- A home visit



Other information may be required to be provided for the renewal completion.

It is important that the renewal of one's foster parent license be timely. The expiration of one's license affects the child's eligibility for federal assistance and Medicaid. If one's foster license expires, it may be necessary for DCYF to place the child in another licensed foster home or facility until the license is renewed. If a license is not renewed, DCYF will close one's foster home credential.

## CHINS/Delinquent Cases

The Bureau for Juvenile Justice Services (JJS) is responsible for providing supervision and rehabilitative services to youth adjudicated under state law as delinquent or as Children In Need of Services (CHINS). JJS provides supervision, case management, and an array of rehabilitative services through its staff of Juvenile Probation and Parole Officers (JPPO's) and a network of community-based providers who are licensed and/or certified by DHHS.

Delinquency petitions are filed with the Court when a juvenile under the age of 17 commits an offense, which would be a felony or misdemeanor under the criminal code of New Hampshire if committed by an adult. The allegations must be founded as true and the delinquent youth must also be found to be in need of counseling, supervision, treatment, or rehabilitation as a consequence.

*The petition cites what the offense was, where it happened, the time it occurred, the date, the manner of the event, and the statutory provision alleged to have been violated.*

All CHINS services are requested through DCYF Central Intake. Central Intake will review the request to ensure it meets the definitions in the statute. If so, Central Intake can refer the report to a local JJS Officer for a Voluntary Service case. CHINS services are usually requested because the:

- Juvenile is not following the lawful and reasonable commands of their parents, by habitually running away or repeatedly placing themselves or others in harm;
- Juvenile is constantly truant from school without good or sufficient cause;
- Juvenile is consistently committing offenses which would be violations of the criminal code if an adult, or if were 16 years of age or older would be a violation under the motor vehicle code of the state; or the
- Juvenile has a diagnosis of severe emotional, cognitive, or other mental health issues who engages in aggressive, fire setting, or sexualized behaviors that pose a danger to the child or others and who is otherwise unable or ineligible to receive services under RSA 169-B or RSA 169-C; and
- Juvenile must be expressly found to be in need of care which may include counseling, guidance, discipline, supervision, treatment, or rehabilitation.



If Voluntary services are not enough to address the concerns, then a petition can be filed with the court with DCYF Administrative approval. The petition cites what the offense was, where it happened, the time it occurred, the date, the manner of the event, and the statutory provision alleged to have been violated. Only parents, police, or schools can request or file a CHINS petition.

Once a legal petition has been filed with the clerk of court, a summons will be ordered. This notifies the family and youth of a court date which can be no sooner than 24 hours and no later than 7 days from service of the summons. A copy of the petition is attached to the summons.

## Diversion

This process can happen at any of the stages in the court process, before or at arraignment. Diversion is an option that allows the juvenile to make amends for his or her actions without having a court record. This process usually occurs with the first time offender or less serious offenses. A contract is drawn up with the juvenile, the diversion program staff and the juvenile's parents. If the contract is not completed on time, the case goes back to court and follows the usual court process.

## Court Hearings for CHINS or Delinquent Youth Initial Appearance or Arraignment Hearing

At an initial appearance (CHINS) or arraignment (Delinquent), the Judge reads the petition to the juvenile to explain the alleged act. The juvenile is made aware of his or her rights and is given the right to have an attorney appointed. If an attorney is not wanted, a waiver of counsel form must be filled out before the juvenile is allowed to make a plea. The two types of pleas in a juvenile case are TRUE or NOT TRUE. If the juvenile is educationally coded by the school system and a placement of the juvenile is contemplated, the Judge will order that the school district be joined as a party to the case. This allows the school to make sure the juvenile is receiving the educational services throughout the process.

At this time, the Judge may make the juvenile aware of what could happen as the court process proceeds if he or she were found TRUE. There could be a fine up to \$250, restitution, counseling, placement, up to 50 hours of community service, drug testing, or conditional release including supervision by a JPPO (Juvenile Probation and Parole Officer).



After the Judge is sure the juvenile understands the charges and what his or her rights are, the Judge will determine if the juvenile will remain in the home in the custody of parents subject to curfew and good behavior until the next hearing. If out-of-home placement is necessary, the possible alternatives could be in:

- The custody of a relative or friend;
- A foster home;
- A shelter care facility, group home or crisis home; or
- Secure detention - 21 day limit (Delinquents only)

Once the placement is decided, the juvenile must abide by court ordered rules until the next hearing, such as: attend school daily, and obey parental rules. If the juvenile does not follow the court ordered rules or fails to appear at the next scheduled hearing, an emergency hearing could be requested and the juvenile could be placed outside of the home. If the juvenile is placed at home, the next hearing must be within 30 days or if the child is detained outside the home, within 21 days.

Between the arraignment and adjudicatory hearings, a plea bargain could be arranged.



## Adjudicatory Hearing

The adjudicatory hearing is the trial aspect of the proceedings. This hearing is when the petitioner must prove what is stated on the petition. The petitioner brings in all evidence and testimony and presents the case to the court. This is also the time when the juvenile and/or his or her attorney can cross-examine the witnesses or present their own evidence or witnesses to prove the petition is NOT TRUE. Once all the evidence is produced and everyone has presented the known facts, the Judge will go over the information and make a finding of fact. The two decisions that the Judge can make are either the petition is TRUE or NOT TRUE. If the Judge finds the petition NOT TRUE, all the charges are dismissed and the court proceedings stop. If the petition is found TRUE, there will be further hearings for disposition and review under this petition and the Judge will usually order the JPPO to do a background investigation of the family and the juvenile.

Once the decision is made that the petition is TRUE, the court must again decide whether the juvenile will remain in the home in the custody of parents until the next hearing. The possible placement alternatives and/or services could be in:

- The custody of a relative or friend;
- A foster home;
- A shelter care facility, group home or crisis home;
- A secure detention - 21 day limit; or
- Psychological evaluation, alcohol and drug abuse evaluation, medical treatment, or other evaluations.

The rules the juvenile must abide by until the next hearing are court ordered. If the juvenile does not follow those rules, an emergency hearing could be requested and the juvenile could be placed outside of the home. If the juvenile is placed at home, the next hearing must be within 30 days or if the child is detained, within 21 days. Between the adjudicatory and dispositional hearings there would usually be a pre-dispositional investigation (PDI) completed by the JPPO.

## Dispositional Hearing

The dispositional hearing is when the Judge determines what services, sanctions and supervision are needed for the juvenile. The Judge receives a report from the JPPO, which provides the family's background, risks and needs. There are also recommendations as to what might be the best services for that juvenile and family. The Judge will then make a decision about what should be done with the juvenile. Some of the possibilities could be: the juvenile remains at home with the provision of community services (eg., counseling, drug testing, restitution or fines), the juvenile is placed outside the home in a foster home, residential care facility, or the Youth Development Center. These are just some examples of what could happen at the dispositional hearing. If the petition is found TRUE, the juvenile will be placed on conditional release for up to 5 years for delinquents or up to 2 years for CHINS. This allows the juvenile and family the necessary time to complete all orders of the court and reunify the family if placement has been ordered.

## Community Services

The family may be proactive throughout this process. The family is on the front line and needs to take an active role in helping the child become a responsible member of the community. The family can look for community services and seek help before the court process begins. The community has many services that the family can access, such as diversion, counseling, mediation, and family support.

## Who to Contact

If you are aware that a child in your care has been involved with a delinquent act, please notify the child's caseworker as soon as possible.

# Adolescent Program

<http://www.dhhs.nh.gov/dcyf/adolescent.htm>

The Adolescent Program is designed to ensure that current and former New Hampshire Department of Health and Human Services' Division for Children, Youth and Families (DCYF) youth obtain the preparation, resources and positive youth development they need to establish connections with caring adults and become healthy, self sufficient and successful. Adolescent Child Protective Service Workers with specialized training in adult living preparation, positive youth development and teen services, provide case consultation and resource information to agency staff working with this population.



For youth in out-of-home placement, the Adult Living Preparation Process is in place to help them plan for their futures and prepare for a successful transition to adulthood. The process starts at age 15 for youth in DCYF placement through a child abuse or neglect, CHINS or delinquency case. Each teen receives information about community resources, transitional and adult issues. In addition, a youth participates in several assessments (including a career assessment) and helps with the development of an Adult Living Plan and Aftercare Plan to support living as an adult after exit from state care. Each assessment and plan is updated regularly to monitor progress and ensure a teen's adult preparation needs are met.

Adult Living Preparation Plans and associated support services address such issues as permanent connections, education, job training and employment, housing and transportation, money management, health and safety needs, and behavioral and social skills including learning about community resources. A variety of skills training, resources and opportunities are available to youth participating in the Adult Living Process.

## Training

- **NH Trails**

NH Teen Responsibility and Independent Living Skills (NH Trails): A curriculum designed for foster and residential providers to teach youth in their care adult living skills in the areas of Personal and Social Growth, Education and Career Development, and Daily Living Skills.

- **Skill Training**

Experiential education and practice of adult living skills is provided at a teen's placement.



## Resources

NH Youth Voices Facebook page contains information about resources and opportunities for current and former youth in care. Check it out at [Facebook.com/NHYouthVoices](https://www.facebook.com/NHYouthVoices).

## Education

### • **Tuition Waiver for Foster Children Program**

The Tuition Waiver for Foster Children Program provides a limited number of tuition and fee waivers to New Hampshire State schools for youth formerly in out of home placement through DCYF. Participating institutions include: the University of New Hampshire, Keene State College, Plymouth State University, Granite State College and the Community College System of New Hampshire. The University and Community College systems of New Hampshire coordinate the program.

- Frequently Asked Questions
- Application for Tuition Waiver



### • **Education and Training Vouchers (ETV)**

Education and Training Vouchers (ETV) are available to assist eligible youth with paying for the costs of college.

### • **Higher Education**

DCYF is in partnership with the New Hampshire Higher Education Assistance Foundation to conduct a series of workshops for foster care youth with college aspirations. Youth and their caregivers are connected to a NHHEAF college counselor who will guide them through the college application, admissions and financial aid process.

### • **Specific College Information**

Specific college information for youth in care including Federal Application for Student Assistance (FAFSA) tips, scholarship and resource information

## Positive Youth Development

### • **Annual Teen Conference**

Each year the Adolescent Program and NH Teen Voices host a conference for older teens in out-of-home placement. Designed to help young people connect with each other and build upon adult living skills, these conferences provide opportunities for learning, socialization and fun in a safe, respectful atmosphere.

