

STATE OF IOWA DEPARTMENT OF

Health AND **Human**

SERVICES

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Foster Parent Handbook

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If a child cannot be placed with a relative or fictive kin who has a relationship with the child, foster family care is available. Foster parents provide a temporary, safe, and stable home in a family environment to a child while simultaneously serving as a resource to the child's parents in their efforts to reunify with their child.

Who's Who?

Foster parents often have contact with many people who are involved in the life of the child placed in their home. The roles of Department of Health and Human Service (HHS), service providers, and others can be very confusing. Below is a description of the roles and responsibilities of HHS workers and service providers.

- **HHS Child Protection Worker (CPW)** – The CPW's role is to meet with a person or family when a child abuse allegation has been accepted for assessment. The CPW engages with the family to determine the family's capacity to keep children safe and ensure child protection. The CPW may initially make referral/placement in a foster home and the case will ultimately transfer to an ongoing Social Work Case Manager (SWCM).
- **HHS Social Work Case Manager (SWCM)**– The SWCM, also known as the HHS social worker or HHS placing worker, is the HHS worker for the child, their parents/guardian, and the family. The case manager develops, monitors and can provide updates on the case plan and progress of the parents' efforts towards reunifying with the child. HHS SWCM's are required to see children in foster care at least every month, either in the foster home or away from the foster home.
- **Juvenile Court Officer (JCO)** – A child who has committed a crime will have a JCO assigned to provide services, oversee the child's rehabilitation and report the child's progress to the court.
- **HHS Licensing Worker** –The HHS licensing worker is responsible for ensuring all foster parent licensing requirements are met. The licensing worker also coordinates with the RRTS caseworker (see below) to address any concerns with a foster family.
- **Recruitment, Retention, Training and Support (RRTS) Contractor** –Four Oaks Family Connections is the contracted agency that provides support, training and matching services for foster and adoptive families. Four Oaks Family Connections has subcontract relationships with LSI, Family Resources and Children's Square. Each foster family has an assigned RRTS caseworker who will be the foster family's primary contact for questions, concerns and support needs. RRTS caseworkers will also contact foster families to best match a foster family to a child in need of foster family care. RRTS caseworkers are in regular communication with foster, pre-adopt and adoptive families to:
 - Monitor how a child is adjusting,
 - Offer specific and timely training,
 - Assist with problem-solving,
 - Support foster and adoptive families to be successful caregivers and
 - Offer Post Adoption support and services.
- **Behavioral Health Intervention Services (BHIS)** – Children who have a mental health condition may have a worker paid through Medicaid to provide services in the home where the child lives.
- **Integrated Health Home (IHH) Service Provider** – This is a voluntary service for children with Medicaid who meet the Serious Emotional Disturbance (SED) diagnostic criteria. The IHH caseworker can assist with referrals and coordination of services for the child.
- **Family-Centered Services (FCS)** – Family-Centered Services are designed to deliver a flexible array of strategies and interventions to promote achievement of goals for child and family safety, permanency, well-being and reduction of risk. The FCS worker provides services directly to the child and the child's family.
- **Solution Based Casework (SBC)** - The core foundation for service delivery purchased on all cases referred by the Department to the family-centered services contractor. The goal is to work in partnership with the family to

help identify their strengths, focus on everyday life events and help them build the skills necessary to manage situations that are difficult for them.

- **SafeCare** - A home visitation-based parent training program conducted over 18 sessions. Parents who are at-risk for neglect are taught how to have positive parent-child and parent-infant interactions, keep homes safe and improve child health.
- **Solution Focused Meetings (SFM)** – Meetings that are solution-based, draw on past successes of the family in problem solving and work in partnership with the family. Families are best served when they are actively engaged and their voices are heard, valued and considered with regard to decisions. SFMs support family-centered practices and are effective in ensuring the participation and cooperation of parents and their support systems in providing for the safety, well-being and permanency of the child. FCS workers may invite foster parents to participate in Solution Focused Meetings.
- **Youth Transition Decision-Making (YTDM)** - Meetings are utilized for youth transitioning into adulthood. FCS workers or the youth may invite foster parents to participate in Youth Transition Decision-Making Meetings.
- **Court-Appointed Special Advocate (CASA)** – A CASA may be appointed by the juvenile court judge to act as an independent advocate for the long-term best interests of the child. The CASA:
 - Reviews records and talks to people involved with the child,
 - Submits a written report to the court outlining recommendations and
 - Acts as a liaison for the child by explaining the court process to the child and relaying the child’s needs and interest to the attorney, HHS, the court and others.
 - A CASA has access to all information related to a child and does not need a release of information to be provided information.
- **Guardian-Ad-Litem (GAL)** – All children involved with Juvenile Court are assigned an attorney and guardian-ad-litem. A child’s attorney represents the child’s wishes. The GAL advocates for what is in the child’s best interest. Both roles are typically handled by one attorney, but the roles may be split between two attorneys if there is conflict between the child’s best interests and what the child desires. The legal term for this is bifurcation.
- **Foster Care Review Board** – Foster care review boards are in various sites across the state. They are responsible for conducting reviews of children who are placed in out of home care. Foster parents are invited to attend reviews or may provide a written report.

441 Iowa Administrative Code Chapter 113 (Rules)

Rights and Responsibilities of Foster Parents

A Foster Parent Bill of Rights is a law that affirms the dignity of foster parents and outlines their rights and responsibilities. The following link in Iowa Code outlines what Iowa has adopted into law:

<https://www.legis.iowa.gov/legislation/BillBook?ga=90&ba=Hf584>

Foster parents are responsible for:

- Supporting the involvement of the child’s parents (mentor them) and other relatives unless their involvement is evaluated and documented by the Department to be detrimental to the child’s well-being.
- Participating in Comfort Calls and Bridge Meetings.
- Knowing and adhering to foster home licensing requirements.

- Notifying HHS licensing worker and the RRTS caseworker within seven calendar days regarding any changes in residence or when a person moves into the home.
- Completing at least 6 credit hours of approved training **every licensing year** (even if it is a 2-year license) that has been approved at least 30 days before the training starts. This training is intended to increase the skills of the foster parents in providing care for children placed in the home.

At least three credit hours **must** be done in an interactive group setting (this can include online or face-to-face). Foster parents will work with their RRTS caseworker to complete a training plan to ensure that all training is scheduled and completed timely. Foster parents must also complete at least two hours of mandatory child abuse reporter training every three years as approved by HHS. This training is available on the [Iowa HHS Learning Management System](#) and is free to complete. Maintaining CPR and First Aid certification from an accredited training resource.

