

RAISING

Relatives' Children





The Iowa Foster and Adoptive Parents Association (IFAPA) is a non-profit organization serving as a resource to foster, adoptive and kinship families in Iowa. Membership with IFAPA is free for Iowa's foster, adoptive and kinship families. IFAPA's mission is to empower, support and advocate for foster, adoptive and kinship families in Iowa. IFAPA provides training, peer support and resources to promote safety, permanency and well-being for Iowa's children.

ABOUT THIS PUBLICATION

The Iowa Foster and Adoptive Parents Association (IFAPA) developed this booklet to assist Iowa kinship families considering an Iowa Department of Human Services (DHS) placement of a child.

NOTE TO NON-RELATIVE CARETAKERS

This booklet is written for kinship caretakers who are biologically related to the child. The Department of Human Services (DHS) provides Caretaker Family Investment Program (FIP) payments to relatives caring for eligible family members. DHS rules define which types of relatives can receive caretaker FIP for a child.

A non-relative caretaker will have a difficult time receiving financial assistance for the child's care. However, as noted throughout the booklet, some benefits are based on the caretaker's eligibility for benefits, not on the relationship with the child. When DHS has legal custody of the child, a non-relative caretaker may apply to become a licensed foster parent for the child. If the child's parental rights are terminated the non-relative caretaker may apply to become an adoptive parent for the child.

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RAISING RELATIVES' CHILDREN

INTRODUCTION

A number of grandparents, other relatives and friends find themselves serving as caretakers for children whose parents are unable to care for them. Sometimes the arrangement (referred to as “kinship care”) is an informal, private arrangement between the parents and the caretakers; in other situations, the Iowa Department of Human Services (DHS), is involved. This booklet is designed to help kinship caretakers—including grandparents, aunts and uncles, and others who “take-in” children they care about—to work effectively with Iowa DHS and juvenile court.

Working with DHS and juvenile court can be confusing for kinship caretakers who are trying to provide the best care they can for children whose parents cannot care for them. It may be helpful to keep in mind that DHS social workers and other provider staff are following Federal and State requirements to ensure the safety and well-being of all children. The DHS social worker may be the person who initially approaches a grandparent, other relative or person known to the child and asks that person to take care of the child. In other situations, the family may contact DHS or juvenile court for help.

KINSHIP CARE AND FAMILY INVOLVEMENT WITH DHS AND JUVENILE COURT

The Iowa Department of Human Service's (DHS) involvement in kinship care situations varies from case to case, depending on the child's age, safety needs, legal custody, and the child's legal situation. If children who are Native American are involved the Federal and Iowa Indian Child Welfare Acts must be followed.

In Iowa, DHS cases where the child has been removed from his or her parents because a parent has been accused of child abuse, neglect, or abandonment, the following steps may occur:

- The DHS Child Protective Assessment worker (CPA) investigates the report of child abuse, neglect, or abandonment.
- If the DHS Child Protective Assessment worker (CPA) finds the child at risk or in danger, they may decide to contact the court to obtain an ex parte court order to remove the child from the home for the child's own safety. The child may be placed with a kinship caretaker, who will then have physical custody.
- There is an emergency removal hearing before a judge. The DHS Child Protective Assessment Worker (CPA) presents evidence for the legal finding of abuse, neglect, or abandonment. The court determines whether to temporarily allow the child to be placed elsewhere, such as with the kinship caretaker, until the next court hearing which is called the adjudicatory hearing.
- Within 30 days of the removal of the child, DHS will send a *Notice To Relatives* form to the child's grandparents, aunts, uncles or other relatives identified by the child's parents asking if they are willing to be considered for placement or provide assistance or support for the child.

- At the adjudicatory hearing the judge determines whether there is clear and convincing evidence of child abuse, neglect, or abandonment.
- If the judge determines that the child must continue to live outside of the parental home, the parties may immediately agree to a dispositional order, though generally a dispositional hearing is held weeks later.
- At the dispositional hearing the judge determines where the child should live for the time being and who will have temporary legal custody of them. For instance, the child may be placed in the custody of DHS (legal custody) for purposes of foster care or placed with a kinship caretaker (physical custody) subject to DHS supervision. Most frequently, legal guardianship of the child remains with the parent at this point in the proceedings.
- If a permanency hearing has not been held within six months of the dispositional hearing there will be one or more review hearings. The judge will determine how the parents are progressing with their case plan goals (e.g. being substance free, having stable housing and employment, no violence in the home, able to provide parenting free from abuse or neglect, etc). During this period the parents will be referred to services to assist them in correcting the situation that led to the child's removal. These services may include substance abuse treatment, therapy, supervised parenting time, etc. The child may also need services such as therapy. The child's well-being will be monitored by DHS and other service providers.
- As a kinship caretaker you may be asked to support the child's family in many ways. One of the most significant supports may be to facilitate contact between the child and the parents; frequently with restrictions set up by DHS or juvenile court. In many situations this may be a difficult task. You need to communicate your concerns with the professionals involved with the family, including any reservations about what you are asked to do. During this period, professionals may also be exploring with the kinship caretaker whether they are willing and able to commit to providing a permanent home for the child if conditions do not change sufficiently for the child to be returned home.
- DHS may revise case plan goals at any time based on changing circumstances. At any time during this period, juvenile court may enter an order modifying the child's placement.
- In addition to the review hearings, a permanency hearing must be held within 12 months of the date the child was removed from the home. At the hearing, the judge will make decisions about a child's permanent living arrangement.
- At the permanency hearing, the law requires juvenile court to enter one of the following orders if the child can not safely be returned home that day.
- The juvenile court judge may order the County Attorney to file a petition to terminate the parent-child relationship so the child may be adopted [note: the petition to terminate rights may be filed, even before the court enters this order, by a number of persons authorized by statute]. The statutory requirements establish adoption as the preferred permanency option.
- Juvenile court may order additional time for reunification, but this is severely restricted by Federal and State law. The finding must be made that the need for the removal of the child from the home will likely no longer exist within six months or by the time set by the court.



- If juvenile court does not order the filing of a termination of parental rights petition or grant the extension, the court has several other options. These include: transferring guardianship and custody of the child to a suitable person; transferring sole custody of the child from one parent to another; or transferring custody of the child for the purpose of long-term care; or (and only if the DHS has documented a compelling reason that it is not in the child's best interest to enter one of the above orders) ordering "another planned permanent living arrangement" (APPLA) for the child.
- Even if a parent's rights are not terminated by juvenile court, permanency is intended to identify the home in which the child shall reside until they are 18. After the entry of a permanency order, the child cannot be returned to the care of a parent over the objection of the child's attorney or Guardian Ad Litem (GAL) unless, after a hearing, the court finds that returning the child to a parent at that point, is in the child's best interest. Though rights are not terminated, the court may still restrict contact by the parent with the child based on the child's best interests.
- In most circumstances in which a child cannot timely be returned home, there will be a termination of parental rights hearing. Under Federal and State law, there are specific maximum times for parents to meet the goals in the child's case plan in order for their child to return home. For a child under four years of age this hearing will generally occur after the child has been out of a parent's custody for a maximum of six months. For a child who is older than four years of age, this hearing will generally occur when they have been out of their parent's custody for a maximum of 12 months. When the parental rights of a child are terminated in court, the parents no longer have any legal relationship to the child, and the child may be legally adopted by someone else. There is an exception in the law which permits the court to decide not to terminate a parent/child relationship if that is in the child's best interests and the child is in the legal custody of a relative.
- Each court hearing may involve a number of individuals with an interest in the child. This may include parents, DHS caseworkers, extended family and friends, foster parents, attorneys, service providers, therapists, Court Appointed Special Advocates (CASA), medical people, and the child. It is normal for multiple attorneys to be present representing different parties in the case. The child may be represented by a court appointed attorney and/or a Guardian Ad Litem (GAL) who represents his or her best interests. A family may have multiple children who do not all have the same parents. In that situation each parent may be present and represented by an attorney. While the courtroom may get crowded, it is still important for the kinship caretaker to be present at the court hearings.
- All caretakers have the right to attend court hearings. If you are a caretaker you should receive notice of scheduled hearings from the Clerk of Court. If you find that you have not received notice of the hearing you should notify the court. Even if you are not asked to testify, a caretaker has the right to address the court. Sometimes it will seem as if you may be the only one in the room who does not have a lawyer. If important information has not been given to the court respectfully ask to be heard. It is important for caretakers to give their view of the situation and to have a full understanding of the court's decision. If the child is attending the court hearing the caretaker will be able to provide vital support to the child.

