



# Foster Parent Handbook



Oregon Youth Authority  
Foster Care

May 2022

## Welcome to OYA

This handbook is a pre-service training tool and reference for OYA foster parents. Certain pages are specific to your local community. To keep the information current, updated replacement pages, forms and/or resources will be distributed to you by your OYA Foster Care Certifier (Certifier) as needed.

In addition to working with youth and families, being a foster parent involves working with various juvenile professionals, including Juvenile Parole and Probation Officers and Assistants (JPPOs/JPPAs), Certifiers, other foster parents, agencies, therapists, and school employees. Your input is valued and welcomed and is an important part of developing youth case plans. Regular communication with your Certifier and the JPPOs is an imperative part of foster parenting and youth reformation process.

“I’ve been pleased with the direction foster parenting has taken over the past few years in getting foster parents more involved in treatment. It makes me feel like I am able to impact lives in a more effective way, and it is very rewarding when changes are made. It takes a full team effort from all agencies involved to help bring about these changes, and I enjoy being a part of the team.”

— *Donna Brubaker, OYA foster parent*

On being a foster parent: “It’s not that I don’t have anything else to do. It’s the fact that I don’t have anything more IMPORTANT to do.”

— *Author unknown*

**Thank you for being a foster parent!**

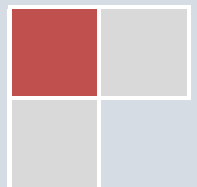


# SECTION I

## CONTACT INFORMATION

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# LOCAL OYA OFFICE CONTACT INFORMATION

Certifier Name

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Phone

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FAX

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Email

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Local OYA Office

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# EMERGENCY NOTIFICATION PROTOCOLS FOR FOSTER PARENTS

## In case of an immediate emergency call 911.

If a youth is exhibiting behaviors or other indicators that have the appearance that they may be under the influence of substances the foster parent/s must have the youth medically cleared by medical professional personnel immediately upon discovery.

## When is emergency notification required?

Upon the occurrence of incidents that are of a nature serious enough to have safety, programmatic, possible media interest/attention, or contractual impact.

## Examples of Emergency include, but are not limited to:

- Allegations of abuse or neglect involving a foster parent, member of the household or youth in the foster home
- Emergency medical services
- Motor vehicle accident involving OYA youth
- Disturbances or evacuation of OYA youth (house fire, gas leak, police response to a situation involving youth in foster home, etc.)
- OYA youth in custody of local law enforcement with a new law violation or significant violation of parole/probation agreement
- Reporting of OYA youth who have an unauthorized absence from placement / runs
- OYA youth injury requiring emergency medical attention
- Any suicidal behavior
- Death of OYA youth

## Law enforcement request to interview youth

## What is the notification process during business hours (Monday through Friday, 8 am - 5 pm)?

1. Immediately notify JPPO and your Foster Care Certifier verbally; if you are unable to reach the JPPO or Certifier, contact the JPPO supervisor.
  - a. After verbal notification, you may follow up with an email to your Foster Care Certifier. Write "Emergency Notification" in the email subject line.
2. Submit written Incident Reports within 24 hours of the incident to the JPPO and Certifier.

## What is the notification process after hours (evenings, weekends, and holidays)?

1. Call MacLaren at 503-980-6890 or 503-980-6891 to notify them of the incident and ask them to notify the On-Call Field Supervisor. If you are unable to get through using either of these numbers, call MacLaren's dispatch cell at 503-341-9764. If needed, request from MacLaren a call back from the On-Call Field Supervisor. The On-Call Field Supervisor will call you only if they need additional information.
2. Leave a voicemail or email your Foster Care Certifier, write "Emergency Notification" in the email subject line.
3. Email or leave voicemail for JPPO regarding incident.
4. Submit written Incident Reports within 24 hours of the incident to the JPPO and Certifier.

If a youth runs after hours what do I need to do?

Follow the after-hours notification process. When you call MacLaren let them know the youth ran and ask them to notify the On-Call Field Supervisor. If the On-Call Field Supervisor needs, or wants, more information, they will call to speak with you. It is helpful to have the following information available when you call:

- Youth's name and age
- County of original jurisdiction/commitment
- Youth's current location or where the youth ran from
- OYA Parole/Probation Officer's name
- Brief description of situation and time the youth ran
- Foster home name and phone number

Parole Youth:

When Parole youth run, MacLaren will contact the On-Call Field Supervisor who will make the decision on issuing a warrant.

Probation Youth:

In addition to calling MacLaren you will also contact local law enforcement to file the runaway report, and send an email to the JPPO, JPPO's supervisor, and Certifier (in case one of them is unavailable). The JPPO will then make a decision on issuing a warrant from the Court.

If the youth has suicidal behavior/ideation after hours what should I do?

If a youth is exhibiting suicidal behaviors/ideation, take the youth to the local hospital and follow the after-hours notification process.

If hospital declines admitting the youth for a mental health hold, and you do not believe you can keep the youth safe:

1. Tell the hospital social worker:
  - "I cannot keep this youth safe." AND
  - "OYA is the legal guardian (not me) and they hold the authority for decision making (not me)."
2. Call MacLaren at 503-980-6890 or 503-980-6891. If you are unable to get through using either of these numbers, call MacLaren's dispatch cell at 503-341-9764.
3. Notify MacLaren staff to have the On-Call Field Supervisor return your call immediately. If you do not hear anything within the hour, call MacLaren back.
4. Once you get the call from the On-Call Field Supervisor, notify them that you have a youth who is at the hospital for a mental health crisis, and the hospital is unwilling to admit the youth. Please have the phone number and contact name from the hospital available for the On-Call Field Supervisor.
5. Leave a voicemail or email your Foster Care Certifier and JPPO; write "Emergency Notification" in the email subject line.

If the hospital declines admitting the youth and you believe you can provide the support the youth needs, return the youth to your home. Notify MacLaren that the youth has returned to the home and ask that they notify the On-Call Field Supervisor. If needed, request from MacLaren a call back from the On-Call Field Supervisor.



## 211 FOSTER PARENT SUPPORT LINE



211info is a statewide nonprofit agency that helps people navigate health and human service systems.

**Here's how it works:** Anyone can call 211 and speak with a Community Information Specialist to receive information and referrals to community resources for health and social services. Information is provided weekdays from 8am to 6pm through phone, text and email and is specific to your geographic location.



The 211 info Foster Parent Support Line is open 24 hours a day, 7 days a week, to provide support for foster parents and their families. Services on this line include resources and referrals on topics such as:

- Support Groups
- Contacting Crisis Lines
- Community Partner Organizations
- Behavioral Strategies
- Foster Parent Roles and Responsibilities
- Free/Reduced Activities

**DIAL** 211, select 'Foster Parent'

**EMAIL** [foster@211info.org](mailto:foster@211info.org)

**VISIT** [211info.org/family](http://211info.org/family)

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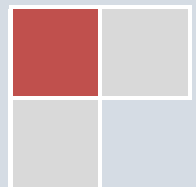
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## TAKING CARE OF YOUR OWN FAMILY

The most enduring foster parents take care of themselves as well as others in their family. You are role models for the foster youth in your home, and they need to learn to care for themselves too.

### **Important factors that contribute to a healthy family:**

- Commitment, planning, communication, nurturing, prevention and enjoyment
- Take time for yourselves whenever possible, whether it be a night out or keeping the foster youth busy in the home.

### **Comments and suggestions from other foster families:**

- Identify an experienced person you can call for advice and support
- Ask for help early. Don't wait until issues escalate into a crisis. Often a team meeting can help identify supports to maintain a placement and meet your family's needs
- Having a consistent respite provider that the youth know is usually easiest for you and the foster youth

### **Remember your own family's needs:**

- Invite other family members to share their perspective on growing up with a foster youth
- Balance family time with private time and one-on-one time with your own children and/or family
- If you have children still in the home, remember that they are still children. They will not always be perfect role models and will not always be happy about sharing their family and the family's things

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## MENTORING

Peer support is critical to help you deal with issues that are unique to foster parenting. Mentors help new foster parents with their transition into foster care by providing relevant, timely information, shared experience, a valuable perspective, and sense of humor that only foster parents can appreciate. Talk to your local Certifier for a list of foster parent mentors that are available in your area.

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## FOSTER PARENT FORUMS & SUPPORT MEETINGS

Foster Parent forums are held by the Foster Care Unit several times a year and are open to all certified OYA foster parents throughout the state. Depending on the location of the forum, some foster parents choose to attend the two-hour meeting in person while others attend via video or phone conference. The intent of the forum is to provide an opportunity for foster parents to receive important foster care updates/information, training, support, recognition and most importantly an opportunity to network with other foster parents throughout the state.

