



**FOSTER & ADOPTIVE CARE COALITION**  
FOR EVERY CHILD... A PLACE TO CALL HOME

**FOR INTERNAL USE ONLY**

Case opened: YES NO

Start Date: \_\_\_\_\_

**30 Days to Family™ Intake & Referral Form**

Date of Referral: \_\_\_\_\_ Initial Custody Date: \_\_\_\_\_

Date/Time/Location of Initial Team Decision Making Meeting: \_\_\_\_\_

Date/Time/Location of PC Hearing: \_\_\_\_\_

County of Jurisdiction:  Court petition/affidavit attached (required for St. Louis City Jurisdiction)

**Referring Information:**

Referring Agency: \_\_\_\_\_ Consortium (if applicable): \_\_\_\_\_

Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Case Manager Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

CA/N Investigator: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Deputy Juvenile Officer: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian ad Litem: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**General Family Information: Include referred child(ren) and all known siblings (attach additional sheets, if necessary)**

Child's Full Name	DCN	DOB	Race/ Ethnicity	Sex	Child's Placement (include placement name, address, & contact info)	Date of Placement	In CD Custody?
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

**Safety & Risk Assessment Information:**

Describe reason child(ren) entered Children's Division custody: \_\_\_\_\_

Has the child or family had previous Children's Division involvement?  YES  NO  Unknown

If yes, please describe, including dates and specific services/interventions: \_\_\_\_\_

Any history of confirmed or suspected domestic or family violence/abuse?  YES  NO  Unknown

If yes, please describe, including name & relation of alleged perpetrator(s): \_\_\_\_\_

In regards to placement, do(es) the child(ren) have specific physical, developmental, emotional, or behavioral needs which must be taken into account to protect the health & safety of the child(ren) and/or caregiver(s)?  YES  NO  Unknown

If yes, please describe in detail: \_\_\_\_\_



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*NOTE: If siblings are being referred and there are multiple mothers or multiple fathers, a Parental Addendum must be completed to include each child's family information. Parental Addendum attached?*  NO  YES If yes, how many:

### **Maternal Family Information:**

**Mother's Name:**      DOB:      Race:      DCN:  
Address:      County of Residence:  
Primary Phone:      Cell Phone:  
Place of Employment:      Work Phone:  
Date of Initial Contact by CM:  
Is mother the non-offending parent?       YES       NO       Unknown  
Wants placement?       YES       NO       Unknown  
If yes, please list reasons preventing placement:

**Maternal Grandmother's Name:**      DOB:      Race:      DCN:  
Address:  
Primary Phone:      Cell Phone:  
Place of Employment:      Work Phone:  
Date of Initial Notification/Contact by CM:  
Wants placement?       YES       NO       Unknown  
If yes, please list reasons preventing placement:

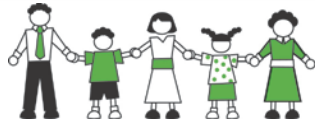
**Maternal Grandfather's Name:**      DOB:      Race:      DCN:  
Address:  
Primary Phone:      Cell Phone:  
Place of Employment:      Work Phone:  
Date of Initial Notification/Contact by CM:  
Wants placement?       YES       NO       Unknown  
If yes, please list reasons preventing placement:

Additional known maternal family members (please list & include any initiated contact and information):

### **Paternal Family Information:**

**Father's Name:**      DOB:      Race:      DCN:  
Address:      County of Residence:  
Primary Phone:      Cell Phone:  
Place of Employment:      Work Phone:  
Date of Initial Contact by CM:  
Paternity established?       YES       NO       Unknown;      If yes, how was it established?  
Is father the non-offending parent?  YES       NO       Unknown  
Wants placement?       YES       NO       Unknown





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If yes, please list reasons preventing placement:

**Paternal Grandmother's Name:**      DOB:      Race:      DCN:

Address:

Primary Phone:    Cell Phone:

Place of Employment:    Work Phone:

Date of Initial Notification/Contact by CM:

Wants placement?     YES     NO     Unknown

If yes, please list reasons preventing placement:

**Paternal Grandfather's Name:**    DOB:      Race:      DCN:

Address:

