

Kinship Care

Flourish Magazine



“Kinship care” refers to a child being cared for by people they know and trust, such as family members or relatives, close family friends, and other supportive adults in a child’s life. Kinship caregivers are important as they are the preferred placement for children who must be placed outside of their parents’ care. Kinship care helps maintain the children’s connections with their families and communities, lessens the trauma of family separation, and increases educational stability such as school attendance and factors contributing to social and emotional well-being.

The purpose of this guide is to help support kinship caregivers as they navigate life in a new role.



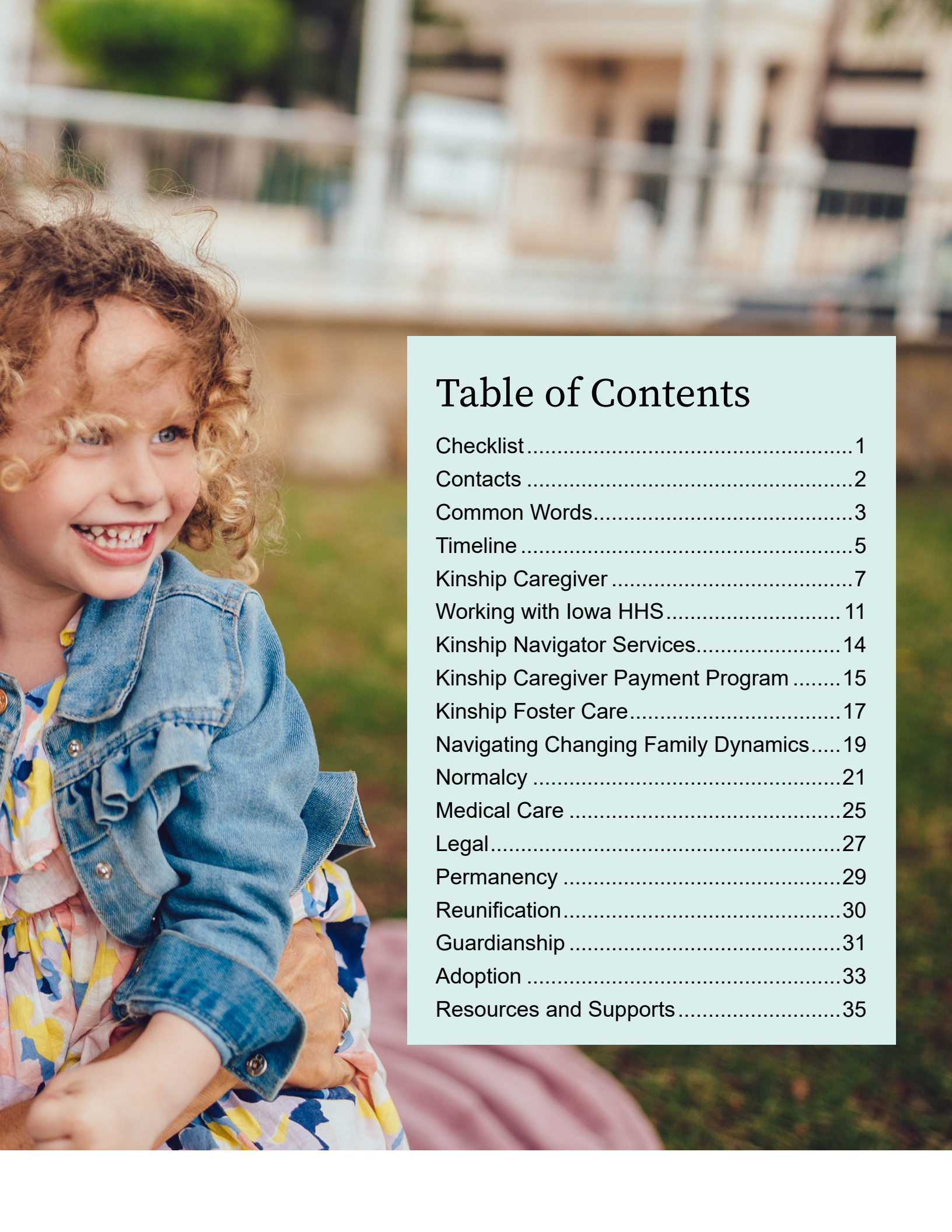


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Checklist

- ☐ Work with the child(ren)'s parent(s) to determine how and when you would like to communicate.
- ☐ Ask the parent if the child(ren) has allergies, medical conditions or if they are taking any medications
- ☐ Make a medication schedule with times and medications for each child
- ☐ Ask the child(ren) about their likes and dislikes
- ☐ Find a consistent time or activity for one-on-one interactions with the child(ren)
- ☐ Apply for services
- ☐ Review your options and decide how/if you would like to be licensed for foster care while you are caring for the child(ren)



Contacts

Relationship _____

Name _____

Phone # _____

Relationship _____

Name _____

Phone # _____

Relationship _____

Name _____

Phone # _____

Relationship _____

Name _____

Phone # _____



[Kinship Webpage](#)

Common Words



Foster care: When a child is removed from a parent's custody as a result of juvenile court action and placed in the care and responsibility of HHS.