## RESPIRE CARE

Respite care is a temporary arrangement between an OYA foster parent and an OYA-certified respite provider to allow the foster parent(s) time away from the youth placed in their home. It is an extremely important and very valuable part of the foster care system as it enhances the quality of care for our youth by giving foster parents a deserved and necessary break to rest and recharge. It can also help in the retention of foster parents who provide care on a full-time basis by preventing parental exhaustion and burnout.

Respite care providers must be at least 21 years of age, capable of assuming foster care responsibilities and certified by OYA. Respite transitional care providers must be at least 25 years of age. They can be a member of the household, another certified foster parent or someone who only provides short-term supervision in place of a foster parent. If respite care is provided in the respite provider's own home, the home has to be approved and certified by the Oregon Youth Authority.

Foster parent (s) must notify and obtain approval from the youth's JPPO and Certifier prior to utilizing respite care. When a youth is on respite care both the certified respite provider and the permanent foster provider shall be paid by OYA through the OYA invoicing process as outlined in this handbook. It is recommended foster parent(s) use the Respite Care Checklist to ensure the respite provider has all the necessary information and paperwork in advance. **Please refer to the form section in the back of this handbook for a copy of the Respite Care Checklist.**

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## FINANCIAL SUPPORT FOR FOSTER PARENTS

Foster parents are responsible for providing all of the youth's daily living needs, including but not limited to food, shelter, clothing, transportation and other normal expenses. Below are several financial resources that you should know about to help you meet these needs.

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## FOSTER CARE REIMBURSEMENT

The foster care payment is provided to you for the care of the youth. OYA issues payment on a monthly basis via U.S Postal Mail or Direct Deposit. OYA foster care payments are not taxable as the payments are considered reimbursement for the youth's care. Speak with your personal tax consultant about specific questions.

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## OYA JJIS PAYMENT PROCESS FOR FOSTER PARENTS

1. By the fifth day of the month, the youth's JPPO verifies the dates the youth resided in the foster home. Foster parent(s) should ensure the JPPO and Certifier have information about youth services that will affect payment before this date.
2. On the next workday following the fifth day of the month, OYA mails or e-mails to foster parent(s) an estimated invoice listing the OYA youth served for the previous month.
3. Foster parent(s) review the estimated invoice to ensure the information is accurate.

If there are discrepancies, the foster parent(s) should contact the Certifier to help resolve the issue prior to returning the invoice. Foster parent(s) make corrections on the estimated invoice. Please make corrections as clearly as possible to help avoid misunderstandings.

4. Foster Parent(s) sign invoices and return them (by mail or fax) to OYA Accounting. **Invoices received by 3 p.m. will be processed the same day.**
5. Accounting reviews invoices and issues payment Contact the the youth's JPPO and Certifier to resolve discrepancies.

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## INVOICE FAQs

### **My invoice is missing a youth's name. What should I do?**

Contact your Certifier and the youth's JPPO to let them know. Also, write the youth's name, dates of service and amount you believe you should receive directly on the invoice. Make sure you resolve any discrepancies with the youth's JPPO and Certifier PRIOR to sending in your invoice to Accounting.

### **The dates for a particular youth are wrong. What should I do?**

Contact the youth's JPPO and Certifier and let them know. Also, make the change directly on the invoice and resolve the discrepancy with the youth's JPPO and Certifier office PRIOR to sending in the invoice.

### **There is a youth on my invoice that wasn't in my/our care for the listed dates. What should I do?**

Contact the youth's JPPO and Certifier and let them know. Also, cross off that youth or change the dates on the invoice to the dates you believe they should be. Resolve the discrepancy with the youth's JPPO and Certifier PRIOR to sending in the invoice.

The Purchase of Service Invoice is your bill to OYA. It should show all services for which you expect payment. If anything is missing or incorrect, please make the correction. **Please refer to the form section in the back of this handbook for an example of a service invoice.**

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## CLOTHING ALLOWANCE

OYA can provide a one-time clothing authorization payment. This typically occurs in the initial weeks after a youth is placed in your home and is dependent on need. In order for a youth to receive this funding, the *OYA Youth Sub-Care Clothing List/Authorization* form must be completed and returned to the JPPO as soon as possible for processing.

***Please refer to the form section in the back of this handbook for a copy of the OYA Youth Sub-Care Clothing List/Authorization.***

## INDIVIDUALIZED SERVICES FUNDING

Specific state funds are allocated to provide community intervention services for youth. “Individualized Services” is a funding source designed for individual youth case planning. Generally, funds are managed by the youth’s JPPO and JPPO Supervisor that make decisions about youth eligibility and approve Individualized Services in support of a youth’s case plan. Appropriate use of Individualized Services must be case-plan driven which cannot be funded through any other source (public or private).

***Please discuss questions or concerns with your Certifier pertaining to financial needs associated with the care of the youth in your home.***

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## LIABILITY COVERAGE

The following is information you should know as a foster parent regarding liability coverage through the state’s liability fund for the willful and malicious acts of foster youth placed in your home. Liability coverage is provided under the following four specified conditions:

- The youth is residing in a foster home certified by the Oregon Youth Authority under provisions of Oregon Law, Chapter 422, 1995, even though the youth may be temporary absent from such home, but is not residing elsewhere with approval of the department;
- The damages were in fact done wholly or partly by such youth acting singly or in concert with other persons and were done by such youth intentionally or willfully and maliciously, or
- Youth who damage property of foster parents up to a maximum of \$5,000 an occurrence, but not more than the true market value of the property damages. Examples of such damage include any accidental damage attributable to a foster youth or theft that can be proven attributable to a youth placed in the foster home; and
- The damages are not attributable to any adult in a manner or to a degree that would, in the opinion of the Department of Justice or a court of competent jurisdiction, reasonably relieve the youth of blame.

The following are not covered and therefore cannot be reimbursed:

- Normal wear and tear on furniture and other household property of foster parents.
- Bodily injury and property damage claims arising out of the operation of a motor vehicle by a foster youth.

Note: Please be sure not to leave car keys in automobiles, as this is a temptation to any youth in using an automobile without permission of the owner.

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## HOW TO FILE A CLAIM

In order to ensure the processing of your claim, the following procedures are to be followed:

All claims must be filed within 90 days from the date of occurrence on our OYA Foster Parent Notice of Claim form (YA 5015) and sent to the Department of Administrative Services, Risk Management Division, Claims Section, 1225 Ferry Street SE, U150, Salem, OR 97301-4287.

If possible, all claim forms should be accompanied by photos, bills, estimates, receipts, canceled checks, or proof of purchase.

All damaged property should be described in detail (if necessary on a separate page), to include such information at age, type of material or construction, where purchased, etc. Photographs of the item(s) would be most beneficial.

If you have any questions regarding the claims procedure or what losses will be covered, please call the Department of Administrative Services, Risk Management Division, Claims Section at (503) 373-RISK.

***Please refer to the form section in the back of this handbook for a copy of the Department of Administrative Services OYA Foster Parents Notice of Claim).***

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## OYA FOSTER PARENT SATISFACTION SURVEY

The OYA Foster Care Unit continually strives to improve the quality of service and support to our OYA foster parents. In order to know how we are doing, we have created a 6-month survey for foster parents to help us evaluate our performance. Information captured on these surveys will only be reviewed by the OYA Foster Care Program Manager and will be used to address areas where the Foster Care Unit can be more effective and improve performance measures.

***Please refer to the form section in the back of this handbook for a copy of the OYA Foster Parent Satisfaction Survey.***

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## SECTION II

# COMPETENCY WORKSHEET SUPPORT

1. How can having an OYA youth in your home affect the family dynamic?

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2. Please identify your support system.

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3.  True  False A Respite Care Provider can be 19 years old if they are a member of your household.

4.  True  False Foster parents must notify and obtain approval from the youth's JPPO and Certifier prior to sending a youth to another OYA certified foster home for respite or using respite in one's own home

5.  True  False Payment arrangements for respite care are made directly between the foster parent and the respite provider.

6. Who should you contact if you notice a discrepancy on your monthly invoice?

- a) Agency Director
- b) Field Supervisor
- c) Central office
- d) Youth's JPPO and Certifier

7.  True  False Foster parents are responsible for providing all of the youth's daily living needs, including but not limited to food, shelter, clothing, transportation and other normal expenses.

8.  True  False The Youth's JPPO is responsible for providing funds (clothing allowance) for everyday clothing expenses.

9. In the event a youth deliberately causes damage to your home how many days do you have to file a claim with Risk Management?

- a) 30
- b) 90
- c) 45
- d) There is no time limit

Foster Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Foster Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

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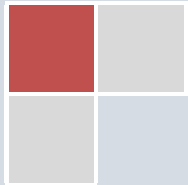
Record Keeping & Reporting

Incident Reporting

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# ROLES AND RESPONSIBILITIES

Being a foster parent involves working with various juvenile professionals, including Juvenile Parole and Probation Officers and Assistants (JPPO/JPPA's), Foster Care Certifiers, other foster parents, agencies, therapists and schools. Regular communication with your Certifier and the Parole and Probation Officers is an imperative part of the foster parenting and youth reformation process. Please refer to the form section in the back of this handbook for a copy of the Oregon Youth Authority Foster Home Agreement.