Primary Phone:    Cell Phone:

Place of Employment:    Work Phone:

Date of Initial Notification/Contact by CM:

Wants placement?     YES     NO     Unknown

If yes, please list reasons preventing placement:

Additional known paternal family members (please list & include any initiated contact and information):

**Other Information:** Please outline any additional information or concern in which the Coalition should be aware to successfully engage relatives/kin and identify potential placements & supports for the child/family:

**Eligibility** (check all that apply):     St. Louis County Jurisdiction     St. Louis City Jurisdiction     Child is 0-17 Years Old  
 Child has entered Children's Division Protective Custody

### **30 Days to Family Parental Addendum**

**Child's Name:**

Child's Maternal Family Addendum       Child's Paternal Family Addendum

**Parent #2's Name:**      DOB:      Race:      DCN:

Address:      County of Residence:

Primary Phone:    Cell Phone:

Place of Employment:    Work Phone:

Date of Initial Contact by CM:

Paternity established?     YES     NO     Unknown;    If yes, how was it established?

Is father the non-offending parent?  YES     NO     Unknown



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Wants placement?  YES  NO  Unknown

If yes, please list reasons preventing placement:

**Grandmother's Name** (Parent #2's mother): DOB: Race: DCN:

Address:

Primary Phone: Cell Phone:

Place of Employment: Work Phone:

Date of Initial Notification/Contact by CM:

Wants placement?  YES  NO  Unknown

If yes, please list reasons preventing placement:

**Grandfather's Name** (Parent #2's father): DOB: Race: DCN:

Address:

Primary Phone: Cell Phone:

Place of Employment: Work Phone:

Date of Initial Notification/Contact by CM:

Wants placement?  YES  NO  Unknown

If yes, please list reasons preventing placement:

Parent #2's additional known family members (please list & include any initiated contact and information):

*Please utilize a separate form for each additional parent (make additional copies, if needed)*



## FOSTER & ADOPTIVE CARE COALITION FOR EVERY CHILD... A PLACE TO CALL HOME

### 30 Days to Family™ Consent & Participation Agreement

**Client(s) Name:**

**DCN(s):**

#### **Program Overview & Philosophy:**

The purpose of 30 Days to Family™ is to expand efforts to find safe, appropriate relative/kin supports for children entering foster care. One goal of the program is to assist in meeting the Fostering Connections to Success and Increasing Adoptions Act (2008) 30-day standard of notifying a child's adult relatives of their option to participate in the care and placement of the child. The initial search is for grandparents, non-offending parents, and siblings, but the goal is that at least 80 additional relatives will be identified and explored. Because foster care placements can be fragile, the goal is to identify at least 2-3 relatives or kin as potential placement providers. Maternal and paternal relatives are explored with equal interest. In all cases, every effort is made to keep siblings together, maintain children in their school of origin, and preserve the child's important relationships with friends and supportive adults.

The Coalition is committed to adhering to Federal and State laws, as well as Children's Division Policy, on placement with relatives and kin. The Coalition will assist in ensuring licensing standards are satisfied and the relative/kinship caregiver has the necessary supports in place to care for the child.

#### **Team Member Participation & Expectations:**

A referral for 30 Days to Family™ services may only be made at the time of Protective Custody. The completed referral and supporting documentation should be submitted prior to initiation of services. The 30 Days to Family™ Specialist will attend the initial TDM and/or 72-hour FST to gather information and obtain team approval for 30 Days to Family™ services. This consent gives approval for the 30 Days to Family™ Specialist to attend all Children's Division meetings throughout the involvement of the case and for case follow-up. This includes, but is not limited to the initial TDM, 72-Hour FST, 30-Day FST, and 60-Day FST. Although 30 Days to Family™ does not require weekly meetings, if a child has multiple potential relative/kin placement options, or barriers to placement arise, we will request a meeting with team members to review all possible options and determine the most appropriate action. This consent allows the exchange of client and family information to/from 30 Days to Family™ Specialists and all professional team members.