## Financial Assistance

Moderate levels of funding are available to help eligible youth achieve their adult living plan goals, assisting with purchases such as driver education, vocational training, career exploration, educational activities, work clothes, items to set up housekeeping and other needs that may be identified.

## Aftercare Services

Eligible young adults, ages 18-21, are provided with continued case management, support and financial assistance to meet their basic needs and support their pursuit of education, employment, housing and well being goals

# Health Care

## Frequently Asked Questions On Medical Care Of Children In Foster Placement

### *How are health needs for my foster child coordinated?*

The Child Protection Services Worker (CPSW) works with the foster parents and community providers to coordinate children's healthcare. When a child is placed in a foster home, the CPSW explains to foster parents the process of health care delivery that is necessary to achieve and maintain optimal physical, emotional, and developmental health for children in foster care. For children who have complex medical conditions, DCYF Nurse Coordinators are available to CPSWs and foster parents to provide healthcare oversight and consultation.



Within 30 days of placement in a foster care home, children between the ages of 2 and 18 years need to have a comprehensive health and developmental examination. Children under the age of 2 years need to have this examination within 48 hours or as close to 48 hours as possible. NH Children's Medicaid or the NH Care Management health plan the child or youth is enrolled with will cover the cost of this examination regardless of the date of the child's last routine physical exam because it is required by DCYF.

DCYF staff gathers as much medical information as possible from past medical records, history from the birth parents and school health records. This information is sent to the health care provider so it will be available at the time of the examination. Once the examination is completed, the CPSW obtains a copy of the comprehensive examination report and other medical records for the child's DCYF record. After the examination has been completed there may be a separate meeting to review the results of the exam, recommendations that are made, and future appointments needed. Recommendations for ongoing health care are discussed and included in the DCYF case plan. If a meeting to discuss health care is scheduled, birth parents, foster parents, relative care providers, medical providers, mental health providers, school and Early Supports and Services staff, as well as other identified providers may be invited.

### *How do foster parents access medical services for the child?*

Children entering care may have pre-existing health conditions and/or conditions due to abuse and neglect. They may also react to an out of home placement and exhibit physical symptoms of stress which can make the symptoms of pre-existing health conditions worse (such as asthma). If the child or youth's Primary Medical Care Provider (PCP) has been identified and is located in the vicinity of the foster home, it is preferable the child continue in that medical provider's care. Factors that may contribute to maintaining this connection is whether the medical provider accepts NH Children's Medicaid and the NH Care Management Health Plan the child/youth is enrolled with, and also any medical insurance provided by the parents. DCYF staff is available to assist foster parents with any issues of health care concerns.

### *Who pays for the health care needs and services for my foster child?*

Children placed in a NH DCYF licensed and certified foster home, group home, or residential facility will receive insurance coverage through the State of NH Medicaid program from the time of their placement. Primary insurance will be provided through one of the State-paid Care Management Health Plans (MCO), selected at the time a child or youth becomes eligible for Medicaid. Children and youth will have additional insurance through the NH Children's Medicaid Program (formerly known as Healthy Kids Gold).

## *How do foster parents use both the NH Children's Medicaid insurance and the selected NH Care Management Health Plan (MCO) for children and youth in their home?*

NH Children's Medicaid (formerly known as Healthy Kids Gold) and the Care Management Health Plan selected for a child or youth provide different kinds of insurance coverage for a child or youth's health care needs. The MCO health plan provides insurance coverage for most medical and mental health services. The NH Children's Medicaid program provides insurance coverage for all dental services and for certain service exceptions and exclusions to a child/youth's MCO coverage. Foster parents should call the child/youth's MCO customer service phone number listed on the back of the MCO ID card with any questions about covered services, service limits or for any information about medical and mental health care providers. For any information about NH Children's Medicaid or what services are covered through that program, foster parents should call the Medicaid Client Services phone number listed on the back of their child's Medicaid card, 603-271-4344 or 800-852-3345 ext. 4344. Children become eligible for insurance coverage through NH Children's Medicaid and a Care Management Health Plan at the time of placement, so if a foster parent encounters any problems with a child's eligibility, they should contact the CPSW immediately.

It is essential that the rules of the Care Management health plan be followed for every child and youth in out of home placement, including rules about visits to hospital emergency departments and referrals to specialty providers. It is recommended to always provide both the child/youth's MCO ID card and Children's Medicaid ID card at every visit to a health care provider. When a child or youth is placed in an out of home placement, foster parents should receive the child/youth's MCO ID card, Children's Medicaid ID card and the MCO enrollment information packet from the CPSW.

## *What if the selected NH Care Management health plan and NH Children's Medicaid don't cover something a child needs?*

Although the selected NH Care Management health plan (MCO) and NH Children's Medicaid program serve most needs, some health care may not be covered. Foster parents should talk with their CPSW about the child/youth's condition to determine the need and seek necessary approval from the appropriate resource.

Certain first aid products and non-prescription health care items are standard supplies for foster parents to have on hand. The cost of these supplies is not reimbursable. Having adequate supplies for routine first aid is an expectation of any household. Unusual circumstances that require services not covered by the MCO or NH Children's Medicaid should be discussed with the CPSW.

## *How do foster parents know which health care providers are enrolled with a child/youth's Care Management health plan (MCO) or NH Children's Medicaid?*

Foster parents may contact the child/youth's MCO to determine which providers are enrolled with their health plan. For dental services, foster parents may contact the NH Children's Medicaid Client Services Unit to identify Medicaid enrolled dental providers.

## *How are foster parents reimbursed for driving children/youth to health care appointments?*

Children and youth enrolled with one of the Medicaid Care Management health plans (MCO) may call that health plan directly for instructions on how to become enrolled for transportation reimbursement. Since not all children/youth



will have the same MCO health plan, it is recommended that foster parents become enrolled with all the health plans to ensure they receive transportation reimbursement when taking children in their care to health care appointments.

For children and youth not enrolled with an MCO, foster parents may call the Medicaid Client Services Transportation Coordinator at (603) 271-3770 or (800) 852-3345 ext. 3770 for instructions on how to become enrolled for transportation reimbursement through NH Medicaid. Additional information about transportation reimbursement through NH Medicaid may be obtained by reviewing the Medicaid Transportation summary online at: <http://www.dhhs.nh.gov/ombp/medicaid/transportation/documents/transportationsummary.pdf>



### *What about dental services?*

There is no age restriction up to age 19 for children and youth to receive dental services. NH Children's Medicaid pays for dental services but the child/youth in care must go to a dental provider who is a NH Medicaid provider. Children need to have routine dental examinations every 6 months, or as recommended by their dental provider. If dental services go above and beyond routine preventative care, the foster parent should check with the dental provider to make sure NH Medicaid covers the procedure or if the procedure requires Medicaid Prior Authorization. If the procedure is not covered, the foster parent should contact the CPSW prior to the services taking place. The CPSW may also be able to assist foster parents with accessing dental care providers.



### *What should a foster parent do if a child/youth's Medicaid Care Management (MCO) ID card or NH Children's Medicaid card is lost or misplaced?*

Foster parents needing to replace an MCO ID card for a child or youth should contact the DCYF CPSW who will request the replacement. To have a NH Children's Medicaid ID card replaced, foster parents should notify the DCYF Fiscal Specialist in their local District Office.

### *Are prescriptions covered?*

Prescriptions are covered by a child/youth's selected Medicaid Care Management health plan (MCO) or, for children not enrolled with an MCO, by NH Children's Medicaid. Foster parents should not pay for prescriptions and expect reimbursement. If the foster parents do not have the child/youth's MCO or Medicaid ID card, the pharmacist may call the MCO or NH Medicaid directly for eligibility verification by telephone.



### *What if the foster child has private medical and/or dental insurance?*

If identified at the time of placement, the parent's private insurance will be billed for necessary health care services and equipment in the first instance and NH Care Management (MCO) in the second, and in occasional instances, NH Children's Medicaid in the third. If there are any remaining bills, DCYF or DJJS will be responsible.

### *How do foster parents find out about the medical history of the child in their care?*

Initially, the CPSW is responsible to provide the foster parents with all the health care information available. In addition, an oral review of the child's medical history occurs at time of placement. A written summary is included in the Child's Information Sheet, Form 2267. Third party information from service providers, such as psychiatric evaluations, are not available, but information is shared with the foster parents as it relates to the care of the child and the safety of the foster parent's family. There may be times when no information is available. Staff are responsible for gathering past medical records, current health status and medication information, which are discussed with the foster parents. The child's immunization record is also given to the foster parents, who should bring this record to all medical appointments.

### *How do foster parents learn about the child's medication status?*

The CPSW has information about the child's medications. This information is obtained from the child's birth family members or through contact with the child's physician. The physician's recommended procedure for administering medication needs to be followed. If there is question as to whether the dosage is appropriate, a re-evaluation can be done, if necessary. Foster parents should understand the child's need for the medication and the possible side effects. If a child is on medication, foster parents should be sure that the medication is given to them at the time of placement in the appropriately labeled pharmacy container. Foster parents should contact the CPSW immediately if they did not receive a child's prescribed medications.

### *What should foster parents do if they have concerns about the child's health?*

Foster parents have the NH Care Management Health Plan (MCO) ID card and the NH Children's Medicaid card and a valid DCYF Medical Authorization form to obtain all health care services for children and youth in their care. If the child appears sick, the foster parents should contact the medical provider's office to discuss the situation and whether an appointment for the child is necessary. If there are questions of ill health and it is after regular office hours, foster parents need to treat the child in care as if they are making decisions for their own child's health and safety. Foster parents need to be sure they know the after hours procedures for that child's individual health care provider. In cases of serious illness or injury (non-life threatening), foster parents must immediately contact the child/youth's primary care provider (PCP) and follow their instructions. For potentially life threatening emergencies, foster parents must immediately seek emergency services at the nearest hospital and/or call 9-1-1 for emergency response. Whenever possible, call the child's parents to inform them of the child's medical concern, unless the child is in DCYF guardianship. PLEASE be certain to contact the child's/youth's MCO health plan *as soon as possible* to notify them of any emergency.