For the success of the OYA foster youth and foster parents it is important to understand roles and responsibilities. Some of them are:

## FOSTER PARENT

- Provides an emotionally and physically safe home.
- Takes care of the youth's basic needs (food, clothing, hygiene items, etc.).
- Transports youth to appointments and may assist in facilitating contact with family or aftercare resources.
- Works with OYA staff, including Certifiers, JPPOs, and Field Supervisors.
- Finds health and mental health services for the youth as needed, makes appointments for the youth, and when necessary, participates in these services.
- Keeps the JPPO and Certifier informed in a timely manner regarding youth progress, problems, and needs. Foster parent will complete a monthly progress report on each youth in the home to be turned in to the Certifier.
- Is a mandatory reporter of child abuse.
- Keeps confidential records regarding youth's medical and education progress while in the home.
- Works with school staff to address educational needs or any community safety concerns.
- Provides regular opportunities for recreation and family activities.
- Provides youth a weekly allowance.
- Prepares youth to transition; whether it be teaching independent living skills or assisting the JPPO in planning for services at the next placement.
- Attends Multidisciplinary Team (MDT) meetings as arranged by the youth's JPPO.

## **CERTIFIER**

- Provides training along with other opportunities for training resources.
- Monitors the foster home environment and offers recommendations/support for continuing improvement of the OYA foster care system.
- Provides support and oversight to foster parents on a frequent basis.
- Attends youth intake placements and MDT's as arranged by the youth's JPPO.
- Refers and arranges screenings of potential foster placements.
- Reviews and recertifies foster homes before the annual recertification expires.
- Provides recruitment and retention support.
- Conducts youth safety surveys twice a year.

## **FOSTER CARE PROGRAM MANAGER**

- Assists in resolving problems.
- Guides the direction of the OYA foster care system.

## **JUVENILE PAROLE/PROBATION OFFICER (JPPO)**

- Works with Certifiers and foster parents for placement of appropriate youth and provides case planning information regarding youth's goals and ongoing treatment needs.
- Notifies school and local Juvenile Department of youth placements in foster care in their areas.
- Provides foster parents with guidelines for supervision of youth and approved contacts and resources.
- Acts as a liaison between approved contacts and foster parents.
- Administers UA's as needed (foster parents should never take on this responsibility).
- Updates youth's OYA Case Plan, including information received from foster parents regarding youth progress and challenges.
- Helps foster parents resolve issues with youth, including coming up with sanctions for youth's inappropriate behavior.
- Schedules and attends MDT meetings.



## FOSTER PARENTS AS ROLE MODELS

Youth often mimic the behaviors they see adults demonstrate. Make sure you are behaving the way you want the youth to behave as an adult.

- Obey traffic laws: Don't speed, run red lights, or fail to come to a complete stop at stop signs.
- Keep a clean and organized home: If the youth is expected to keep their room clean, make sure the rest of the house is kept clean, too. A clean comfortable, well organized home can reinforce what you expect from the youth.
- Tell the truth: This applies to "white lies" too. When you say, "Tell them I'm not here" when a phone call is for you, it tells a youth it is okay to lie in certain situations.
- Watch your language: Avoid using vulgar or other inappropriate language.
- Be Respectful: Foster parents must be respectful of individuals in and out of the home. This includes but is not limited to respecting differing values, lifestyles, philosophies, sexual orientation, gender identity, religious and cultural identity and heritage.
- No horseplay: Foster parents must model appropriate behavior by not being violent, aggressive or engaging in rough or boisterous play.
- Be mindful of appropriate physical contact. Even hugging can be misconstrued by youth with poor boundaries. Youth need you to role model appropriate contact and conversations (no kissing, no touching of intimate parts, no having youth sitting on laps etc.).
- Do not have youth in your home work for your business. Your relationship with the youth should be as a foster parent, not as an employer. There have been foster parents who have had youth work "under the table" for their business. This is illegal. Doing extra chores around the house for additional money is permitted.
- Do the right thing: When confronted with a situation, do the right thing so the youth in your care will be more likely to do the right thing. For example, if a cashier gives you too much change at the grocery store, give it back. Do not ask for the senior discount if you aren't entitled to it.
- Do not borrow money from youth at any time, for any reason.
- Do not sell any items directly to youth at any time, for any reason.
- Don't use cigarettes, marijuana or vape while in the youth's presence. Also, don't consume excessive alcohol while in the youth's presence. These can trigger damaging memories or create youth cravings. Youth must not be exposed to second hand smoke from any source or form.

# ALLEGATIONS

## ***WHAT TO EXPECT IF AN ALLEGATION IS MADE***

All professionals have risks. As foster parents, one of the risks is allegations of wrongdoing. It is important to realize that foster parents are reported more often than the general public. False allegations do occur, but every allegation must be investigated. OYA is interested in maintaining a safe environment for the youth and using experiences to improve the foster care system. OYA has the responsibility to initiate an investigation when an allegation is made.

Child Protective Services issues: If the allegation is of an abuse or neglect nature, ODHS and/or law enforcement will be contacted as is required by the Mandatory Reporter law.

Depending on the allegation and level of investigation needed, the Certifier may not be able to provide any additional information or support until the investigation is complete. The Certifier or other professional should make you aware of any such limitations.

OYA's Professional Standards Office (PSO) may participate in CPS/certification issues and investigations. PSO staff will make recommendations for resolution of an allegation. PSO is the office that operates the OYA Hotline. The OYA Hotline is a toll-free number (1-800-315-5440) available to any person at all times wishing to report concerns or misconduct.

## ***MINIMIZING THE RISK OF ALLEGATIONS***

- Establish house rules that provide specific physical boundaries and post them where everyone in the home can see them
- Provide appropriate supervision to protect your family and personal information
- Document and communicate with the JPPO and Certifier about youth behaviors, school, therapy, medical needs and any other pertinent information
- Be aware of all injuries and report them as soon as possible
- When a youth goes on a visit, be aware of behaviors before and after
- Document, document, document
- Maintain regular contact with your Certifier

It is important for you to report anything that has the potential of being misinterpreted, such as physical contact. Having foster youth can be very challenging and may push your limits. You should develop ways to reduce stress before you are worn out. Contact your Certifier to assist with additional training, counseling, or respite care.

## MANDATORY REPORTING

As an OYA foster parent you are subject to mandatory reporting laws and must immediately report suspected child abuse. Keep this role in mind as you work with each foster youth.

You should report to either local law enforcement or to the Oregon Department of Human Services-Child Protective Services (ODHS) at 1-855-503-SAFE (7233). Allow ODHS to make the decision on whether or not they will follow up on an allegation and document the contacts that you make in the reporting process. Include the date and time you called, who you spoke to, and the information you provided.

***For more information, please refer to the rules, policy, forms section located in the back of this handbook for the document on “What You Can Do About Child Abuse (DHS 9061)” or go online at [https://www.oregon.gov/DHS/ABUSE/Pages/mandatory\\_report.aspx](https://www.oregon.gov/DHS/ABUSE/Pages/mandatory_report.aspx).***

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## FOSTER HOME CLEANLINESS STANDARDS

All areas of the foster home must meet sanitation criteria as described in the ***OYA Cleanliness Standards Checklist located in the forms section of this handbook***. **If you have any questions or concerns please contact your Certifier.**

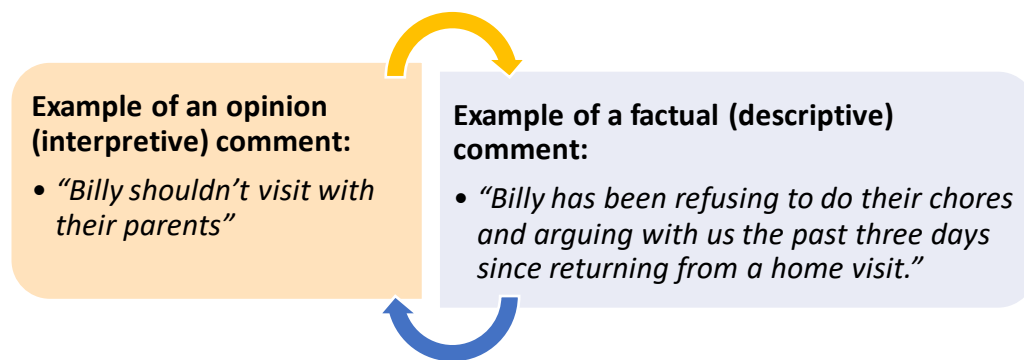
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## RECORDKEEPING AND REPORTING

**Documentation and/or recordkeeping** are an important and essential duty carried out by foster parents. Many parents keep a chronological log of youth’s behaviors, activities and or anything significant that occurs during the week either in a spiral notebook, or by computer if available. Some JPPO’s and Certifiers welcome regular e-mail updates on how the home is running and how the youth are doing. Keeping clear records will make it easier to provide complete and accurate information when it is needed and also to help minimize the risk of allegations. Your documentation should be detailed, accurate and focused on facts instead of opinions.

