

May 2, 2025

GENERAL LETTER NO. 18-C4-3

ISSUED BY: Bureau of Child Welfare Policy
Division of Family Well-Being and Protection

SUBJECT: Employees' Manual, Title 18, Chapter C(4), **Kinship Support**, Title Page,
Contents 1, 1-10, revised; 11 and 12, new.

Summary

This chapter is revised to update information relating to the Kinship Navigator program and references to Comm. 620, Kinship Navigator Services Manual.

Effective Date

May 1, 2025.

Material Superseded

Remove the following pages from Employees' Manual, Title 18, Chapter C(4), and destroy them:

<u>Page</u>	<u>Date</u>
Title Page	February 12, 2021
Contents 1	June 11, 2021
1-10	June 11, 2021

Additional Information

Refer questions about this general letter to your service area administrator.

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Overview

Kinship care is the full-time care and nurturing of a child by a family member or someone with a significant emotional connection to the child (i.e. fictive kin) when out-of-home placement is needed. Kinship care is the preferred option if a removal is warranted. There are many benefits to placing children with kinship caregivers including increased stability and safety, reduced trauma, and an increased sense of connection and belonging.

Kinship care often:

- Decreases trauma for children by providing continuity and connection with familiar adults and surroundings;
- Allows siblings to be placed together and remain closely connected;
- Reinforces children's personal, familial, and cultural identities through connection to their family history and community;
- Encourages families to cultivate and rely on their own resources and strengths; and
- Enables extended family and other interested parties to participate as essential members of the child and family's team and safety network.

The search for kinship caregivers should begin during the intake process and continue throughout the life of the case. This is expected even if placement is not needed at the time of initial Department involvement because development of a support system for the family is one component of permanency. In the long term, kinship placement may be one of a range of positive permanency options.

Definitions

“Child”, “Children”, or “Youth” means a person or persons who meets the definition of a Child in Iowa Code § 234.1(2).

“Child welfare services” means age-appropriate activities to maintain a child's connections to the child's family and community, to promote reunification or other permanent placement, and to facilitate a child's transition to adulthood.

“Department” means the Iowa Department of Health and Human Services (HHS).

“Department worker” means the Department of Health and Human Services worker who is responsible for providing social casework. (441 IAC 182.1(234))

“FACS” is the acronym for the Family and Children's Service System, which provides the automated data collection and payment mechanism for many Department service programs.

“Family Interaction” means the philosophy to maintain relationships with siblings, parents, family, and other individuals and to reduce the sense of abandonment and loss that children experience at placement.

“Fictive Kin” means an individual who is unrelated by either birth or marriage but who has an emotionally significant relationship with another individual who would take on the characteristics of a family relationship.

“Kinship Navigator Services” means the services and supports providing information, referral, and follow-up to Kin and Fictive Kin who are caring for and raising absent Kin’s children to link them to benefits and other resources they need.

“Kin” means one's family and relations.

“Kinship care” means the care of a child by kin or fictive kin. Kin are the preferred resource for a child who must be removed from their birth parents because it maintains the child’s connection with their families.

“Kinship caregiver” means kin (e.g., grandparent, sibling, etc.) and fictive kin (e.g., godparents, close family friends, etc.) providing care for a child.

“Licensing worker” means a Department employee or an employee of the contractor who is involved in doing the Kinship Foster Care approval home study.

“Medicaid referral” means referral of a family to the income maintenance unit of the local Department office for determination of Medicaid eligibility.

“Parent” means:

- a biological or adoptive mother(s) or father(s) of a child; or a father whose paternity has been established by operation of law due to the individual's marriage to the mother at the time of conception, birth, or at any time during the period between conception and birth of the child, by order of a court of competent jurisdiction, or by administrative order when authorized by state law. A parent is a parent regardless of child custody status or residence in the child’s home.
- “Parent” does not include mother(s) or father(s) whose parental rights have been terminated. (Iowa Code section 232.2(39))
- In the Indian Child Welfare Act, a biological parent or parents of an Indian child or any Indian person who has lawfully adopted an Indian child including adoptions under Tribal Law or custom. It does not include the unwed father where paternity has not been acknowledged or established. (Iowa Code section 232B.3(12))

“Permanency” means a child has a safe, stable, custodial environment in which to grow up, and a lifelong relationship with a nurturing caregiver. (441 IAC 172.2)

“Recruitment, Retention, Training, and Support (RRTS) Contractor” means the organization that has executed a contract with the department to provide recruitment, retention, resource family licensing and adoptive family approvals, support to resource families and post-adoptive families, training and to match children in need of care to resource families.