Kinship care: When a child stays with a relative or fictive kin because they have been removed from their parent(s) or legal guardian(s) and placed in foster care.

Kin: an adult who is a blood relative of the child.

Fictive Kin: An adult person who is not a relative of the child but has a positive emotional relationship with the child or their family.

Guardian: A person who is not a parent of the child, but a court has decided they will have a permanent relationship with the child and help make important life decisions that are in the best interest of the child.

CINA: A Child In Need of Assistance (CINA) has to be decided upon, or adjudicated, by a court. A child will participate in kinship or foster care while the CINA is in place. This court decision will also come with services and programs to help the parent or guardian meet their goals and achieve reunification.

Reunification: A child who was removed from the care of their parent(s) or legal guardian(s) and has been determined by a court to be able to go home and be cared for by their parent(s) or legal guardian(s).

Adoption: When a person who is not a child's biological parent legally has parental rights transferred to them.

Case Permanency Plan: The plan identifies needs, strengths, services, goals, responsibilities for all parties involved, as well as time frames for meeting goals and the delivery of services to the child and parents. Progress is regularly reviewed.



Timeline

Child is placed in your home

You were identified as someone the child(ren) knows and feels safe with. It is so important to keep child(ren) with someone familiar and your support will make a big impact on their life.

During this time it is important to remember the child(ren) experienced separation and loss from their parents, home and familiarity. This may result in behaviors and emotions such as anger, grief and sadness.

The child(ren) placed in your home won't be the only one(s) to experience these emotions. Caregivers and the children who were already living in the home may also experience emotional stress.

Within 3 business days

The child(ren)'s HHS placing worker will refer you to Kinship Navigator Services. The kinship specialist will call you to discuss the Kinship Navigator Program and how they can provide support to you as a caregiver. For more information on Kinship Navigator Services, **see page 14.**

First 14 days

During the first 14 days of kinship placement, kinship caregivers will receive assistance from the child(ren)'s HHS placing worker in applying for Medicaid health care coverage for a child in their care. If a child is believed to have a disability, support and direction will be provided to connect with services or to apply for Social Security benefits.

You are eligible for the Kinship Caregiver Payment Program as soon as 14 days after court-ordered placement of the child into the kinship caregiver's home. Placements through safety plans are not eligible for these payments. If a child was previously placed in a paid placement prior to kinship placement the payment may start sooner. Kinship Caregiver Payment Program is a time-limited payment specifically for kinship caregivers. This is an automatic payment, so kinship caregivers are not required to complete an application to receive this payment. For more information about the Kinship Caregiver Payment Program, **see page 15.**

Self-check-in

Unexpectedly adding members to your household can be a difficult transition. It's important to make sure you are also cared for and supported.

- Are you taking time for yourself?
- Who can you reach out to for support?

Your kinship navigator or worker can help you during this time and connect you to support groups with people who are experiencing the same life change.



Your Life Iowa is another great resource to help you navigate the changes in your life. [Homepage | Your Life Iowa](#)

1-2 Months

Before payments from the Kinship Caregiver Payment Program end, it's important to look into options for the future and make the decision that is right for you. This could be kinship foster care, becoming a licensed foster parent, or discontinue receiving payments.

4 Months

Payments from the Kinship Caregiver Payment Program will end after 4 months.

If the child is staying with you via an HHS Safety Plan (no court involvement), the parent has the right to discontinue that plan at any time. The parent is expected to contact the HHS worker if they wish to discontinue the safety plan. If you have not heard anything from the HHS worker, contact the HHS worker for further instructions. If you or the child are in immediate danger, contact law enforcement before contacting HHS.

If the child is placed in HHS' custody via a court order, do not release the child to the parent without HHS approval. If necessary to keep the parent from taking the child, contact law enforcement and provide them with a copy of the court order. Contact the HHS worker after contacting law enforcement.

Kinship Caregiver



You might have been asked by a relative to care for their children, or you might have been contacted by a caseworker through a process called family finding, which child welfare agencies use to identify potential family connections.

Deciding whether to become a kin caregiver is a big decision. Consider asking yourself the following questions:

- Am I willing and able to care for children that are not my own?
- Am I able to provide a safe living environment for the children?
- Will my physical or mental health negatively impact my ability to care for the children?
- Am I willing to support the children in finding a permanent home, whether that means staying with me, reuniting with their parents, or pursuing another option?
- Am I willing to participate in or encourage activities for the children that contribute to their healthy social and physical development?
- How will becoming a kin caregiver impact the other members of my household or extended family?
- What supports or services might I need to care for the children (and myself)?



The Annie E. Casey Foundation has a resource *Training Series: Coping With the Unique Challenges of Kinship Care* to help kinship caregivers.

This training has a variety of modules that cover the following topics:

- Loss and Ambivalence
- Guilt
- Hope and Denial
- Questions from Caregivers

It comes with the Companion Discussion Guide to follow along.