Some of the things you will want to keep records and notes about include:

- Achievements, successes and celebrations.
- School progress, grades, meetings and behaviors.
- Medical appointments, medications, injuries and illnesses.
- Court hearings and what happened at each hearing.
- Contact with approved contacts.
- Contact with your Certifier, OYA staff, and any other service provider.
- Unusual, new or changed behavior patterns or concerns.
- Any other information you feel may be relevant.
- It’s important to check with your Certifier regarding protocol.



It is important to always keep a copy of any notes, incident reports, monthly progress reports, e-mail correspondence, etc., for your records.

Per Oregon Administrative Rule 416-530-0060, Foster Parent Duties and Responsibilities, (5)(b): "All records pertaining to the adjudicated youth belong to OYA. The foster parent must make all records available to OYA upon request. The foster parent must immediately provide all records to the adjudicated youth's JPPO or designee within 30 days of the adjudicated youth leaving the foster home. Any records request by foster parents after the records have been returned to OYA will be handled in accordance with OAR chapter 416, division 105."

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## INCIDENT REPORTING

Foster parent(s) should **immediately** notify a youth's JPPO and Certifier of any incident or injury regarding a youth in a foster care placement. Foster parent(s) must also complete the *OYA Foster Care Youth Incident Report* and submit it within 24 hours of the incident to the JPPO and Certifier. ***Please refer to the form section in the back of this handbook for a copy of the OYA Foster Care Youth Incident Report.***

**Incident:** An event involving a youth that may or may not rise to the level of public safety or increased risk to a youth or others in a foster home.

**Overview:** It is the intent of OYA to respond immediately when an issue of safety or security is reported. A critical/significant/unusual incident may occur while a youth is in a foster care placement and, due to its sensitive nature, may need to be immediately reported to the OYA Director's Office. Certifiers will provide foster parents with required forms and training on incident reporting procedures. Certifiers will report all incidents to the Foster Care Program Manager, who will determine notification requirements.

<b>CRITICAL</b>	
<ul style="list-style-type: none"> <li>• Death of a youth, including suicide</li> <li>• Attempted youth suicide</li> <li>• Death or injury of a member of the public as a result of alleged behavior of a youth or member of the household</li> <li>• Alleged commission of a high-profile crime by a youth</li> <li>• Controlled substance medication error</li> <li>• Violation of an adjudicated youth's rights</li> </ul>	**Immediate verbal notification and written report within 24 hours
<b>SIGNIFICANT</b>	
<ul style="list-style-type: none"> <li>• Suicide ideation or self-injurious behavior</li> <li>• Property damage or destruction</li> <li>• Serious illness or injury to a youth</li> <li>• Runaway</li> <li>• Law enforcement intervention</li> <li>• Fight</li> <li>• Event causing the filing of a police report</li> <li>• Youth hospitalization</li> </ul>	**Immediate verbal notification and written report within 24 hours
<b>ABUSE</b>	
<ul style="list-style-type: none"> <li>• Physical injury caused by other than accidental or natural means, or that appears to be a variance with the explanation given of the injury</li> <li>• Willful infliction of physical pain or injury</li> <li>• Sexual harassment or exploitation, including but not limited to any sexual contact between youth</li> <li>• Sex trafficking</li> </ul>	<p>**Immediate verbal notification and written report within 24 hours</p> <p>*Reporting any form of abuse requires law enforcement notification</p>
<b>NEGLECT</b>	
<ul style="list-style-type: none"> <li>• Abuse unrelated to the foster parent(s) or members of the household (youth-to-youth, prior to placement in the current foster home, abuse by volunteers or other persons)</li> </ul>	Written report within 24 hours
<b>UNUSUAL INCIDENT</b>	
<ul style="list-style-type: none"> <li>• Fire</li> <li>• Behavior that is not typical of the person</li> <li>• Event that will result in a complaint or grievance</li> <li>• Medication error</li> <li>• Documentation error (medical)</li> <li>• Lost or stolen money or property</li> <li>• Other unusual incidents</li> <li>• Behavior incident</li> <li>• Youth refuses medication, treatment, or procedure</li> <li>• Drug or alcohol use or possession by a youth</li> <li>• Potential safety risk (e.g., missing knife, missing guard on equipment, weapon found, but no person or property was hurt)</li> </ul>	Written report within 24 hours

## PROGRESS REPORTING

Foster parents are required to complete an *OYA Foster Care Youth Monthly Progress Report* on each youth in the foster home to provide to the youth's JPPO and Certifier. The purpose of this form is for OYA foster parents to provide feedback to OYA staff on the current youth's progress in the foster home. ***Please refer to the form section in the back of this handbook for a copy of the Foster Care Youth Monthly Progress Report.***

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## FOSTER PARENT TRAINING

Each foster parent must complete annual training as required. All training must be provided or approved by OYA and must include educational opportunities designed to enhance the foster parent's knowledge, skills, and abilities to meet the special needs of youth placed in their home.

Foster parents must have a valid CPR/First Aid certificate. CPR/First Aid courses count toward the annual minimum training requirement.

Mandatory Reporting and Suicide Intervention training are also required on an annual basis. Documentation of annual training will be recorded by the foster parent(s) on the Foster Parent Training Record. This form will be requested at the time of re-certification. Each foster parent will maintain their own training record. ***Please refer to the form section in the back of this handbook for a copy of the Foster Parent Training Record.***

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## FOSTER HOME RE-CERTIFICATION

An Oregon Youth Authority Foster Care Certificate is valid for the certification dates indicated on the certificate. All foster parents and respite providers must undergo a re-certification process in order to continue to provide services to adjudicated youth. This includes the annual certification paperwork, documentation of annual training, home visit made by Certifier with safety and cleanliness checklists completed and review of the materials submitted. The Certifier will distribute a re-certification packet to the foster parent(s) 60 to 90 days prior to expiration.

The re-certification packet will include:

- OYA Foster Care Re-certification Application
- Section 2 to be completed by each foster parent
- OYA Foster Care Program Applicant Consent for Criminal Record Check
- Oregon Youth Authority Foster Home Agreement
- OYA Foster Home Safety Requirements Checklist
- OYA Foster Home Cleanliness Standards
- Foster Parent Training Record

SECTION III

**COMPETENCY WORKSHEET  
WORKING WITH OYA**

1. Why is it important to keep a clean and organized home?

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2. What does PSO stand for and what is their role?

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3. Name four ways that foster parents can minimize the risk of allegations.

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4.  True     False    If you suspect a child is being abused you must report it to either local law enforcement or ODHS.

5.  True     False    You should report suspected child abuse immediately.

6. How quickly must an OYA Foster Care Youth Incident Report be filled out when there is an incident or injury to a youth?

- a) 48 hours
- b) 24 hours
- c) Within two days
- d) By the end of the week

7. Please list three examples of an "unusual incident".

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8.  True  False    Mandatory Reporting and OYA Suicide Intervention training are required on an annual basis.

Foster Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Foster Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

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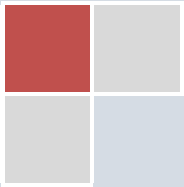


# SECTION IV

## WORKING WITH OYA YOUTH

### Table of Contents

Youth Allowance
Paid Jobs
Medical Benefits
Medicaid Eligibility
Medication Management & Administration
Educational Needs
Foster Parent Responsibilities
Tips for your involvement
Accessing Education Services for Youth



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## MEDICAL / DENTAL / VISION / MENTAL HEALTH BENEFITS

Welcome to the Medicaid Benefits Unit resource guide. This guide is designed to support you and increase access to care for youth. We know your time is valuable and want to make it as smooth as possible. We are not only able to resolve issues, but prevent many barriers relating to the care of OYA youth.

### **Q: What benefits do the youth have when placed in OYA Foster Care?**

**A:** OHP (Oregon Health Plan) or Medicaid benefits. When the youth are placed in your home, benefits are opened for Medical, Mental, Dental and Vision.

- Medical/Mental/Vision are all under one plan.
- Dental is under another plan.

Plans are contracted through the OHP (Oregon Health Plan) and it is a requirement for youth to be enrolled into them. ***On the day the youth are placed with you, their benefits will be open, but not quite enrolled into plans.*** What does this mean? It means they have benefits, but can *only* see providers (doctors, dentists, etc.) that accept an ***Open Card for OHP***. An Open Card just means they are not enrolled into specific plans yet. The youth may not be closed out of their previous plans, so please contact Jolie before making an appointment.