“Service Area manager” means the Department official responsible for managing the Department’s programs, operations, and budget within one of the Department service areas. (441 IAC 172.1(234))

“Social Work Case Manager” is a person in the social worker II classification of the Department who administers social work case management.

Social Work Case Manager (SWCM) Responsibilities Specific to Kinship Placements

The SWCM will:

- Provide information about the court process, different types of hearings, court procedures, and the caregiver’s role in any court proceedings if applicable;
- Notify the kinship caregiver of any proceedings regarding the child placed in their care; Refer kinship caregivers to the family-centered services (FCS) contractor for Kinship Navigator Services within 3 business days of court-ordered placement with the caregiver. For information regarding making a referral to Kinship Navigator Services, see [18-C\(3\), Family-Centered Services](#).
- Notify the kinship caregiver of meetings, including Family Focused Meetings (FFMs) and YTDM meetings, so they can participate if invited to attend;
- Include the kinship caregiver in the development and updates of the Family Case Plan;
- Provide the kinship caregiver with information regarding their responsibilities and determine whether they will need any assistance in carrying out their responsibilities;
- Maintain regular contact with the kinship caregiver, meeting face to face with the caregiver when possible, and continually assess support needs to assure a safe and stable placement. The assigned SWCM shall personally visit each child in out-of-home care at least once every calendar month, with frequency of visits based upon needs of the child. The visit shall take place in the child’s place of residence the majority of the time. The visit shall be of sufficient length to focus on issues pertinent to case planning, For more information on monthly home visits to the child in out-of-home care, see [18-D\(1\), Foster Family Home](#).
- Assist kinship caregivers with accessing resources to support the placement including, but not limited to FIP, Medicaid, and Food Assistance;

- Assist kinship caregivers to create a safe and supportive home environment, including early identification of needs for additional services such as therapy, counseling, educational and/or mental health services and to close the gaps and/or delays with service delivery to kinship caregivers;
- Provide kinship caregivers with information on the Kinship Caregiver Payment Program. See [Comm. 604, Kinship Caregiver Payment Program](#).
- Provide kinship caregivers with information on [Comm. 603, Licensed Family Foster Care Provider Benefits](#). Kinship caregivers should be aware of all permanency options, including guardianship, and adoption.
- Continuously look for appropriate kin and fictive kin placements over the life of the case. If a placement change becomes necessary, previously explored kin and fictive kin will be re-explored as possible placement resources.

Kinship Caregiver Payment

The kinship caregiver payment is a time-limited payment that allows kinship caregivers to receive financial support for each child court ordered and placed in their care. Note: In order to receive this payment, a kinship caregiver must meet the definition of a person to whom a child is related by blood, marriage, or adoption, or a person who has a significant, committed, positive relationship with the child, providing care for a child. See [Comm. 604, Kinship Caregiver Payment Program](#).

If the kinship caregiver meets eligibility, all of the following conditions apply:

- The Kinship Caregiver will be eligible for payment after 14 days of the child's court ordered placement in the kinship caregiver's home. The 14-day requirement is waived if the child enters the kinship caregiver's home immediately following a paid placement for at least 30 days.
- The monthly payment will be the basic foster care maintenance payment amount for each eligible child residing in the kinship caregiver home.
- The monthly payment will be paid to the Kinship Caregiver on the first day of the month following the date of eligibility.
- The payment will continue for up to four months.
- The kinship caregiver payment will be terminated prior to the four months if the child no longer resides in their home.
- Kinship caregivers who currently receive a foster care payment are not eligible to receive the kinship caregiver payment.

