



Kentucky Department for Community Based Services

## Acknowledgment Statement: Options and Available Services for Relative and Fictive Kin Caregivers

Signatures below indicate that (1) Department for Community Based Services (DCBS) staff or kinship navigator has informed relative or fictive kin caregiver(s) about available options and services, (2) relative or fictive kin caregiver(s) have had the opportunity to ask and have their questions answered, and (3) DCBS has provided the relative and fictive kin caregiver(s) the link to the video further breaking down service array options.

In addition, signatures below indicate that the relative or fictive kin caregiver(s) has been informed of the right to seek legal counsel prior to deciding, to determine which option best meets the needs of the family.

Furthermore, DCBS staff are to inform the relative or fictive kin caregiver(s) that if it is determined the placement is a risk to the child's safety or well-being or not in the child's best interest, the child may be removed from the caregiver's home. It should be explained that unless it is an emergency situation, DCBS must give the relative or fictive kin caregiver(s) ten days' written notice, and the relative or fictive kin caregiver(s) may have a right to an appeal. However, it should be explained that the courts are not required to give such notice of the decision to remove a child.

My signature below indicates that my options and available services were explained to me, I had the opportunity to ask questions, and I watched the video provided to me by DCBS/kinship navigator, breaking down service array options, prior to the child being placed in my home, <https://prd.webapps.chfs.ky.gov/kyfaces/Home/Videos?tab=kinship>. Additionally, the caregiver(s) should check the legal options which they are choosing to pursue. The caregiver(s) understands that if temporary custody is granted to the caregiver(s), the option to pursue approval as a foster parent is no longer available.

Caregiver(s) had a custody arrangement prior to DCBS involvement.

Caregiver(s) chooses to seek temporary custody of

(Child's name(s))

Caregiver(s) chooses to seek approval as a DCBS foster parent for

(Child's name(s))

Signature of relative/fictive kin caregiver(s)

Date

Printed name of relative/fictive kin caregiver(s)

Date

Street and No.

City

County

State

Zip Code

**FOR USE BY DCBS STAFF:**

- My signature below indicates that I have explained the permanency options and support services available to the relative and fictive kin caregiver(s), and I have provided the link to the service array video to the relative of fictive kin caregiver(s). I take responsibility for ensuring that all options are clearly explained and understood by the relative or fictive kin caregiver(s).
- If there are additional questions that I cannot answer, I will provide that information to the relative or fictive kin caregiver(s) as soon as possible.
- I have reviewed and discussed the relative and fictive kin caregiver brochure with the relative or fictive kin caregiver(s).
- DCBS will provide ongoing discussion regarding permanency options and support services at all subsequent family team meetings (FTMs), home visits, court hearings, Foster Care Review Board meetings, and family visitations.

Signature of DCBS/kinship navigator staff

Date

DCBS/kinship navigator staff contact phone number