NOTE: If your youth have private health insurance, they will remain on an Open Card for Medical only. They will still be enrolled into dental and mental health plans, just not medical plans.

Do you have a copy of the youth's private health insurance card? If yes, please make sure Jolie gets a copy too!

### **Q: What if there is an emergency before the youth gets enrolled into a plan?**

**A:** If the provider does not accept an Open Card, Urgent Care and hospitals generally accept one (for any county).

### **Q: When will the youth be enrolled into plans?**

**A:** 7-10 days after they are placed.

### **Q: How do I know what plans the youth have?**

**A:** You should know the plans before the youth are placed, so we can accommodate your needs with location and preference. But if you don't, no worries. Your certifier or Jolie will be more than happy to let you know.

### **Q: What if I am getting a new youth and don't know the plan choices that are available? A:**

Call Jolie, she will let you know what plans are available in your area. Then, you can call the provider and ask these important questions:

- Do you accept OHP? If "yes", then ask...
- Do you accept (specific plan)? If "yes", then ask...
- Are you accepting new clients?

- Do you accept an Open Card until the youth is enrolled into a plan? (This is not a problem if the appointment is after the youth is enrolled into the plan)
- If no, call another one until you get a “yes” to all 3 questions

**Q: Will providers be able to schedule an appointment before the youth is enrolled into the plan?**

**A:** No. The providers will not be able to see if the youth will be enrolled until they are actually enrolled. Jolie will know ahead of time, but the provider won't be able to. Just call back on the day they will be enrolled.

**Q: What if I have multiple youth in my home?**

**A:** All the youth will have the same medical and dental plans. Jolie set it up that way with a first and second choice made by you. This way if your first choice isn't available, we will enroll into the second choice, always notifying you.

**Q: What if the youth has private health insurance?**

**A:** This is great! The youth will remain on an Open Card for Medical only (so it's very important to have a provider that takes an Open Card and private insurance also)

**Q: How do I find providers in my area?**

**A:** [www.healthgrades.com](http://www.healthgrades.com) is an excellent resource. If you know or someone recommends a clinic or office, make the call and ask the questions, to see if the youth will be able to be seen there.

**Q: Does the Oregon Health Plan cover everything?**

**A:** No, it does not. The Oregon Health Plan covers a larger group of people, so all services and medications are not.

**Q: How do you know if the service or medication a provider is recommending is covered through the Oregon Health Plan?**

**A:** Ask the provider!

Questions? Please call:

Jolie Penrose 971-900-7240 or [jolie.penrose@oya.oregon.gov](mailto:jolie.penrose@oya.oregon.gov)

Jolie is the expert on:

- plan enrollment
- access to care
- billing resolution

## **WHAT IS IMPORTANT TO KNOW?**

- NEVER NEVER NEVER sign any form accepting financial responsibility! Do not allow the youth to do so, either. ***Please refer to the back of this handbook for a copy of the “Financial Responsibility” letter that you can provide to medical providers.***
- Find out what plans the youth has for medical and dental and know the dates they will be enrolled into those plans. This will help you to help set up appointments.
- Make sure the provider is billing the Oregon Health Plan with the specific plan.
- Never pay co-payments.
- Never pay for prescriptions. ***Please refer to the back of this handbook for a copy of the “OYA Youth Pharmacy Claims with Private Health Insurance” letter that you can provide to the pharmacy.***
- When the doctor prescribes the medication, ask if it is covered under OHP. If not, ask for something in lieu of it that is covered under OHP.
- When at the doctor or pharmacy and you are running into any issues, call Jolie to assist right then and there, so you don't have to return, to resolve.
- Seek providers that accept many private health insurance companies, Open Card for OHP and specific plans for OHP.
- Keep the youth updated on dental exams, eye exams and medication refills.
- Broken glasses...again. OHP has a limit like most private health insurance companies. Always keep copies of the youth's most recent eye exam.
- If the youth is getting ready to leave your care and only has a few doses left of a medication, try to get the medication refilled before the youth leaves.
- Finally, feel free to call. We are available to assist you and are dedicated to supporting the needs of the youth.

# PRESCRIPTION TIPS FOR FOSTER PARENTS

**Medication List**-Please take a complete list of the youth’s medications to their first office visit. List medications that needed a prior authorization if you have the information.

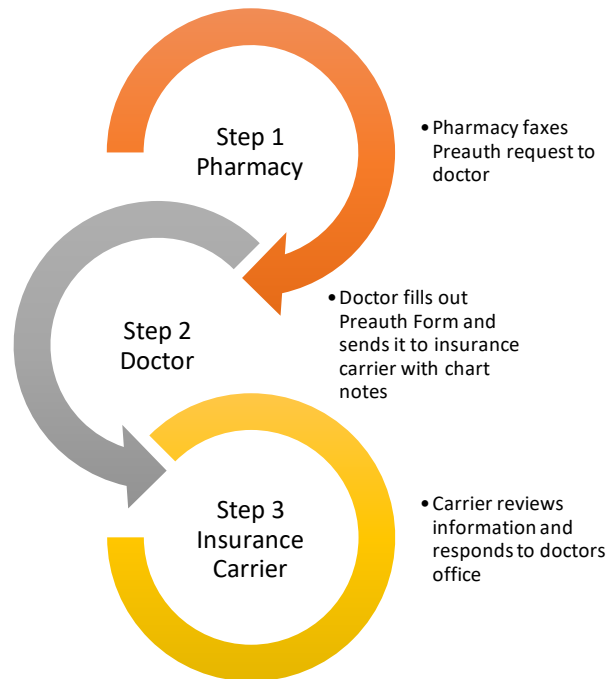
**Dose Change**-If the dose of the medication is changed, it will be denied at the pharmacy for “refill too soon.” The pharmacy can call and get an override placed with the insurance carrier. The insurance carrier can often walk them through this over the phone.

**Refill Prescription before youth leaves**-Often the prescriptions can be refilled sooner as long as they are 75% -90% used based off the specific private health insurance and Medicaid plans. If you know a youth will be leaving for another placement, please try to get the youth’s medications refilled prior to them leaving.

**Preferred Drug List Link**- <http://www.oregon.gov/OHA/healthplan/pages/pdl.aspx> (list updates every few months)

**Prior Authorization**-The pharmacy is to fax a prior authorization form to the doctor’s office. The doctor’s office will complete the form and send it to the insurance carrier along with chart notes to back up their recommendation. If the drug is not approved, the doctor’s office is notified and sometimes given an alternative suggestion. See flow chart.

## PHARMACY PREAUTHORIZATION FLOW CHART



**For questions about medical/dental/vision/mental health coverage, contact:**

Jolie Penrose 971-900-7240 or [jolie.penrose@oya.oregon.gov](mailto:jolie.penrose@oya.oregon.gov)

# MEDICAID ELIGIBILITY FOR YOUTH IN FOSTER CARE

**Q: How do the youth apply for medical benefits when placed in Foster Care?**

**A:** When the youth are placed in a foster home, Amy determines what OHP program the youth are eligible for and completes the eligibility application for the youth. (The foster parent doesn't have to do anything.)

**Q: Can the youth receive food benefits through the state while in Foster Care?**

**A:** No, they cannot.

**Q: What happens to the youth's benefits when they leave the Foster Home?**

**A:** It depends on where they go. Amy will guide the youth through the next steps, so the benefits are seamless. Please contact Amy before the youth leaves. One week is ideal. She will direct the process.

**Q: If a youth is going to live out on their own, how do they keep their benefits?**

**A:** If the youth is leaving your Foster Home and going to live on their own, please contact Amy about a week ahead of time, so she can re determine eligibility for the youth to continue receiving benefits.

**Q: How long do the youth get benefits for?**

**A:** 1 year. Then, Amy will re determine the eligibility.

**Q: Do benefits change for an older youth?**

**A:** When youth turn 20, the vision exam is not covered under Oregon Health Plan rules. It is very important to get the youth an exam before they turn 20 and ask for a copy of it for the youth to use later on.

**Q: Do youth lose their benefits when they go to detention for a few days?**

**A:** Yes! *Youth cannot use their Medicaid benefits while in detention.* The benefits are not available but restored immediately when the youth return to the Foster Home.

**Q: What date do the benefits start?**

**A:** The day the youth is placed in your home.

**For other eligibility questions, contact:**

Amy Rominger 503-373-7519 or [amy.rominger@oya.oregon.gov](mailto:amy.rominger@oya.oregon.gov)

Amy is the expert on eligibility and coordination of benefits for youth coming into, during their stay, and leaving OYA care.

## MEDICATION MANAGEMENT

Foster parents must provide consistent administration, control, and storage of medication.. All medications must be properly labeled as specified per the physician's written order and kept in a secured, locked container and stored as prescribed.