Throughout the service, the Specialist will be in contact with the child, the child's caregiver(s), parents, siblings, and all other adult relatives and kin identified and located by the Specialist. The Specialist may integrate principles of the 3-5-7 Model© into meetings with the child and family, including taking photographs of the child and family. By signing, you are granting consent for the Coalition to photograph the child, only for the stated purpose. The photographs will be provided for the child and will not be publicized or used for any other purpose.

When a relative or kin expresses a desire to care for the child, or become a support for the child, 30 Days to Family™ will provide the individual's identifying information to team members via email to request a background screening. The case management agency is expected to complete the required FACES background screening (including a Child Abuse & Neglect check) within two business days of the initial request. 30 Days to Family™ has a working agreement with the City of St. Louis Family Court and the St. Louis County Family Court to conduct criminal background screenings for potential relative/kin placement providers. As all 30 Days to Family™ Specialists have completed the Children's Division training requirements to conduct Resource Provider Family Assessments, Specialists may assist in completing initial relative/kinship licensing paperwork.

Typically, 30 Days to Family™ services conclude at the 30 day meeting; however, if the child has not been placed with relatives or kin within the 30-day timeframe, the team may agree to continue services to meet the desired program outcome of relative/kin placement. At the conclusion of services, the Coalition will provide case documentation to the Children's Division representative, the Deputy Juvenile Office, and the child's guardian ad litem. The relative/kinship caregiver will be provided with a copy of the child's natural and professional supports.



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Following case closure, the Coalition will conduct follow up with the case management agency to collect data for program improvement and outcome comparison. This data must be collected to ensure the integrity of the program, and participation is not optional. The initial follow-up consists of the Specialist attending the FST 30 days after services conclude, usually the 60-Day FST. Additional follow-up will occur at 90 days, 180 days, and 1 year following case closure. The follow-up consists of less than ten questions and may be completed via phone, email, or by submitting a written form.

The Specialist will complete assessments, specifically the Children’s Global Assessment Scale (CGAS) or the Parent-Infant Relationship Global Assessment Scale (PIR-GAS) and the Global Assessment of Relational Functioning (GARF) Scale to gather child and family data at case opening, case closure, and 30 days following case closure.

### General Information:

The Foster & Adoptive Care Coalition is a private, non-profit agency. All services provided by the Foster & Adoptive Care Coalition, including 30 Days to Family, are voluntary services and may be declined.

The Coalition does not physically, mechanically, or chemically restrain clients. It is the belief of the Coalition that the use of restraints increases risk of harm and diminishes rapport between staff and clients. A copy of the Coalition’s behavior support and management practices procedures is available for review upon request.

### Records & Disclosure of Confidential Information:

The Foster & Adoptive Care Coalition maintains records of services provided to each client and family. These records are confidential; however, information collected will be shared with the Children’s Division representatives and court professionals.

30 Days to Family™ services are provided free of charge and are funded through the United Way, St. Louis County Children’s Service Fund, and the St. Louis Mental Health Board. These grants require the Foster & Adoptive Care Coalition to allow the funding agencies’ staff to review service records for the purpose of quality evaluation. In addition, the Council on Accreditation (COA) may also have access to records solely for the purpose of accreditation or reaccreditation.

Certain information may be released without explicit authorization under the following legal circumstances:

- The receipt of a legitimate subpoena or court order, as outlined by Missouri State Law
- In the event of a medical emergency
- The receipt of information that suggests child abuse or neglect has occurred; Foster & Adoptive Care Coalition employees are mandated to report any such information to the Children’s Division
- In the event of threat of harm to someone; if that threat is perceived to be serious, the proper individuals must be contacted

### Grievance Procedure:

If a client or legal guardian is dissatisfied with 30 Days to Family™ services, or believes there has been a violation of client confidentiality, please contact the Foster & Adoptive Care Coalition, 314.367.8373, to discuss the situation with Melanie Moredock, Director of 30 Days to Family™ or Melanie Scheetz, Executive Director.

### Consent to Services:

I have been provided a copy of this [Consent & Participation Agreement](#) for 30 Days to Family™ services through the Foster & Adoptive Care Coalition. I have read and understand the information provided. I agree to participate, and consent to services for the following child(ren): \_\_\_\_\_

\_\_\_\_\_  
Children’s Division Representative

\_\_\_\_\_  
Date



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