### *What is a medical authorization?*

A DCYF "Medical Authorization" (Form 2266) has the child's name, the names of the child's parents/guardians and gives authorization for routine and emergency medical treatment. There are also parent/guardian signatures necessary to make the authorization valid. This form is only valid for 12 months and then a new form must be completed and signed. If the parent does not sign the authorization, a court order may be necessary to obtain medical care for a child. Certain DCYF Administrators and District Office Supervisors are authorized to sign consents and authorizations when DCYF is the legal guardian or the child is in DCYF Care, Custody and Control. DCYF "Medical and Travel Authorization - Guardianship" (Form 2304) and "Medical and Travel Authorization - Surrender" (Form 2303) are signed by a DCYF Administrator and do not have an expiration date as long as the child remains in DCYF guardianship or care, custody and control. Foster parents must be sure to review the form with the DCYF CPSW.

### *How do foster parents obtain vision care services for children or youth placed in their homes?*

When a vision problem is diagnosed for a child or youth enrolled with a Medicaid Care Management health plan (MCO), the MCO will cover the cost of approved lenses and frame when certain prescription requirements are met. If a child or youth is not enrolled with an MCO, NH Children's Medicaid covers the cost of Medicaid approved lenses and frames, when certain prescription requirements are met. When a child/youth is enrolled with an MCO, foster parents having questions about covered eye care services, eyeglasses and/or the names of enrolled providers should contact the MCO member services department for information and guidance. When a child/youth is NOT enrolled with an MCO, foster parents having questions about covered eye care services, eyeglasses and/or the names of enrolled providers should contact the NH Medicaid Client Services Unit at (603) 271-4344 or (800) 852-3345 ext. 4344 for information and guidance. Eye exams are necessary every 12 months for children and youth with diagnosed eye conditions. Children who have not had eye exams by a specialty eye care provider, should be examined as soon as possible and/or as recommended by their primary care provider. If eyeglasses are broken, it is important that the foster parents save the broken pieces and contact the child/youth's eye care provider to determine if the eyeglasses may be repaired or replaced. If eyeglasses are lost or stolen they may be replaced. Foster parents should contact the child/youth's eye care provider to determine if there are any special requirements that must be met before the eyeglasses are replaced.



## *Mental Health Services/Developmental Services*

Mental health assessment or developmental evaluation is conducted on children at the time of their first out-of-home placement through DCYF. The CPSW makes the arrangements for the assessment or evaluation. For children over 3 years of age, the mental health assessment determines a child's mental health status that may include, but is not limited to: observed or documented depression, substance abuse, or suicidal potential. Recognition must be given to the traumatic circumstances surrounding the child's entry into care. Community mental health centers or other NH Medicaid enrolled providers must be used, whenever available, to provide these services. For children under 3 years of age, the developmental evaluation is done to determine a child's developmental status and if a child qualifies for specialized services through a local Early Supports and Services agency.



### *Can a foster parent sign for medical care for the child?*

*A foster parent cannot sign any consents, authorizations, applications or forms for any purpose for a child or youth placed in their home, including medical care or for educational purposes.* Only a child/youth's parent, legal guardian or the person or entity in "care, custody and control" may sign any document on behalf of the child. Foster parents may be held legally liable and responsible for payment if they sign any documents that authorize treatment or give consent for any situation a child is involved in. If foster parents have any questions on this issue, they should contact the Resource worker in their District Office.

### *What needs to accompany a child when they will be away from the home overnight or an extended period of time?*

The medical information, documents and items that must always accompany a child when they will be away from home includes, but is not limited to:

- DCYF Medical Authorization form (2266 or 2303 or 2304)
- Child's NH Medicaid ID card, and Care Management (MCO) insurance ID card
- Medications in original pharmacy containers
- Medical equipment & items such as: eyeglasses, hearing aids, nebulizer, dental retainers and other dental devices, adaptive equipment, etc.
- DCYF "Child's Information Sheet" Form 2267 with updated medical & dental provider contact information, allergy information and updated list of the child's medical conditions
- DCYF "Transfer & Discharge Health Information", Form 2270D

## **Emergency Procedures**

A crisis in foster family care may occur if foster parents are not prepared to respond to the situation. To assist foster parents with averting an emergency, DCYF staff is available during regular business hours, and, after hours, foster parents have a number of different options. The after hours beeper number for DCYF is 492-7029. These may include the local police, hospital or emergency services. This list is offered to help foster parents contact DCYF staff who can assist them, understanding that not everyone may be in the office and available. Foster parents should keep the telephone numbers and extensions in Section VIII--Addresses and Phone Numbers to Remember.

Start by calling the:

- Child's CPSW or JPPO,
- Immediate Supervisor,
- District Office Supervisor,
- Any Supervisor in the District Office,
- "On Call" CPSW on JPPO, or
- Resource Worker assigned to you.



## In A Medical Crisis

Assess the child's immediate need and respond by calling the medical provider, going directly to Emergency Department of the nearest hospital, or dialing 911. Whenever possible, call the child's parents unless the child is in DCYF guardianship. Bring your copy of the child's DCYF "Medical Authorization" (Form 2266) or "Medical and Travel Authorization" (Form 2303 or Form 2304) with you. The hospital may not treat a child for other than routine or minor procedures without the parent's signature or informed consent. In life threatening situations, a hospital may immediately treat a child to stabilize their condition, but will require a parent's signature or informed consent, or a court order. Take steps to ensure the safety of the child while not losing sight of the immediate procedures that must be followed. Notify DCYF staff immediately or as soon as possible.

## In a Mental Health Crisis

A child in care may experience a mental health crisis. If the child is currently working with a therapist, call the therapist and follow his or her instructions. Notify DCYF staff immediately or as soon as possible. If the child does not have a designated therapist and requires intervention, treat the incident as you would a medical crisis, by calling the child/youth's primary medical care provider for instructions, going directly to the Emergency Department of the nearest hospital, and/or dialing 911. Whenever possible, call the child's parents unless the child is in DCYF guardianship. Bring your copy of the child's DCYF "Medical Authorization" (Form 2266) or "Medical and Travel Authorization" (Form 2303 or Form 2304) with you.

## In After Regular Office Hour Emergencies

When the local District Office is closed in the evening, on weekends and holidays, foster parents who experience a crisis may call a variety of local resources. When children are involved in criminal behaviors and when the safety of others is a concern, the police may be called to respond. They should also be alerted if a child or youth has run away from the foster home. Other criminal behaviors need to be reported to the police. Notify DCYF staff immediately or as soon as possible.

2-1-1 is another after hours resource that can be accessed. In addition to an information and referral service, its staff may access DCYF supervisory staff to assist in an emergency. 2-1-1 also provides police with a valuable service by connecting them with Crisis Home placements for children removed from their families and taken into protective custody. DCYF licenses and supervises these homes and is notified when a placement is made after hours. Notify DCYF staff immediately or as soon as possible.

## In Community or Statewide Disasters

If a natural or man-made disaster should arise in your area (i.e.: flooding) the staff at DCYF will try to locate all children. Therefore, you are requested to submit emergency contact addresses and telephone numbers. This is done at the time of the initial license and all renewals of licenses. Should you need to vacate your premises, you are required to notify the local District Office as soon as possible. DCYF will be activating the Division's Disaster Response Plan to provide support and/or resources to foster families and children. Please make sure you are aware of your foster child's school's disaster plan.

## Permanency

DCYF has a responsibility to maintain children living in their home when possible. If safety concerns exist that do not allow a child to remain with his or her parents, DCYF is responsible for ensuring that the child has a permanency plan that is implemented in a timely manner. When a child has been placed out-of-home, the Adoption and Safe Families (ASFA) guidelines allow parents 12 months to correct the condition that led to the child being removed from their care. When a child is removed, DCYF is responsible for recommending a concurrent plan to the court to be implemented in the event that the child is unable to be reunified with his or her parents. This concurrent plan is either adoption through a termination of parental rights or surrender, guardianship with a fit and willing relative or another appropriate party, or Another Planned Permanent Living Arrangement (APPLA).

DCYF utilizes different internal and external reviews for permanency planning throughout the life of the case to ensure that the appropriate efforts are being made to assist with the reunification or to make sure that the concurrent plan is viable should reunification not occur.

One internal process for permanency plan review is during the Permanency Planning Team (PPT) meeting. PPT meetings are attended by the DCYF Permanency CPSW, the Permanency Supervisor, the Adolescent CPSW, the Resource Worker, the CPSW assigned to the case and that CPSW's direct supervisor. As deemed appropriate, the team may also include the DCYF nurse coordinator, the Licensed Alcohol and Drug Abuse Counselor (LADAC), the FAIR Reviewer and/or the Family Violence Prevention Specialist. PPT meetings are held periodically throughout the placement of the child until the permanency plan has been achieved. At a minimum, PPT meetings are held within the first 30 days of placement, 9 months into placement and then at least annually thereafter, or until a youth is 90 days from exiting the State's care. If a youth has an APPLA, the case must be reviewed at PPT at a minimum of every 6 months.



The Family Assessment and Inclusive Reunification (F.A.I.R.) replaces the current Administrative Review Process. The goal of the FAIR meeting is to bring important family supports, in addition to the parents and age-appropriate children, around the table with DCYF and other service providers to discuss safety, permanency and well being matters and to help construct the case plan with all members of the family and team. The timeframe for the FAIR meeting begins at the day of initial placement. The first FAIR meeting is to be held within 10 days of the initial placement for DCYF or 30 days of the initial placement for DJJS.

The PPT meetings, FAIR meetings, and Court hearings ensure that DCYF is evaluating continually the progress towards Permanency for every child. A child's connections also are explored at these reviews because it is essential that the child maintain connections while in placement. CPSW's work to maintain the child's relationships with his or her siblings, extended family, school and community. In instances where a child does not have many connections or there are absent parents who need to be located, a referral may be made to the Connections Specialist. The Adoption Unit seeks to identify or strengthen a child's connections to help the child achieve permanency.

At the time of licensing, conversations are held with the foster parents on their willingness to adopt a child from foster care. If a child's plan is adoption and the child is not in a home that is willing to consider adoption, recruitment efforts may occur to move a child into a home that would like to adopt. If a new foster home is needed, DCYF holds internal matching meetings where they are able to request home studies from all DCYF offices and Child Placing Agencies in New Hampshire. The matching meeting is held to analyze the child's needs and to match the child with the most appropriate family to meet those needs.

Whether the plan is reunification, adoption, guardianship or APPLA, DCYF works with all parties involved to make sure that an appropriate transition plan is made with the child and family. Community supports are also identified and put into place to assist with the transition.