QUESTIONS TO ASK DHS WHEN CONSIDERING PLACEMENT OF A CHILD:

- What are the requirements for me and my home if I want the child to live with me?
- Are the requirements different if the child is with me just temporarily?
- What services are available for me and for the child, and how do I apply?
- What subsidies or financial assistance is available? What do I need to do to apply?
- Who has legal custody of the child?
- What rights and responsibilities does legal custody and physical custody include?
- When and where is the court hearing?
- What will be decided at the court hearing?
- Who will be present at the court hearing?
- Who will have a lawyer at the court hearing?
- Do I need a lawyer? If so, who can help me find one?
- Who will represent the child? May I speak to that person?
- May I speak at the hearing?
- May I receive a copy of the all signed court orders and legal documents?
- May I be involved in developing the case plan and receive a copy of the plan?
- Will the child or I be able to attend the entire court hearing?
- Who is responsible for enrolling the child in school, obtaining health insurance, granting permission for medical care and obtaining it, signing school permission forms, etc.?
- Will someone from DHS visit my home on a regular basis? How often?
- Are there restrictions on the discipline I can use (such as spanking) with the child?
- What resources are available for the care of this child?
- Am I eligible to become a licensed foster parent?
- What is the schedule of future hearings?

QUESTIONS TO ASK THE DHS SOCIAL WORKER REGARDING LONG-TERM KINSHIP PLACEMENTS:

- What is the current permanency goal for each child? (Siblings may not have the same goal.)
- What options are available to the child if they cannot return to their parents?
- What are my options if the child cannot return to their parents?
- Under what circumstances can I receive a subsidy to help pay for the child's care?
- Will the legal arrangement be affected when the child turns 18?
- How will DHS continue to be involved with my family?
- What resources are available for the care of the child?



TYPES OF KINSHIP CARE

Children may come to live with their grandparents, relatives or persons otherwise known to the child in a number of ways, and only some of these ways involve the child welfare system. The following describes the four main types of kinship care persons can provide children: voluntary—which includes informal kinship care (without court involvement) and formal kinship care (with court involvement); legal guardianship; foster care; and adoption.

VOLUNTARY KINSHIP CARE

SITUATION

You agree to care for a child in your home.

Voluntary kinship care can be an agreement made between the parents and other family members **informally**, without any involvement from the juvenile court. DHS may or may not be involved in an informal voluntary kinship care situation. Voluntary kinship care can take place **formally** with DHS and/or juvenile court involvement. If DHS and juvenile court are involved with the child's placement, they may request the child live with relatives for a certain period of time or until a parent is able to care for the child.

THE CHILD'S LEGAL SITUATION

If the child is placed informally with kin without DHS or juvenile court involvement, legal custody of the child remains with the parents, and the parents can legally take back the child at any time. Legal custody refers to the legal right to make decisions for the child. Parents have legal custody of a child unless they voluntarily give custody to someone else (eg. the parent is in the military) or a court takes this parental right away and gives it to someone else. If the legal custody of the child is placed with DHS by a juvenile court order, the child cannot return to a parent until the court order is modified to return legal custody to the parent.

WHAT TO EXPECT FROM DHS

If DHS is considering you for a formal kinship care placement of a child, they will assess the safety of your home/environment, protective capacity, and ability to manage the changing family roles. DHS requires the following activities for kinship placements:

- Home visit before placement or within 24 hours in case of an emergency placement to assess the physical safety of the child and placement, and identify all persons residing in the home.
- Complete local law enforcement and sex offender registry checks on all adults living in the home prior to placement.
- Complete child abuse checks on all adults living in the home. Adults living in the home may be fingerprinted if DHS determines that a national criminal history check is warranted.
- Criminal history checks on all adults living in the home. For an emergency placement, a signed statement that indicates all adults in the home do not have a criminal record.
- Frequently a potential caretaker is asked to submit a sample for a drug screen.

The DHS social worker will evaluate and assess whether the kinship caretaker:

- Has demonstrated the ability to protect the child in the past while under similar circumstances and family conditions.
- Has adequate resources, skills, knowledge, and the ability to fulfill the care giving responsibilities; and meet the developmental needs and any exceptional needs of the child.
- Has a relationship with the child and the ability to protect, nurture and care for the child for an extended period of time.
- Has the ability to manage the changing roles and responsibilities of kinship placements to support positive family relationships.
- Has a need for additional support or information to safely care for the child.

DHS CONTACT INFORMATION

If you are applying for financial assistance, medical coverage or childcare assistance contact your local DHS office to apply. If you are applying for protective childcare or childcare for the special needs of the child, contact the child's DHS social work case manager. The DHS office serving your county is listed in the State or County Government section of your local phone book, under "Department of Human Services" or just "Human Services" or on the DHS website at www.dhs.iowa.gov

FINANCIAL ASSISTANCE

If the kinship caretaker is a relative to the child, the caretaker may be eligible for caretaker Family Investment Program (FIP) payments. DHS rules define which types of relatives can receive caretaker FIP for a child. If you apply at your local DHS office for caretaker FIP only for the child, your income is not considered, there is not a work requirement for you, and there is no time limit on receiving caretaker FIP. However the child's income (social security, child support, etc.) is considered in determining eligibility and the amount of the payments. If you apply for caretaker FIP for yourself as well as the child, your income will be considered and caretaker FIP work requirements and time limits will apply. See page 14 for additional information on DHS assistance program eligibility.

MEDICAL COVERAGE

The child may be eligible for Medicaid. The caretaker's relationship to the child is not an eligibility factor and the caretaker does not have to be biologically related. This program does not depend on the caretaker's income or resources; however the child's income is an eligibility factor (social security, child support, etc.).

A caretaker may be eligible for Medicaid if they meet financial eligibility. The caretaker must be a specified relative to be eligible for Medicaid. The kinship caretaker's income is considered towards their eligibility as a needy caretaker but has no effect on the child's eligibility.

CHILD CARE

The child may qualify for childcare assistance through the DHS Child Care Assistance Program. The caretaker's relationship is not an eligibility factor and the caretaker does not have to be biologically related. The caretaker's income is not considered when determining eligibility for this program. The caretaker must have a need for service

such as being employed 28 or more hours per week, attending academic or vocational training on a full time basis, have a temporary medical issue that makes the caretaker unable to care for the child, or seeking employment.

THE KINSHIP CARETAKER'S RIGHTS

The parents make decisions regarding the child's care. However, you can ask the parents to sign a notarized letter of permission to seek medical care or to authorize permission to treat the child. If the child will be attending a school different from their current school, ask the parents to assist you in getting the child enrolled in school by having them sign for the child's school records to be transferred to the new school. The caretaker would have physical custody of a child placed in their home. Physical custody refers to where the child lives. The caretaker is responsible for the child's well-being which includes the responsibility to parent the child, feed and clothe them, help them with their homework, and take care of them when they are sick.

THE BIRTH PARENT'S RIGHTS

If the child is placed informally with relatives without DHS or juvenile court involvement, legal custody of the child remains with the parents, and the parents can legally take back the child at any time. If the legal custody of the child is placed with DHS by a court order, the parent would not have legal custody of the child until custody is returned by a juvenile court order. The child's parents may be ordered to pay child support, which will go to the state if the child is receiving public assistance.

LEGAL GUARDIANSHIP

SITUATION

You agree to care for a child in your home. A judge has awarded you legal guardianship through a court order. The parent's rights have not been terminated.

THE CHILD'S LEGAL SITUATION

When a grandparent or other relative becomes the child's legal guardian, legal custody is transferred from DHS to the relative by a court order; therefore, in most circumstances there is no further involvement by DHS. In guardianship arrangements, parental rights are not terminated. Thus, the grandparent or other relative who becomes a child's guardian has legal and physical custody to act as the child's parent and make decisions about the child, but the parent often retains some visitation or other rights. Guardianship is especially appropriate if the child is older and wants to maintain close ties with their parents, or if the grandparent or other relative caretaker prefers not to have the parents' rights terminated (as in adoption) but needs to establish a permanent legal arrangement with the children in order to make education, healthcare, and other decisions for the child.

WHAT TO EXPECT FROM DHS

DHS would not be involved in the child's case unless ordered by the court.

THE KINSHIP CARETAKER'S RIGHTS

With legal guardianship, the kinship caretaker will have legal authority to make decisions in every aspect of the child's life. For example, the kinship caretaker may sign a school permission form, register the child for camp, and seek medical treatment for the child.

THE BIRTH PARENT'S RIGHTS

The child's parents may be ordered to pay child support, which will go to the state if the child is receiving public assistance. The parents' rights have not been terminated. The parents would need a court order to resume custody of the child.

DHS CONTACT INFORMATION

If you are applying for financial assistance, medical coverage or childcare assistance contact your local DHS office to apply. If you are applying for protective childcare or childcare for the special needs of the child, contact the child's DHS social work case manager. The DHS office serving your county is listed in the State or County Government section of your local phone book, under "Department of Human Services" or just "Human Services" or on the DHS website at www.dhs.iowa.gov.

FINANCIAL ASSISTANCE

If the caretaker is a relative to the child, the caretaker may be eligible for Family Investment Program (FIP) payments. DHS rules define which types of relatives can receive caretaker FIP for a child. If you apply for FIP for yourself as well as the child, your income will be considered and FIP work requirements and time limits will apply. See page 14 for additional information on DHS assistance program eligibility.