[Training Series:
Coping With the
Unique Challenges
of Kinship Care
- The Annie E.
Casey Foundation](#)



Benefits of Placement with Relatives or Kin

There are many benefits to placing children in kinship care, including the following:

- **Minimize trauma.**
When a child is removed from their home, it is often a traumatic experience and children may suffer the loss of their parents, friends, neighborhoods, and schools. When children live with kin, they are often able to maintain connections and familiar supports. This can reduce the trauma of removal and help children heal from past trauma.
- **Preserve identity.**
Living with kin helps children preserve and strengthen their identities by maintaining connections to their communities and culture, including language, food, holidays, clothing, and more. Historically, informal kinship care (kinship arrangements that do not involve the child welfare system) has been a tradition in many cultures.
- **Increase placement stability.**
Children in kinship care are less likely to experience as many moves to foster homes and families as children in traditional foster care. Children in kinship care also display fewer behavioral problems than those in traditional foster care.
- **Promotes sibling ties.**
Kinship care increases the likelihood that siblings will live together or remain connected to one another. Sibling relationships can take on even more importance for children removed from their parents. If it isn't possible for a kin caregiver to provide a home for all the siblings in a family, it is especially important that they help siblings stay in touch. These ties can provide some stability and permanency for children.



The length of time your family member stays with you will depend on how quickly the safety concerns that resulted in the out-of-home placement can be addressed. The goal of foster care is to reunify your family member with their parents when it is safe to do so. The parents may have expectations set by the court that they need to meet before the child can return to their care, such as participating in services.

If the parents are unable to meet the expectations set by the court and resolve the safety issues that resulted in the child's removal from their care within specific timeframes, a petition for Termination of Parental Rights (TPR)

may be filed. If a TPR is ordered by the court, this means the parents would no longer have parental rights of the child. The child would then have a permanency plan for adoption or, in some situations, guardianship. If there is a TPR, you may decide to adopt your family member or become a long-term guardian.

For more information about timeframes in a Child in Need of Assistance (CINA) case, see the informational Quick Guide for Families Involved with HHS and Child in Need of Assistance Proceedings: [CPS Quick Guide_Brochure.pdf](#)



Becoming a kinship caregiver can be overwhelming and confusing. It may be helpful to ask your caseworker questions.

- Who has legal custody of the children?
- What rights and responsibilities does legal custody give in Iowa? Physical custody?
- May I be involved in developing the case permanency plan and receive a copy of the plan?
- Will the children or I have to go to court?
- Who is responsible for enrolling the children in school, obtaining health insurance, granting permission for health care and obtaining it, signing school permission forms, etc.?
- Are there restrictions about contact with the parents or other family members?
- How often can I expect someone from HHS to visit my home?
- What are the requirements for me and my home if I want the children to live with me?
- Are the requirements different if the children are with me just temporarily?
- What services are available for me and for the children, and how do I access them?
- Are there restrictions on the discipline I can use (such as spanking) with the children?
- What subsidies or financial assistance is available? What do I need to do to apply?
- How can I become an approved foster parent and receive a monthly foster care subsidy to help meet the child(ren)'s needs?
- Will the HHS provide support for child care?
- Will I receive transportation help to take the children to healthcare appointments?

Working with Iowa HHS



Kinship caregivers who have a child(ren) placed in their home through the family's involvement with HHS will have more structured involvement with the child welfare agency. Kinship caregivers will work with HHS case workers and service providers on behalf of HHS working with the family to support the child(ren) and work toward permanency goals, either reunification of the child(ren) with their parents or another permanency plan if the child(ren) is unable to return to their parents. Like foster care, the State has legal custody of children in formal kinship care arrangements. This may provide families with more supports and services, but they also may have less flexibility to make independent decisions about the children since the State maintains legal custody.

The case worker will work with you to support placement of the child(ren) in your home. Case workers may do this by...

Ensuring Physical Home Safety

Case workers conduct criminal background checks and child abuse registry checks on all adult household members in the kin caregivers' home. In addition, they might consider the physical safety of the home, the caregivers' ability to meet the child's safety and well-being needs, such as emotional, social, educational, and medical needs, and consider others who live in the home, such as other children.

Offering Training

Kin caregivers may be offered foster parent training, support groups, or education programs, which may be tailored to kinship foster parents. Caregivers should ask caseworkers about the pros and cons of becoming an approved foster parent, including what financial and other supports they can access.

Providing Supervision and Support

The case worker will support family members to help ensure the child(ren) is safe and doing well. This includes making telephone calls and periodic visits to the home. The case worker will refer the caregiver to receive support from Kinship Navigator Services. In most situations, kinship caregivers will take the child(ren) to health care appointments and work with child(ren)'s schools.

Arranging Visits

Family visits or interactions are important to support the child's family relationships and efforts toward reunification. In many situations, the court will mandate parent and sibling visits, and case workers will work with parents and kin caregivers to arrange for these visits. In some cases, kin caregivers may be responsible for providing transportation for the child(ren) or for supervising the visits in their own home.



Family Focused Meetings

A Family Focused Meeting or “FFM” is a gathering of family members, friends, formal and informal supports, with the assistance of the meeting facilitator, to draw on past successes of the family in problem solving and work in partnership with the family to enhance the safety of child(ren). A Family Focused Meeting (FFM) is a way for the family to work together with HHS to make plans and decisions about how to help the family. It draws upon a family’s strengths, experiences, knowledge, and resources that provides for the safety and well-being of children in the family. Kinship caregivers may be invited to participate in the meetings, and/or bring the child(ren) to the meeting to participate.