# Adoption...Continuing the Journey



## *The Gift of Life*

*I didn't give you the gift of life,  
But in my heart I know,  
The love I feel is deep and real,  
As if it had been so.*

*For us to have each other  
Is like a dream come true!*

*No, I didn't give you  
The gift of life,  
Life gave me the gift of you.*

*--Unknown*

There are several different ways to adopt a child in New Hampshire. These include private domestic adoption, inter-country adoption (which is the adoption of a child from another country) or adoption of children through the New Hampshire Department of Health and Human Services' Division for Children, Youth and Families (DCYF).

DCYF licenses child placing agencies in New Hampshire and families from the State who wish to adopt privately, either domestically or internationally, must have a home study done by a licensed child placing agency. Below is a list of Licensed Child Placing Agencies in New Hampshire that families may contact if they wish to obtain additional information about private adoption.

## Licensed Child Placing Agencies

<p style="text-align: center;"><b>ADOPTIVE FAMILIES FOR CHILDREN</b></p> <p>Contacts: Kristine Pries, Director or Amanda Casella, Adoption Services 18 Centre Street Concord, NH 03301</p> <p>Phone: (603) 357-4456 or 603-228-6712 Fax: (603) 226-0165 Email: <a href="mailto:info@adoptivefamiliesforchildren.com">info@adoptivefamiliesforchildren.com</a> Website: <a href="http://www.adoptivefamiliesforchildren.com">www.adoptivefamiliesforchildren.com</a></p>	<p>Adoptive Families for Children is a full service adoption agency, licensed in New Hampshire since 1983. Adoptive Families for Children offers adoption counseling and placement services for birth parents who want to place their child for adoption. Our experienced staff will help you throughout the process to ensure that your needs are met. There is no charge to birth families for the services and the counseling provided. For families looking to adopt, Adoptive Families for Children offers an experienced team of professionals throughout New Hampshire to assist you with a home study (domestic or international), post placements, court reports for out of state adoption agencies and courts, as well as for interstate and international authorities.</p>
<p style="text-align: center;"><b>BETHANY CHRISTIAN SERVICES</b></p> <p>Contact: Jan Lessard, MSW, LICSW Director (603) 483-2886 PO Box 320 Candia, NH 03034</p> <p>Phone: 1-800-BETHANY (Nat. wide – birth parents) Fax: (603) 483-0161 Email: <a href="mailto:jllessard@bethany.org">jllessard@bethany.org</a></p>	<p>A private, non-profit agency with more than seventy offices nationwide. Domestic services include birth parent counseling as well as adoptive assessments. Bethany will complete independent family assessments as time allows. In addition to domestic adoption services, Bethany has international adoption programs in twelve countries. Intake for international programs is via our website at <a href="http://www.bethany.org">www.bethany.org</a>.</p>
<p style="text-align: center;"><b>CHILD &amp; FAMILY SERVICES OF NH</b></p> <p>Contact: Caroline Glennon, MSW Manager of Adoption Services 464 Chestnut Street, PO Box 448 Manchester, NH 03105-0448</p> <p>Phone: (603)518-4000 or 1-800-640-6486 Fax: (603)668-6260</p>	<p>Statewide, non-sectarian, non-profit, family service and adoption agency. Offers full range of adoption services to adoptive parents, birthparents and adoptees; including private and interstate adoptions. Program provides birthparent counseling, search and reunion services; as well as both domestic and international adoption home study/assessment services.</p>
<p style="text-align: center;"><b>CHINA ADOPTION WITH LOVE, INC.</b></p> <p>251 Harvard Street Suites 17 and 19 Brookline, MA 02446</p> <p>Phone: 1-800-888-9812 Fax: 1-617-232-8288 e-mail: <a href="mailto:info@cawli.org">info@cawli.org</a></p> <p><b>NH Social Work Manager:</b> Mary Harrington, LICSW 10 Meadowcrest Road Hooksett, NH 03106 Email: <a href="mailto:twinnj@comcast.net">twinnj@comcast.net</a></p>	<p>A private non-profit, Hague Accredited adoption agency specializing in China adoptions. Licensed in NH, MA, RI, ME and FL. Intake through the main office in Massachusetts and adoption home study and post-placement services in New Hampshire. Agency notarizes, certifies and authenticates documents for clients. Reasonable fees. Tries to always offer group travel to China with a doctor on each trip. The focus is China!</p>

<p><b>LDS FAMILY SERVICES NH AGENCY</b></p> <p>Contact: Ann Broadbent, Adoption Manager 547 Amherst Street, Suite 404 Nashua NH 03063-4000</p> <p>Phone: (603) 889-0148 Fax: (603) 889-4358 Email: <a href="mailto:ann.broadbent@ldschurch.org">ann.broadbent@ldschurch.org</a> Website: <a href="http://www.ldsfamilyservices.org">www.ldsfamilyservices.org</a></p>	<p>A privately funded agency sponsored by the Church of Jesus Christ of Latter-day Saints (Mormons). Agencies are located nationwide. The local office provides complete adoption services to members of that faith in the New England area. Services to birth parents and their families are also provided, free of charge, and are open to people of any denomination. Agency does not do home studies for private, independent, or international adoptions.</p>
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<p><b>NEW HAMPSHIRE ADOPTION BUREAU</b></p> <p>Contact: Marilyn Speiser, LICSW, Exec. Director Boston Adoption Bureau 14 String Bridge Exeter, NH 03833</p> <p><b>MAIL TO:</b> 14 Beacon St. Boston, MA 03108</p> <p>Phone: (617)227-1336 or 1-800-338-2224 Fax: (617)227-6308</p>	<p>A non-profit, non-sectarian agency specializing in placements of infants, independent adoptions and open adoption. Offers a range of services to birth parents, adoptive parents, and children.</p>
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<p><b>NH CATHOLIC CHARITIES, INC.</b></p> <p>Contact: Elaine Langton, Social Worker of Maternity &amp; Adoption Services 215 Myrtle St. PO Box 686 Manchester, NH 03105-0686</p> <p>Phone: (603) 669-3030 or 1-800-562-5249 Fax: (603) 626-1252</p>	<p>Statewide, non-profit social service and adoption agency providing services to birth parents and adoptive parents. Counseling is provided to all members of the adoption triad, as well as full post-adoption services to individuals who were adopted through the agency. In addition, home studies are provided to families adopting privately.</p>
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<p><b>DIVISION FOR CHILDREN, YOUTH AND FAMILIES NH DEPARTMENT OF HEALTH AND HUMAN SERVICES</b></p> <p>Contact: <b>Catherine Meister, Adoption Program Supervisor</b> NH Dept. of Health &amp; Human Services Division for Children, Youth &amp; Families 129 Pleasant St - Brown Bldg Concord, NH 03301</p> <p>Phone: (603) 271-4707 Fax: (603) 271-4729</p>	<p>A public agency, which provides services to adoptive children with special needs and their families. No services are provided for international adoptions. Home studies for independent and family adoptions are completed only upon receipt of a Probate Court Order.</p>
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**NEW HOPE FOR CHILDREN**

Contact: Alisa White Karwowski  
Executive Director  
New Hope for Children  
7 Dover Neck Road  
Dover, NH 03820  
phone: (603)-842-4792  
info@newhopeforchildren.net

New Hope for Children is a licensed, Hague accredited adoption agency that has been creating families through adoption since 1993. NHFC offers support and counseling to both birthparents as well as prospective adoptive parents as they navigate their way through the adoption process. NHFC sponsors many fun events for the entire family as a means of connecting you with our adoptive community. We facilitate home studies and post placement reports as required per the state of New Hampshire as well as the state/country of birth when applicable. Please visit our website for details on upcoming free adoption information sessions.

**WIDE HORIZONS FOR CHILDREN, INC.**

Contact: Maryanne Ludwig, MSW  
4 Bicentennial Square  
Suite 3-B  
Concord, NH 03301  
Phone: (781) 894-5330  
Fax: (603) 230-8118  
Website: www.whfc.org

WHFC is a non-profit adoption agency specializing in international adoption as well as domestic adoption. The local regional office offers services that include adoption, expectant parent counseling, and post adoption support and education. WHFC places children from birth to age 15. One third of our adoptions include children over the age of two, sibling groups, or children who have special needs. WHFC also has humanitarian aid projects for children and families in a number of countries worldwide.





## Adopting Children from the Division for Children Youth and Families

Some children in the foster care system have a concurrent plan of adoption. Many foster children are adopted by their foster families and others move from their foster placement to a new adoptive placement.

Adoption is an unconditional commitment to become the child's legal parent forever. Adoptive families can be built in many ways. For some families, the emotional process of becoming attached begins long before the legal process of adoption, while the child is still placed with them in foster care. For other families, the child is matched with them specifically for the purpose of adoption, and the child moves into his or her new home with the plan of adoption. In New Hampshire, an adoption can be finalized after the child has been placed with a family for at least six months. Through the legal process of adoption, adoptive parents become the parents of the child with all of the benefits and responsibilities given to any parent in New Hampshire. The child becomes the child of the adoptive parents just as though he or she was born to them.



### Voluntarily Mediated Adoptions

Sometimes, it is in the best interest of a child to have continuing contact with his or her birth family after a legal adoption occurs. This may be especially true for older children who have strong attachments to their birth family. Adoptive parents can enter into voluntarily mediated agreements with the birth parents if this is in the child's best interest and all parties can agree on contact that they feel would be beneficial. The mediation process occurs prior to the final adoption. The agreement is created in a mediation session in which birth parents, prospective adoptive parent(s), the child's caseworker, the attorney for the birth parent(s), the attorney for DCYF and other parties mutually agreed upon meet with a court appointed mediator to decide the kind of post adoption contact that is agreeable to all parties and in the best interest of the child. This agreement is submitted to the court and becomes a part of the adoption decree. While the agreements are voluntary, they are enforceable by the court that finalized the adoption, and cannot be expanded upon following the legal adoption proceeding. A violation of the agreement, however, will not alter the legality of any adoption. The agreement should only be entered into if all parties agree it is best for the child.

## Post Adoption Services and Resources

### Adoption Assistance Program

Families who adopt children with special needs may be eligible for adoption assistance. A child is considered a child with special needs when the state has determined that the child cannot or should not be returned to the home of its parents and that because of a specific factor or condition (such as ethnic background, age, membership in a minority or sibling group or the presence of a medical condition or physical, mental or emotional handicap) the child cannot be placed with adoptive parents without providing adoption assistance or medical assistance.

If eligible, the State will pay for the non-recurring adoption expenses incurred by or on behalf of the parents in connection with the adoption of the child. These expenses may include adoption fees, court costs, attorney's fees or any other non-recurring adoption expenses as agreed to by the parties.