MEDICAL COVERAGE

The child may be eligible for Medicaid. The caretaker's relationship to the child is not an eligibility factor and the caretaker does not have to be biologically related. This program does not depend on the caretaker's income or resources; however the children's income is an eligibility factor (social security, child support, etc.).

A caretaker may be eligible for Medicaid if they meet financial eligibility. The caretaker must be a specified relative to be eligible for Medicaid. The kinship caretaker's income would be considered towards their eligibility as a needy caretaker but has no effect on the child's eligibility.

CHILD CARE

The child may qualify for childcare assistance through the DHS Child Care Assistance Program. The caretaker's relationship and income is not an eligibility factor and the caretaker does not have to be biologically related. The caretaker must have a need for service such as being employed 28 or more hours per week, attending academic or vocational training on a full time basis, having a temporary medical issue that makes the caretaker unable to care for the child, or seeking employment.

FOSTER CARE

SITUATION

You are a licensed foster parent and relative to a child who is placed with you as a foster care placement, or the child is placed as a formally voluntary kinship care placement and you decide to become a licensed foster parent to care for the child.

THE CHILD'S LEGAL SITUATION

The child is removed from the parents and placed into the legal custody of DHS. DHS, in collaboration with the family, the child, and juvenile court, is responsible to make placement decisions for the child. DHS is also responsible for ensuring the child is safe and stable, attends school, and receives medical care and needed services.

If the court has approved visitation with the child's parents, DHS is responsible to ensure the visits occur. In foster care, the child's kinship caretakers have rights and responsibilities similar to those of non-relative foster parents.

WHAT TO EXPECT FROM DHS

As with guardianship and formal voluntary kinship care, DHS will have to ensure the home and prospective foster parents meet State standards for the safety and well-being of the child.

Requirements to become a licensed foster parent include:

- Completion of PS-MAPP training, a ten-week series of three-hour classes that prepare participants to provide foster care.
- Completion of a home study. This will involve a social worker evaluating your home and environment.

You will be required to:

- Have a criminal records check for each person in the home over age 14
- Have a criminal records check if you have lived in another state in the last five years
- Have a child abuse record check
- Have an Iowa sex offender registry check
- Be fingerprinted (other adults living in the home may be fingerprinted)
- Submit a physician's report
- Provide verification of a drivers license and auto insurance
- Provide verification of income
- Provide verification of vaccinations for any pets
- Provide several character references

In addition, your home must:

- Be clean, safe, properly lighted, well ventilated and free from vermin and rodents
- Provide adequate space for a foster child to sleep
- Provide a safe outdoor space for active play
- Provide a safe water supply
- Provide for safe storage of any firearms you possess



All adults in the household who will be co-parenting the child must participate in all aspects of the licensing process, including completion of the PS-MAPP training. A foster care license is effective for one or two years and must be renewed per DHS guidelines. All foster families must receive ongoing in-service training to maintain a foster care license.

A kinship caretaker may contact Iowa KidsNet (800-243-0756 or www.iowakidsnet.com) for foster parent licensing requirements and information.

KINSHIP CARETAKER/FOSTER PARENT'S RIGHTS

DHS, the courts, and the parents make decisions for the child. In most cases, the parents retain the right to sign for medical care, school activities, out-of-state travel, etc. Compared to voluntary kinship placement, kinship caretakers caring for a relative in foster care will find that they have more structured involvement with DHS. Kinship caretakers may find that some of this structure is helpful in dealing with the children's parents, schools, or medical care arrangements; on the other hand, caretakers may have less freedom to make independent decisions about the children.

THE BIRTH PARENT'S RIGHTS

The parents remain the legal guardian of the child. In most circumstances, the parents' rights have not been terminated. The parents work with DHS in collaboration with the kinship caregivers, agency providers and juvenile court, to reunite with the child. The child's parents may be ordered to pay child support, which will go to the state to offset the cost of care.

FINANCIAL ASSISTANCE

Once PS-MAPP training is completed, DHS requires an approved foster care home study prior to signing agreements placing the child in the caretaker's home for foster care. The child will be eligible to receive foster care payments, respite care, a clothing allowance, free school lunches and school enrollment fees, free driver's education, and up to \$50 in school fees per year. A child who receives foster care payments is not eligible for caretaker Family Investment Programs (FIP) payments. For additional information on foster care payments and assistance please contact DHS.

MEDICAL COVERAGE

The child is eligible for Medicaid. A DHS income maintenance worker will process eligibility and set up coverage.

CHILD CARE AND RESPITE CARE

Foster parents may qualify for child care reimbursement through the foster care program if they are pre-approved by the service area manager for child care, when the provision of child care is included in the child's case permanency plan as a need of the child, the child is not in school, and if the foster parent is employed outside the home. Childcare for the foster child must be provided by a licensed or registered childcare provider. A child who receives foster care payments is not eligible for payments from the Child Care Assistance program. The foster parents will also be eligible to receive 24 days (per calendar year) of respite care for the child that must be provided in a licensed foster home.

ADOPTION

SITUATION

The parents voluntarily relinquish their parental rights or their parental rights are terminated by juvenile court. The kinship caretaker legally adopts the child.

THE CHILD'S LEGAL SITUATION

The child can be adopted if the juvenile court has terminated all the legal rights of the parents or the parents have voluntarily surrendered all of their parental rights. A court must finalize the adoption. If the child is older, the judge may ask the child if they agree to the adoption.



WHAT TO EXPECT FROM DHS

As with foster care and guardianship, DHS will need to ensure the home and prospective adoptive parents meet State standards for the safety and well-being of the child.

For children with special needs who have been in foster care, there may be ongoing adoption subsidy available for the care of the child. Additional services may be available for the child after the adoption. Contact your DHS Adoption Worker for additional information.

FINANCIAL ASSISTANCE

If you adopt the child from foster care, and the child has special needs, he or she may be eligible for adoption subsidy. Adoption subsidy may include a monthly subsidy payment, Medicaid and special services. The subsidy payment amount is determined by the needs of the child and the adoptive parent's ability to meet these needs; and is negotiated with the DHS adoption social worker.

THE ADOPTIVE PARENT/KINSHIP CARETAKER'S RIGHTS

Once the adoption is finalized, the kinship caretaker becomes the legal parent of the child.

THE BIRTH PARENT'S RIGHTS

The parents no longer have legal rights to the child.

FINANCIAL ASSISTANCE AND COMMUNITY RESOURCES

WHAT IF I HAVE QUESTIONS?

Any county DHS office can answer questions about the programs and services described here. Contact the county DHS office serving the county where you live. The DHS office serving your county is also listed in the State or County Government section of your local phone book, under "Department of Human Services" or just "Human Services". You can also visit the DHS website: www.dhs.iowa.gov.

HOW DO I APPLY?

To receive DHS services, you must fill out an application form. You can fill out the form online, print out an application form and mail it in, or get an application form from any DHS office. Complete the application then return it to the DHS office serving the county where you live. You may also apply online for these programs at www.oasis.iowa.gov.

FAMILY INVESTMENT PROGRAM (FIP) AND CARETAKER FIP

The Family Investment Program (FIP) is Iowa's Temporary Assistance to Needy Families (TANF) program. FIP provides temporary cash assistance for needy families as they become self-supporting. There are time limits for how long a family can receive FIP and work and training requirements. Relative caretakers who apply for FIP only for the child can receive FIP regardless of their income; they are not subject to time limits or PROMISE JOBS work and training participation. If the relative is interested in receiving FIP for their own needs DHS would look at their income, resources and time limits when determining eligibility. The relative would also need to participate with PROMISE JOBS in order to become self-sufficient.

WHO CAN GET HELP?

To receive caretaker FIP, you must:

- Be a U.S. citizen or legal qualified alien.
- Live in Iowa.
- Provide a social security number or proof of application for a social security number.
- Provide all information needed to determine eligibility and benefit level.
- Have a minor child (under age 18 or 19 and still in high school) in the home.
- Be related to the child or children for whom you are caring. DHS rules define which types of relatives can qualify for caretaker FIP.

Your income does not matter when applying for caretaker FIP for the children. Your income does matter when applying for yourself and the children.

MEDICAID

Medicaid (also known as Title 19) is a program that pays for a wide range of medical and health care costs of people who qualify. These services are covered only if they are medically necessary and provided by a Medicaid participating provider. A provider that chooses to participate in the Medicaid program must accept the payments that Medicaid makes and make no additional charges to the recipient for services covered under the program. However, some services covered by Medicaid do require a small co-payment be paid.

WHO CAN GET HELP?

If the caretaker is financially eligible they may be eligible for Medicaid. Relationship to the child is not an eligibility factor and you do not have to be biologically related. The kinship caretaker's income would be considered towards their eligibility as a needy caretaker but has no effect on the child's eligibility.