The *Foster Care Individual Youth Medication Log* is used by foster parents to record and document a youth's prescribed medication, prescribed dosage, frequency of administration, dates/times administered, missed dosages, name of the prescriber and initials of person administering medication. ***Please refer to the form section in the back of this handbook for a copy of the Foster Care Individual Youth Medication Log.***

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## MEDICATION ADMINISTRATION

- A youth may refuse any medication. When this occurs, foster parents must document the refusal and immediately notify the youth's JPPO and Certifier.
- A foster parent may administer prescription medications to a youth only when ordered by a physician.
- All medications must be stored in locked storage sufficient to prevent unauthorized access.
- Foster parents must inform a youth's JPPO and Certifier within one working day if any psychotropic medication is prescribed or changed for the youth.
- Be mindful that there is always a possibility of a youth trying to cheek (i.e. not swallowing) the medication. Once youth takes the medication have them open their mouth, stick out their tongue and cough. If you have any suspicion of this type of behavior, please contact the youth's JPPO and Certifier.



# EDUCATIONAL NEEDS OF YOUTH

Educating youth in foster care is a shared responsibility between the foster parents, OYA, and the school. Studies have shown that youth in foster care have many unique challenges as they make their way through the school system, which have resulted in poorer academic outcomes. Thus, helping the youth in your home to become successful in school is one of your most important responsibilities.

## ***FOSTER PARENT RESPONSIBILITIES***

- Foster parents are responsible for ensuring that youth in foster care attend school every day, arrive on time, dress appropriately and have arrangements made for lunch.
- Within five days of placement in the foster home, foster parents must enroll a youth in an appropriate educational or vocational program, as outlined in the youth's case plan.
- Foster parents will work with school personnel when issues arise at school, and report to a youth's JPPO and Certifier any situation that may require OYA involvement.
- Foster parents are responsible for regular communication with the school, providing appropriate school and homework supplies, establishing regularly scheduled times to complete homework, assisting with homework and encouraging the youth to focus and succeed in school.
- Foster parents must ensure youth have the opportunity to attend and participate in the development and implementation of their own IEP's or 504 plans.

## ***TIPS FOR FOSTER PARENTS INVOLVEMENT IN A YOUTH'S EDUCATION***

- Become active in the school by participating in the Parent Teacher Association, attending parent nights, extracurricular activities and other events, getting to know all of the teachers and other school personnel.
- Provide positive encouragement for school accomplishments. Share progress with youth's JPPO and Certifier.
- Observe efforts to complete school assignments and if you suspect special educational needs that are not being met, alert the JPPO and Certifier to develop a plan to address these issues. Such a plan may include assessments, special education planning, tutoring, after school or summer educational programs.
- Become knowledgeable about testing and other requirements for advancing from grade to grade, graduation requirements, and special education policies and procedures so that you can advocate for these services to be provided in a timely manner.
- Become knowledgeable about post-secondary education options for older youth including college, vocational schools and school-to-work programs.
- Stay well-informed of application and financial aid deadlines and help arrange campus tours, interviews and other important steps in this process.

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SECTION IV

**COMPETENCY WORKSHEET  
WORKING WITH OYA YOUTH**

1. What benefits do the youth have when they are initially placed in OYA Foster Care?

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2. When will the youth be enrolled into medical/dental plans?

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3. OYA foster parents should \_\_\_\_\_ sign for liability or financial responsibility under any circumstances.

4.  True  False Medication does not have to be locked up.

5. What should the foster parent do if a youth refuses to take their medication?

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6. Within how many days of placement must a foster parent enroll a youth in an appropriate educational or vocational program?

- a) 1                      b) 3
- c) 5                      d) 7

7.  True  False Foster parents are responsible for regular communication with the school, providing appropriate school and homework supplies, establishing regularly scheduled times to complete homework, assisting with homework and encouraging the youth to focus and succeed in school.

Foster Parent Name: \_\_\_\_\_

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

Foster Parent Name: \_\_\_\_\_

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

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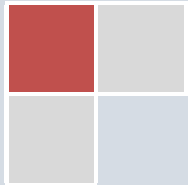


# SECTION V

## YOUTH SUPERVISION & SAFETY

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- OYA Foster Care Certification Protocol
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- Supervision
- Community Time
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- Monthly In-Home Safety Checks
- Members of the Household and Frequent Visitors
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- Youth Searches
- Area Searches
- Electronic Searches
- Law Enforcement Interviews of Youth
- Youth Service/Safety Survey
- Recreational Activities
  - Recreational Activity Risk Assessment
  - General Guidelines
  - Liability Waivers
  - Activities & Items Requiring Consent



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# OYA FOSTER CARE CERTIFICATION PROTOCOL

## I. PROTOCOL PURPOSE

OYA is the acting custodian and guardian of youth committed to its custody and is responsible for ensuring their safety and well-being. OYA is also responsible for the oversight of foster homes to ensure safety and supervision standards are in place. Employing safe practices and specific environmental controls maximizes youth safety and supervision in foster homes.

## II. CERTIFICATION STANDARDS

At the time a foster home certification is being done the Certifier will take into account the following when determining the appropriate amount of youth that can be placed in the home:

- A. Size and space of the home
- B. Size and space of the youth bedroom to ensure adequate personal space and storage
- C. Number of people in the home
- D. The number of foster parents who will be certified
- E. Any supervision limitations
- F. Foster parent's experience in caring for and supervising adolescents

OYA has standardized the maximum number of youth a home can be certified for.

<b>Number of Foster Parents</b>	<b>Certified Number of Youth</b>	<b>Additional Respite Allowed</b>	<b>Total Youth Allowed</b>
1	2	1	3
2	3	2	5

## III. EXCEPTIONS TO BE REVIEWED

If an exception is being requested, a written request shall be completed by the Certifier outlining the reason for the exception and the final review for approval/denial will be done by the Foster Care Program Manager.

# OYA ROOM SHARING AND APPROVAL PROCESS

In order to allow certain types of room share placements in foster care, an approval is needed and depending on the type of room share, the following people need to be included in the process: The JPPO, Certifier and the Foster Care Program Manager. The room shares that this process applies to per Oregon Administrative Rule (OAR) are as follows:

**OAR 416-530-0060 (3)** (h) Adjudicated youth with a history of inappropriate sexual behavior or adjudicated for a sexual offense must occupy a bedroom either individually, or in a group of three adjudicated youth with histories of inappropriate sexual behavior or adjudicated for a sexual offense. The assignment of two adjudicated youth with histories of inappropriate sexual behavior or adjudicated for a sexual offense to one bedroom must be authorized by the JPPO, Certifier and the OYA Foster Care Program Manager. (i) Adjudicated youth with a history of inappropriate sexual behavior or who have been adjudicated for a sexual offense must not occupy a bedroom with a youth who does not have a history of inappropriate sexual behavior or has not been adjudicated for a sexual offense unless authorized by the JPPO, Certifier and the OYA Foster Care Program Manager.

**OAR 416-530-0070 (4)** (b) Adjudicated youth (s) age 18 or older may not share a bedroom with an adjudicated youth under age 18 without the prior approval of the OYA Foster Care Program Manager.

## **PROCESS FOR APPROVAL**

1. The Certifier identifies that an approval for one of the above listed room shares is needed (depending on the type of placement).
2. The Certifier is responsible for contacting all the JPPOs that have youth in the proposed room share. Below is a list of information that should be shared with JPPOs to make an informed decision;
  - Why the approval is needed and how long the approval is needed
  - Name, age and the JPPO assigned to each youth in the proposed room share
  - If there has been any inappropriate behaviors that would cause concern for a room share to occur
  - Description of the peer relations between the youth in the proposed room share
  - Treatment progress/participation
  - Safety Plan that is identified for the room share
3. If all JPPOs along with the Certifier are in agreement with the room share, the final review and approval will go to the Foster Care Program Manager.
4. Youth are not to share a room prior to an approval being granted.

**NOTE:** EXCEPTIONS ARE **NOT** SUPPOSED TO BE THE NORM – THESE SITUATIONS SHOULD BE KEPT TO A MINIMUM SO THAT WE ARE STAYING IN LINE WITH OARs.



# HOUSE RULES

Rules help define structure and limits for the household. House rules are generally established to identify what is expected and to keep everyone safe. Rules must be posted in your home and should always be reviewed with each youth at initial placement.