In addition, the State may agree to provide adoption assistance payments to provide financial assistance to the adoptive parents to assist them with meeting the particular special needs of the child. Any agreement to provide adoption assistance payments



will be tailored to address the special needs of the child and will be time limited. The maximum amount of any adoption assistance payments is limited to the DCYF general foster home rate of reimbursement in effect at the time of the execution of the agreement. In addition, any adoption assistance payments provided are limited by and subject to appropriated funding for this purpose.

Medical assistance may also be available in accordance with and pursuant to the State' Medicaid State Plan.

Any questions about the adoptive assistance program should be directed to the Adoption Program Supervisor.

## Post Adoption Services

There are many resources in New Hampshire that families can access to assist them in meeting the needs of their children, and there are some resources that help adoptive families in particular.

Here is a list of some of the resources you should be aware of to assist you in parenting your child:

### • DCYF Post Adoption Program

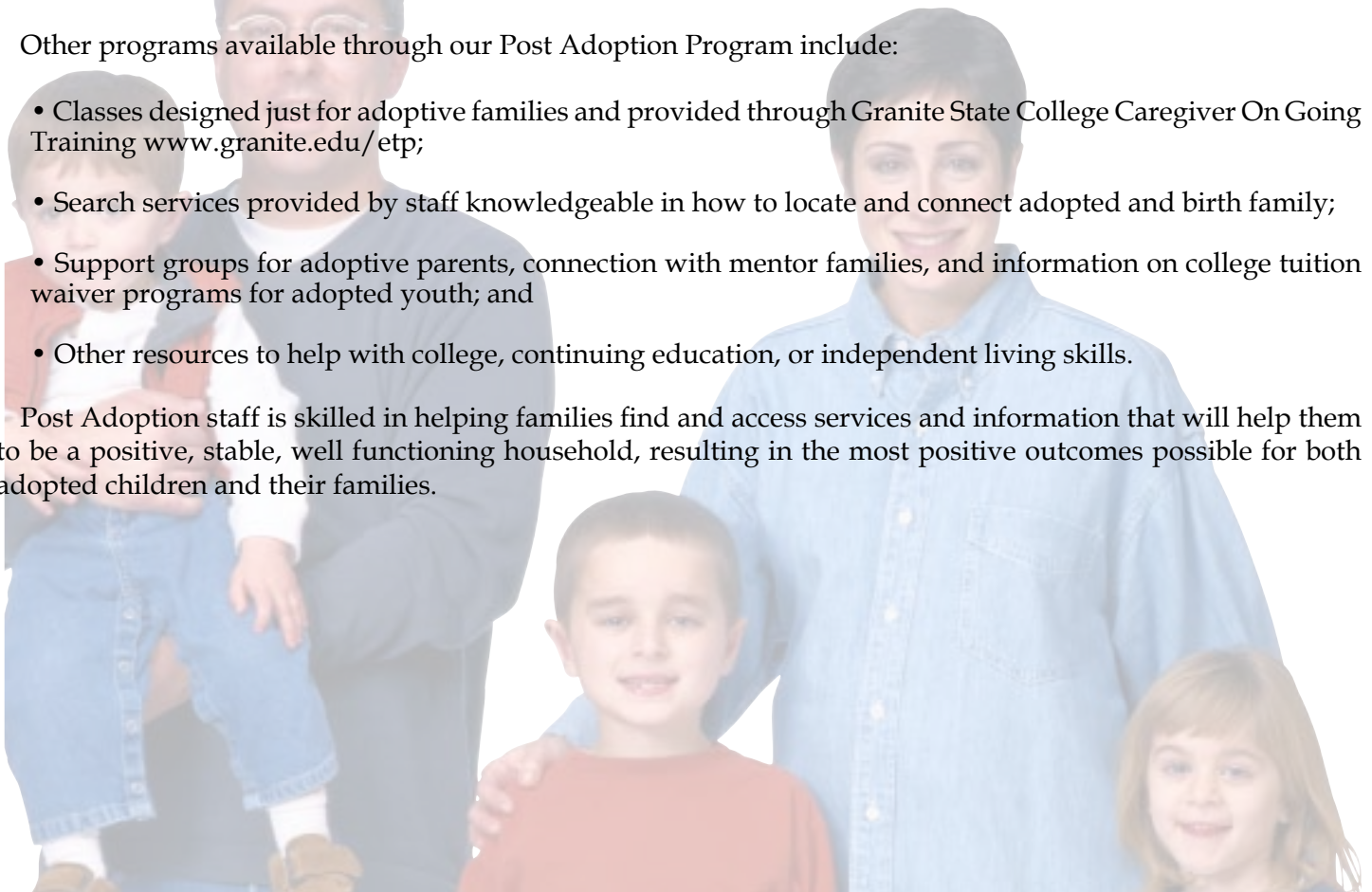
The mission of the DCYF Post Adoption Program is to support and promote healthy, stable families where adopted children can grow and reach their maximum potential as young adults.

Families who have adopted a child can access a variety of support services through DCYF's Post Adoption Program. These services may be accessed by calling 1-800-852-3345. A Post Adoption Service worker will listen to the family's needs and concerns and provide information or referral to services that can meet those needs. The worker can also meet with the family in person to assess the family's needs and provide on going support such as case management, advocacy with school or other community agency, or more specific in home behavioral and/or counseling supports to meet the needs of the children and family

Other programs available through our Post Adoption Program include:

- Classes designed just for adoptive families and provided through Granite State College Caregiver On Going Training [www.granite.edu/etp](http://www.granite.edu/etp);
- Search services provided by staff knowledgeable in how to locate and connect adopted and birth family;
- Support groups for adoptive parents, connection with mentor families, and information on college tuition waiver programs for adopted youth; and
- Other resources to help with college, continuing education, or independent living skills.

Post Adoption staff is skilled in helping families find and access services and information that will help them to be a positive, stable, well functioning household, resulting in the most positive outcomes possible for both adopted children and their families.



## Obtaining Your Child's Social Security Card and Birth Certificate

A birth certificate and social security card for your child are very important documents for parents to have. Here is information on how parents who have adopted a child through DCYF can obtain these important documents for their children.

Once adoptive parents have the adoption decree, they must go to the Social Security office and ask to have the child's name changed on his or her social security card. The Social Security office will want to see a certified copy of the adoption decree.

*New birth certificates are not provided automatically after the finalization of an adoption. Adoptive families must request them from their local city hall or town hall clerks. There is a fee for the certificate.*

If a child was born out-of-state, the adoptive family must request the new birth certificate through the Bureau of Vital Records **in the state where the child was born**. The contact information can be found at <http://www.vitalrec.com/>.

If parents need assistance in determining how to obtain the new birth certificate, they can also contact the New Hampshire Bureau of Vital Records at 271-4651.



## Education and Training and Support Services for Adoptive Parents

### Education and Training Partnership (ET&P)

#### Granite State College

117 Pleasant St., 3rd floor

Concord, NH 03301

Phone: 603-271-4947

Web: [www.granite.edu/etp/](http://www.granite.edu/etp/)

*Caregiver on going training through Granite State College is available free of charge for families that have adopted children through DCYF.*

### NH Foster Adoptive Parent Association (NHFAPA)

PO Box 3572

Concord, NH 03302

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

*NH FAPA exists to support adoptive families as well as foster families and adoptive families are welcome at all meetings and events.*

### Adoption Community of New England, Inc.

45 Lyman St. #2

Westborough, MA 01581

506-366-6812

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

*They offer events and programs throughout the year for those touched by adoption.*

## Child and Family Services of NH

464 Chestnut St. PO Box 448

Manchester NH 03105-0448

603-518-4000 or 1-800640-6486

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

*Offers the following services to adoptive families:*

- *Ongoing contact assistance and consultation for birthparents, adoptive parents, and adoptees;*
- *Therapeutic consultation and referral for adoptive families and birthparents; and*
- *Search and reunion coordination, including counseling and support for birthparents, adoptees, and siblings.*



## Adoption Records and Birth Family Searches

For adopted adults who wish to obtain information from their adoption record, the adoption law allows adopted individuals:

- To request non-identifying medical and social information from the agency that finalized their adoption; and
- To request a search for their birth parents by the agency that finalized their adoption. That agency would act as the intermediary during the search process; locating the birth parent and inquiring if contact with the adopted individual is desired. Identifying information can be released with the consent of both parties.

Adopted individuals who do not know what agency finalized their adoption, or individuals whose adoption was finalized through an attorney should contact the probate court that finalized the adoption to request them to release their record. If the probate court is not known, then a letter should be sent to each probate court to see if they hold the record. A list of probate courts can be found at [www.courts.state.nh.us/probate/index.htm](http://www.courts.state.nh.us/probate/index.htm) or by calling the Probate Court Administrative Office at 603-271-7525.



## Birth Certificate Information

Adult adopted persons (over age 18), born in New Hampshire, can obtain a non-certified copy of their original birth certificate from NH Vital Records Administration. If a birth parent has filled out a contact preference form and medical history form and filed them with NH Division of Vital Records Administration, those forms can be obtained as well.

NH Vital Records Office  
71 South Fruit St.  
Concord, NH 03301-2410  
Phone: 800-852-3345 X 4650 or 603-271-4650  
[www.sos.nh.gov/vitalrecord/preadoptionbirth\\_records](http://www.sos.nh.gov/vitalrecord/preadoptionbirth_records)

## Community Based Resources to Assist Parents in New Hampshire

Parenting presents many challenges along the way. Seeking help is never a sign of weakness or failure. Parents must be good advocates for their children and seek out supports and services in the community to meet the needs of their children and family. The following are some community supports and services developed to help meet the needs of all children and families in New Hampshire.

### Early Childhood Learning

The primary task of an infant is to develop a sense of trust in the world and come to view it as a place that is predictable and reliable. Some infants may need an extra boost to develop skills such as speech and language, motor skills, or behavioral appropriateness. These agencies and programs can assist with child development needs and family support.

