

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES
Division of Protection and Permanency

Notice to Relative of Removal of a Child

Method of Delivery: ____ Mail ____ Hand Delivered

Case Number: _____

To: _____
First Name M.I. Last Name

Address Apt. # City State Zip Code

From: _____
Name of DCBS Office Phone Number of DCBS Office

Worker Email: _____ Worker Cell: _____

Regarding: _____ (Child's Name)

You have been named as a relative of the above named child. This child has been removed from the custody of the parent(s) and the child is now in the custody of the Cabinet for Health and Family Services. As a potential relative, you may be considered as a possible placement resource for this child. As a potential relative placement, we are requesting that you contact the Cabinet **within 7 days** of receipt of this letter to explore placement options with you and/or locate other relatives. At the time of your contact with us, possible options to participate in the care and placement of the child will be explored with you. Should you choose to become a relative placement option, a relative home evaluation must be conducted prior to placement and the following supports are examples of resources that may be available:

- Relative Placement Support Benefit: This benefit is provided as a one-time support to facilitate the placement of a child with a non-parental relative if it is determined that the child is at risk of being placed in foster care, or is in the custody of the Cabinet and residing in foster care due to substantiated abuse or neglect naming the child's biological or adoptive parent as the perpetrator, or the death of both parents.
- Relative Foster Care: Although typically most relatives are not required to be an approved foster parent, there are child specific occasions in which foster care may offer additional benefits. Requirements of the foster care program can be provided by the local foster care program.
- Family Assistance: The Division of Family Support is responsible for administering several programs including Electronic Benefit Transfer (EBT) cards/Food Stamps, Kentucky Temporary Assistance (KTAP) and/or Medicaid Programs.
- Supplemental Nutrition Program for Women, Infants and Children (WIC). Most applicants are eligible for WIC who receive KTAP, food stamps or Medicaid, or who are pregnant and have a pregnant woman or infant in the family who receives Medicaid, or has a family member who receives KTAP, or has a household income at or below 185 percent of the poverty level.
- Kentucky Kinship Information, Navigation, and Support (KY-KINS) provides peer support services to kinship care providers in Kentucky, information, and needed resources.
- Other Supports: A variety of other resources may be available in your area through the Kentucky Family Caregiver Program or other local groups/agencies to help function in the caregiver role.

Please contact us at the number/email provided above to further discuss this case. Thank you.

Signature of Person Authorizing Action

Date (Mailed or Hand Delivered)