- Staying current on foster home immunizations and vaccinations (whooping cough) and providing up-to-date immunization verification when required. The whooping cough vaccine is required unless there is a religious or medical exemption. If a foster parent has an exemption for licensure they will not be able to take infants under the age of one into their care for placement due to the high mortality rate associated with this illness.
- Cooperate with the unannounced visit during the initial home study evaluation and again annually once licensed.
- Accepting children for placement only within the licensed capacity, unless a variance is granted by the Department including when providing respite.
- Calling the Child Abuse Hotline and reporting to the HHS SWCM or CPW any suspicion that a child in the foster home has been abused.
- Exercising reasonable and prudent decision making for children placed in the home to ensure children are able to participate in socially, developmentally, and culturally appropriate activities. Foster parents' decision-making includes, but not is not limited to, use of the Internet, social media, cell phones, power equipment, trampolines and swimming pools without obtaining HHS or parental consent.

Special safety considerations must be given to swimming pools, trampolines, ATV use and railroad tracks that are close to the foster home residence. An approved fence for uncovered swimming pools that is non-climbable and at least 4' high is required as well as rescue equipment and constant and active supervision while the children use the pool.

- Maintaining records on every child placed in the home and giving those records to the child's HHS SWCM when a child leaves the home. This would include medical, therapeutic or educational appointments, incidents/accidents in the home, school or community and interventions that have been successful with the child.
- Complying with all laws, rules and policies regarding foster family care, and working with the Department in correcting identified deficiencies.
- Cooperating with visits and contacts by professionals involved in the child's case, or related to licensing and oversight of foster families.

Foster parents have the right to:

- Receive form [470-0716, Foster Family Placement Contract](#) that includes the placement worker and supervisor's office phone numbers and emergency phone numbers.
- Receive the *Family Case Plan* (case permanency plan).

- Be provided pertinent information on a child who may be placed in the home, including otherwise confidential information about a child as they consider the child for potential placement. This may also include HHS sharing contact information of a previous foster home contact information to support continuity of care for a child.
- Be notified about a law or regulation that would impact their obligations as a foster parent. (Notification would be through an email from HHS or a posting on the RRTS or HHS website)
- Have the right to say “No” to the placement of a child in their home.
- Have safety concerns evaluated prior to the release of the foster parents address and contact information.
- Receive support and supervision from the RRTS caseworker and the child’s HHS SWCM. HHS or a representative will visit a child within two weeks of a child placement and monthly thereafter.
- Be treated as a member of the team.
- Receive notice of all formal foster care reviews and court actions.
- Be notified of any Solution Focused Meeting, Youth Transition Decision-Making Meeting, Individual Education Plan (IEP) meeting or medical meetings pertaining to the care of the child(ren) in the foster home. Attendance at these meetings will be determined by the child’s parent(s).
- Be notified of any training HHS/RRTS believes would benefit them in the provision of foster care.
- Be provided written notice by HHS a minimum of 10-days prior to removal of and include the reasons for the child’s removal from the home unless there is a health or safety issue in the home, the court orders removal from the home, or the child is being moved to the home of a parent/guardian.
- Be provided by HHS a written report detailing the conclusion of an investigation that may affect a foster parents’ ability to provide foster care in the future.
- Provide foster care according to their individual foster parents’ culture and beliefs so long as the parent/guardian of the child does not object.
- Have their needs and scheduling demands be considered when any type of visitation is scheduled for a child.

Have a process maintained by HHS to allow a foster parent to file complaints electronically for alleged violations to this section. HHS has added a section to the “Contact Us” form for foster parents to submit their concerns. This feedback will go directly to service area leadership for review and resolution. <https://hhs.iowa.gov/contact-hhs>. HHS staff will contact the complainant by phone within two working days from the receipt of the email.

Confidentiality

According to Iowa law, all information regarding children in foster care obtained through or from the Department of Health and Human Services is confidential. Knowing when to share information about a child placed in foster family 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.

Foster parents must receive written consent from the child’s parent or legal guardian in order to release information concerning the child. A child’s sexual orientation or gender identity should not be released without the parents’/guardians or child’s consent. The HHS SWCM is generally the person responsible to obtain 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, CASA, or attorney
- A local foster care review board
- Law enforcement

Social Media (Facebook, Blogs, etc.)

Foster parents shall **not**, without parent or guardian and Department consent, post pictures or information concerning a child in foster care on any Internet website or on social media. Children’s names or any indication that a child is in foster care cannot be shared without consent.

Care must also be taken when sharing experiences, both positive and negative, on social media. Foster parents may experience frustration for many reasons and may be tempted to share that frustration on social media. Information put on social media becomes public without intending it to be which can compromise a child’s confidentiality.

Children will have their photos taken in a variety of social, educational, and extra-curricular settings. Please consider the Reasonable and Prudent Parenting Standards when allowing participation in these situations.

Safe Sleep

Each year there are approximately 3,500 sleep-related deaths among U.S. babies. Iowa HHS is entrusted to support caregivers in providing the safest environments possible for children. One of the ways HHS can do this is to evaluate and discuss sleep practices for children under one year of age during interactions with caregivers.

Foster parents must provide a crib for infants placed in their case. Infants (under age one) shall be placed on their backs to sleep. The crib will have a firm mattress with a tight-fitting sheet. The infant shall not be allowed to sleep on a soft surface bed, sofa or air mattress. There should be no toys, soft objects, stuffed animals, pillows, bumper pads, blankets or loose bedding allowed in the sleeping area of the infant within their crib. If an alternative sleeping position is needed for an infant, a signed authorization with a statement of medical need is required to be submitted by a medical physician.

Co-sleeping is **never** allowed.

Swimming Pools, Hot tubs and Spas

Swimming pools, hot tubs and spas must meet the following to ensure they are safe, and hazard free (and additionally must meet all state, tribal and/or local safety requirements):

1. Swimming pools must have a barrier on all sides.
2. An aboveground or in-ground swimming pool that is not fenced shall be covered whenever the pool is not in use. The cover shall meet or exceed the ASTM International specification intended to reduce the risk of drowning by inhibiting access to the water by children under five years of age.
3. Swimming pools must have their methods of access through the barrier equipped with a safety devise, such as a bolt lock.

4. Swimming pools must be equipped with a life saving device, such as a ring buoy.
5. If the swimming pool cannot be emptied after each use, the pool must have a working pump and filtering system.
6. Hot tubs and spas must have safety covers that are locked when not in use.

The foster parent or other adult shall provide reasonable supervision according to the ages and swimming abilities of the foster children when they are using the pool.

Prior to adding a swimming pool to a residence, please discuss with the RRTS support caseworker to ensure that all Iowa Administrative Code requirements are understood.

Weapons

All weapons, firearms, and ammunition shall be **inaccessible** to a child of **any age**. The following weapons must be stored in an inoperative condition in a locked area inaccessible to children:

1. Firearms;
2. Air guns;
3. BB guns;
4. Hunting slingshots;
5. Any other projectile weapon

All ammunition, arrows or projectiles for such weapons shall be maintained in a **locked place separate from the firearms**.

Any motor vehicles used to transport foster children **shall not** contain a loaded gun, and any ammunition in the vehicle **shall be** kept in a separate, locked container.