When a child is eligible for the kinship caregiver payment, the SWCM is required to complete the following:

- Make FACS entries in SERL to authorize payment for the placement utilizing relative (kin) and non-relative (kin) placement codes.
- If a child is not a Medicaid member, obtain a Medicaid application from the child's parents, guardian, or other responsible person (kin, guardian ad litem (GAL), and attorney) using form 470-2927 or 470-2927(S), Health Services Application. See Medicaid Eligibility.
- If the child is a non-U.S. citizen, state funding will need to be utilized for the Kinship Caregiver Payment to the caregiver. Provide the name of the child(ren) and name of the kinship caregiver for the child(ren) receiving Kinship Caregiver Payment via email to the Kinship Program Manager at Central Office.
- If a child leaves the kinship caregiver's home prior to the four months, end date the placement in FACS.
- If the four months of kinship payment is exhausted, direct the kinship caregiver to apply for FIP.

Kinship Navigator Services

Kinship Navigator Services assist kinship caregivers in learning about, finding, and using programs and services to meet their needs. Kinship Navigator Services are structured to meet the needs of kinship caregivers while supporting placement stability, reunification and child safety.

Iowa's Kinship Navigator Services program is aligned with the ProtectOHIO Kinship Supports Intervention (KSI) model and includes provision of core KSI model components. The KSI model is listed as a "Promising" evidenced-based intervention on the Prevention Services Clearinghouse as a study outcome of the model demonstrated a favorable effect on child placement stability. The goal of the KSI intervention is to meet children's physical, emotional, financial, and basic needs by connecting kinship caregivers with federal, state, and local resources. For more information about the KSI Model in Kinship Navigator Services, see [Kinship Navigator Services Manual, Comm. 620](#).

Kinship Supports Intervention Model/Protect Ohio Core Model Components

1. Kinship Support and Coordination
3. Kinship-Specific Assessment Tools and Processes
4. Support Plans for Caregivers
5. Home Visits with Kinship Families
6. Kinship Handbook provided to Kinship Caregiver
7. Services are Available to Support Kinship Families in Accordance with Their Needs

Kinship Navigator Services are available during an open HHS service case to kin or fictive kin caregivers with children placed in their care or temporarily residing with them as arranged by the child's parent. The Kinship Navigator Services case may remain open as long as the caregiver has ongoing needs.

- Refer the kinship caregiver for Kinship Navigator Services **within 3 Business Days upon placement of the child(ren) in the caregiver's home**. Complete form [470-5150, Child Welfare Services Referral Face Sheet](#) and form [470-0111, Kinship Home Assessment Part 1](#) and submit to the Family Centered Services contractor.

Kinship Home Assessment Tool

- The Kinship Home Assessment Tool has been developed to ensure that the HHS Caseworker and/or Kinship Specialist have thoroughly assessed the Kinship Caregiver's ability and willingness to ensure safety, permanency, and well-being for the child(ren) placed in their care.
- Part 1 of this Tool is meant to cover the minimum information needed to determine whether a placement is appropriate. The HHS Placement Worker will complete Home Assessment Part 1 to provide with the referral to Kinship Navigator Services within 3 days of placement with the Kinship Caregiver.
- Part 2 of this Tool is a Kinship-specific tool to be utilized for discussion in greater depth during the needs assessment process through initiation of Kinship Navigator Services and in the development of the Kinship Support Plan. The Kinship Specialist will complete Home Assessment Part 2 within 30 days of the Kinship Caregiver accepting services.

Kinship Caregiver Home Assessment Part 1 Instructions

Please check the response that most accurately answers each of the questions on the assessment. This information may be obtained via Kinship Caregiver interviews, case records review, background checks, a walk-through of the caregiver's home, etc.

Provide the completed Home Assessment Part 1 document with the [Child Welfare Referral Services, Form 470-5150](#) to refer the caregiver to Kinship Navigator Services within 3 days of placement.

Referrals to RRTS

The Kinship Specialist will notify the HHS Caseworker if the caregiver accepts Kinship Navigator Services. If the kinship caregiver declines services, refer kinship caregivers to the recruitment and retention contractor after 30 calendar days of a child placed in their care for the caregiver to consider beginning the process to become licensed for foster care. Complete form [470-5150, Child Welfare Services Referral Face Sheet](#) and submit to the RRTS contractor.

Service Delivery

The Kinship Specialist will make initial phone contact with Kinship Caregivers within two (2) Business Days of the Agency referral. If the Kinship Caregiver accepts services, the Kinship Specialist shall make in-person contact with the Kinship Caregivers within five (5) Business Days of the Agency referral.