The child may be eligible for Medicaid, relationship is not an eligibility factor, and you do not have to be biologically related. This program does not depend on your income or resources; however the children's income is an eligibility factor (social security, child support, etc.).

HOW DO I APPLY?

You can fill out the application online, print out an application form and mail it in, or get one from any DHS office. You may apply online at www.oasis.iowa.gov.

HEALTHY AND WELL KIDS IN IOWA (*hawk-i*)

hawk-i (Healthy and Well Kids in Iowa) is part of Iowa's State Children's Health Insurance Program (SCHIP), that helps families get health insurance for uninsured children. *hawk-i* makes health insurance easier to afford for families with incomes too high to qualify for Medicaid, but too low to afford private family coverage. The cost of *hawk-i* is based on family income and size. The most a family will have to pay is \$20 per month, even if there are more than two children in their family. Your children can be eligible for *hawk-i* even if you are working. To qualify, a child must live in Iowa and:

- Meet the income guidelines
- Be under 19 years old
- Have no other health insurance
- Be a citizen of the United States or permanent legal resident
- Be in a family that meets the *hawk-i* income limits
- Cannot be the dependent of a State of Iowa employee
- Children who qualify for Medicaid cannot get *hawk-i*

For more info, call 800-257-8563 or visit www.hawk-i.org. Also, TDD: 888-422-2319.

FOOD ASSISTANCE PROGRAM

The federal Supplemental Nutrition Assistance Program (SNAP) is the cornerstone of the United States Department of Agriculture's (USDA's) nutrition assistance programs. In Iowa, the program is called Food Assistance. The goal of the program is to help low-income Iowans meet their nutritional needs by supplementing the household's food budget with benefits that can be used to purchase groceries.

WHO CAN GET HELP?

To determine your eligibility for Food Assistance, you must apply. Eligibility is determined by the number of people in your home, the amount of earned income, the amount of unearned income, and the amount of resources in your household. To determine if you may be eligible for Food Assistance, go to www.oasis.iowa.gov.

HOW DO I APPLY?

You can fill out the form online, print out an application form and mail it in, or get an application form from any DHS office. Call your local DHS office for help with applying for Food Assistance. To apply online, visit www.oasis.iowa.gov.

WOMEN, INFANTS AND CHILDREN (WIC)

Women, Infants and Children, or WIC, is a public health program that provides nutritious food, nutrition education, and referrals to other health care agencies to qualifying families. Participants receive checks for nutritious food redeemable at more than 700 grocery stores and pharmacies across Iowa. There are WIC clinics in all 99 Iowa counties.

WIC eligibility is based on income, Iowa residence, and a medical or dietary need. If your child receives Title 19 and is under the age of 5, he or she may be eligible, regardless of your income. If your child does not receive Title 19 and is under the age of 5, he or she may qualify based on income. Many working families participate. Relatives can apply for WIC if they or the children they raise meet the eligibility criteria. For more information, call the state WIC office at 1-800-532-1579.

FREE OR REDUCED SCHOOL LUNCHES AND SUMMER FOOD SERVICE PROGRAM

The National School Lunch Program and the National School Breakfast Program are federally assisted meal programs operating in public and non-profit private schools and residential child care institutions. **Adoption subsidy payments are counted as part of family income when applying for free or reduced lunches.**

The Summer Food Service Program (SFSP) provides free, nutritious meals and snacks to help children in low-income areas throughout the summer months when they are out of school. Children 18 and younger may receive free meals and snacks through this program. For more information, talk to the principal or office staff at your child's school.

CHILD CARE ASSISTANCE (CCA)

Child Care Assistance (CCA) is available to the children of income-eligible caretakers who are absent for a portion of the day due to employment or participation in academic or vocational training or PROMISE JOBS activities. Assistance may also be available for a limited period of time to the children of a caretaker looking for employment or when the caretaker who normally cares for the child is unable to do so due to hospitalization, or outpatient treatment for physical or mental illness.

WHO CAN GET HELP?

You may get help from the Child Care Assistance (CCA) program if you:

- Have a child who needs care who is:
 - Under the age of 13,
 - Under the age of 19 if the child has special needs, or
 - Age 13 up to the age 16 if there are special family circumstances that put the safety and well being of the child at risk if left home alone (the parent or guardian must apply for an exception to policy)
- The child must be a U.S. citizen or legal qualified alien.
- Live in Iowa.
- The caretaker must have a need for childcare services such as:
 - Employed 28 or more hours per week
 - Participate in academic or vocational training full time, as defined by the school (limited to 24 fiscal months)
 - FIP recipient participating in PROMISE JOBS activities
 - Medical absence or incapacity (temporary)
 - Seeking employment (limited to one 30-consecutive-day period in any 12-month period)
 - Protective child care, when the child has a case plan that identifies protective child care as a required service

Childcare services for a child with protective needs are provided without regard to income. To receive protective childcare services, the family must meet specific requirements; the service area manager must pre-approve childcare services, and the provision for childcare must be identified in the child's case permanency plan as a necessary service.

WHO CAN PROVIDE CHILDCARE FOR MY CHILD?

Contact DHS to verify which type of childcare is available based on the child's eligibility.

WHAT MUST MY CHILDCARE PROVIDER DO?

Your provider must be approved by DHS in order to receive payment from the CCA program. Many providers are already approved by DHS to provide care for the CCA program. If you do not know whether your provider is approved, ask your DHS Child Care Assistance worker for assistance.

HOW DO I APPLY?

You may apply on-line at www.oasis.iowa.gov or you can fill out the form online, print out an application form and mail it in, or get an application form from any DHS office.

CHILDCARE AND REFERRAL

There is a childcare and referral agency for every county in the state. Visit www.iowaccrr.org for more information.

SOCIAL SECURITY DEPENDENT'S OR SURVIVOR'S BENEFITS

The Social Security Administration sends monthly checks to workers who are retired or disabled. Survivor's benefits are payable to children on the record of a parent who has died. In some cases, grandchildren can also receive benefits. A child can continue receiving dependent's or survivor's benefits until age 19 if he or she is a full-time student in elementary or high school. For more information, contact your local Social Security office, listed in the government pages of the phone book, visit www.ssa.gov, or call 800-772-1213.

SUPPLEMENTAL SECURITY INCOME (SSI)

If a child you care for meets Social Security's definition of having a disability and if their income and assets fall within the eligibility limits, the child may qualify for SSI payments.

Definition of disability for children includes:

- A physical or mental condition or conditions that can be medically proven and that result in marked and severe functional limitations.
- The medically proven physical or mental condition or conditions must last, or be expected to last, at least 12 months or be expected to result in death.
- A child may not be considered disabled if he or she is working a job considered to be substantial work.



For more information, contact your local Social Security office, listed in government section of the phone book, visit www.ssa.gov, or call 1-800-772-1213.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

LIHEAP helps low-income households with their heating and cooling bills. It can also help pay for energy-related home repairs. For more information, visit <http://www.state.ia.us/government/dhr/caa/index.html> or call the Chief of the Bureau of Energy Assistance in Des Moines at 515-281-0859.

ADOPTION TAX CREDIT

Contact a local tax expert or accountant to verify eligibility for this tax credit. For additional tax information, contact the Internal Revenue Service at 1-800-829-1040 or visit its website at www.irs.ustreas.gov IRS publication: 968.

EARNED INCOME TAX CREDIT (EITC)

This program provides a federal tax credit to workers with incomes up to \$36,000 who are raising children. For more information, visit www.irs.gov or contact a local tax expert.

CHILD AND DEPENDENT CARE CREDIT

This credit helps families who must pay for childcare while they work or look for work. The amount depends on the number of children you're raising, your income, and the cost of childcare. Usually the child must be your dependent, as defined by the IRS. For more information, visit www.irs.gov or contact a local tax expert.

CHILD TAX CREDIT

This program offers a child tax credit of up to \$1,000 per child. The child must be your dependent, as defined by the IRS, and the child must be younger than 17. For more information, visit www.irs.gov or contact a local tax expert.

RESPITE

DIRECT FAMILY ACCESS RESPITE

The Direct Family Access Program assists families who need respite care but are not eligible for respite services from any other source or have exhausted other resources. Administered by the Iowa Respite & Crisis Care Coalition (IRCCC), this program is for families who have a respite care provider but need financial assistance to pay for the care. The maximum annual award is \$400 per individual. In addition, a special mental health block grant was received that will allow up to \$1,000 per individual (maximum of \$2,000 per family) to be awarded to families with a child or children with a documented severe emotional disorder, or SED. For more information or for an application, call IRCCC at 877-255-3140.

ADOPTION RESPITE

The Iowa Foster and Adoptive Parents Association (IFAPA) administers the Adoption Respite Program. Adoption Respite is available to DHS adoptive families for subsidized adopted children. Each adopted child who is subsidized is eligible for five days of respite per fiscal year at the rate of \$17 per day. You must find your own respite provider. For more information, call IFAPA at 800-277-8145, ext. 4, or contact your IFAPA Resource Information Specialist.