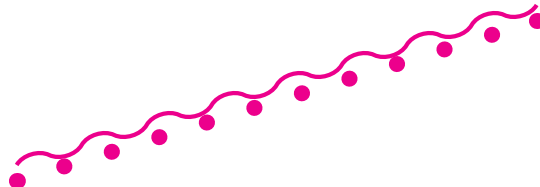
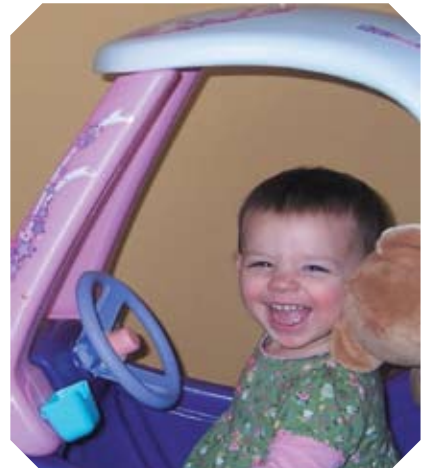
#### Family-Centered Early Supports and Services

NH Department of Health and Human Services  
Governor Hugh Gallen State Office Park  
129 Pleasant St.  
Concord, NH 03301  
Phone: (603) 271-5122

*Services for infants and toddlers who have a diagnosed condition that may result in developmental delays or children who are at risk if early intervention is not provided. DCYF will connect you to the appropriate services in your area of the State.*

#### Programs for Children with Disabilities: Ages 3 through 5

Bureau of Special Education  
New Hampshire Department of Education  
101 Pleasant St.  
Concord, NH 03301-3860  
Phone: 603-271-2178  
Web: [www.ed.state.nh.us](http://www.ed.state.nh.us)



## NH Head Start/Early Head Start

*NH Head Start and Early Head Start are comprehensive child development and family support programs that serve children aged birth to 5 years and their families, as well as pregnant women. They offer an array of services, including infant/toddler and preschool programs, parenting education, and mental health. The overall goal is to prepare children for school success, while increasing parent involvement with their children and supporting families to become more self-sufficient. Eligibility includes income and New Hampshire residency.*

NH Head Start Collaboration Office Administrator  
Division for Children, Youth and Families  
NH Department of Health and Human Services  
129 Pleasant St.  
Concord, NH 03301  
Phone: 800-852-3345 x 7190 or 603-271-7190

## Head Start Programs

Belknap-Merrimack Head Start  
2 Industrial Park Drive  
PO Box 1016  
Concord, NH 03302  
Phone 603-225-3295

Southwestern Community Services Head Start  
63 Community Way  
Keene, NH 03431  
603-352-7512

Southern NH Services Head Start  
40 Pine St.  
PO Box 5040  
Manchester, NH 03108  
603-668-8010  
(Serves Hillsborough and Rockingham Counties)

Strafford County Head Start  
63 Charles St. Box 160  
Dover, NH 03821  
603-516-8192

Tri-Country Head Start  
610 Sullivan St.  
Berlin, NH 03570  
603-752-7138

## Child Care Resource and Referral Network (CCR&R)

Parents use these agencies to obtain lists of child care providers who ask to have their names made available to families seeking child care. All types of child care for all ages of children are represented, including accredited licensed child care, licensed center - based care, licensed family homes and license - exempt family homes. The CCR&R agencies can also assist families with related information families may need to find the best care for their child. Families are encouraged to visit several child care settings to find the best quality care. It is the family's responsibility to evaluate all aspects of any child care program they choose for their child. Their website is [www.nhccrr.org](http://www.nhccrr.org).

## NH Family Resource Centers

Family Resource Centers around New Hampshire provide families with educational programs and support services, which enhance their ability to raise healthy children in caring homes. Here is a list of Family Resource Centers throughout New Hampshire: (<http://www.nhchildrenstrust.org/find-a-family-support-program-near-you>)

The Family Center of Greater Peterborough  
P.O. Box 207  
44 Concord Street  
Peterborough, NH 03458  
924-6306  
[www.thefamilycenter.us](http://www.thefamilycenter.us)  
Areas Served: Hillsborough and Cheshire Counties

The Grapevine Family & Community Resource Center  
P.O. Box 637  
Antrim, NH 03440  
588-2620  
[www.antrimnh.org](http://www.antrimnh.org) (The Grapevine pages)  
Areas Served: in Hillsborough County - Antrim, Hancock, Bennington, Frankestown, and nearby towns

Monadnock Family Resource Center  
64 Main Street  
Keene, NH 03431  
357-4400  
Area Served: Cheshire County

Dianna Love Center for Children and Families  
169 Main Street  
Claremont, NH 03743  
603-542-1848  
[www.goodbeginnings.net](http://www.goodbeginnings.net)  
Areas Served: Sullivan and Southern Grafton counties

Riverbend Parent-Child Centers  
P.O. Box 2032  
Concord, NH 03302  
226-7505 x 3215  
[www.riverbendcmhc.org](http://www.riverbendcmhc.org)  
Areas Served: Merrimack and Hillsborough Counties Programs in Concord, Penacook, Pittsfield, Franklin, and Hillsboro

Concord Heights Neighborhood Family Center  
Dame School, 14 Canterbury Road  
Concord, NH 03301  
225-0832 <http://concord.dme.schoolfusion.us>  
Area Served: Merrimack County

The Children's' Place and Parent Education Center  
P.O. Box 576, 27 Burns Ave.  
Concord, NH 03302-0576  
224-9920  
[www.thechildrensplacenh.org](http://www.thechildrensplacenh.org)  
Area Served: Merrimack County



Franklin Family Resource Center  
200 Sanborn St., Franklin, N H 03235  
603-934-3170  
Area Served: Merrimack and Belknap Counties



Good Beginnings of the Upper Valley  
PO box 5054  
West Lebanon, NH 03784  
603-298-9524  
[www.goodbeginnings.net/uppervalley](http://www.goodbeginnings.net/uppervalley)  
Areas Served: Graffton and Sullivan Counties

Child and Family Services of NH  
Parenting Plus, Healthy Families Family Support Programs  
44 Chestnut Street, PO Box 228  
Manchester, NH 03105  
1-800-640-6486  
[www.cfsnh.org](http://www.cfsnh.org)  
Areas Served: Counties of Merrimack, Hillsborough, Belknap, Grafton, Coos, Rockingham

Families First Health and Support Center  
100 Campus Dr. Ste 12  
Portsmouth, NH 03801  
422-8208  
[www.familiesfirstseacoast.org](http://www.familiesfirstseacoast.org)  
Areas Served: Rockingham, Strafford, York ME Counties

Family Resource Center of Central NH  
635 Main Street  
Laconia, NH 03246  
524-1741  
[www.lrcsc.org](http://www.lrcsc.org)  
Areas Served: Belknap Southern Grafton Counties

The Upper Room  
36 Tsienneto Road  
Derry, NH 03038  
437-8477  
[www.urteachers.org](http://www.urteachers.org)  
Area Served: Rockingham County

Family Resource Center of Gorham  
123 Main Street  
Gorham, NH 03581  
466-5190  
[www.frcenter-gorham.org](http://www.frcenter-gorham.org)  
Area Served: Coos County

Good Beginnings of the Upper Valley  
375 Mt. Support Road  
Lebanon, NH 03766  
448-6826  
[www.goodbeginnings.net](http://www.goodbeginnings.net)  
Area Served: Northern Grafton County





Family Connections Children Unlimited, Inc.  
182 West Main Street  
Conway, NH 03818  
603-447-6356  
[www.childrenunlimitedinc.org](http://www.childrenunlimitedinc.org)  
Area Served: Carroll County

White Birch Community Center  
PO Box 2035, 51 Hall Avenue  
Henniker, NH 03101  
603-428-7860  
[www.whitebirchcommunitycenter.org](http://www.whitebirchcommunitycenter.org)

Whole Village Family Resource Center  
258 High Street  
Plymouth, NH 03264  
603-536-3720 [www.wholevillage.net](http://www.wholevillage.net)  
Area Served: Lower Grafton County

Family Education Collaborative  
YWCA-Manchester  
72 Concord St.  
Manchester, NH 03101  
603-632-5785  
[www.ywcanh.org](http://www.ywcanh.org)

UNH Cooperative Extension  
213 Pettee Hall, Durham, NH 03824  
[www.extension.unh.edu/family](http://www.extension.unh.edu/family)  
Area Served: Hillsborough County

VNA Child Care and Family Resource Center and Parent Baby Adventure  
435 South Main St.  
Manchester, NH 03101  
603-666-5982 [www.manchestervna.org](http://www.manchestervna.org)

Family Connections Center (NH DOC)  
Located in Concord and Berlin Prisons  
PO Box 14  
Concord, NH 03302-0014  
603-271-1815 or 271-2255 [www.nh.gov/nhdoc/fcc](http://www.nh.gov/nhdoc/fcc)



## Developmental Disabilities

The Support System for New Hampshire residents with developmental disabilities or Acquired Brain Injury consists of Area Agencies throughout the State that provide a range of supports and services to individuals with disabilities and their families.

**Region I:** Northern Human Services, Inc.  
87 Washington Street  
Conway, NH 03818  
Phone: 1(800)862-8634 Ext. 3556  
<http://www.northernhs.org/>

**Region II:** Pathways of the River Valley  
RFD #3, Box 305  
Claremont, NH 03743  
Phone: (603) 542-8706  
<http://www.pathwaysnh.org/>

**Region III:** Lakes Region Community Services Council  
635 Main Street  
Laconia, NH 03246  
Phone: (603) 524-8811; 1-800-649-8817  
<http://www.lrcsc.org>

**Region IV**  
Community Bridges, Inc.  
525 Clinton Street  
Bow, NH 03304  
Phone: (603) 225-4153  
<http://www.communitybridgesnh.org/>

**Region V**  
Monadnock  
Developmental Services, Inc.  
121 Railroad Street  
Keene, NH 03431  
Phone: (603) 352-1304 or 1(800)469-6082.  
<http://www.mds-nh.org/>

**Region VI**  
Gateways Community Services  
144 Canal Street  
Nashua, NH 03064  
Phone: (603) 882-6333  
<http://www.gatewayscs.org/>

**Region VII**  
Moore Center Services, Inc.  
195 McGregor St #400  
Manchester, NH 03102  
Phone: (603) 206-2700  
Family Support: (603) 206-2744  
<http://www.moorecenter.org/>



**Region VIII**  
One Sky Community Services  
755 Banfield Road Suite 3  
Portsmouth, NH 03801  
Phone: (603) 436-6111  
<http://www.oneskyservices.org/>

**Region IX**  
Community Partners:  
Behavioral Health and Developmental Services  
of Strafford County, Inc.  
113 Crosby Road, Suite 1  
Dover, NH 03820  
Phone: (603) 749-4015  
<http://www.dssc9.org/>

**Region X**  
Region 10 Community Support Services, Inc.  
8 Commerce Drive  
Atkinson, NH 03811  
Phone: (603) 893-1299  
<http://www.region10nh.com/>

## Other Agencies in New Hampshire that Assist Families with Special Medical Needs

New Hampshire Department of Health and Human Services Special Medical Services  
129 Pleasant St.  
Concord, NH 03301  
Phone: 800-852-3345 ext 4488 or 603-271-4488  
<http://www.dhhs.nh.gov/dcbcs/bds/sms/index.htm>

Partners in Health (PIN)  
The Hood Center for children and Families  
One Medical Center Drive  
Lebanon, NH 03756  
603-653-1483

*PIH is a community-based program designed to address the needs of families of children with chronic health conditions. It serves families with children from birth to age 21 with a chronic health condition, certified by a physician, that is expected to last six months or more and has a significant impact on daily life.*

Crotched Mountain Children's Specialty Hospital  
1 Verney Dr.  
Greenfield, NH 03047  
Phone: 800-258-1466 or 603-347-3311  
[www.crotchedmountain.org](http://www.crotchedmountain.org)  
*Crotched Mountain offers a full range of clinical and rehabilitation services for children with disabilities*

### Behavioral/ Mental Health

Adoption is an event that has a life-long effect on everyone involved. Adoption brings unique rewards as well as challenges to families. When problems arise, the adoptive family has the added concern of trying to disentangle adoption issues from those of normal development or other psychological, social or educational issues. Mental health supports can help families and their children identify and find solutions that work best for them.

