**Unlicensed Relative Contact Form**

1. **Research the following in ORCA before calling the provider.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Parent #1 | | | | Parent #2 | |
| Provider Name(s) |  | | | |  | |
| Provider # |  | | | | | |
| Other household members | |  | | | | |
| Physical Address |  | | | | | |
| Mailing Address |  | | | | | |
| Home phone # |  | | | Cell phone # | |  |
| Email address |  | | | | | |
| Does the family have the ability to cash a check? | | | Yes No | | | |
| Child’s name |  | | | | **ORCA ID/Case Number** | |
| Child’s name |  | | | | **ORCA ID/Case Number** | |
| Placement Date |  | | | | | |

*Note – If more than two children in a placement use additional sheet.*

1. **Call the provider, introduce yourself, confirm above information, and ask the following questions:**

**Introduction to family:** Hi my name is . I work with foster care licensing at the Office of Children’s Services. Thank you for taking (name of child) into your home. I work at  OCS office and I am calling to talk with you about Emergency Relief Support Payments that you are eligible to receive.

* We are currently doing a program that will assist during the first 60 days that the child is with you. OCS is able to provide you with a payment to assist you in meeting the needs of the child.
* OCS will provide $500 per child, per month, up to 60 days.
* The first $500 payment will be effective the first day the child is placed in your home and will be mailed within 3 days of placement. Payments for the following month will be issued at $500 per child for 1 additional month. If you become licensed or receive TANF/ATAP/ before the final Emergency Relief Support Payment, the Emergency Relief Support Payments will stop and you will receive the foster care or TANF/ATAP payments.
* Is your mailing address (see above)?

**Additional support information to family:** These payments are a temporary support while you seek other ways to support the child in your home. You have options:

* Submit an application for foster care licensing. A licensed foster parent receives a monthly payment to support children placed in the home. You will receive a call next week from an OCS licensing staff to discuss this option further.
* If you are a relative, apply with the Division of Public Assistance or Tribal agency for TANF or ATAP.

In :  Outside of :

Other resources:

WIC,

**Do you need any additional support from OCS?**

* Foster Parent Orientation provides an overview the Office of Children’s Services and the roles of relative caregivers and licensed foster parents. Are you interested in attending an orientation?
* Are you interested in applying or learning more about becoming a licensed foster care provider?

**Are you interested in being set up as a provider in the State accounting system to enable you to review your payments and get direct deposit?**

**Closure with family:** Thank you for talking with me. All caregivers have to submit fingerprints and complete the required background checks. A Licensing Specialist will contact you about scheduling time to have your prints taken.

1. **Document contact in ORCA in the provider’s case, stating that a call was made and a packet was sent to the provider.**
2. **Email primary worker, cc:** **(PSM II) and       (ICWA Specialist), Barbara Cosolito, Rebecca Miller, and Micah Jones with the following information:**

I am working on the Emergency Support Payment Program in      . I contacted       regarding the Emergency Support Payments.

Please note that policy states that “If the relative chooses not to become licensed, the worker will conduct an assessment and background check as outlined in policy sections 3.5.1 Assessment of Unlicensed Relative Homes (Emergency Placement) and 3.5.2 Assessment of Unlicensed Relative Homes (Non-Emergency Placement). Fingerprint results should be entered into ORCA in the provider background check tab.

1. **Email** the ERS Inbos the completed Unlicensed Relative Contact form.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Completed Signature**