CAMPS AND RECREATION PROGRAMS

Camps and recreation programs can provide valuable experiences for children while giving caregivers a much-needed break. Consider:

- Local recreation departments
- YMCA or YWCA
- Boys and Girls Club
- 4-H
- Girls Scouts and Boys Scouts
- Church camps
- Camps for children with special needs, such as Camp Courageous and Camp Sunnyside

OTHER RESPITE PROGRAMS

Check out www.archrespite.org, the ARCH Respite Network and Resource Center to locate other respite opportunities.

WHAT ABOUT BIRTH PARENT VISITS?

Depending on your situation, the birth parents may spend time with the children in your care.

If the child is in foster care, you may be required to transport and supervise visits. If you have questions or concerns about the visits, contact your DHS worker. If the visits are detrimental to the child, it may be necessary to have visits modified or discontinued.

If you have adopted the child, you have the authority to make decisions about visits with the birth parent. You must set boundaries about the type of contact, timing of contact, etc. **Firmly communicate to the birth parents they:**

- Make arrangements for a visit with you, not with the children.
- Arrive on time or call with a valid excuse.
- If substance abuse is an issue, arrive sober. If not, they will not be allowed in the house or to see the children.
- Should interact with the children and not do laundry or take naps, for example.

OTHER TIPS:

- Discuss in advance how you want them to handle discipline.
- Be clear about who can be present for the visit. This may not be the time for children to meet a new friend of the parent.
- If sobriety or missed visits are a chronic problem, do not tell the children about the visit until a sober parent shows up at the door.
- Have some of the children's favorite games, toys, or books ready for the visit.
- Encourage the parent to plan activities the children will enjoy.
- Model appropriate parenting and interaction with the children.
- Do not leave the children alone with the parent unless you are sure they will be safe.
- If the visit goes well, encourage the parent to visit again and thank him or her for spending time with the children.
- Record the date, time, place, and content of the visit.

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TALKING WITH CHILDREN ABOUT THEIR BIRTH PARENTS

One of the most significant advantages of kinship care – the relationship with the birth parents – can also be the most challenging for kinship caregivers.

In their book, *Telling the Truth to Your Adopted or Foster Child*, Betsy Keefer and Jayne Schooler raise an important question: If the relative caregiver dislikes or does not respect the birth parent, will he or she be able to treat the child fairly? Or will the caregiver be constantly looking for proof that the child is “just like” his birth father, for example? The authors suggest that kinship care can have the same feelings of an ugly, bitter divorce.

For these reasons, it is particularly important to be aware of what you say about the child’s birth family and birth history. When talking to children, consider the following guidelines:

- If possible, regularly discuss with the birth parents and extended family the ways in which communication will be handled. Everyone needs to be on the same page.
- Do not lie.
- Tell the truth, but tell only as much as the child really wants to know and can understand. Adapt the information as the child matures.
- Never bad-mouth the parent.
- Explain the parents’ problems as kindly as you can.
- Remind children that parenting is a job, like teaching or banking, and that not all people can do the parenting job.
- When children ask tough questions, it is okay to make statements such as, “I don’t know”; “I don’t know where Mommy is”; or “I don’t know when Dad is coming back.”
- If a parent is a drug user, talk about it by making statements such as, “Your dad uses drugs, so he is not able to take care of a little girl.”
- If a parent does not show up for a promised visit, nurture that child with comments, such as, “I know you feel bad because Mommy didn’t come to see you, but you’re safe with me;” or “Sometimes Daddy’s problems make it hard for him to be here.”
- Find something – anything – good you can truthfully say about the parent.
- Always reassure the children that the situation is not their fault.

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UNDERSTANDING CAREGIVER FEELINGS

Caregivers often experience a roller coaster of feelings, such as:

- **Guilt.** You may feel that somehow the situation is your fault.
- **Embarrassment.** Caregivers may worry about what others will say or think.
- **Anger.** Seeing the children suffer at the hands of parents often angers relative caregivers.
- **Grief.** You may grieve the loss of an adult child or the role as traditional grandparent, for example.
- **Resentment.** You may have given up personal hopes and dreams to take on childrearing responsibilities.
- **Isolation.** When a child comes into your life, your circle of friends may change. You may lose old friends and have trouble making new friends.
- **Fear.** You may fear that you will lose the child to an abusive parent or the court system. You may also fear the child will be abducted by the parent.
- **Anxiety.** Worrying about the children, their parents, and the future is common among relative caregivers.
- **Depression.** Overwhelmed with confused feelings and fatigued by responsibility, many kinship caregivers become depressed.
- **Loss.** You may have given up the dream that your child, niece, or nephew, for example, will ever be a parent. This is especially poignant when relative caregivers adopt.
- **Hope.** You may keep a spark of hope alive that the parents will straighten out.
- **Love.** Love is the driving emotion for most caregivers raising relative's children.

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UNDERSTANDING CHILDREN'S ISSUES

The children you are raising have likely experienced more trauma than some adults face in a lifetime. They have a variety of complex emotions.

ABANDONMENT

Young Scott was left at the neighbors and his dad never returned. Scott's grandma came to get him and brought him to her house. Scott was very scared that he would also lose his grandma and grandpa. At first, he would not let them out of his sight. Scott even became nervous when they went into the bathroom. He does not know where his dad is, and he has heard nothing from him. Scott does not know if he will ever come back for him.

GRIEF AND LOSS

Billy's mom packed up his things one night and took him to her sister's house. Billy had just made a new friend in his neighborhood when he had to move. He was on a soccer team for the first time, and now he can't play. Billy's mom forgot to pack his favorite bear and pillow. Billy's aunt, who used to let him get away with stuff, now makes him complete his homework before he is allowed to watch T.V. and makes him go to bed on time. Billy doesn't know where his mom is, why she left him, or when she will come back. He misses her and is worried that he won't see her again.

LOW SELF-ESTEEM

Andrea wonders what she did wrong. She thinks she must be really bad if her mom does not want her. Andrea wonders if she is stupid or if something else is wrong with her. What particularly upsets Andrea is that her mom is keeping her new baby, but not Andrea.

FEAR AND INSECURITY

Marcus lays awake at night worrying that his mom will not ever come back for him. At the same time, Marcus wonders what will happen if she does return for him. Will his mom be able to take care of him? Marcus is getting used to not being hungry and he is starting to feel safe. He worries about what will happen to him if his aunt gets sick or goes away. Where will he go?

ANGER

Sam punched his grandma today. He cannot explain what came over him. Sam said he felt like he would burst if he did not punch someone. His grandma was there, and it was easy to take out his anger on her. Sam feels terrible about what he did. He loves his grandma and knows she did not deserve it. Sam is really mad at his dad, but he does not know how to show his feelings without taking it out on others.

CONFUSED FEELINGS

Jenny says she hates her mom but, at the same time, she misses her very much. Jenny wants to go home, but she does not want to leave her grandparents. Jenny wonders if her mom could move in with her grandparents and her. Sometimes Jenny questions if they are keeping her from her mom. But Jenny knows her grandparents are very good to her and love her a great deal. Other feelings also confuse Jenny because her mom's boyfriend used to touch her in ways she did not like. When Jenny thinks about that, she gets real mixed up inside. She wishes she could get those thoughts out of her head.

COMMON BEHAVIORS OF CHILDREN WHO HAVE SUFFERED TRAUMA:

- School difficulties such as poor grades and difficult behavior.
- Unable to pay attention for long; can't concentrate.
- Will not let the caregiver out of sight; clings to the caregiver.
- Reverts to behavior like thumb sucking and bedwetting.
- Will not sleep alone or with the light off.
- Eats too fast, too much, or hides food.
- Takes care of brothers and sisters like a parent should.
- Difficult behaviors after a parent's visit.
- Exhibits inappropriate sexual behavior.
- Appears to be withdrawn, daydreaming, or unusually quiet.

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PARENTING AND DISCIPLINE

Perhaps it's been awhile since you parented a child. Or perhaps you'd never been around kids until this child moved in. Often relative caregivers are thrown into parenting situations for which they aren't completely prepared. Below are a few tips and resources to get you started.

- It's never okay to hit a child. You may have spanked your children when they were growing up, or you may have been spanked when you were raised, but today most experts agree that spanking is not acceptable.
- Be consistent and follow through.
- Be firm yet kind and fair.
- Set clear consequences, and enforce them right away.
- Model appropriate behavior.
- Reward behaviors you want to see again.
- Catch kids being good and praise that behavior.
- Give kids structure so they know what to expect.
- State expectations early and often.
- Provide when/then statements, such as "When you clean up your room, then you may play outside."
- Give children limited choices whenever possible, such as "Would you like to wear the red dress or the blue dress?" rather than, "What do you want to wear?"
- Encourage children to talk about his or her feelings.
- Let children know all feelings are okay, even mixed-up feelings.
- Say you're sorry when you make a mistake.
- Let children know you will always love them, even when they make mistakes.