Kinship Navigator Services



Kinship Navigator Services help kinship caregivers learn about, find, and use 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. Kinship caregivers are encouraged to talk about their own needs and goals, allowing them to play an important role in how they receive services.

Kinship Navigator Services provides support and resources to kinship caregivers who have a child(ren) placed in their care. Kinship Navigators are knowledgeable of the challenges caregivers

may be experiencing and can provide emotional support. They can also provide information about resources available, such as support groups, counseling services and other means of support to help ease the stressors kinship caregivers may be experiencing to be able to continue caring for the children in their home.

For more information about Kinship Navigator Services see [Comm 619](#)



Kinship Caregiver Payment Program

The Iowa Department of Health and Human Services' (HHS) Kinship Caregiver Payment Program is a Family First Initiative inspired program, which aims to keep children in the safe care of kin and fictive kin.

The Kinship Caregiver Payment Program is a time-limited payment specifically for kinship caregivers. This is an automatic payment, so kinship caregivers are not required to complete an application to receive this payment.

Monthly Payment

- Daily rate equivalent to base foster care maintenance payment for each child court ordered into their care
- Will be eligible to receive as soon as 14 days* after court-ordered placement of the child into the kinship caregiver's home.
- Payments may continue for up to four months

*If a child was previously placed in a paid placement prior to kinship placement the payment may start sooner.

Age (years)	0 - 5	6 - 11	12 - 15	16+
Basic Daily Rate	\$17.62	\$18.32	\$20.06	\$20.32



14 Days After Placement

Kinship caregivers will be eligible for the kinship caregiver payment 14 days after placement of the child(ren). The payment will be issued to the caregiver on the first day of the following month of eligibility, for up to four months throughout the duration of the child's placement. During the first 14 days of kinship placement, kinship caregivers will receive assistance in applying for Medicaid health care coverage for a child in their care. If a child is believed to have a disability, support and direction will be provided to connect with services or to apply for Social Security benefits. You cannot receive the kinship caregiver payment and FIP (Family Investment Program) for a child placed in your care at the same time.

4 Months After Placement

After four months of receiving the kinship caregiver payment, this payment will end. For kinship caregivers to continue to receive financial support for the child who remains in care beyond the four months, HHS encourages kinship caregivers to consider becoming an approved kinship foster parent. The Recruitment, Retention, Training and Support (RRTS) contractor will reach out to kinship caregivers to offer more information and begin the home study process once they have received a referral.

Kinship caregivers who become approved kinship foster parents will receive:

- A monthly foster care payment
- Automatic Medicaid enrollment for any child placed by court order in their home
- Child care assistance
- A clothing allowance per child
- Support from the RRTS contractor

Following the four months of kinship caregiver payment, a FIP application is advised for caregivers who are not approved for foster care to see if they are eligible for FIP payments.





Kinship Foster Care

Kinship caregivers are eligible to apply for Kinship Foster Care Approval when a child(ren) is court-ordered to placement in your care. To be approved for Kinship Foster Care, caregivers must:

- Complete an application
- Complete record checks for all household members age 18 and older
- Complete fingerprinting
- Participate in a home study

The approval process for Kinship Foster Care takes about 60 days. Talk to your kinship navigator specialist or the child(ren)'s HHS case manager if you are interested in being approved for Kinship Foster Care and they will make a referral for you to get started with the process.

When you are approved for kinship foster care, there are additional financial supports you may qualify to receive.

- Waiver to reimburse school fees
- Annual clothing allowance
- Child care assistance
- Foster care maintenance payments



[Support Groups](#)



[How to Adopt or
Become a Foster Parent](#)



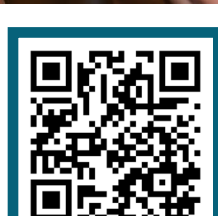
[Resources for Foster
and Adoptive Parents](#)



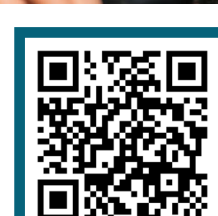
Foster Parent Handbook

The foster parent handbook details additional benefits you could receive as an approved foster parent.

[Comm. 33 Foster Parent Handbook](#)