Foster parents who have a permit to carry a firearm shall sign a form with HHS – Firearms Safety Plan. Foster parents who are also law enforcement officials and can document that their jurisdiction requires them to have ready and immediate access to their weapons may be exempt from these weapon requirements provided they follow a safety plan approved by the Department.

Medical Cannabis

What should I know to keep children safe if I plan to use Medical Cannabis or consumable hemp?

- Make sure there is another person who can safely care for children.
- Using cannabis (or consumable hemp) can make some activities more dangerous.
- Driving a car while under the influence of cannabis and/or consumable hemp is not safe for the driver or passengers.
- Tell children and teens not to ride in a car if the driver is under the influence of cannabis and/or consumable hemp.
- It is not safe for young children to sleep with you, especially if you are under the influence of cannabis and/or consumable hemp

Legal does not mean safe. Think about alcohol, cigarettes, or prescription medications. They are legal to use but have risks. Cannabis also has risks even though some forms may legally be used with a medical cannabis/cannabidiol registration card and others are readily available in stores.

If a foster parent has a medical cannabis/cannabidiol registration card, they will be asked to show their RRTS licensing and support worker for verification and documentation purposes. You will also be asked to show the product purchased and where it will be stored to ensure the safety of the children placed in the foster home.

Partnering With a Child's Parents to Benefit Children

The role of foster parenting includes an expectation to partner with the parents/guardians and other family members of the children placed in the home. Most children enter care as a result of neglect. Substance use, mental health and domestic violence are key contributors to family instability. By far, most parents/guardians genuinely love their children and want their children to grow up healthy, safe and nurtured. Foster parents play a key role in helping children reunite with their parents/guardians by partnering with and mentoring parents/guardians, and by helping children maintain important family connections. This partnership facilitates and supports reunification or another permanency plan. Studies have shown children who have regular contact with their parents/guardians are more likely to reunify successfully.

Children will have feelings of grief and loss being separated from their parents/guardians and other family members. Regular parent/guardian-child contact has several benefits to children and their parents/guardians, including:

- Helping children and parents/guardians work through grief and loss issues around removal.
- Allowing children and parents/guardians to maintain continuity in their relationships, and assistance improving their relationships.
- Preparing children and their parents/guardians for reunification.
- Providing parents/guardians with opportunities to learn and practice parenting skills.
- Giving caseworkers opportunities to observe and assess family progress.

Foster parents also benefit by working with the child's parents/guardians, including:

- Helping to gain a clearer understanding of the challenges facing parents/guardians.
- Participating in Comfort Calls and Bridge Meetings with parents/guardians.
- Increasing feelings of empathy appreciation for the efforts parents/guardians are making to meet case plan goals.
- Reassuring parents/guardians that their children are being well cared for.
- Modeling effective parenting and providing learning opportunities for parents/guardians to enhance their parenting skills.

There are a number of things foster parents can do to help develop positive shared parenting relationships with parents/guardians during Comfort Calls, Bridge Meetings and beyond, including:

- Asking parents/guardians about children's schedules, food preferences, and other likes and dislikes
- Showing respect for parents/guardians by using that information to ease transitions to the foster home.
- Consulting parents/guardians on decisions regarding their child and involving the child's parents/guardians when possible on day-to-day decisions about their child.

Foster parents provide a vital service to children and their families by providing a safe, nurturing, temporary home in order for parents/guardians to make necessary changes to safely care for their children. Building relationships with a child's family may be challenging but showing respect, empathy and a genuine desire to partner with parents/guardians will lead to positive results for children.

Reasonable and Prudent Parenting Standard (RPPS) to Provide Normalcy

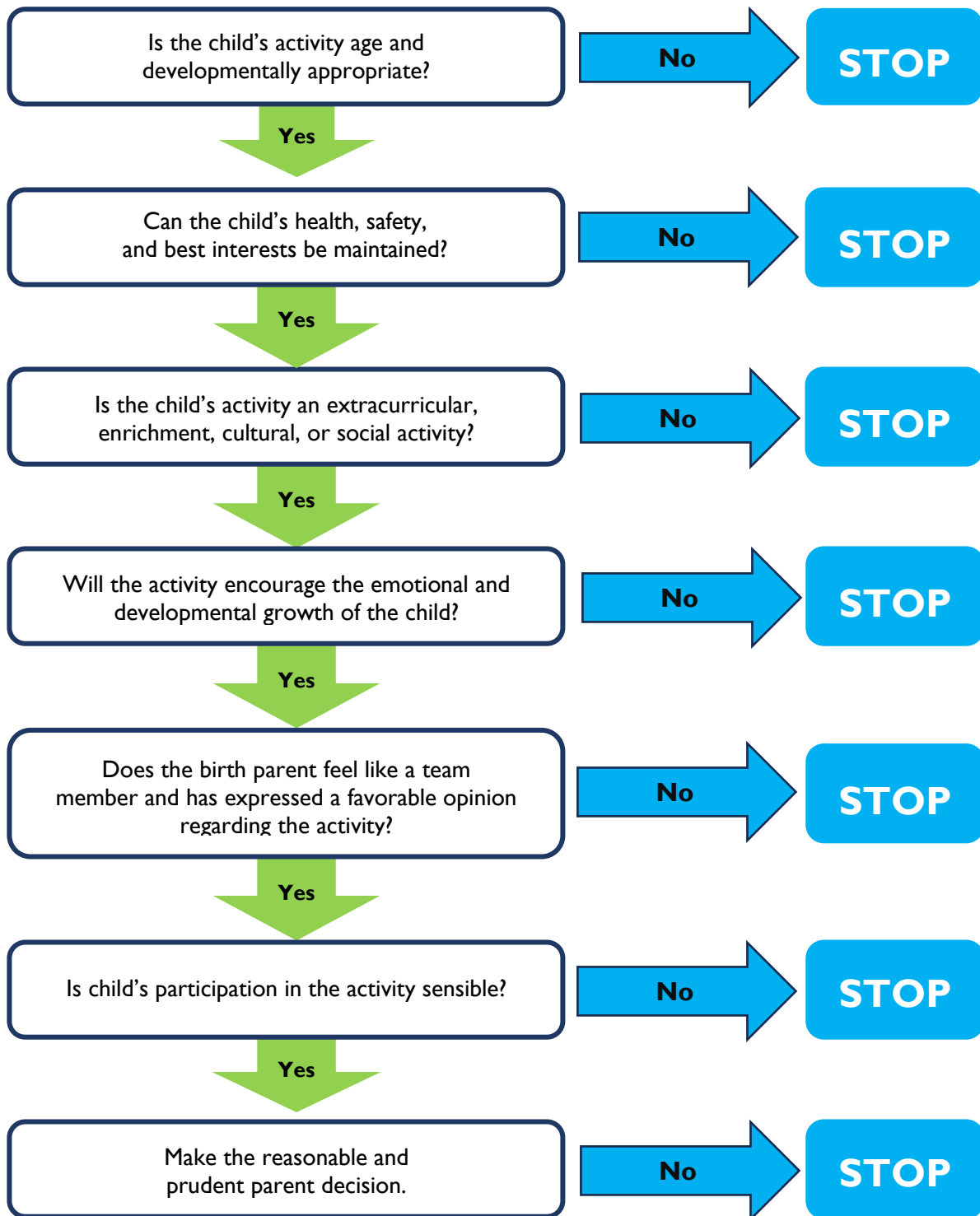
Foster parents are responsible for providing reasonable and prudent parenting of children placed in the home to ensure their safety while also facilitating children in their care have access to activities and opportunities like their peers that are not in foster care. Children in foster care should be able to have experiences that are age and developmentally appropriate.