### Types of Mental Health Practitioners

A **Psychiatrist** is a physician: a medical doctor, whose education includes a medical degree and at least four additional years of study and training. Psychiatrists provide medical/ psychiatric evaluation and treatment for emotional and behavioral problems and psychiatric disorders. As physicians, psychiatrists can prescribe and monitor medications.

A **Licensed Clinical Psychologist** has completed a doctorate degree in Psychology, as well as advanced courses in human emotional development, psychological testing, and psychotherapy.

A **Licensed Clinical Social Worker** has a Master's degree in Social Work and has completed a minimum of two years of supervised counseling. Social workers tend to view a person or family in the context of the social, cultural, and physical environments, and works with families to identify strengths that can assist in the problem-solving process.

A **Licensed Clinical Counselor** is someone with a Master's degree, usually in Counseling, Education or Psychology and offers counseling which targets improved communication skills, and strengthened family relationships.

A **Pastoral Counselor** is a member of the clergy who has received training in the use of psychotherapeutic techniques to assist parishioners who seek help for personal or emotional problems. A pastoral psychotherapist, practicing outside a church, if licensed, must have a Master's degree from a theological school, plus a PhD in pastoral psychotherapy or psychology.

A **Psychiatric Nurse Practitioner** is an Advanced Practice Registered Nurse who has earned a masters or doctoral degree in psychiatric mental health nursing and who provides mental health counseling and treatment, including medication management.

## **Community Mental Health Centers**

New Hampshire has extensive community-based mental health services that include community supports and mental health services. Services are provided by 10 regional, nonprofit community health centers. To be eligible for services, your child must be assessed and found to be in need of the services provided at the center. Community Mental Health Centers accept Medicaid for payment.

### **REGION I**

#### Northern Human Services

Dennis Mackay, Executive Director  
87 Washington Street  
Conway, NH 03818  
Telephone: (603) 447-3347

### **REGION III**

#### Genesis Behavioral Health

Iaggy Pritchard, Executive Director  
111 Church Street  
Laconia, NH 03246  
Telephone: (603) 524-1100

### **REGION V**

#### Monadnock Family Services

Jayne Collins, Executive Director  
64 Main Street, Suite 301  
Keene, NH 03431  
Telephone: (603) 357-6878

### **REGION VII**

#### al Health Center of Greater Manchester

Peter Janelle, President  
401 Cypress Street  
Manchester, NH 03103  
Telephone: (603) 668-4111

### **REGION IX**

#### Community Partners

Brian Collins, Executive Director  
113 Crosby Road, Suite 1  
Dover, NH 03820  
Telephone: (603) 749-4015

### **REGION II**

#### West Central Behavioral Health

Suellen Griffin, Executive Director  
9 Hanover Street, Suite 2  
Lebanon, NH 03766  
Telephone: (603) 448-0126

### **REGION IV**

#### Riverbend Community Mental Health Center

Louis Josephson, Executive Director  
70 Pembroke Street  
PO Box 2032  
Concord, NH 03302-2032  
Telephone: (603) 228-1551

### **REGION VI**

#### Greater Nashua Mental Health Center at Community Council

Hisham Hafez, MD, Executive Director  
7 Prospect Street  
Nashua, NH 03060-3990  
Telephone: (603) 889-6147

### **REGION VIII**

#### Seacoast Mental Health Center, Inc.

Jay Couture, Executive Director  
1145 Sagamore Avenue  
Portsmouth, NH 03801  
Telephone: (603) 431-6703

### **REGION X**

#### Center for Life Management

Victor Topo, Executive Director  
10 Tsienneto Road  
Derry, NH 03038  
Telephone: (603) 434-1577

There are many private mental health providers throughout New Hampshire. Your health insurance company, whether it is through a private agency or NH Medicaid, will have a list of providers available to you. The resource below may also be of assistance in helping you find a provider that will meet your child's needs. Often, other adoptive parents can provide you with providers that they have found helpful for their children.

NAMI New Hampshire  
(National Alliance for the Mentally Ill - NH Chapter)  
15 Green St.  
Concord, NH 03301  
800-242-6264 or 603-225-5359  
[www.naminh.org](http://www.naminh.org)

*NAMI NH is a statewide grassroots network of affiliate chapters, staff and volunteers that provide information, education and support to families and consumers of mental health services. NAMI NH services adults with mental illness and children with severe emotional disturbance and their families. **A Guidbook for Caregivers of Children and Adolescents with Severe Emotional Disorders** is a wonderful resource available on the NAMI NH website.*

The Federation of Families for Children's Mental Health, NH Chapter  
497 Hooksett Rd #258  
Manchester, NH 03104  
603-296-0692  
[www.gsffcmh.org](http://www.gsffcmh.org)

*A family driven organization dedicated exclusively to helping children with mental health needs and their families achieve a better quality of life and help policy-makers, agencies, and providers become more effective in delivering services and supports that foster healthy emotional development for all children.*

## Educational Resources

Adoption can impact children in school in two ways - educationally and socially. If a child is grieving for or fantasizing about his or her birth family, it can affect the child's ability to concentrate and learn. This is an educational effect. If a child is teased by classmates who say he/she must be bad if their "real" parents gave them away, that is a social effect. Children who came into the care of DCYF have experienced early abuse and/or neglect which can contribute to learning problems such as speech and language delays, gross /fine motor problems or learning disabilities.

*The following is an overview of the system in New Hampshire for children who require special education services:*

A child ages 0-2, who is found eligible, will receive Early Supports and Services (ESS). This service is administered by the New Hampshire Department of Health and Human Services' Bureau of Developmental Services. If that child continues to need therapies and educational services beyond the age of three, a referral will be made to his or her local school district by the Service Coordinator at least six months before the child turns three. This can change where and how services are provided. In ESS, this change is called transition.

A transition meeting must take place at least 90 days before the child turns three. The transition plan will identify special education and community-based services the child may need. A team of providers from the school district, ESS and the parent determine if the child is eligible for preschool special education services. The results of testing are discussed with the parents and information about their educational rights are given to them. If the child is eligible, his or her services will be provided through an Individual Education Program (IEP). The Service Coordinator will assist parents in planning a move to other possible services if the child is not eligible for special education preschool services. The school district in which the child resides administers special educational services for children from age three years until age 21, or until the child graduates with a regular diploma. Special education is instruction designed specifically to meet the unique needs and abilities of children with speech and language delays, developmental disabilities, serious emotional disturbances, specific learning disorders or any condition that impacts them educationally.

The special education process and the development and implementation of an IEP can be very complicated and confusing for families. The following resources are available to assist families with questions and information about educational concerns.

New Hampshire Department of Education  
101 Pleasant Street  
Concord, NH 03301-3860  
Phone: (603) 271-3494  
Website: <http://www.ed.state.nh.us/>

*The mission of the Department of Education is to provide educational leadership and services which promote equal educational opportunities and quality practices and programs that enable New Hampshire residents to become fully productive members of society. Federal statutes and State standards require that students with educational disabilities receive a free appropriate public education (F.A.P.E.) in the least restrictive environment (LRE). The Bureau of Special Education is responsible for the oversight and implementation of educational programs for New Hampshire students with disabilities.*

Parent Information Center  
P.O. Box 2405  
Concord, NH 03302-2405  
Phone: (800) 232-0986 or (603) 224-7005 V/TTY  
E-mail: [picinfo@parentinformationcenter.org](mailto:picinfo@parentinformationcenter.org)  
Web: [www.parentinformationcenter.org](http://www.parentinformationcenter.org)

*The New Hampshire Parent Training and Information Center (PTI) provides information, referrals, workshops and support to families of children with disabilities. Their main objective is to empower parents in supporting their child's educational success and fostering positive family-school-community partnerships. Services and Resources include: Telephone/e-mail support; interactive workshops statewide; handouts, articles, and other useful information; connection to resources; PIC Parent Connection newsletter; Disability Awareness Kits and Specialized Training and Services such as Educational Surrogate Parent Training; PIC Volunteer Advocates for Special Education; and Advocates for Families of Children with Disabilities (a fee for service program).*

New Hampshire Library Services to Persons with Disabilities  
NH State Library  
117 Pleasant St.  
Concord, NH 03301  
Phone: (800) 491-4200 or (603) 271-3429  
Web: <http://www.state.nh.us/nhsl/talkbks>

*This is a free library service for any resident of New Hampshire who is unable to read standard print due to a permanent or temporary visual or physical disability. They lend books, magazines, on cassette or in braille. Equipment, such as special cassette players are needed to listen to books and magazines, and are loaned free of charge.*

New Hampshire Branch of the International Dyslexia Association  
P. O. Box 3724  
Concord, NH 03302  
Phone: (603) 229-7355  
Web: <http://www.nhida.org>

*The New Hampshire Branch serves New Hampshire, Maine and Vermont. Tutoring, testing, and other referral information can be obtained by calling the Branch or by visiting the Service Provider page of their website. They do not maintain an office, so when you call, you may be asked to leave a message. One of their Branch members will respond to your call within a reasonable time. You may also e-mail them at [information@nhida.org](mailto:information@nhida.org).*