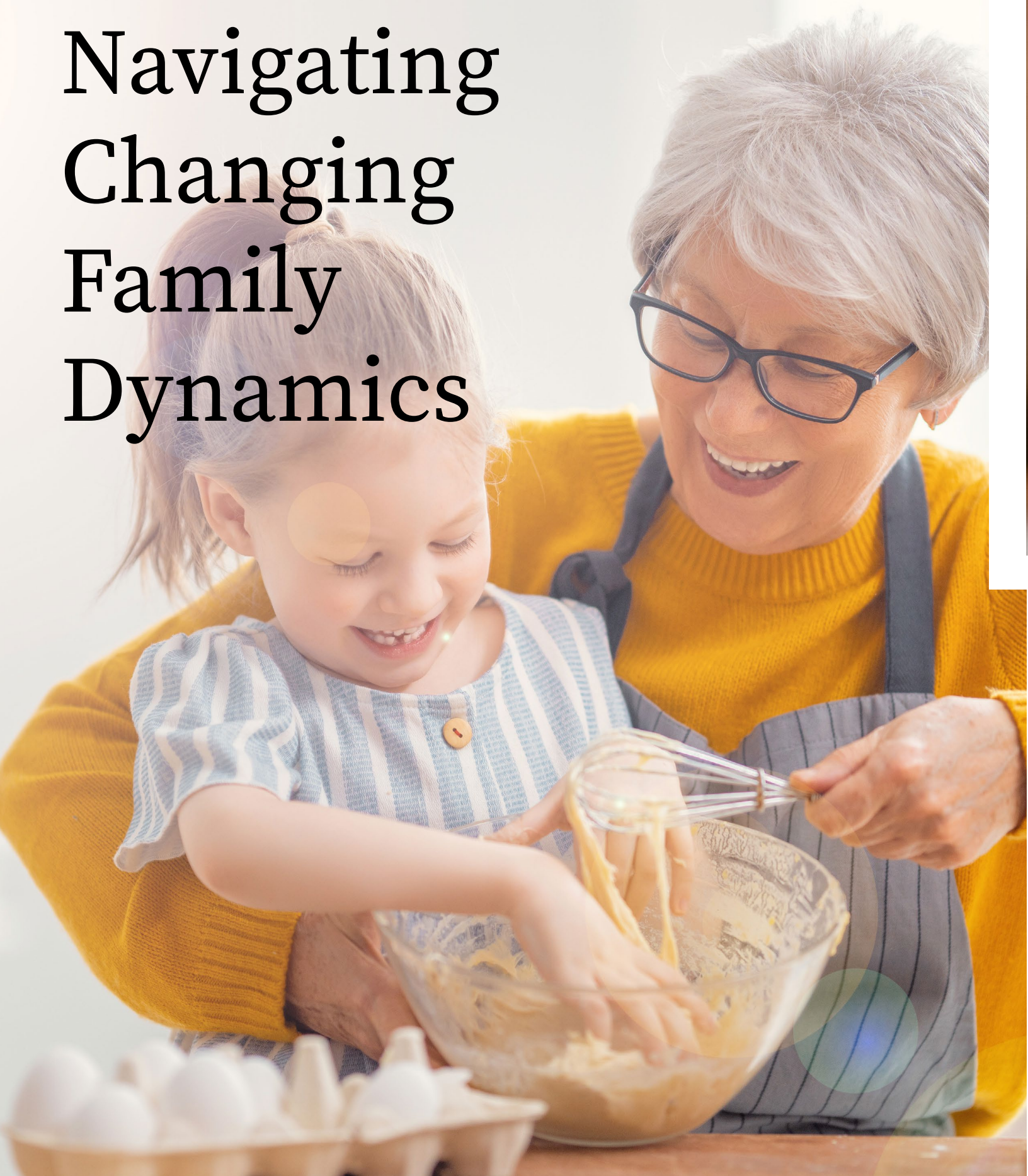
[eQuip Hub](#)



Foster SQUAD

Foster SQUAD provides resources and supports to foster parents across Iowa.

Navigating Changing Family Dynamics





When you become a kin caregiver, you might experience feelings of anger, sadness, loss, guilt, or a range of other emotions. On top of these feelings, you have to adjust to changing family dynamics.

When you become a primary caregiver, it may be difficult to transition from the role of “spoiling grandparent” or “fun older sibling” to the parent figure who establishes household rules and makes decisions. It may also be challenging to have difficult conversations with children explaining why they cannot stay with their parents.

Another relationship shift that can be difficult to navigate is your relationship with the child’s birth parents. You become responsible for making daily decisions about the children’s lives, which can be uncomfortable for the parents who used to make those decisions. It is important that you and the parents maintain patience with one another and work together in the best interests of the children.

Child Welfare Information Gateway provides a list of resources to help kin caregivers with changing family dynamics.

[Kinship Care | Child Welfare Information Gateway](#)



Resources to Support the Behaviors and Emotions of the Child

[Helping Kids in Foster Care Learn to Manage Their Emotions and Behavior - The Annie E. Casey Foundation](#)



[Families and Caregivers | The National Child Traumatic Stress Network](#)



Normalcy



Reasonable and Prudent Parenting Standard

A child placed out of home with relatives or kin, is entitled to normal childhood experiences and the development of life skills. The Iowa Department of Health and Human Services (HHS) social work case manager should ensure that a child in out-of-home care will have opportunities to participate in age and developmentally appropriate activities. This will support typical growth and development as well as help develop personal responsibility and life skills.

Kinship caregivers are responsible for providing reasonable and prudent parenting for children placed in the home which includes:

- Age and developmentally appropriate experiences
- Day-to-day decisions (include the child's parents as appropriate)
- Making independent decisions on childcare, babysitters and unlicensed respite providers.

Examples of activities kinship caregivers can apply the reasonable and prudent parenting standard include:



School activities and extracurricular activities



Field trips



Participation in clubs or organizations



Supervised or unsupervised activities in the community



Dating



Driving



An overnight with a friend away from home



Use of social media



Use of a computer and cell phone



Haircuts:

- Any cultural factors regarding a child's hair.
- Input and wishes of the child and parent(s)



Use of babysitters:

- Prior approval and record checks are not required.
- Respite must be provided by a licensed foster parent for HHS to pay the respite provider.