Foster parents can make age-appropriate decisions about the activities in which children can participate without getting HHS or parental consent, though should discuss this with the child's parent and consider their input when making the decision. This includes social, cultural, and extracurricular activities. Ideally, pre-discussions and ongoing communication with the child's parents/guardians should occur but day-to-day decisions can be made by foster parents. This would include decisions to allow the foster child to have an overnight with a peer or with a friend or family member of the foster parent. Foster parents are also able to make independent decisions on child care, babysitters and unlicensed respite providers. If the respite provider is wanting financial compensation the foster parent must use a licensed foster parent to provide respite.

RPPS is taught during pre-service training or can be taken by registering for and attending the in-service training titled "What Would a Seasoned Foster Parent Do?"

The chart below is a tool to assist foster parents making decisions about appropriate activities:

The Reasonable and Prudent Parenting Standard Guide



Culture and Religion and Family Connections

- Foster parents provide an opportunity for healthy social relationships through participation in neighborhood, cultural, social, school and community or group activities. This includes having a child's friends come into the foster home and allowing the child to visit in their friends' homes.
- Foster parents must respect the right to religious freedom and culture of children in their care by:
 - Demonstrating respect of the child's culture, religious background and affiliation.
 - Respecting cultural clothing or hair styles.
 - Providing children the opportunity to attend religious services of their religion and religious instruction.
 - Not requiring children to participate in any religious training or observances contrary to their wishes or the wishes of the parents or guardian.
 - Respecting the child's sexual orientation and gender identity regardless of personal beliefs.

Sibling Connections

The Department must make a reasonable effort to:

- Place siblings together in the same foster home, and
- Provide frequent visitation or ongoing interaction between the child in placement and the child's siblings when they do not live together.

At times it is not possible to keep siblings together in the same foster home. The HHS SWCM for the siblings must arrange to maintain frequent visitation or other ongoing interaction between the siblings unless visitation or ongoing interaction between siblings is suspended or terminated by the court. FCS workers often assist in making the arrangements and facilitating contact.

Maintaining sibling contact is critical, and for many children, just as important as contact with their parents/guardian. It is important that foster parents work with the HHS SWCM to support and maintain visitation between siblings. Visits may be in person, by phone or by various forms of video conferencing. Visits may take place in the children's parents'/guardian's home, at a HHS office, in the community or in the foster home.

Record Keeping

The foster family licensing rules require the foster parents keep a notebook or folder for each child placed in the home that includes the names and addresses of doctors, therapist, etc. who have treated the child and the type of medical treatment, including prescriptions in a medication log. Other items to keep in the file are school reports and pictures, date of the child's discharge and the name and address of the person to whom the child was discharged to. When the child leaves the home, give the notebook or folder to the child's HHS SWCM.

Discipline

Discipline shall be handled with kindness and understanding and shall not include withholding of basic necessities such as food, clothing or sleep. Withholding visits or any other kind of contact with birth family member or guardian would also not be appropriate. A child shall not be locked in a room, closet, box or other device, nor be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family. Restraints shall not be used as a form of discipline. Children should not be isolated in their rooms or "grounded" for excessive periods of time.

Corporal or degrading punishment of any kind on any child in foster care in the home or in the presence of a child in foster care is prohibited. This includes spanking, putting soap or other toxic items in a child's mouth, excessive physical exercise, requiring children to stand in a designated area for an excessive time or other types of physical punishments.

Children in foster care who have been physically abused or witnessed domestic violence have experienced extreme trauma and need to feel safe. Foster parents need to have an understanding of the effects of trauma and remember the child's behavior may be a learned response to stress.

Out-of-State and In-State Travel

Travel decisions are a part of reasonable and prudent parenting. Foster parents can take a foster child in their care on trips within the state and out-of-state without HHS or parental consent. Although parental consent is not required, the parent/guardian should be informed and consulted. The child's HHS case manager must be notified if the trip is longer than one overnight.

When traveling out-of-state, the foster parent must have the emergency contact information for the Child's HHS SWCM and the child's parent/guardian in case medical care is needed. The child's HHS SWCM can provide written consent for foster parents to obtain medical care in case of an emergency by providing the foster parent with the form [470-5079, Out-of-State Travel Permit](#). If the travel extends to more than five days, or if the foster child must travel by air to the travel destination, HHS and/or parental consent will be required including completion of form 470-5079, Out-of-State Travel Permit.

Consideration should always be given to the child's schedule, family interactions, or other appointments when travel is extended over several days. Foster parents, the child's parents, and the HHS case manager should discuss plans and work cooperatively to ensure the child is able to participate whenever possible.

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

Child's Unauthorized Absence from Placement

Immediately contact law enforcement if the child runs away, is missing or has been abducted. Contact the child's HHS worker as soon as possible after reporting to law enforcement. If the HHS worker is not available, contact the HHS child abuse hotline at 1-800-362-2178 and ask to speak to the worker's supervisor or an on-call HHS staff person.

Medicaid for Children in Foster Care

HHS transitioned most Iowa Medicaid members to a managed care program called [IA Health Link](#). The [IA Health Link](#) program is administered by contracted Managed Care Organizations (MCOs) – Amerigroup Iowa, Iowa Total Care, and Molina Health care of Iowa– provide members with comprehensive health care services, including physical and behavioral health and long-term care services. The MCOs have a comprehensive network of health care providers that ensures quality care to all Medicaid members. When contacting an MCO, the foster parent must identify themselves as the child's foster parent. Foster parents **cannot** change the child's assigned MCO or sign up for the patient portal.

Medicaid ID Numbers

Foster parents will receive a Medicaid card with the child's Medicaid number. This number is given to the child's medical, dental, mental health or other providers when the child receives services. Providers bill Medicaid directly.

If a child needs medical care prior to receiving the Medicaid card, the foster parent should reach out to HHS for the State ID to provide to the medical provider for payment purposes.