BOOKS ON PARENTING AND DISCIPLINE

1-2-3 Magic: Effective Discipline for Children 2-12 by Thomas W. Phelan, PhD

The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children by Dr. Ross W. Greene

How to Talk So Kids Will Listen & Listen So Kids Will Talk by Adele Faber and Elaine Mazlish

Parenting the Hurt Child: Helping Adoptive Families Heal and Grow by Gregory Keck and Regina Kupecky

Parenting With Love and Logic: Teaching Children Responsibility by Foster W. Cline and Jim Fay

EDUCATIONAL ISSUES

Parents and caregivers want their children to have a positive and rewarding school experience. Children who are not living with their birth parents may face many challenges in school. Those challenges may be emotional, social, and academic. The child's difficulties are influenced by many factors including the child's genetic history, their social history, and the environment of their particular school. If the child in your care experiences difficulty in school, you may find yourself wondering if the problem is related to the child's genetic or social history, if it is a developmental problem common to children in that age group, or if it is a problem within the school system.

The challenges faced by children who are living with you may include some or all of the following:

- Frequent school changes.
- Behavioral or emotional struggles.
- History of inconsistent caregivers.
- Poor preparation for school and little encouragement when enrolled.
- Disabilities that qualify the child for special education.
- Learning lags or learning interruptions.

BEING AN ADVOCATE

The most important way you can help the child in your care succeed in school is to become an advocate. Try to develop good working relationships with teachers and other staff. Attend your child's school conferences and any other school meetings. Attend your child's games, art shows, or chorus performances. Make sure you contact the teachers regularly, not just when you have a concern or an issue arises.

It can be helpful to review a complete set of the child's educational records. If the records contain something you do not understand, ask someone at the school to explain it. For some children, the records may be incomplete or inaccurate, usually because the child has moved several times. Urge the school to have records from previous schools transferred, and correct any inaccuracies you find. Begin keeping records of the child's work, as well as any contacts you have with the school. A three-ring binder can help divide the information into categories and keep it organized in one location.

SPECIAL EDUCATION

If you suspect that your child may have a disability interfering with his or her ability to learn, there is help available. There are two laws, the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 that relate to special education. These laws help ensure that students with disabilities are provided with meaningful educational opportunities and are not discriminated against.

If the child hasn't been evaluated before, you can ask the school district to do so to determine if a disability exists and if the child is eligible for special education services.

For help with special education questions, contact your local Area Education Agency (AEA). Each AEA has a Family-Educator Connection program to assist families and educators to improve educational program for students with disabilities. You can ask your local school district how to contact the AEA in your area.

Another excellent resource is the Parent Training and Information Center which is part of the ASK Resource Center in Des Moines. They can be reached at 1-800-450-8667 or at their website: www.askresource.org

CURRICULUM CONCERNS

You may find that your child is given school assignments that are challenging or even hurtful because they focus on the child's background, personal information, genetics, or other topics. This can set a child who is not living with their birth parents apart and make him or her feel different from classmates. Some typical assignments that can be troublesome include autobiographies, family trees, Mother's or Father's Day events, and other activities that focus on the child's background or parents.

IFAPA has developed materials that can educate and inform teachers about assignments that are more sensitive for all children in the classroom. Contact your IFAPA Resource Information Specialist for additional information.

TALKING WITH SCHOOL PERSONNEL ABOUT THE CHILD

You may wonder how much information to share with school personnel regarding your child and his or her history. There are no clear-cut answers to these difficult questions. Each family must examine their own situation and the child's history to determine what information to provide to school personnel. Be aware these considerations may vary during the child's school career as the age and needs of the child change.

You might choose to keep some information private in an attempt to avoid having the child feel uncomfortable or having others treat them differently. Some caregivers prefer to wait and see if occasions arise during the course of the year; they choose to share information when it will assist the teacher in understanding and dealing with a particular problem.

On the other hand, you might want to share pertinent information about the child's background upfront in order to help the teachers be sensitive to difficult situations that may arise during the school year. Emotional issues such as grief, separation and loss, and feeling different from other children can affect a child's ability to perform to his or her maximum potential in school. When teachers have some knowledge of a child's history, they are better prepared to work cooperatively with the child and the child's caregivers.

Circumstances of a child's background can potentially cause behavior problems at school. When this is the case, it can be helpful to enlist the support of school personnel. It may be necessary to share relevant information about the child. Careful consideration should be given, however, to how detailed the information should be and to whom it is provided. It might, for example, be vital to share with a child's teacher that the child experienced abuse in the birth home. However, there is seldom a need to talk about the specifics of the abuse. It is appropriate to share just enough facts that the teacher gains an understanding of what might influence the child's classroom behavior or performance. Teachers and other school personnel are bound by confidentiality standards, but it's always wise to state clearly that the information should not be shared without your permission.

Communication between caregivers and school personnel is one of the most important keys to ensuring that every child succeeds in school. Increasing educators' awareness about the issues involved with children who are not living with birth parents and each individual child's situation plays a part in assuring that all children will have a successful and rewarding school experience.

TRANSRACIAL PARENTING

Many times family members find themselves raising a child of a different race. Children need and deserve to be connected to their cultural and racial heritage. The following are a few ideas to help your child grow up to be proud of who they are and where they come from.

- Let the child know that he or she is important and special and someone to be respected.
- Let the child know you appreciate his or her talents and strengths.
- Talk positively about both sides of the child's family.
- Read stories and folk tales that celebrate the child's heritage.
- Prepare ethnic foods from various cultures.
- Buy books showing people of many heritages.
- Try to find dolls that resemble the child.
- Play ethnic music.
- Avoid books containing negative stereotypes.
- Teach your child that stereotyping is wrong.
- Discuss stereotypes, prejudice, and racism you see on TV.
- Rent movies about children of other countries and cultures.
- Eat occasionally at various ethnic restaurants.
- Attend celebrations of ethnic communities.
- Display art or collections representing the child's heritage.
- Do not bad-mouth either parent.
- Avoid ethnic or racial humor.
- Don't make generalized statements about a particular race.
- Avoid pointing out the race of individuals if it is not pertinent to the conversation.
- Welcome relationships with people different from you.
- Encourage extended family members to have a relationship with the child.



RESOURCES:

PACT, an Adoption Alliance www.pactadopt.org

Provides articles, book lists, links, and more for families raising children of color.

Inside Transracial Adoption by Gail Steinberg and Beth Hall

Contact you IFAPA Resource Information Specialist for more resources.

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RAISING CHEMICALLY-FREE KIDS

Children hear about drugs everywhere – on television, in movies and music, and from their friends. Because many children being raised by relatives have birth parents with addictions, it is especially important that they learn about drugs from you – so you can teach them the facts and your own values.

The Children of Alcoholics Foundation suggests the following guidelines for talking to kids about alcohol and drugs.

PRE-SCHOOL AGED CHILDREN (3 - 5 YEARS OLD)

Children this age are learning how to make decisions and handle their feelings. They need help to understand what they hear and see. You do not need to give a lot of details at this age. Instead, talk about drugs in general. For example, you might say, “Some drugs are important, like medicine the doctor gives you when you are sick. Other drugs make you act strangely.” You can also:

- Talk about who they can trust to take them places, feed them, or give them medicine.
- Talk about the difference between real and pretend.
- Teach self-help skills like brushing their teeth and washing their hands by themselves.
- Help them learn to develop solutions by breaking down problems into smaller pieces.

SCHOOL-AGED CHILDREN (6 - 10 YEARS OLD)

Children in elementary school want to be grown-up and make their own choices. Friends and what they think are very important. They may have a hard time focusing on the future and the results of their actions. Some children may have already been offered drugs and alcohol. When you talk to children at this age, you need to talk about the facts and focus on the here and now. You can also:

- Set clear rules and support healthy friendships.
- Talk about what alcohol and other drugs are like, why they are against the law, and what harm they can do.
- Help them use healthy ways to get their feelings out – like talking, drawing, or writing in a diary.
- Help them make smart choices and help them see the difference between a quick fix and a long-term answer.

TEENS (11 – 18 YEARS OLD)

By the time young people become teenagers, they are at high-risk for drug and alcohol experimentation problems. They have a strong need to be liked by other teens, even if it means disobeying adults. This is the most common time for children to begin using drugs or alcohol. Even if they get drug education in school, you have to do more.

You can:

- Talk about how alcohol and drugs affect the body superficially.
- Talk about how and why addiction happens, and what that means to people who are children of substance abusers.
- Talk about the youth's future and what they need to do to meet their goals.
- Help teens come up with ways to take a stand against peer pressure.
- Find healthy ways to deal with stress – bring out their creativity and praise even the little things. By talking about drugs and alcohol early and often, you can help provide a safe place to bring questions, get facts, and talk about what might be confusing.