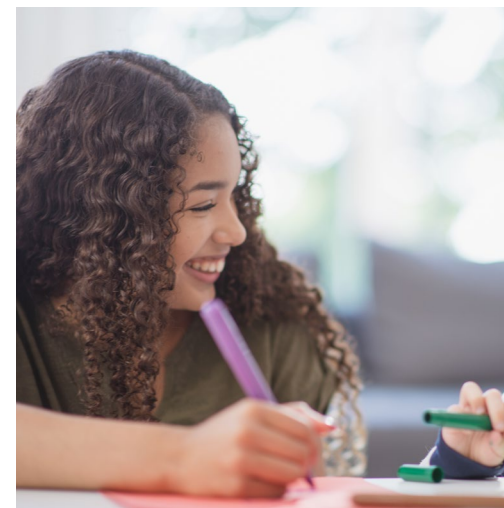
Use of power tools, lawn mowers or other power equipment:

- The developmental age and maturity of the child.
- Plan for training the child on the use of the equipment and supervision while the child is using the equipment.



Unsupervised activities such as going to movies, shopping, or community events:

- The developmental age and maturity of the child.
- The appropriateness of the activity.
- The appropriateness of the peer group.



Travel in-state and out of state:

- Parental consent is not required for extended travel, such as vacation, but should be informed and consulted.
- Kinship caregivers need to inform HHS if travel will be more than one night.
- The child(ren)'s schedule, appointments, and family interactions should be considered if extended over several days.

When travel is extended over several days, the kinship caregiver must have emergency contact information for the child's parents, contact information for HHS and authorization to obtain medical treatment if needed.

- Parental or guardian consent is required for travel out of the country.
- Medical treatment



Parent or guardian consent is required for the following:

- Consenting to psychiatric, mental health, substance abuse and medical treatment including surgery.
- Immunizations.
- Obtaining a driver's license.
- Obtaining a passport.
- Releasing information.
- School enrollment.
- Any activity that requires the parent or guardian to consent



Medical Care

Kinship caregivers can take the child to the doctor when the child is sick.





At the time of placement, the child's HHS worker will talk to you about the plan for the child's physical or medical care. This should include the health of the child and the results of medical examinations, directions to provide specific medical care recommendations, special advice if the child has a physical or developmental disability and procedures for accessing medical services. If you have questions about the child's physical or medical needs at the time of placement or after, please discuss with them with the HHS worker.

Kinship caregivers do not have the authority to consent to medical care for the child. Only the child's parents/legal guardian may consent to routine medical care and procedures. Either the kinship caregiver or HHS worker can contact the child's parent(s) or guardian(s) to engage them in the process of accessing routine medical and dental care for their child, unless parental rights have been terminated. If the child needs care and the parent refuses to consent or is unavailable, the court may order medical care.

HHS may delegate its authority, as custodian, to consent to routine and emergency medical care for children in foster care to a licensed foster parent or approved kinship caregiver for foster care. See the form Consent for Routine and Emergency Medical Care for more information: <https://hhs.iowa.gov/media/17131/download?inline>

Many children being raised by kinship caregivers are eligible for health insurance through either Medicaid or the Children's Health Insurance Program (CHIP). In Iowa, CHIP is known as the Healthy and Well Kids in Iowa (Hawki) program. Medicaid provides coverage for many health care expenses for low-income children and adults, including visits to the doctor, checkups, screenings, prescriptions, and hospitalization. State CHIPs cover many of these costs for children who are not eligible for Medicaid, although each state has different rules for eligibility and coverage. Every state permits kinship caregivers to apply for Medicaid or CHIP on behalf of the children for whom they are caring. Medicaid and CHIP do not have open enrollment periods, so you can apply any time of the year.

[Healthy and Well Kids in Iowa \(Hawki\)](#)



Legal

Legal support



If you are considering adoption or guardianship of the children placed with you because they may not be able to be reunified with their parents, you may want to speak with an attorney about the legal process for adoption and guardianship.

Involvement with the Courts

Kin caregivers who are part of the foster care system are likely to have some involvement with courts. In most States, this occurs in a family or dependency court. Whenever possible, you should make arrangements to attend court hearings. You may even be asked to testify at them. It is important to share your view of the situation and to get a full understanding of the court's decisions. It is also important to be there to advocate for the children and support them if they appear before the judge.





Confidentiality

Knowing when to share information about a child placed in your care can be complicated. It is expected that information about a child in care is shared conservatively including acknowledging the child is in foster care. Kinship caregivers must receive written consent from the child's parent or legal guardian to release information concerning the child. The HHS caseworker for the child is generally the person responsible for obtaining consents.