EDTECH Associated  
Assistive Technology Evaluation, Consultation and Training  
for the Learning Disabled  
4 Arrow Lane  
Amherst, NH 03031



Phone: (603) 424-4534

Web: <http://www.edtech-associates.com>

*EdTech Associates offers Assistive Technology, consultation, evaluation and training services to parents of children with learning disabilities.*

Wrightslaw

*Wrightslaw is a web based resource for information and guidance on special education laws and advocacy for families and professionals. [www.wrightslaw.com](http://www.wrightslaw.com)*

## Home Schooling Resources

New Hampshire Home Schooling Coalition

PO Box 2224

Concord, NH 03301

Phone: (603) 437-3547

Web site: <http://www.nhhomeschooling.org/>

New Hampshire Home Schooling Resources

c/o Dimentech

P.O. Box 305

Warner, NH 03278

Phone: (603) 456-2041

Web site: <http://nhhr.dimentech.com/>

Christian Home Educators of New Hampshire

40 Old Rindge Road

New Ipswich, NH 03071

Phone: (603) 878-5001

Catholics United for Home Education

13 1/2 Parker Avenue

Manchester, NH 03102

Phone: (603) 623-3377

New Hampshire Alliance for Home Education

Preserve Drive

Nashua, NH 03060

Phone: (603) 880-8629



## Transition to Adulthood

At age 18, most youth are legally considered to be adults. If your child was adopted through DCYF and you have been receiving financial assistance or NH Children's Medicaid this assistance ends on the child's 18th birthday. Adoptive Parents can put their child on their private insurance, or, if no private insurance is available, families may apply to have their children receive Medicaid. The application would take into consideration the income and resources of the adoptive family. If the family qualifies, the child can continue to receive Medicaid until the age of 19.

If your child has been receiving Social Security Income (SSI), he or she will need to reapply for SSI as an adult. There are many community resources that can assist in different aspects of transition. Because successful transition relies on a clear understanding of a young person's interests, strengths and areas of struggle, parents play a key role in helping to insure a successful transition to adult life. With parents' help, a child can:



- become more aware of his or her learning strengths and needs, and use these strengths to overcome areas of weakness;
- learn to better advocate for oneself in school, health and work settings, by developing a clear sense of how his or her strengths contribute to success;
- explore career interests and aptitudes in the "real world," through volunteer, summer, and part-time work; and
- learn to be flexible and persistent, not allowing an occasional set-back or disappointment to throw one off course.

A young person's career path may not always be as direct or smooth as parents would like. When parents are open and flexible, it provides a young person with a valuable opportunity to figure out, through trial and error, which pursuits are personally satisfying. For example, a young adult might go to work after high school in a nursing home, decide after a year or two to get his certification as an Emergency Medical Technician or Licensed Vocational Nurse, and then return to work with more responsibility and better pay. Another might start a four-year college program in electrical engineering and discover that he's not sufficiently motivated to complete all the high-level math and science courses. In the meantime, he may have discovered that he gets great satisfaction from diagnosing problems and making repairs to computer hardware, and may enter a two-year college or vocational training program to build his job skills in this area. Finding a stable, satisfying job and learning to live independently is challenging for all young people making the transition to adulthood. These organizations may assist you in connecting to supports your child may benefit from.

Children receiving special education services will have a transition plan developed no later than the year in which they turn 16, and as early as 14 if needed. This will help the school develop goals and make a plan to assist the child to develop the skills necessary to succeed after they leave school. The following are resource that can be helpful in preparing youth for life after high school:

### Resource for Higher Education

NH Higher Education Assistance Foundation Network (NHHEAF)  
4 Barrell Court  
PO Box 877  
Concord, NH 03302  
Phone: 800-525-2577 or (603) 225-6612  
Web: <http://www.nhheaf.org>

*The NHHEAF Network is comprised of three separate, private nonprofit organizations dedicated to helping families plan and fund education beyond high school.*



## New Hampshire Vocational Rehabilitation

*(NHVR) is an agency within the New Hampshire Department of Education that helps persons with disabilities help themselves to get a job, keep the job, and develop a life time career. The agency is often referred to as "Voc Rehab." A person is eligible if he or she has a disability, and the disability creates substantial problems in preparing for a job, getting a job, or keeping a job, and requires Vocational Rehabilitation services to become employed or to stay employed.*

Berlin Regional Office  
1-888-300-9550 or (603) 752-2271 (V/TTY)

Concord Regional Office  
1-800-299-1647 or (603) 271-2327 (V/TTY)

Keene Regional Office  
1-800-620-7688 or (603) 357-0266 (V/TTY)

Lebanon/Hanover Area  
1-800-621-7876 or (603) 448-5793 (V/TTY)

Manchester Regional Office  
1-800-627-9304 or (603) 669-8733 (V/TTY)

Nashua Regional Office  
1-800-635-9614 or (603) 889-6844 (V/TTY)

Portsmouth Regional Office  
(603) 436-8884 (V/TTY) or 1-800-882-2744

State Office  
Bureau of Vocational Rehabilitation  
1-800-339-9900 or (603) 271-3471(V/TTY)  
Web: <http://www.ed.state.nh.us/vr/index.htm>



## Services for Blind & Visually Impaired

1-800-581-6881

Deaf and Hard of Hearing Program  
(603) 271-3471(V/TTY)  
*Resource for Job Training*

## NH Employment Security

32 South Main Street  
Concord, NH 03301  
Phone: (800) 852-3400 or 224-3311  
Website: <http://www.nhes.state.nh.us/>

*Operates a free public Employment Service through a statewide network of Resource Centers, providing a broad range of assisted and self directed employment and career related services, and labor market information to all customers.*



## Workforce Opportunity Council, Inc.

64 Old Suncook Road

Concord, NH 03301

Phone: 228-9500

TDD: (800) 622-9180

Website: <http://www.nhworks.org>

*The Workforce Opportunity Council sponsors the NH Works system. Youth can access workforce services in three ways:*

- *group youth programs (ages 14-21),*
- *adult services administered by the Community Action Programs (ages 18 and up),*
- *self-service informational services at the NH Works centers (all ages).*

*Group Youth Programs are designed to help young people ages 14-21 to get a high school diploma or equivalent and to become job ready and career oriented. Programs provide a comprehensive range of services which can include education (tutoring and GED preparation), employment preparation (summer jobs, job shadows, career exploration), leadership development (community service and decision making), and support services (for transportation and other work-related costs). Programs are available for young people still in school as well as for young people who have dropped out of school and need a GED and work skills. Programs are delivered at schools and community-based organizations throughout the State. Eligibility requirements must be met to qualify for these programs and programs are not available in every New Hampshire community.*

*Adult Services: Young people ages 18 and up are also eligible for all of the services available at the NH Works Centers for adults. There are also eligibility requirements to qualify for these programs.*

*Information Services: Anyone of any age who is looking for a job and is interested in reviewing career information can use the self-service materials at each NH Works center. These include: job listings, career inventories, etc. A resource person is available to help orient you to these materials and answer questions as they arise.*

## Medicaid for Adults

When a young person turns 18 years old, he or she may apply for adult Medicaid. Eligibility for the adult Medicaid program is based on a person's medical condition, income and assets.

This Medicaid Program is called Aid To The Permanently and Totally Disabled (APTD).

If one is working and one's income is too high for the APTD Program but one still qualifies for APTD medically, one may be eligible for a program called Medicaid for Employed Adults with Disabilities (MEAD). To qualify for MEAD, one must be employed by others for pay or self-employed for pay and have documentation of one's earnings (pay-stub, tax forms). A person is only allowed a certain amount of net (after taxes) income per month to qualify.

Depending on one's income, an adult may be required to pay a premium (a monthly amount of money) for Medicaid health insurance coverage. If a person should lose employment and is receiving MEAD, the person will continue to be eligible for a period of up to one year if the person:

- plans to return to work; and
- lost his or her job because the employer laid him or her off, or he or she quit the job with good cause.



*To apply for Medicaid programs, one needs to go to a New Hampshire Department of Health and Human Services District Office or apply online at <https://nheasy.nh.gov/>.*

## Granite State Independent Living

P.O. Box 7268

Concord, NH 03302-9924

Phone: 228-9680

Website: <http://www.gsil.org>

*Granite State Independent Living is a non-profit, consumer-run organization. GSIL is dedicated to the removal of physical, attitudinal, and social barriers to independence for people with disabilities by ensuring the availability of the broadest range of services, advocacy efforts and social supports.*

## NH DHHS / Special Medical Services Bureau

129 Pleasant Street

Concord, NH 03301

Phone: (800) 852-3345 Ext. 4488

or (603) 271-4488

*Financial Assistance for health care and related services are available if under the age of 21 years, have an eligible medical condition and are financially eligible. A youth 18-21 can apply as a family of one. Payment is provided for a variety of disability related expenses that are identified within a personal health care plan. SMS can also assist in transitioning to adult providers.*

## Help Lines

Teenline

*(confidential, for any problem)*

1-800-639-6095

Youth Crisis Hotline

1-800-448-4663

Sexual Assault Support Services

1-888-747-7070

Alanon & Alateen

1-877-825-2666

Alcoholics Anonymous (AA)

1-800-593-3330

Suicide Prevention

1-800-784-2433



## Additional Services to Youth Adopted from DCYF Transitioning to Adulthood

Children adopted through DCYF are eligible to apply for the college tuition waiver program, a program where any child who was in DCYF foster care can apply to receive a full tuition waiver to any of New Hampshire University System schools. Youth, who have been adopted, can also participate in other events held around the State to assist with college and career planning.

Adoptive families will be added to an e-mail list where they will receive notification of events and resources of benefit to them and to their children, as well as invitations to various events. Adoptive families also remain on the Division's contact list to receive information such as the foster/adoptive/resource family newsletter *Connector* and training announcements sent to foster parents. If you are not on this list and wish to be, send an [catherine.l.meister@dhhs.state.nh.us](mailto:catherine.l.meister@dhhs.state.nh.us).

*Love  
builds  
bridges  
where  
there are  
none.*

Thomas Carlyle



Form 1708

PD 14-11  
March 2014

Foster Care/Adoption Program  
Division for Children, Youth and Families  
NH Department of Health and Human Services  
129 Pleasant Street  
Concord, New Hampshire 03301  
[www.dhhs.nh.gov/dcyf/](http://www.dhhs.nh.gov/dcyf/)