

Who is Responsible for What

(When placing a Child in SPD Funded Foster Care & Residential Resources)

Who's Responsible for Obtaining/Providing/Assuring/Authorizing:	DHS/ Child Welfare Custody				Family Custody			
	C	S	F	C	C	S	F	C
	H	P	A	T	H	P	A	T
	S	D	M	Y	S	D	M	Y
	C	D		D	C	D		D
	W	D		D	W	D		D
Financial								
SSI Filing		X				X		
Payee for Child		X				X		
Social Security Card	X	□					X	
Birth Certificate	X	□					X	
Payment for Residential Placement (non-CPS)@		X				X		
Payment for Foster Care Placement (non-CPS)@				X				X
Payment for Short Term Crisis Services@ (Foster care or child at home)				X				X
Payment for Short Term Crisis Services (child in SPD Residential Service)		X				X		
Payment for Initial CPS* Placement (from home or fc) - Child DD eligible prior to CPS@ - Child not yet DD eligible (to 120 days)				X				X
	X				X			
SED Child Support Orders	X						X	
Maintain SSA Trust Account		X				X		
Title XIX Waiver – residential		X				X		
Title XIX Waiver – foster care				X				X
Clothing/beyond usual needs (guardian)		+		+			X	
Bus Pass/Transportation		+	X		X		X	X
Medical								
Application for DD Eligibility Determination	X						X	
Processing of DD Eligibility Determination				X				X
Filing for Medical Card – residential		X				X		
Filing for Medical Card – foster care				X				X
Obtain/Provide Medical Record	X						X	
Maintain Medical/Dental Treatment Record – residential	X	+		+		X	+	+
Maintain Medical/Dental Treatment Record – foster care	X			+			+	X
Supply Med./Dental Update to Guardian – residential		X		+		X		+
Supply Med./Dental Update to Guardian – foster care				X				X
Immunization Record	X						X	
Tracking of Medical/Dental Visits – residential		+	X			X	X	
Tracking of Medical/Dental Visits – foster care		+		X			X	X
Tracking of Medications – residential		+	X		+	X	+	+
Tracking of Medications – foster care		+		X			+	X

- SPD will assume if CHS declines.
- ◆ Region will assume/participate if County DD declines or requires support
- @ Region may be the funding source and have the lead

- + Should attend/participate/provide input.
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	S	D	M	Y	S	D	M	Y
	C	D		D	C	D		D
	W	D		D	W	D		D
Medical Continued								
Mental Health treatment referrals & monitoring	X	+		+		+	X	+
Psychological Testing	X	+		+		+	X	+
Medical/Surgical Authorization (guardian)	X						X	
Transport Plan to Medical/Dental – residential	+	X				X	+	
Transport Plan to Medical/Dental – foster care	+			X			+	X
Placement								
Identify DD Placement Resource – residential@	+	X		+		X	+	+
Identify DD Placement Resource – foster care@	+	◆		X		◆	+	X
Identify Crisis Placement Resource@	+	◆		X		◆	+	X
Arrange Transport to Placement – residential	X	+		+		+	X	+
Arrange Transport to Placement – foster care	X			+			X	+
Cert./Lic. Of Placement – residential	X	X			X	X		
Cert./Lic. Of Placement – foster care	X	X		X	X	X		X
Initial Service Plan (SCF 147A)	X	+		+				
Individual Support Plan – residential (guardian appr.)	X	X	+	+		X	X	+
Individual Support Plan – foster care (guardian appr.)	X		+	X			X	X
Referral to Residential Placement (initial) (lead in gathering info.)	X	+	+	X		+	X	X
Referral to change in Residential Placement (lead in gathering info)	+	X	+	+		X		+
6 Month Service Plan/CRB's	X	+	+	+				
Maintain Family File/Court Orders	X	+		+				
Maintain Child File – residential	X	X		X		X		X
Maintain Child File – foster care	X			X		+		X
Identify Visit Guidelines/Plan – residential	X	X	+	+		X	X	+
Identify Visit Guidelines/Plan – foster care	X		+	X			X	X
Provide Addresses, Phone #'s	X						X	
Receive/Maintain Incident Reports – residential	X	X	+	X		X	X	X
Receive/Maintain Incident Reports – foster care	X		+	X			X	X
Abuse Investigations – residential	X	□			X	□		
Abuse Investigations – foster care	X	+		+	X	+		+
CPS* Risk Assessments	X	+		+	X	+		+
Mandatory Reporting – CPS*	X	X		X	X	X		X
Out-of-State Travel Authorization	X						X	
Interstate Compact	X							
Adoption Planning	X	+		+				

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	C	D		D	C	D		D
	W	D		D	W	D		D
Placement Continued								
Adoption Payment/Subsidy	X	+		+	X			
Identify Adult Transition Plan@	+	◆	+	X		◆	+	X
Educational								
I.E.P. Participation – residential (family or surrogate)	X	X	+	+		X	X	+
I.E.P. Participation – foster care (family or surrogate)	X		+	+			X	+
Ed. Psychological Evaluation	X						X	
Education Surrogate	X						X	
Release for Care Provider to Move School Records	X						X	
Legal								
SPD Child Placement Agreement – residential						+	X	X
SPD Child Placement Agreement – foster care							X	X
Obtain/Provide Court Orders (Juv., Dom., Prob.)	X	+		+		+	X	+
Documentation of Parental Custody	X					+	X	+
Attend Court Reviews	X	+	+	+				
ICWA (Indian Child Welfare Requirements)	X	+						
Establish Juvenile Guardianships	X						X	
Referral for Adult Guardianships	X							
Release of Information	X			+			X	+
Parent Services								
Parent Training	X	+		+		+	X	X
D & A Treatment	X						X	
Child Services								
Skill Training for increased independence	+	X		X		X	+	X
D & A Treatment	X	+		+		+	X	+
After Care Services (home or subsequent placement)	+	X	+	X		X	X	X
Transportation for parent/child visits	X	+	+	+		+	X	+
Transportation for parent participation in Treatment program	X	+	X	+		+	X	+

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