Exception: Information may be shared without a signed authorization on a "need-to-know" basis (to the extent that it is necessary for the person to provide adequate services to the child) with:

- Medical providers
- Agencies providing services to the child or family
- The court
- The child's guardian ad litem, Court Appointed Special Advocate (CASA), or attorney
- A local foster care review board
- Law enforcement

Court Hearings

Consider asking your caseworker the following questions about court hearings:

- When and where is the hearing?
- What type of hearing is this?
- What will be decided at the hearing?
- Who will be present?
- Who will have a lawyer?
- Do I need a lawyer? If so, who can help me find one?
- Who will represent the child or children?
- May I speak to that person?
- May I speak at the hearing?
- What is the schedule of future hearings?
- Can the children speak at the hearing?
- How can I best support them?

Permanency

Permanency is a term used by case workers to mean a lasting and nurturing family for a child. Permanency planning for each child involves establishing a goal for permanency, setting tasks required to achieve the goal, and determining the roles and responsibilities of all involved, including the parents, relatives, caseworker, children, and other stakeholders. Common permanency goals are reunification with the parents, guardianship, and adoption. When establishing a permanency plan, it is important to make sure the children or youth are involved, aware of their options, and given opportunities to express their opinions, as possible and appropriate.

Permanency can happen through reunification, guardianship, or adoption.



Reunification



Guardianship



Adoption



Reunification

Reuniting children with parents is the first choice of child welfare agencies when this option will ensure the safety and well-being of the children and provide a permanent family for them. Each state has different laws, but typically, parent reunification can occur when the judge agrees that the parents have met the goals set out in their service plan (e.g., the completion of substance use treatment). The judge decides whether children can safely reunite with their parents based on information from the parents, child welfare professionals, other important adults (such as kinship caregivers), and often, the children.



Guardianship

Guardianship is another legal option for permanency that may be especially appropriate in kinship care. Federal law encourages states to consider a relative rather than a non-relative when seeking a guardian for a child who cannot return home.

Guardianship may be the preferred permanency option for a youth when it has been determined that reunification and adoption are not fitting or acceptable to the child. There are times when the teenage child in foster care resists getting “new” parents, and the termination of rights required for the youth to be adopted may do more harm than good. A guardianship arrangement allows a caring relative to provide legal and emotional permanency for the child,



without terminating parental rights. Guardianship with family is often preferred, because the youth is also able to maintain extended family connections that may be lost with traditional stranger adoption.

When a relative becomes the child’s legal guardian, legal custody is transferred from the State to the relative by a court. In most circumstances, there is no further involvement by the child welfare agency. In guardianship arrangements, parents’ parental rights are not terminated. The kin who become the child’s guardian obtains legal and physical custody and rights and responsibilities to make decisions about the child, while birth parents often retain some visitation or other rights.



Iowa's Subsidized Guardianship Program provides financial assistance to caregivers who agree to be the legal guardian for a youth who is in foster care. Guardianship is a safe alternative to adoption, providing permanency for the youth without requiring formal termination of parental rights. Guardians who qualify can continue to receive payments (subsidies) similar to those they received as licensed foster parents.

The Subsidized Guardianship Program is a consideration for youth aged 14 or older who will not be able to return to their birth parents in the foreseeable future, are currently under juvenile court jurisdiction and in HHS custody. Additionally, this may be an option for youth aged 12 or older. The child must be a part of a

sibling group where the child will be residing in the same home as a 14-year-old or older sibling, who is in a guardianship arrangement with the family. Adoption and reunification must be ruled out as appropriate permanency options. The youth must agree to the guardianship.

[Subsidized Guardianship Program | Health & Human Services](#)





Adoption

Some kinship caregivers choose to adopt the child(ren) in their care. Since adoption is often the HHS's preferred permanency plan for children not returning to their parents, kin may adopt in order to keep children living with family. Adoption assistance (payments) may be available to kin families who adopt, but they would no longer be eligible for temporary assistance child-only grants.

As with foster care and guardianship, HHS must ensure the home and prospective adoptive parents meet certain state-mandated standards for safety and well-being. In some states, standards for adoption may be more difficult to achieve than those for foster care. These requirements and standards will apply even for kin who have been caring for the child(ren) under a foster care arrangement.





Children can be adopted only after the court has terminated all the legal rights of the parents or the parents have voluntarily surrendered all their parental rights permanently. A court must finalize the adoption. Courts will often ask the child(ren) if they agree to adoption.

Once the adoption is finalized, the relatives become the legal parents of the child(ren), and there is generally no further involvement by the child welfare agency after that finalization. Adoption assistance, or subsidies for caregivers of an adopted child with “special needs,” may be available. (In the child welfare field, “special

needs” may refer to conditions or circumstances that may make it more difficult to find an adoptive home for a child without financial assistance, including membership in a minority group; having a medical condition; being a part of a sibling group who should not be separated; or having a physical, emotional, or mental disability.) The family may also be eligible for post-adoption and permanency support services, such as educational services, clinical services, financial or health assistance, and support networks.