## ***ISSUES TO ADDRESS WHEN DEVELOPING HOUSE RULES:***

- Privacy in bedrooms, bathrooms and clothing areas for dressing and undressing. Foster youth should not be allowed in any bedroom other than their own.
- Be mindful of appropriate physical contact. Even hugging can be misconstrued by youth with poor boundaries. Youth need good role modeling about appropriate contact and conversations (no kissing, no touching of intimate parts, no having youth sitting on laps etc.). If you have questions regarding physical contact, please discuss with your certifier.
- Communication should be respectful; even disagreements can be role modeled and can teach youth appropriate social skills
- Consequences should be clearly outlined and be directly related to the problem behavior. For example, failing a class at school may be dealt with by requiring a block of time every evening that youth focus on homework or reading.
- Phone usage should be monitored to allow for appropriate contact with approved contacts and private conversations with JPPOs and attorneys.
- Food and meals can be a source of contention for some youth and foster parents; be clear on your expectations around meal and snack times and items requiring permission (e.g., limiting the amount of soda in a day).
- Appropriate use of computers and the internet if applicable. Youth should not have unsupervised access to the internet unless approved by the JPPO.
- It is important for all members of the household to know the rules. Your children's rules may not be the same as those of the foster youth, particularly those around having access to your bedroom. Children should not be allowed to enter the foster youth's bedroom.
- Youth should have a role within the family and assist in the day to day upkeep of the home by doing **\*chores** (see below regarding chores vs. jobs). Good role modeling is essential to how youth learn to be part of a healthy family.

## ***CHORES***

Youth are expected to clean and care for their bedrooms and contribute toward the cleaning and maintenance of common living areas. These are routine tasks and youth do not receive compensation for such tasks. The purpose of chores is to assist youth in learning and demonstrating life skills. Youth monthly allowance is not associated with the chore expectation in the placement.


## ***YOUTH ALLOWANCE***

Foster Parents shall provide youth a minimum of ten dollars per week for allowance. If a youth has not earned the allowance for the week due to behavioral issues, foster parents shall set the allowance aside until the JPPO and foster parent agree the youth can access it. An allowance is required even if a youth is earning money from a job or another source outside of the foster home.

It is recommended that foster parents create a log to document the date the allowance was given, how much, if the money was given directly to the youth or to a bank account, and have the youth and foster parent sign and date. It is important to ensure that household chores and allowance are documented on your list of “House Rules” and reviewed when new youth are placed in the home.

### **PAID JOBS**

Paid jobs are additional work the youth and foster parent mutually agree on outside of chores. The foster parent and youth will determine up front what a reasonable amount of time the job will take to complete. Jobs shall be compensated at the current federal minimum wage amount. Jobs are to be safe, reasonable and not assigned as punishment. Forced physical labor is not permitted. The youth’s foster parent is to track the job/s the youth has volunteered for and the amount of money that was made from the job. Monetary compensation shall be distributed to the youth or youth’s account upon completion of the job.

**Note: If you have any further questions or need further clarification, please contact your Certifier.** 

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## **SUPERVISION**

Foster parent(s) must provide structure, accountability, and supervision designed to promote the physical, social, intellectual, spiritual, and emotional development of an adjudicated youth, while providing for community protection.

The level of supervision required for an individual youth will be determined by their JPPO and the youth’s Multidisciplinary Team (MDT). As a general rule, the following supervision guidelines apply. However, the ultimate degree of supervision is determined by a youth’s JPPO and MDT.

### **YOUTH APPROVED CONTACTS**

Youth contacts must be approved by the JPPO. They should clarify who a youth can and cannot have contact with, the type of approved contact and determine if home visits are appropriate.

***Denying a youth contact with an approved contact is not an acceptable consequence.*** Work with JPPOs to exclude any previously approved contact.

Youth shall be allowed to maintain regular phone contact with their approved contacts as directed by the JPPO. If the youth is approved to see a contact in person, work with the JPPO and Certifier to determine an acceptable plan of how and when visits should occur.

Foster parents should:

- Know which contact (by name) is an authorized visiting resource
- Obtain the phone number and address of that person from the JPPO, **not** the youth.
- The youth shall not make arrangements alone.
- Ensure there is a defined plan for the visit: specific times, location, transportation plans, etc.

## COMMUNITY TIME

Foster parent(s) must work directly with a youth's JPPO to set the parameters for supervised and unsupervised time in the community outside the home.

Youth are not authorized to be absent from the home without prior approval of OYA. JPPO may provide general guidelines and allow the foster parent(s) authority to make specific plans.

There must be a preauthorized, specific reason for a youth to be unsupervised in the community unless otherwise approved by a youth's JPPO.

The foster parent(s) or respite provider(s) must know where the youth is going, who they will be with, how they will get there, and when they will be back.

The foster parent(s) or respite provider(s) must set a time frame for community time – allowing for the preauthorized activity and travel time.

### ***YOUTH SPECIAL VISIT PROTOCOL***

The purpose of the following protocol is to ensure that OYA staff, foster parents and youth follow the safety standards when youth are authorized by the proper parties to go on off-site special visits outside of normal respite or family/home visits. OYA is the acting custodian and guardian to youth committed to its custody and is responsible for ensuring their safety and well-being. Employing safe practices and specific environmental controls maximizes youth safety and supervision. OYA recognizes that allowing for normal adolescent development and exposure to social norms assists youth in developing pro-social skills.

This protocol does not apply to current practices being utilized in foster care that allow for various outings, camps, work, recreational activities and structured off-site events, home visits or transition placement visits.

When a youth in foster care has been determined by the youth's JPPO, JPPO Field Supervisor and foster parent to be at a level of stabilization that they can go on off-site special visits. This can include an overnight visit with an approved person/s.

#### **A. APPROVAL PROCESS**

1. The JPPO, the Foster Care Certifier and the foster parent are to discuss the proposed off-site special visit request/s and identify any potential risk and supervision requirements and precautions.
2. The proposed visitation resource shall be reviewed by either the Certifier or the JPPO to determine if they are an appropriate visiting resource for the youth. Areas of review shall include but not limited to:
  - a. What is the relationship between the visitation resource/s and the youth and/or foster parent?
  - b. If the visit is going to occur in a residence, who will be in the residence during the visit?
  - c. Does the supervising adult for the visit understand the supervision expectations and restrictions?
  - d. Does the supervising adult agree to have the foster parent check in via phone to ensure the visit is going as planned?

3. If all parties are in agreement with the off-site special visit request, the JPPO will review the proposed visit with their Field Supervisor outlining the proposed safety precautions, supervision expectations, duration of the off-site visits.
4. Upon review with the Field Supervisor, the JPPO will notify the Certifier and the foster parent of the approved off-site visits and the safety and supervision requirements to be met. The approved off-site visits shall be documented in JJIS by the JPPO and that the visit was approved by the Field Supervisor. The approved visits are to be reviewed every 90 days in the foster care MDT meeting. The review including changes and/or updates to the approved visits are to be documented in JJIS by the JPPO as part of the MDT documentation.

## B. FOSTER PARENT EXPECTATIONS

Per Oregon Administrative Rule 416-530-0060, Foster Parent Duties and Responsibilities

### Governance

Foster parents must not leave adjudicated youths unsupervised in the foster home, except with prior written approval by the adjudicated youth's JPPO and Foster Home Certifier specifying circumstances and length of time adjudicated youth may be unsupervised.

### Respite care

When all foster parents are absent from providing supervision of adjudicated youths in a foster home, an OYA-certified respite provider at least 21 years of age (or 25 for transitional care), capable of assuming foster care responsibilities, must be present. ***Other adults at least 21 years of age (or 25 for transitional care) may provide supervision for three hours or less with prior approval from the foster parent, JPPO and Certifier.***

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## OUT-OF-STATE TRAVEL

Foster parents need to obtain approval from the youth's JPPO and Certifier for all out of state travel. Travel permits are mandatory if traveling out of state for a period in excess of twenty-four (24) consecutive hours. In order to complete the travel permit form, please provide the youth's JPPO with a 10-day advance notice along with the following information:

- State to which youth will be traveling
- Dates
- Location and contact information of where youth will be staying (name/facility, relationship, full address & phone number):
- Reason for travel
- Mode of transportation
- Any special instructions: (supervision, other locations or people youth will be staying etc.)

**NOTE:** Once the travel permit is approved and has all the required signatures, a copy will be provided to the foster parent and youth to maintain with them while they travel.

## MONTHLY IN-HOME SAFETY CHECKS

It is helpful to establish a regular routine in your home to make sure you maintain compliance with OYA safety standards and assure that your home is running smoothly. ***Please refer to the form section in the back of this handbook for a copy of the OYA Foster Home Safety Requirements Checklist.***

Regularly check to ensure the following items are locked:

- Chemicals: paint, paint thinner, gasoline, cleaners, and aerosols.
  - Foster parent will supervise the use of these items by youth.
- Medications, vitamins and homeopathic supplies.
- Power tools and outdoor equipment (e.g., extra gasoline containers for the lawn mower, etc.)

At least monthly:

- Test that smoke detectors/carbon monoxide detectors are working properly.
- Check fire extinguisher levels.
- Check first aid supplies.