- If the Kinship Caregiver expresses interest but declines services at the initial phone contact, the Kinship Specialist may follow up with the Kinship Caregiver within thirty (30) calendar days to offer services at that time.
- If the Kinship Caregiver accepts services at this later date, the Kinship Specialist shall make in-person contact with the Kinship Caregivers within five (5) Business Days of their acceptance of services.
- The Kinship Specialist will discuss with the caregiver about the benefit of becoming a licensed foster parent. The Kinship Specialist will make a referral to recruitment and retention contractor to begin the foster care licensing process, should the caregiver want to move forward.
- The HHS placement worker may also make a referral to the recruitment and retention contractor if the caregiver has indicated at the time of placement that they would like to move forward with becoming a licensed foster parent.
- If the caregiver declines moving forward with the foster care licensing process initially but decides to move forward later while the child is placed in their care, the SWCM can make a referral to the contractor to begin the foster care licensing process. Refer the kinship caregiver to the contractor by completing and submitting form 470-5150, Child Welfare Services Referral Face Sheet.
- If kinship caregivers accept a referral to Kinship Navigator Services, the assigned FCS Kinship Specialist will email the assigned Department worker of the kinship caregiver's interest or willingness to participate in the Kinship Foster Care approval licensing process.

See [Kinship Navigator Services Manual, Comm. 620](#) for more detailed information on provision of the Kinship Navigator Services Program.

SWCM Face-to Face Visits with Kinship Caregivers

Home visits should occur regularly or more frequently based on the needs of the caregiver. Face-to-face contact that targets the unique needs and challenges for these families is considered best practice. In addition to routine, required face-to-face visit activities outlined in [18-C\(2\), Case Management](#), the following areas are important to consider and address when interacting with kinship caregivers:

- Kinship caregivers very often assume their role of caregiver during a time of crisis. This requires them to make many changes in the home life to accommodate a child with little time for preparation. Changes typically include accommodating space in the home, arranging for childcare, accessing healthcare, making arrangements for school, and accessing other specialized services for the child. Prompt attention and response to these needs can quickly remove barriers, ease stress, and stabilize the placement.
- Finding themselves in the role of primary caregiver is the foremost issue for kinship caregivers. Kinship caregivers may be parenting their own children, not been in a parenting role for some time, or have limited parenting knowledge. Parenting children who have experienced trauma or who present with other special needs will be addressed during home visits with kinship caregivers. Kinship caregivers need timely access to resources related to these concerns. They may even encounter feelings of loyalty, strain, and/or alienation from others within their family system.

The complexity of these dynamics may produce stress, confusion, and conflict for the caregiver. Significant attention and support are needed to help families adjust and re-align from previously defined roles while promoting positive connections and relationships among family members. Caregivers need individual, private opportunities to communicate around these issues and concerns.

- Kinship caregivers may feel overwhelmed by the child welfare system, and specifically concepts of interactions and visitation, reunification, and permanency. While informational materials may target this area of need, face-to-face attention may alleviate concerns, misconceptions, and fears related to the child welfare process, decision-making, and the direct impact on the caregiver and child.
- Visitation and family interactions can be stressful for kinship caregivers, especially when the kinship caregiver is expected to supervise or facilitate parent/child contact and family interactions. Home visits are an opportunity to support and ensure that the kinship caregiver can manage the family interaction safely as well as manage the child's behavior after family interactions with their parent and/or siblings.

Financial Resources

Children in out-of-home placements are more likely to have better social and mental health outcomes when their caregivers can access a wide variety of services. The SWCM will inform the kinship caregiver of the availability of and assist them with accessing resources to support the placement.

Kinship Caregiver Payment

The kinship caregiver payment is a time-limited payment that allows kinship caregivers to receive financial support for each child court ordered and placed in their care. See [Kinship Caregiver Payment](#) section.

Medicaid

Medicaid is a state program that pays for covered medical and health care costs of people who qualify. Transportation services to and from medical, dental, and behavioral health services may also be accessed through Medicaid. The Medicaid program is funded by federal and state governments and is managed by the Department.