Learn more about [Subsidized Adoption](#)

Resources and Supports

HHS Assistance Programs

HHS has programs for a variety of needs, including food assistance, medical assistance, child care assistance, rent reimbursement and more. Learn more about the programs offered and apply for services on the HHS website. [Apply for Services | Health & Human Services](#)

HHS supports include:

Housing and Rent Assistance

- The Weatherization Assistance Program (Weatherization) is a low-income energy efficiency program administered by the Department of Energy (DOE). It helps make the homes for low-income constituents more energy efficient, which can help lower household energy bills. [Weatherization Assistance | Health & Human Services](#)
- The Low-Income Home Energy Assistance Program (LIHEAP) is a federally-funded program designed to assist low income families in Iowa to meet the cost of home heating by providing a one-time payment to the heating utility. [Low-Income Home Energy Assistance \(LIHEAP\) | Health & Human Services](#)

Food Assistance

- The Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move towards self-sufficiency. [Supplemental Nutrition Assistance Program \(SNAP\) | Health & Human Services](#)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women and to infants and children up to age 5 who are found to be at nutritional risk. [Women, Infants and Children \(WIC\) Program | Health & Human Services](#)

Financial assistance

- The Family Investment Program (FIP) provides cash assistance to needy families as they become self-supporting so that children may be cared for in their own homes or in the homes of relatives. [Family Investment Program \(FIP\) | Health & Human Services](#)
- The PROMISE JOBS program provides work and training services to FIP participants. [PROMISE JOBS | Health & Human Services](#)



Mental health supports

- Your Life Iowa is a 24/7 service that helps Iowans with problems related to alcohol, drugs, gambling, suicide and mental health. Conversations can take place by call, text or website chat. [Homepage | Your Life Iowa](#)
- 988 lifeline is a support that connects you to a real person. Conversations can take place by call, text or website chat. [Get Help - 988 Lifeline](#)



Child Care Assistance (CCA)

The Child Care Assistance Program supports low income families with parents, who are looking for work, employed or attending school to pursue vocational or educational training.

Providers may serve child care assistance families as a licensed center, registered child development home or child care home provider. Not all providers accept CCA, so it is important to ask before.

Child Care

- **Iowa Child Care Connect (C3)**
The new Iowa Child Care Connect Child Care Search tool allows families to search for child care on their route to work. When looking at a provider, it will indicate whether they have experience or training supporting children with special needs. [Iowa Child Care Search](#)
- **Child Care Resource and Referral (CCR&R)**
Call a Child Care Resource and Referral (CCR&R) Parent Specialist and discuss child care options in your area. The Parent Specialist can talk with you about your child's special needs and search their database to see if there are child care programs in your area that have indicated they are able to meet special needs. The CCR&R parent referral number is 1-855-CHILD-01 (1-855-244-5301).



Applying for services

If you are applying for financial assistance such as FIP, SNAP, or other supports through HHS, you may need to provide information about your income to determine eligibility for these programs. For help completing your online application, please contact your [local HHS Office](#).



Resources and Supports

Assistance Programs

Crisis Support- Four Oaks

There are many situations you may face as a caregiver. If there is an emergency and someone is in danger, call 911. If your county has a mobile crisis program, they may be able to come to your home and provide support during crisis. For crisis information and scenario-specific guidance, visit the [Four Oaks website](#).



Respite Care

Kin caregivers seeking a temporary break from the full-time care of children may find some relief in respite care. Respite care refers to programs that give caregivers a break by caring for children for short periods of time—either on a regular schedule or specific times (travel, medical care, etc.). Respite care may vary from one caregiver to another. In some respite programs, respite caregivers come into the home to care for the children, and in other cases, the children attend a camp or program away from the home.

Availability of respite care may be limited and may depend on your needs and the needs of the children in your care. You can ask your case worker for more information about how to access these programs.

Support Groups

Child welfare agencies may be able to connect you to a local support group of other kin caregivers. Listings for support groups are also found in the National Foster Care and Adoption Directory. Sharing stories with others who have similar experiences can be helpful and can ease the isolation that relative caregivers often experience. You may also find kin caregiver support groups online, including on social media sites.

For more information on support groups available in Iowa open to kinship caregivers, visit [Four Oaks Support Groups](#)



School

The school is a very important partner in supporting the child(ren) in your care. Communicate with the school and teacher to ensure the child has their needs met at school, including the parent as much as possible. An easy way to start the conversation is to say “I’m caring for this child in my home which is a change from their normal setting and may be a difficult adjustment.” You can also provide them with contact information so they can reach you if the child has a difficult day or needs support.

Some schools have programs in place to support the child’s needs and reduce trauma. If you don’t know whether the child’s school has a program in place, ask.

211

211 is a free, comprehensive information and referral system. Powered by United Way of the Midlands, 211 is a one-stop source of information for people in need of assistance. When you reach out to 211, they will ask you questions to understand your situation and search for resource(s) to meet your needs.



- Call 2-1-1 or Toll-Free: +1-866-813-1731
- Text “Help” and your ZIP to 898211
- Search online [211 Iowa – Get Connected • Get Help](#)

Sleep in Heavenly Peace

Sleep in Heavenly Peace is a program that helps get beds to families in need of a bed for a child. You must live near one of their local chapters and be the legal guardian of a child ages 3-17 years old to qualify or have your HHS worker refer you. Find a location near you. [Chapters - Sleep in Heavenly Peace](#)



References

Adapted from Child Welfare Information Gateway. (2022). Kinship care and the child welfare system. U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. <https://www.childwelfare.gov/pubs/f-kinshi/>