Consents and Authorization Required for Medical Care

Routine Medical Care for Children in Foster Care

At the time of placement, the child's HHS social work case manager will give you information 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 in carrying out specific medical 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, please discuss with the SWCM. If for any reason the SWCM is not making the initial placement into the foster home, please reach out to the SWCM or the SWCM's supervisor with any questions.

Foster parents **do not** have the authority to consent to medical care. Only the child's parents/legal guardian may consent to routine medical care and procedures. Either the foster parent or HHS SWCM can contact the child's parents or guardian 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.

If a medical professional recommends specific treatment or testing for a child, contact the child's HHS SWCM. The HHS SWCM will seek the parental consent. There may be other circumstances where the Department case manager will seek a court order regarding the medical or dental care for a child in foster care.

Adolescent Sexual Health

Caregivers and parents/guardians are one of the most important people in an adolescent's life, when caregiving is disrupted many aspects of the youth's life come into question. Foster parents/guardians are key to reestablishing connections and supporting the young person through open and respectful conversations.

Young people need help and guidance to understand all the changes going on in and with their own body through adolescence including puberty, growth and development, communication, emotions, consent, contraception, and the basics of healthy relationships. Foster parents/ guardians can provide information to the youth in their care by being, open, honest, trustworthy and open to conversation. It has been mistakenly understood that foster parents can't or shouldn't talk about these aspects of growing up with their foster child and that is NOT the truth. You have that right, responsibility, and can provide trusted medically accurate resources to the youth in your care. (Prudent Parenting)

Adolescence can be a scary and uneasy time for many especially if they don't know why these changes are happening. Please take the time to educate your foster child on puberty and how to protect themselves from unwanted pregnancies and sexually transmitted infections (STIs). Reach out to their medical provider

for age-appropriate resources. Remind the youth that consent is key in all types of relationships. One must ask for permission to hug, kiss, borrow clothing and almost everything else to ensure everyone is understood. If there is not a verbal YES then you can't borrow their jacket or get a hug. It is your responsibility to help the youth understand the value of knowing their own boundaries and expressing their feelings and emotions.

Emergency Medical Care

Foster parents can provide consent in case of an emergency or in an urgent situation requiring medical care and treatment of an acute illness, disease or condition of the child when a delay or inability to access parental or Department consent for medical care or treatment would endanger the health or physical well-being of the child. If a child is ill and needs to be seen by a doctor, the foster parent can take the child to the doctor without HHS or parental consent. If the child needs immediate medical care, the foster parents can take the child to the hospital for treatment.

The foster parent should be in consistent contact with the HHS SWCM/Supervisor regarding the progress/needs of the child in foster care during a medical emergency. SWCM's are obligated to provide contact number(s), other than the HHS after hours number, for emergency situations that occur after normal working hours or during weekends. If for any reason you have not received these contact number(s) from the SWCM, reach out to the Social Work Supervisor so you are prepared for any emergency that may arise.

Medications

All prescription and over-the-counter medications shall be kept secured from access by children. All prescription medications shall be administered by the foster parent as prescribed and documented in a medication log noting any side effects, amount given, and the time the medication was administered. All over-the-counter medications must be administered by the foster parent according to label instructions and also documented. Foster parents need to be aware of potential side effects, and need to communicate immediately with the prescribing physician if side effects occur.

Required Medical Care

Children in foster care should receive medical care as follows:

- Pre-placement and annual medical examinations by a physician, or a nurse practitioner working under the supervision of a physician. If the child did not receive a pre-placement medical examination or has been in foster care and has not received one in the last year, you will need to schedule a complete physical exam with the child's physician within fourteen calendar days of placement. Ask the child's caseworker for form [470-0580, Physical Record](#) to give to the child's physician to complete. After the physician completes the form, keep a copy in your child's file and give the completed form to the child's caseworker.
- Immunization against common contagious diseases. If the child is just coming into foster care, the child's social work case manager may be able to give you the immunization information that the Department of Health has and work with the child's parents/guardians in obtaining medical information of the child.
- At least, semi-annual dental exams, annual eye and ear examinations and routine treatment of illnesses.
- Emergency medical care in cases of sudden illness or accident. Always contact the child's HHS social work case manager if emergency medical care is necessary. The SWCM should have provided contact numbers for these situations. If not, reach out to the SWCM or their supervisor.

Emergencies and Disasters

If a disaster occurs that requires evacuation, the family must notify the child's HHS worker of their temporary address and phone number within 48 hours of evacuation.

Go to the [Be Ready Iowa](#) website and click on [Be Aware](#) which lists various emergencies and disasters. Then click on the type of emergency or disaster you need more information regarding.

Educational Needs

Children placed in foster care face challenges to successfully completing their education. Ensuring educational stability for every child in care promotes positive learning experiences, reduces school disengagement and reduces interrupted progress.

Multiple documents about foster care and education may be found on the Department of Education website: [Education of Children in Foster Care/Iowa Department of Education](#).

Every Student Succeeds Act (ESSA)

The Every Student Succeeds Act (2015)(ESSA) in coordination with the Fostering Connections to Success and Increasing Adoptions Act of 2008, provides educational stability protections for the time students are in foster care. The laws provide that when students in foster care change living placements, they remain in the school they have been attending (school of origin) unless a determination is made that a school move is in their best interest. If this is determined, the student shall be immediately enrolled and records transferred.

The HHS SWCM will:

- Ensure immediate enrollment of the child in the new educational setting.
- Make sure that the local education agencies have transferred the child's educational records to the new educational setting within five days of notice that the child is changing schools.
- Coordinate with the local education agencies to identify how the child can remain in the educational setting in which the child is enrolled at time of placement.

It is the responsibility of the school district and HHS to arrange transportation to keep a child in their home school. The HHS SWCM and school district representatives work collaboratively to enlist an educator, foster family, family member of the child, or other support persons to assist. Foster parents may need to transport the child to their school for a few days until school transportation is set up.

Waiver of School Fees and Free School Lunch

Schools waive class and activity fees for children in care. The child's HHS social work case manager can request a waiver application form from the school. An application can be received at any time but must be renewed at the beginning of the school year. Course offerings include, and are not limited to, driver's education.

HHS and the Department of Education electronically match names of children who are eligible for free school lunches, including children in foster care. Children who are successfully matched will receive a free lunch approval letter from the school. No further actions are needed by foster parents or the HHS SWCM in order for children to access free lunch.

School Fees That Are Not Waived

Payment for school fees that are not waived for a child in foster family care that exceed \$5 may be authorized in an amount not to exceed \$50 per year. "Required school fees" include:

- Fees required for the participation in school or extracurricular activities, and
- Fees related to enrolling a child in preschool when a mental health or intellectual disability professional has recommended school attendance.

Payments and Special Issuance Reimbursements

Maintenance Payments

Foster parents receive a payment each month to assist with the cost of caring for a child placed in the home. Payments are based on a daily rate according to the child's age. Foster parents are to use the monthly payments to purchase clothing, food, and other items for the daily care of the child. Payments are made on the first of the month for the previous month. Payments are made for the first day a child enters a foster home but not for the day the child leaves the foster home.