For more information, contact:

American Council for Drug Education
164 W. 74TH Street
New York, NY 10023
800-488-DRUG

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
1-800-729-6686
<http://store.samhsa.gov>

*Reproduced in part with permission from **The Ties That Bind**, an initiative of the Phoenix House Children of Alcoholics Foundation. For more information, call 212-595-5810, ext. 7760 or visit www.coaf.org.*

INTERNET SAFETY

Today's kids learn computer skills very early. Most often they are more electronic savvy than parents! Unfortunately, with the advent of new technology comes new ways to hurt children. Be aware that kids on the Internet may be:

- Exposed to inappropriate sexual, violent, or hateful material.
- Approached to meet a person face-to-face. Sexual predators use chat rooms and bulletin boards to try to lure children to meet them in person.
- Harassed. Children may text or e-mail messages that are harassing or demeaning. Many school administrators say Mondays are difficult school days because kids have spread rumors or fought online over the weekend.
- Spending your money. Kids can shop, gamble, and more with a credit card.
- Seeing pornography, alcohol ads, and more.
- Getting false information. Just because it's online, does not make it true.

If your child has access to the Internet, it's important to set some guidelines, such as:

- Never give out identifying information, including your full name, address, or school.
- Never share your password.
- Never give out credit card information.
- Never arrange to meet someone in person that you meet online.
- Never send a message over the internet that you wouldn't say to a person face-to-face.
- Never respond to an e-mail or chats that make you feel uncomfortable.
- Never send a photo of yourself to someone you meet online.
- Always tell a trusted adult if you read or see something inappropriate or dangerous or if you feel someone is in trouble.

Parents need to learn all they can about how their children use the computer. Consider allowing your child to use the Internet only under your supervision. Also consider installing parental control software on your computer to block harmful websites and more. Be aware that these are not foolproof.

INTERNET SAFETY RESOURCES:

www.safekids.com
www.getnetwise.org
www.netlingo.com

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PREVENTING AN ABDUCTION

Children may become victims of an abduction by non-custodial parents. There are a number of things you can do to help reduce the risk of abduction or, if it should occur, to help get the child safely back home.

- Teach them your telephone number complete with area code.
- Practice making long-distance collect calls.
- Encourage them to call you anytime they are uncomfortable, day or night.
- Teach them how to dial 911 and when to use it.
- Make sure they know your first and last name.
- Have them memorize your address.
- Tell them you would never agree to their parent or a stranger taking them.
- Let them know that you will always keep looking for them if they disappear.
- Advise them never to go with their parents unless you've told them about the visit.
- Designate someone else the child can call if you aren't available.
- Tell them that if it feels wrong, do not go.
- Write down the parents' car license plate number, color, make, and year.
- Keep names and numbers of the parents' family, friends, and employers.
- File for a denial of passport, if you are concerned the parents may leave the country with the children. Contact Passport and Advisory Services at 1111 19th St, N.W., Suite 260, Washington D.C 20522 or call 202-955-0447. You need to include the court order and case number.
- Have current photos of the children and both parents to give to the police.

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CHILDREN'S MENTAL HEALTH SERVICES

Children who are not living with their biological parents may benefit from therapy to help them understand the many issues they face. Children frequently struggle with a wide variety of issues, such as neglect, physical and sexual abuse, abandonment, and grief.

Children of parents with mental illness are more likely to develop a mental illness themselves. If both biological parents are mentally ill, the chance is even greater that the child will suffer from a mental illness.

According to the American Academy of Child and Adolescent Psychology, the risk is particularly strong when a parent has one or more of the following: bipolar disorder, an anxiety disorder, ADHD, schizophrenia, alcoholism or other drug abuse, or depression. It's important for you to educate yourself about the problems facing the biological parents of the children in your home.

Growing up in an unpredictable or violent environment can also contribute to mental illness in children.

If the child in your care is experiencing behaviors or emotions you do not feel equipped to manage it is important to seek professional assistance.

WHERE TO TURN FOR HELP

- Make an appointment with a psychiatrist, psychologist, child neurologist, or behavioral pediatrician for an evaluation. You can ask your child's pediatrician or caseworker for a referral.
- Gather information from libraries, websites, and IFAPA.
- Find a way to connect with other families of children with the disability.
- Ask questions about treatments and services.
- Work with the child's school and local Area Education Agency (AEA) so he or she receives appropriate services.

STATE AND LOCAL MENTAL HEALTH AND DISABILITY RESOURCES:

The University of Iowa Center for Disabilities and Development

www.uichildrens.org

1-877-686-0031

Child Health Specialty Clinics

www.uichildrens.org

1-866-219-9119

CHSC serve children, birth through 21, who have a chronic physical, developmental, behavioral, or emotional condition or have an increased risk for a chronic condition.

Mid-Iowa Family Therapy Clinic, Inc.

www.midiowafamilytherapy.org

1-800-649-5423

Mid-Iowa provides culturally diverse advocacy, training, and support services to children with mental health needs, their families, and community providers.

Area Education Agency (AEA)

Iowa Area Education Agencies are regional service agencies that provide specialized services for children and students birth to age 21.

You can ask your local school district how to contact the AEA in your area.

ASK Resource Center

www.askresource.org

1-800-450-8667

The Center provides a broad range of information, advocacy, support, training, and direct services for people throughout the state.

ARC

www.thearc.org

The ARC provides information and services for children and families affected by a wide range of disabilities.

National Alliance for the Mentally Ill (NAMI)

www.nami.org

1-800-417-0417 for NAMI Iowa

NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life of all whose lives are affected by these diseases.

Iowa Federation of Families for Children's Mental Health (IFFCMH)

www.iffcmh.org

1-888-400-6302

IFFCMH assists parents of children who have emotional or behavioral disorders, are receiving mental health system services, are receiving special education services, or are in the juvenile justice system.

Your local mental health agency

Check out "Mental health services" in the yellow pages of your phone book.

MENTAL HEALTH ISSUES

The following information is a small sample of common mental health issues and diagnoses. For additional information please contact a mental health professional.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Attention Deficit Hyperactivity Disorder (ADHD) is a neurobiological disorder that causes children to have difficulty controlling their behavior. It is the most commonly diagnosed behavior disorder among children and adolescents.

There are three types of ADHD: Inattentive, hyperactive-impulsive and combined attention-deficit/hyperactivity disorder.

Children with the inattentive type often:

- Have short attention spans
- Are easily distracted
- Don't pay attention to detail
- Make a lot of mistakes
- Fail to finish tasks
- Have trouble listening, even when spoken to directly
- Are unorganized and have trouble remembering things

Children with the hyperactive-impulsive type often:

- Fidget and squirm
- Can't stay seated or be quiet
- Run or climb when they should not
- Talk too much when they should not
- Interrupt
- Have trouble taking turns

Attention-deficit/hyperactivity disorder is a combination of the inattentive and the hyperactive-impulsive types.

RESOURCES

Children and Adults with Attention-Deficit/Hyperactivity Disorder

www.chadd.org

Driven To Distraction: Recognizing and Coping with Attention Deficit Disorder from Childhood Through Adulthood by Edward M. Hallowell and John J. Ratey

Taking Charge of ADHD, Revised Edition: The Complete, Authoritative Guide for Parents by Russell A. Barkley

Contact your IFAPA Resource Information Specialist for additional resources.

ANXIETY DISORDERS

Young people who experience excessive fear, worry, or uneasiness may have an anxiety disorder. Anxiety disorders are among the most common of childhood disorders. Anxiety disorders include:

- **Phobias:** Unrealistic and overwhelming fears of objects or situations, such as animals, storms, or being in an enclosed space.
- **Generalized anxiety disorder:** Children demonstrate a pattern of excessive, unrealistic worry that cannot be attributed to any recent experience.
- **Panic disorder:** Causes terrifying panic attacks that include physical symptoms, such as a rapid heartbeat, dizziness, nausea, or a feeling of imminent death.
- **Obsessive-compulsive disorder:** Children become trapped in a pattern of repeated thoughts and behaviors, such as counting, hand washing, or arranging objects.
- **Post-traumatic stress disorder:** Causes a pattern of flashbacks and other symptoms. This can occur in children who have experienced a distressing event, such as being abused or being a victim or witness of violence or disaster.

AUTISM SPECTRUM DISORDERS AND ASPERGER'S SYNDROME

Children with autism may have problems interacting and communicating with others. Autism causes children to act inappropriately, often repeating behaviors over long periods of time. Some children bang their heads, rock, or spin objects. Symptoms of autism range from mild to severe. Children with Asperger's syndrome, a subset of the autism spectrum disorders, often have a preoccupation with a single subject or activity and have difficulty relating to peers.

BIPOLAR DISORDER

Children who have exaggerated mood swings that range from extreme highs to extreme lows may have bipolar disorder. Periods of moderate mood may occur in between the extreme highs and lows. During manic phases, children may talk nonstop, need very little sleep, and show unusually poor judgment. At the low end of the mood swing, children experience severe depression.

