**Resource Home Concern**

**Part 1: Completed by HHS**

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| Concern Documented | |
| Date | HHS Worker |
| HHS Licensing Worker | HHS Licensing Supervisor |

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| **Resource Family Information** | | |
| Name: | Phone: | Cell Phone: |
| Address: | City: | County: |

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| --- | --- |
| **RRTS Caseworker Information** | |
| Name: | Phone: |
| Email: | RRTS Supervisor: |

|  |  |
| --- | --- |
| **Information about concern** | |
| Date concern noted: | Names of child(ren) currently placed in home: |
| Description of the concern, including any interventions used to mediate the concern: | |
| Actions needed to resolve the concern: | |
| Timeframe for RRTS to complete Initial Contact in the home:  2 business days  4 business days  6 business days | |
| Date form was forwarded to RRTS Provider: | |

**Part 2: Completed by RRTS Contractor**

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| **Coordination of Service** |
| Description of RRTS steps to resolve concern: |
| Action steps needed to ensure concern does not continue: |
| Date of RRTS intervention and list of Resource Family Members included in resolving the concern: |
| Date form was forwarded from RRTS to Licensing Supervisor: |

**Part 3: Approved by HHS**

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| **Resolution** | |
| Concern and corresponding intervention approved by: | Date: |

**Concern Form Completion and Dissemination Instructions**

The RHCF is completed by HHS to communicate concerns regarding a Resource Home to be acted on and addressed by the RRTS provider. The purpose of the form is to document concerns, coordinate successful resolution and track a resource home’s history.

Issues of alleged child abuse should continue to be reported to the statewide Child Abuse Hotline: 1-800-362-2178.

Part 1:

The reporter completes and forwards the RHCF to the identified service area HHS Licensing Supervisor within one business day after they become aware of a concern. HHS Licensing Supervisor receives and reviews Part 1 of the RHCF and once approved, returns to HHS Licensing worker to send to RRTS provider. (More immediate concerns requiring urgent resolution should be communicated to the RRTS provider via phone to ensure an immediate response.) Included in this section is the HHS assigning a timeframe for conducting an initial home visit to begin remedying the noted concern.

Part 2:

The RRTS Contractor completes Part 2 of the RHCF and forwards it (including the CAP if applicable) to the HHS Licensing worker. The RRTS Contractor should have a resolution documented on the Resource Home Concern Form and returned to HHS within 10 business days of receiving the concern. HHS Licensing worker sends to HHS Licensing Supervisor for review and signature. A copy is filed in the Resource Family HHS file.

HHS Licensing Worker monitors to ensure concerns have been successfully resolved and will maintain documentation in the Resource Family file.