After a child has been in a foster home for 30 days, the rate may change based upon an assessment of the child's needs and behaviors as identified on the Foster Child Behavioral Assessment. Foster parents, the child's HHS SWCM, teachers, providers, and others involved with the child may complete the assessment to assist in determining the appropriate rate for the child. HHS will review and make the final decision regarding an increased rate. The rate increase would not begin until the first of the following month after the assessment was signed by the supervisor. The assessment is repeated whenever there is a substantial change in the child's behaviors, the child changes placement settings, and to negotiate adoption subsidy when a child is able to be adopted. The RRTS caseworker should be contacted if there are unreasonable delays in getting payments from HHS.

The foster family payment rates are as follows:

Foster Family Care Payment Rates

Age of Child	Basic Daily Rate	Maintenance plus \$4.81 per day	Maintenance plus \$9.62 per day	Maintenance plus \$14.44 per day
0 – 5 years	\$16.78	\$21.59	\$26.40	\$31.22
6 – 11	\$17.45	\$22.26	\$27.07	\$31.89
12 – 15	\$19.10	\$23.91	\$28.72	\$33.54
16 – 20	\$19.35	\$24.16	\$28.97	\$33.79

Additional foster family payments that are not included for adoption subsidy payments:

Sibling Groups (Three or more siblings placed in the same foster home)	Transportation for Visits	Annual Clothing Allowance age 12 & under	Annual Clothing Allowance age 13 & older	School Fees
\$1.00/Child	\$1.00/Day	\$500	\$750	\$50.00

Clothing allowance amounts are yearly and start with the date that the child enters foster care. Copies of receipts **need to be turned in within 30 days** of purchase to HHS SWCM.

Respite Care

Up to 24 days of respite care per calendar year per child is available to foster parents. The respite provider must be a licensed foster family in order for the Department to pay for the respite days. Respite is paid for the day in and successive days but not the day out if overnight stays are involved. A respite “day” does not require the child to stay overnight or be in a respite home a specific time. The respite foster family is paid the same rate the placement family receives for the child.

For example: A child is placed in a foster family home on January 5. The foster family uses respite for one day but no overnight in February (1 respite day). The family uses 6 days which include overnights in April (5 respite days). The family has used 6 days of respite. The child moves to another foster home on July 7. The new foster family has 24 days of respite from July 7 to January 1.

Children in respite care are counted towards licensed capacity which cannot be exceeded without HHS approval. Documentation of respite must be provided to the child’s HHS SWCM by the placement foster family. The child’s HHS SWCM will pay the respite provider.

Notify the RRTS caseworker of the need for respite as soon as possible. The RRTS caseworker can assist with helping secure respite and coordination with HHS and with the respite family.

Provide the following to the respite provider:

- Important contact info for child
- Who the child can have contact with while in respite
- Any scheduled appointments/visits
- Any medical needs
- Any known behavioral triggers that could provoke challenging behaviors
- Intervention strategies that have been successful with the child

Reasonable and prudent parenting allows foster parents to use an adult caregiver or babysitter to care for children in their home as needed that is not respite per se. The adult caregiver or babysitter does not have to be a licensed foster parent, have background checks or be approved by HHS as this is not the same as respite care. The foster parent is responsible for paying the babysitter and will not be reimbursed by HHS. In situations where a child is staying a night or weekend with a peer’s family or the family or friend of the foster parent, HHS permission is not required. If the foster parent is traveling and the child is staying longer than a weekend with either of the situations listed above, HHS should be notified so that they are aware of the child’s whereabouts.

NOTE: Foster parents will need to assess the specific needs of foster children when they made the decision between using an adult caregiver or a teen babysitter.

Child Care

Child care expenses can be reimbursed when foster parents work from home or outside the home, the child is not in school and the provision of child care is identified in the child’s case permanency plan. Prior authorization for payment must be given by HHS before child care services are purchased by foster parents. Child care services must be provided by a licensed child care center or registered child development home when available.

When a foster parent uses a child care provider that accepts Child Care Assistance (CCA) rates and signs a child care provider agreement with CCA, direct payments to providers will be issued via KinderTrack (KT).

When a foster parent uses a child care provider that doesn't accept CCA or is an unregulated provider, child care payments will be made via the HHS approved payment system using the Child Care Expense statement process. HHS must have form [470-5612, Child Care Expense Statement for Foster Children](#) from the foster parent for expenses incurred before issuing a payment. One form per child is required. The form must be completed in its entirety and signed by both the foster parent(s) and the child care provider or center before payment is to be authorized.

Foster parents are required to submit the form [470-5612, Child Care Expense Statement for Foster Children](#) on a bi-weekly or monthly basis and cannot combine multiple months on the same expense payment form. Multiple children cannot be on the same form.

If the child care provider charges private pay clients above the state approved CCA rate, foster parents would be required to pay the difference.

Payment may be made to a provider for a child not in attendance at the child care facility not to exceed six days per calendar month, providing that the child is regularly scheduled on those days and the provider also charges a private individual for days of absence. This does not mean that providers automatically get six extra days paid per month. It does mean that a provider may charge for a normally scheduled day (up to six) if the child is absent from care on that day.

A child in foster care does not have to be a special needs child to qualify for childcare services. If the child is deemed to have special needs, a higher rate of reimbursement (See CCA Rates Chart) may be available based on meeting eligibility criteria. The worker shall request documentation from the family to substantiate the child needing services meets the definition for special needs. A child with "special needs" meets one or more of the following conditions:

- A physician or a school psychologist endorsed by the Iowa Department of Education has diagnosed the child to have a developmental disability that:
 - Substantially limits one or more major life activities, and
 - Requires professional treatment, assistance in self-care or the purchase of special adaptive equipment.
- A qualified intellectual disability professional has determined the child to have a condition that impairs the child's intellectual and social functioning.
- A mental health professional has diagnosed the child to have a behavioral or emotional disorder characterized by situationally inappropriate behavior that:
 - Deviates substantially from behavior appropriate to the child's age, or
 - Significantly interferes with the child's intellectual, social or personal adjustment.

Documentation to substantiate that a child meets the definition of "child with special needs" may include:

- A copy of the child's Individual Education Plan.
- A psychological evaluation.
- A statement from a physician, intellectual disability professional, mental health professional, or school psychologist.
- Documentation to verify that the child is receiving SSI benefits. The Special Needs Rate can be approved only when HHS has received documentation and the child meets the requirement. Documentation should include:
 - A qualified professional has assessed the and determined that the child meets the special needs definition and

- The child care provider has adapted to the environment or activities to accommodate the child’s needs.