Many of the children served by the Department may be eligible for Medicaid. Therefore, collaborate with Department Income Maintenance workers in determining if the child meets eligibility requirements. Income Maintenance determines eligibility for Medicaid. The application for to use depends on the family's circumstances:

- When children are living with their parents or with kinship caregivers:
 - Use form [470-5170, Application for Health Coverage and Help Paying Costs](#) when the family wants to apply for Medicaid only.
 - Use form [470-0462, Financial Support Application](#) or its Spanish version, [470-0462\(S\)](#), when the family wants to apply for the Family Investment Program, Food Assistance, or Child Care Assistance in addition to Medicaid.
- When a child is placed in foster care, adoptive placement, or a PMIC:

Use form [470-5170, Application for Health Coverage and Help Paying Costs](#) for the initial application.

There is no need to re-apply if the child is already receiving Medicaid. However, updated placement information will need to be provided to Income Maintenance workers.

Family Investment Program (FIP)

FIP is Iowa's Temporary Assistance to Needy Families (TANF) program. FIP provides temporary cash assistance for families as they become self-supporting. Department rules define which types of relatives can receive caretaker FIP for a child.

Collaborate with Department Income Maintenance workers regarding eligibility for caretaker FIP. 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.

Child Care

The child may qualify for child care assistance through the Department 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. There must be a need for the service such as being employed 28 or more hours per week, seeking employment, attending academic or vocational training, or temporary medical issues.

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

Food Assistance Program

The goal of the Food Assistance 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. Eligibility is determined by the number of people in the household, the amount of earned income, the amount of unearned income, and the amount of resources in the household. To assist a family with determining eligibility for food assistance, work with Income Maintenance workers.

Other Potential Financial Resources

The child may qualify, depending on individual circumstances for the following, including, but not limited to: Supplemental Security Income (SSI), Social Security Disability or Veteran's Assistance (based on parent's disability), or Social Security Survivor's Benefits (if parent is deceased). Information regarding disability benefits and the application process can be found at <https://ssa.gov/benefits/disability/>.

Supports

As parents struggle with issues that affect their ability to parent their child(ren), it is important to develop resources to support kinship caregivers in learning about, finding, and using programs and services to meet their own needs and the needs of the child(ren) they are raising. Kinship caregivers should have opportunities to network with each other through mentoring, support groups, and other available supports.

Family Educator Partnership (FEP)

FEP works to develop and sustain effective partnerships between families, educators, and community providers for children and youth on Individual Education Plans (IEPs). FEP is staffed by a family coordinator and an education coordinator who may assist the family with understanding special education, understanding parent/student rights and responsibilities, assist with challenging behavior strategies, and assist with transition planning for youth aged 14 or older. FEP may be accessed by contacting the child's local Area Education Agency (AEA).

Foster SQUAD

Foster SQUAD is an online source of information on available resources to Iowa foster families including clothing closets, support groups and training, activity scholarships, education resources, and more. For more information, visit their website at <https://www.fostersquad.org/>

GrandFacts

The GrandFacts state fact sheets for grandfamilies include state-specific data and programs as well as information about public benefits, educational assistance, legal relationship options, and state laws. More information may be found at <http://www.grandfamilies.org/Portals/0/State%20Fact%20Sheets/Grandfamilies-Fact-Sheet-Iowa.pdf>

Iowa Foster & Adoptive Parents Association (IFAPA)

IFAPA provides peer support, training and resources to promote safety, permanency, and well-being to Iowa's foster, adoptive, and kinship families. For more information about the kinship resources IFAPA offers, visit http://www.ifapa.org/resources/kinship_resources.asp

National Alliance on Mental Illness (NAMI) IOWA

NAMI IOWA offers a range of education, support, and advocacy programs for caregivers of children and adolescents who are living with mental illness as well as adults with persistent mental illness. Through education and support, consumers and family members are better equipped to effectively manage the difficulties of mental illness, serious emotional disorders, and behavioral challenges. More information may be found at www.namiiowa.org.

211

211, is a free, comprehensive information and referral system. 211 is a central, single point of contact for thousands of health and human service programs, community services, disaster services and governmental programs. 211 features information specific to resources available for caregivers. More information may be found at www.211.org, or dial 211 for assistance.

General Supports

Additional information regarding supports for kinship caregivers may be found at the following links:

- <http://www.grandfamilies.org/>
- <http://www.childwelfare.gov/topics/outofhome/kinship/resourcesforcaregivers/>
- <http://www.casey.org/tag/kinship-care/>