DEPRESSION

The most common symptoms of depression include a feeling of sadness that won't go away, hopelessness, changes in eating and sleeping patterns, low energy, poor concentration, self-deprecating remarks, and thoughts or expressions of death or suicide.

EATING DISORDERS

Children who are intensely afraid of gaining weight and do not believe that they are underweight may have eating disorders. Eating disorders can be life threatening.

Young people with anorexia nervosa fail to maintain a healthy body weight and often exercise compulsively.

Young people with bulimia nervosa eat huge amounts of food in one sitting and rid their bodies of the food by vomiting, abusing laxatives, taking enemas, or exercising obsessively.

LEARNING DISORDERS

Difficulties that make it harder for children to receive or express information could be a sign of learning disorders. Learning disorders can show up as problems with spoken and written language, coordination, attention, or self-control.

OPPOSITIONAL DEFIANT DISORDER (ODD) & CONDUCT DISORDER

Children with ODD often lose their temper, argue with adults, blame others for mistakes, deliberately annoy others, refuse to follow rules, and are resentful and angry.

Conduct disorder causes children to display serious, repetitive, and persistent misbehavior. They are often aggressive toward people or animals, destroy property, lie and steal, set fires, and consistently break rules.

REACTIVE ATTACHMENT DISORDER (RAD)

Children with RAD have a markedly disturbed and developmentally inappropriate way of relating to peers and adults. Children may develop RAD when their primary caregivers disregarded their basic physical and psychological needs. Children with RAD are often very aggressive and have little guilt or remorse.

SCHIZOPHRENIA

Young people with schizophrenia have psychotic periods that may involve hallucinations and loss of contact with reality. Other symptoms include delusional or disordered thoughts and withdrawal from others.

TOURETTE'S DISORDER

Tourette's is a neurological disorder that causes children to have motor and vocal tics, such as excessive eye blinking, throat clearing, and vocal outbursts.

FETAL ALCOHOL SYNDROME (FAS)

Fetal Alcohol Syndrome (FAS) is a set of physical and mental birth defects that can result when a woman drinks alcohol during her pregnancy. The baby may suffer lifelong damage as a result.

FAS is characterized by brain damage, facial deformities, and growth deficits. Heart, liver, kidney defects, vision and hearing problems are common. Individuals with FAS have difficulties with learning, attention, memory, and problem solving.

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

MANY CHILDREN WITH FETAL ALCOHOL SYNDROME:

- Have a small head circumference.
- Have a short, upturned nose and smooth, wide philtrum.
- Have small, wide-spaced eyes.
- Have tactile sensitivity or insensitivity.
- Have erratic sleeping and eating patterns.
- Have a short attention span.
- Are unable to settle down and sit still.
- Forget what was previously learned and have difficulty learning from consequences.
- Are volatile and impulsive.
- Have poor social skills.
- Have a limited concept of time or money.
- Have poor judgment.
- Don't learn from mistakes.

TIPS FOR PARENTS:

- Focus on teaching daily living skills.
- Redirect behavior.
- Establish routines.
- Let the child know in advance when an activity will change.
- Break down work into small pieces.
- Set limits and be consistent.
- Avoid places where the child will become over-stimulated.
- Review and repeat simple rules again and again.

RESOURCES:

Healthy Connections - www.healthyconnectionsinc.com / 515-462-2024

Prevention Concepts, Inc., - 515-961-8830

www.nofas.org

www.fetalalcoholsyndrome.org

www.thearc.org

DEALING WITH YOUR OWN AGING

If you are a grandparent or great-grandparent who has adopted a child, you have additional considerations for the child as you face your own aging. To protect the child if a grandparent should become seriously ill or die, there are options.

APPOINT A STANDBY CUSTODIAN

As an alternative for transferring the custody and care of the grandchildren to another person, consider appointing a standby custodian. To appoint a standby custodian, the grandparents need to sign a petition in which a future caregiver is named and identified; the petition is then filed with the court. Once the custodian is able to resume care of the children, you may be able to withdraw the petition.

STANDBY CUSTODY

- Allows grandparents to make future plans for the grandchildren without having to legally transfer decision-making power.
- Does not go into effect until there is a “triggering event,” such as a serious illness or death.

Contact a family law attorney for more information and for help with filing a standby custody agreement.

WRITE A HEALTH CARE DIRECTIVE

Grandparents can write a health care directive. This document appoints a health care agent to make decisions about health care, organ donation, funeral arrangements, and other health issues that may arise if the grandparents are unable to make decisions for themselves.

LIVE A HEALTHY LIFE

Grandparents can increase their chances of seeing their grandkids grow up by eating balanced meals, walking 30 minutes a day, keeping their weight down, and getting annual medical check ups. Take time for yourself. Insist on a regular quiet time during each day. Grandparents need to take care of themselves as well as they do the children in their care.

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WEBSITES FOR RELATIVE CARETAKERS

AARP GrandFamilies Guide (Resources for Grandparents Raising Children)

www.aarp.org/relationships/friends-family/info-08-2011/grandfamilies-guide-getting-started.html

American Bar Association (Kinship Care Legal Research Center) -

www.abanet.org/child/kinshipcare.shtml

Brookdale Foundation - RAPP (Relatives as Parents Program) -

www.brookdalefoundation.org/

Child Welfare League of America - www.cwla.org/programs/kinship/

Children's Defense Fund -

www.childrensdefense.org/child-research-data-publications/data/kinship-care-resource-kit.pdf

Generations United (National Center of Grandparents and Other Relatives Raising Children) - www.gu.org

Grandfamilies State Law and Policy Resource Center - www.grandfamilies.org

Grandparenting - www.grandparents.com

Grandparents Raising Grandchildren USA -

www.usa.gov/Topics/Grandparents.shtml

Iowa Association of Area Agencies on Aging - www.iowafamilycaregiver.org/

Iowa Department of Elder Affairs - www.aging.iowa.gov

Iowa Family Caregiver Support - www.iowafamilycaregiver.org

Iowa Foster and Adoptive Parents Association - www.ifapa.org

Iowa State University / University Extension -

www.extension.org/family+caregiving

National Committee of Grandparents for Children's Rights -

www.grandparentsforchildren.org

National Council on the Aging (NCOA) Benefits Check-up -

www.benefitscheckup.org

University of Georgia (Grandparents Raising Grandchildren Article Series) -

www.fcs.uga.edu/ext/pubs/ecd.php?category=Grandparents%20Raising%20Grandchildren

University of Wisconsin Extension - Grandparenting Today

(Over 100 Fact Sheets) - <http://fyi.uwex.edu/grandparenting/publications/>

BOOKS AND ADDITIONAL READING FOR RELATIVE CARETAKERS

A Family's Guide to the Child Welfare System: <http://gucchd.georgetown.edu>

First Steps: Getting Started Raising Relatives' Children: www.mkca.org

Grandparents as Parents: A Survival Guide for Raising a Second Family:

De Toledo is a founder of the national support group "Grandparents as Parents," or GAP. In this book, the authors describe the legal, medical and financial issues grandparents raising grandchildren face. They also discuss how to deal with drugs, counseling and special education needs. (Authors: Sylvie De Toledo & Deborah Edler Brown)

Raising Our Children's Children: Doucette-Dudman is also a founder of the national support group "Grandparents as Parents," or GAP. When her daughter-in-law was arrested on drug charges, she filed for custody of her grandson. In this book, the authors discuss why some birth parents don't raise their children, the choices grandparents must make, the ongoing relationships with birth parents, and dealing with legal and social service systems. (Authors: Deborah Doucette-Dudman and Jeffrey R. Lacure)

To Grandma's House, We...Stay: When You Have to Stop Spoiling Your Grandchildren and Start Raising Them: This book guides grandparents through the obstacle course of emotions, conflicts, and social considerations they face when raising a grandchild. (Author: Sally Houtman)

Second Time Around: Help for Grandparents Who Raise Their Children's Kids:

The author discusses her own, sometimes painful, experiences of raising her grandson. This book offers personal and practical advice for grandparents raising grandchildren. (Author: Joan Callander)

The Grandparent Guide: The Definitive Guide to Coping with the Challenges of Modern Grandparenting: The Grandparent Guide examines the countless ways grandparents and grandchildren interact. One section specifically looks at raising grandchildren and the difficulties and changes that come along with this new responsibility. (Author: Arthur Kornhaber)

Ticklebelly Hill: Grandparents Raising Grandchildren: The author states while she was happy to provide her grandchildren with a stable home, she was heartbroken and guilty that her daughter could not. She describes her book as a lighthearted yet serious look at life after the grandkids move in. (Author: Hilda Osborne)

Ties that Bind Handbook: This handbook is designed to help kinship care providers deal more effectively with new child-rearing responsibilities due to their relative's addition. www.coaf.org



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Some of the information in this booklet was adapted from the Child Welfare Information Gateway's Kinship Caregivers and the Child Welfare System fact sheet.

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