Child care expenses are reimbursed at the Child Care Assistance rates in the charts below effective March 1, 2023:

Half-Day Rate Ceilings for (Licensed Center)								
	No QRS		QRS 1 or 2		QRS 3 or 4		QRS 5	
Age Group	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
Infant & Toddler	\$23.21	\$51.94	\$23.21	\$51.94	\$23.21	\$51.94	\$24.05	\$51.94
Preschool	\$18.98	\$30.43	\$19.50	\$30.43	\$20.00	\$30.43	\$21.00	\$30.43
School Age	\$15.00	\$30.34	\$15.50	\$30.34	\$16.00	\$30.34	\$17.00	\$30.34

Half-Day Rate Ceilings for (Child Development Home A or B)								
	No QRS		QRS 1 or 2		QRS 3 or 4		QRS 5	
Age Group	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
Infant & Toddler	\$14.00	\$21.00	\$14.00	\$21.00	\$14.00	\$21.00	\$15.00	\$22.50
Preschool	\$12.75	\$19.13	\$13.00	\$19.50	\$13.75	\$20.63	\$15.00	\$22.50
School Age	\$11.25	\$16.88	\$12.50	\$18.75	\$13.00	\$19.50	\$13.50	\$20.25

Half-Day Rate Ceilings for (Child Development Home C)								
	No QRS		QRS 1 or 2		QRS 3 or 4		QRS 5	
Age Group	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
Infant & Toddler	\$15.25	\$15.25	\$15.25	\$15.25	\$15.25	\$15.25	\$15.25	\$15.25
Preschool	\$15.00	\$22.50	\$15.00	\$22.50	\$15.00	\$22.50	\$16.00	\$24.00
School Age	\$13.00	\$19.50	\$13.75	\$20.63	\$14.50	\$21.75	\$15.00	\$22.50

Half-Day Rate Ceilings for child care homes (not registered)		
Age Group	Basic	Special Needs
Infant & Toddler	\$12.98	\$19.47
Preschool	\$12.50	\$18.75
School Age	\$10.82	\$16.23

The following definitions apply in the use of the rate tables:

“Child care home (not registered)” means a family child care home caring for six or fewer children (including relative care) that is not registered with the state. This is also the rate used for out-of-state family home-based providers.

“Child development home” means a person or program that has received a certificate of registration from the state to provide child care to six or more children at any one time.

“Infant and toddler” means a child aged two weeks to three years.

“Licensed center” means a child care center licensed in Iowa. This is also the maximum rate used for an out-of-state center provider.

“Preschool” means a child aged three years to kindergarten (“school aged”). Approve preschool rates for summer hours before kindergarten classes begin.

“School aged” means a child in attendance in full-day or half-day classes, including kindergarten.

Families can find child care in their area through the [Child Care Overview](#) page on the HHS website.

The first sentence “[Families looking for child care](#)” will go a new page, then select [Find Child Care](#) to access the search function.

If a child care provider cannot be found that accepts Child Care Assistance Rates, consult with the RRTS caseworker and the child’s HHS worker about what other options may be available. A child care provider may be selected who accepts reimbursement at the CCA rate, but does not have a CCA agreement in place.

The Child Care Overview page also has a link to the [Complaints and Compliance Reports](#) page that provides additional information about child care providers.

When a foster parent is an in-home child-care provider, HHS cannot reimburse child care costs if the child is placed in their home as a child in foster care remains in their home for child care. If the child in foster care is not school-aged and remains in the foster home they would be counted in the maximum number of children approved for child care by the State. It would be best if the child in foster care could stay in the foster home where they reside, but the foster parent could utilize another registered daycare, CCA home or licensed daycare center for the child in foster care and the State would reimburse.

Foster parents are required to be registered as a childcare provider whenever, in addition to being a foster parent, they are also a childcare provider.

Clothing Allowance

Paying for clothing is part of the monthly foster care maintenance payment, however the child’s HHS case manager may authorize an additional clothing allowance when clothing is needed at the time the child is removed from their home and placed in foster care. The clothing allowance may be authorized and cannot exceed \$500 per year for ages 0-12 and \$750 per year for ages 13 and older to purchase clothing. The time frame starts when the child is placed.

The form [470-1952, Foster Care Clothing Allowance](#) is requested from the child’s HHS worker. The form with receipts attached is submitted to the child’s HHS SWCM within 30 days of purchasing clothing in order to be reimbursed. The RRTS caseworker can assist in obtaining the form.

Reserve Bed Payments

Foster parents continue to receive the daily rate for a child in care when the child is:

- On a home visit,
- In the hospital,
- Has run away, or
- On a pre-placement visit.

Payment shall not exceed 14 consecutive days, except upon prior written approval of the service area manager. In no case shall payment exceed 30 consecutive days.

In order for payments to continue, the intent must be for the child to return to the foster home.

Payment and Special Issuance Codes

Foster parents receive a statement when a payment is issued. There are codes on the statement that identify the type of payment. The codes below will help identify the type of payment:

F01	Ancillary Services	F05	School Fees
F02	Child Care	F06	Transportation
F03	Tangible Goods	F13	Same Day Entry-Exit
F04	Clothing Allowance	F14	Respite

Training Stipend

Foster parents receive \$100.00 per year to assist with costs related to training, such as child care, registration or transportation costs. For foster parents with a two-year license, they must complete their six hours of in-service training **each license year** before the stipend is paid. Foster parents will discuss training needs with the RRTS caseworker during monthly contacts to ensure that required training is completed timely. RRTS will work with the foster parent to develop a training plan that will be adhered to.

Foster parents will receive the training stipend at the time of their initial licensure from the RRTS contractor and then yearly following the completion of each foster parent's six hours of required in-service training once they are licensed.

Juvenile Court

Children in foster care are involved in juvenile court. As stated above, children are appointed a guardian ad litem to advocate their best interest in court, and may also act as the child's attorney to advocate what the child wants. There may be times a child is appointed a separate attorney and GAL.

The child's parents/guardians may also be represented by an attorney. The state is represented by the County Attorney's office.

Children in care are required to attend all court hearings when age and developmentally appropriate. Foster parents also have a right to attend hearings and be heard by the court. Foster parents are not a party to the case and may or may not have an opportunity to speak a Judge. Foster parents may provide a written report to the court.

Foster parent(s) have a right to receive court documents submitted by HHS. If not received at the court hearing, foster parents can request that the SWCM provide the documents to them in person or via the US Postal Service. Court hearings held throughout a child's case are required at specific times. Each type of hearing is designated by a title.

- **Ex Parte:** This is a request outside a scheduled hearing and is often done in order to obtain a removal order. HHS works with the County Attorney to request an order from the court to remove a child due to safety concerns.
- **Removal hearing:** A removal hearing is required within 10 days of a child's court-ordered removal from their parental or guardian home. The judge will determine:
 - If the child should remain in foster care,
 - Be returned to their parent or guardian, or
 - Be placed with a relative or other suitable person.
- **Adjudication:** At this hearing the judge determines if the child meets the legal criteria to be a child in need of assistance and requires the court's involvement to resolve safety concerns.
- **Disposition:** The HHS SWCM presents the case plan to the court at the disposition hearing. The case plan serves as the plan for services to remove or alleviate the safety concerns that caused the child to be removed.
- **Review:** Review hearings are held at a minimum of six months after disposition but may be held more often. During the hearing the case plan is reviewed to determine progress toward reunification, and to determine if the family is receiving appropriate services.
- **Modification:** These hearings are held when one of the parties files a motion to request a change in the case between review hearings. Changes may include:
 - Placement changes,
 - Reunification with parents/legal guardian,
 - Changes in family interactions, or
 - A change in services.
- **Permanency:** The court must hold a permanency hearing no later than 12 months from the date of the child's removal from home. The judge may:
 - Return the child to their parents/legal guardian,
 - Grant an additional six months to work toward reunification, or
 - Order the filing of a petition to terminate parental rights.

For children over age 14 who will remain in care, a permanency hearing must be held every 12 months.

- **Termination of parental rights:** When the judge has determined a child cannot safely return home, a hearing is held to terminate the rights of the child's parents. If the court orders termination of the parents' rights to their child, they no longer have a legal relationship to their child, and the child may be adopted.
- **Adoption:** At this hearing a court gives adoptive parents the same legal rights and responsibilities of a child as if the child were born into the family.

Ten Day Notice to Remove a Child

Foster parents often find challenges in parenting children who have a trauma background, and managing the behaviors that result from trauma. Children may have behaviors ranging from:

- Hitting and kicking adults or other children in the home,
- Running away,
- Inappropriate sexual behaviors with other children,
- Lying,

- Stealing or
- Excessive tantrums.

Foster parents may find that for a variety of reasons they are not able to parent a child in their home. HHS SWCM will offer the family a stability staffing in attempts to preserve the placement from disruption.

Every time a child moves from a home it causes additional trauma. It is important that efforts are made to maintain a child's place in the foster family. It is critical that foster parents contact their RRTS caseworker as early as possible when struggling with parenting a child. The RRTS caseworker can provide strategies to help with challenging behaviors, training or other resources that can help the family.

If keeping the child in the home is not possible, foster parents must provide the child's HHS SWCM with a minimum of 10 days' notice to request a child be placed elsewhere. The RRTS caseworker and the HHS SWCM will find another home or appropriate placement for the child.

HHS must also provide 10 days written notice to a foster family when a child is to be moved from the home. If there are safety concerns, the HHS SWCM may remove a child immediately. Foster parents can request a conference with HHS by providing a written request to the case manager within seven days of receiving the notice the child is moving.

Corrective Action Plans

Foster parents are responsible for meeting all licensing rules. If a family consistently does not meet specific rules, or if there are serious concerns about the care of a child, a Corrective Action Plan may be put in place. The plan is developed by the HHS licensing worker, the RRTS caseworker and the foster family when appropriate. The plan is to assist the family in coming into compliance with licensing rules or to help the family better care for a child. The plan has specific action steps and timeframes for completion. The family must agree to the plan and sign the plan.

A Corrective Action Plan provides documentation of identified needs in a foster home. If the plan is not followed, or the deficiencies cannot be corrected, there may need to be action taken against the license or the family can choose to end their license.

Foster Care Insurance

All licensed foster parents have property damage protections. Each foster family will have a total annual loss limit of \$5,000 (regardless of number or type of claims) and a deductible per claim of \$150. Claims will be paid for personal property owned by the foster family or others that is damaged by a child in foster care while living in the home of a licensed foster family.

Claims should be sent to:

ERS@EMCINS.COM

EMC Risk Services

Foster Home Property Damage Fund

PO Box 9399

Des Moines, IA 50306

All claims must be submitted with the following information:

- Notice of loss form
- Picture(s) of damaged property
- Receipt(s) for the replacement of damaged property (as similar as reasonably possible), **and/or**

- Receipt(s) or Estimate for the repair of damaged property from a licensed contractor **and/or**
- Receipt(s) for the material(s) used by the foster family to repair the damaged property

Electronic Complaint Process

There are times foster parents have feedback for HHS. In order to make the feedback process easier, a section has been added to the “Contact HHS” form for foster parents to submit their concerns. This will make the feedback process easier and allow foster parents to receive responses from leaders who have an understanding of their case. When completing the feedback form select “Family Foster Home – Licensed by HHS”. The feedback will be submitted directly to service area leadership via the [Contact Us form](#) on <https://hhs.iowa.gov>.

HHS staff will contact the complainant by phone within two working days from the receipt of the email.

Additional Resources and Services

Achieving Maximum Potential (AMP) – Support for Children in Foster Care

AMP is a youth-driven, statewide group that seeks to unleash the full potential for personal growth among foster and adoptive children in Iowa. AMP offers leadership opportunities, service learning projects, speaking opportunities, and educational and vocational assistance. AMP also provides the life skills youth need to become self-sufficient, independent adults.

AMP members are ages 13 and up who have been involved in foster care, adoption or other out-of-home placements.

What do AMP youth do?

- Train to become advocates for themselves and others.
- Participate in valuable leadership opportunities.
- Develop their voices by telling their own stories.
- Educate legislators, foster parents, the public, child welfare professionals and juvenile court representatives about foster care and adoption from the youth perspective.
- Build youth and adult partnerships in the community that create opportunities for service learning.
- Encourage others to open their homes to teens in foster care or those available for adoption.
- Provide understanding, support and encouragement to one another.
- Gain the life skills necessary to become healthy, independent adults.
- Explore educational and vocational options to chart their path to become successful productive adults.

Foster parents are highly encouraged to have children placed in their home participate in AMP if a group is available in the area. More information can be found at [Achieving Maximum Potential \(AMP\)](#).

Head Start Program

Foster children are automatically eligible for admission to Head Start, a federally and state funded comprehensive preschool program that provides education, health, nutrition, and handicapped services to children three to five years old. Enrollment begins in August and the child’s parents, or guardian must sign for enrollment into the Head Start program.

Iowa Foster and Adoptive Parent Association (IFAPA)

The [IFAPA website](#) has several resources and tools to use to help foster parents find in-service training including the short on-line video **Reasonable and Prudent Parenting** training which is required of all newly licensed foster parents. IFAPA also offers Life Book and Welcome Book pages, as well as other publications that can be downloaded. Foster parents can sign up to receive the Weekly Word newsletter by email.

Women Infants and Children (WIC)

[WIC](#) is a supplemental nutrition program for babies, children under the age of five, pregnant women, breastfeeding women, and women who have had a baby in the last six months. Fathers, stepparents, grandparents, and **foster parents** may also apply for WIC. WIC agencies provide services locally to the WIC families including:

- Nutrition education,
- Breastfeeding promotion and support,
- Nutritious food packages and
- Referrals to other health programs.

For more information about WIC, call 1-800-532-1579 or (515) 281-6650.