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## MEMBERS OF THE HOUSEHOLD & FREQUENT VISITORS

Per Oregon Administrative Rule (Division 530) a “member of the household” is considered any person, other than an adjudicated youth, who lives in the adjudicated youth foster home, on the property where the adjudicated youth foster home is located, is a frequent visitor to the foster home or who assists in the care provided to a adjudicated youth.

Members of the household age 18 and older who remain in or return to the home after becoming 18 years of age are subject to a criminal records check, including a fingerprint records check. The foster parent must notify OYA when a member of the household remains in or returns to the home after becoming 18 years of age. In addition, OYA requires a computerized criminal record check for members of the household 12 through 17 years of age.

A “frequent visitor” is a person who regularly visits a foster home more than five hours a week when youth placed in the foster home are present. Criminal record checks must be completed on all frequent visitors. OYA may conduct criminal records checks anytime that OYA deems it necessary for the safety of adjudicated youths in the home.

A foster parent’s(s’) OYA Foster Care Certificate could be in jeopardy if a non-approved person regularly visits the foster home without meeting the requirements set out in rules and statutes.

# SUICIDE PREVENTION

As an OYA foster parent, it is your responsibility to be knowledgeable in areas of potential danger to those in care. Per Oregon Administrative Rule (Division 530), foster parents must understand and implement suicide prevention techniques and reporting requirements. If you suspect a youth in your home may be suicidal, immediately call a mental health professional. Contact the youth's JPPO and Certifier as soon as possible.

Please remember that mental health professionals are the only ones qualified to determine if a youth is suicidal or not. **DO NOT TAKE ON THAT RESPONSIBILITY.** Be sure to submit the OYA Foster Care Youth Incident Report to youth's JPPO and Certifier within 24 hours.

If the youth has suicidal behavior/ideation **after hours** foster parents should follow the below procedure:

If a youth is exhibiting suicidal behaviors/ideation, take the youth to the local emergency room, follow the after-hours notification process when the youth is taken to the hospital.

If the emergency room declines to admit the youth for a mental health hold and you do not believe you can keep the youth safe:

1. Tell the emergency room social worker:
  - "I cannot keep this youth safe." AND
  - "OYA is the legal guardian (not me) and they hold the authority for decision making (not me)."
2. Call MacLaren YCF (MYCF) at **503-980-6890 or 503-980-6891. If you are unable to get through using either of these numbers call MacLaren's dispatch cell at 503-341-9764.**
3. Notify MacLaren staff to have the OD Field Supervisor return your call immediately. If you do not hear anything within the hour, call MacLaren back.
4. Once you get the call from the OD, notify them that you have a youth who is at the hospital for a mental health crisis, and the hospital is unwilling to admit the youth. Please have the phone number and contact name for the hospital available for the OD.
5. Leave a voicemail or email your Certifier, write "**Emergency Notification**" in the email subject line.

If the emergency room declines to admit the youth and you believe you can provide the support the youth needs, return the youth to your home. Notify MacLaren that the youth has returned to the home and ask that they notify the OD Field Supervisor. If you need support from the OD Field Supervisor ask MacLaren to have the OD Field Supervisor call you.

## YOUTH SEARCHES

***At no time will Foster Parents conduct frisk, comprehensive, or strip searches of OYA youth.*** If you believe that a youth needs to be thoroughly searched, notify the youth's JPPO immediately.

**Frisk Search:** A search that consists of physically searching a youth by patting down the youth's clothed body.

**Comprehensive Search:** A search that consists of visually inspecting the unclothed body of a youth.

Foster parents are permitted to ask the youth to empty their pockets or search their personal property (e.g., backpacks, duffle bags, coats, etc.) if they suspect contraband or other illegal items. If a youth refuses, the foster parent(s) will need to immediately contact the youth's JPPO for direction.

**Contraband:** Any article or thing which a youth is prohibited by statute, rule, policy, Juvenile Parole/Probation Agreement, or order, from obtaining, possessing, or which the youth is not specifically authorized to obtain or possess, or which the youth alters without authorization. **See below for a list of contraband examples.**

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## AREA SEARCHES

OYA field staff and foster parents may conduct area searches. Searches of rooms and areas where youth have access to may be conducted on unannounced and irregular schedules. Such searches will be conducted in a systematic manner that allows for adequate searching of an area but leaves such area in an orderly fashion upon completion of the search.

Foster parents must inspect a youth's room on a regular basis to prevent the youth from possessing contraband. It is recommended that searches be conducted at least twice a month in an effort to keep contraband items at a minimum. All youth should be removed from the area being searched. Each room will be searched before it is occupied by a new youth.

**Examples of contraband items include, but are not limited to:**

- Gang-related items (This could include clothing, certain brands of shoes, colored shoestrings, bandanas, belt buckles, etc.)
- Intoxicants, controlled substances and paraphernalia.
- Weapons
- Sexually-explicit material
- Aerosols (Including deodorants, hair sprays, air fresheners, etc.)
- Tattoo making equipment
- Cigarettes, vape pens and other tobacco products
- Electronic devices (e.g., cell phones, gaming systems, tablets etc.) - Unless approved by the JPPO
- Items that a youth possesses that are not on their inventory list
- Other designated items.

If you are not certain of a particular item, contact your Certifier or the youth's JPPO.

## **IMPORTANT REMINDERS**

If you come across **dangerous contraband** (i.e. weapons, drugs, etc.) **do not touch it** and **call law enforcement immediately**. Ensure youth are kept away from the area and contact the youth's JPPO and Certifier as soon as possible.

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## **ELECTRONIC SEARCHES**

**ELECTRONIC DEVICES** (e.g., cell phones, tablets, gaming systems, computers, etc.)

The use of any electronic device is a privilege and that privilege can be taken away. (Example: negative youth behavior or school/treatment issues.) Searches of an electronic device can occur only if the foster parents own the device. Foster parents **CANNOT** request youth to show them what is on their personal electronic device. **NOTE: Searching an electronic device may corrupt the actual footprint on the device resulting in the loss of credible evidence.**

- If foster parents believe there is any content conflicting with the youth's conditions of placement the foster parents can confiscate the device and notify the JPPO and Certifier.
- If foster parents believe there is content that would constitute illegal activity, then law enforcement and the JPPO and Certifier must be notified.

Youth should be taught appropriate use of technology, this may involve review of monthly phone record and discussion of appropriate **usage**.

### **EMAIL**

Email use is a privilege. If youth are misusing the privilege it can be taken away.(Example: negative youth behavior or school/treatment **issues**.) Foster parents cannot request youth to show them what is in their **email**.

- If foster parents believe there is any content conflicting with the youth's conditions of placement, they can take the privilege away and must notify the JPPO.
- If foster parents believe there is content that would constitute illegal activity, then law enforcement and the JPPO must be notified.

### **SOCIAL MEDIA**

Use of social media is a privilege that may not be appropriate for all youth. Having access to social media should be agreed upon by the JPPO, youth and foster parents prior to allowing youth access. Foster parents should never access a youth's social media account. Foster parents cannot require youth to give them their social media **passwords**. Professional boundaries should always be used when interacting with youth. Foster parents may interact with youth via social media but may not post pictures of youth or any other identifying information on their personal social media pages.

- If foster parents believe there is content conflicting with the youth's conditions of placement, they can take the privilege away and must notify the JPPO and Certifier.
- If foster parents believe there is content that would constitute illegal activity, then law enforcement and the JPPO and Certifier must be notified.



## LAW ENFORCEMENT INTERVIEWS OF YOUTH

Law enforcement often has legitimate need to interview youth in OYA custody and the agency is not normally in the position to deny access. However, the agency does have the responsibility to ensure youth in its custody are aware of their rights with respect to responding to law enforcement questions.

Oregon Administrative Rule 416-150-0010 provides direction regarding law enforcement interrogation of youth in OYA custody (either in facility or community settings). While the rule speaks specifically to what OYA staff will do, it is advised foster parents to be familiar with the rule requirements to help guide their actions if a LEA seeks to interrogate a youth placed with them.

The following should be followed by foster parents should a LEA seek to interrogate a youth:

### ***INTERROGATION WITHOUT A WARRANT***

1. Immediately contact the JPPO or field supervisor to apprise them of the LEA request. If the supervisor or JPPO is unavailable, telephone MacLaren and ask to have the Field Officer of the Day make contact.
2. The OD will contact the LEA to determine next steps. The foster parent will subsequently receive further instructions from the JPPO or field supervisor.

An interrogation without a warrant should be planful – an immediate request to interrogate may be denied by the foster parent. Inform the LEA of the need to contact OYA.

### ***INTERROGATION WITH A WARRANT***

1. After ensuring the LEA representative has proper identification, notify the youth of their right to remain silent during the interrogation and to have legal representation present. Ensure that the youth understands their rights. Allow LEA representative access to the youth.
2. Immediately contact the JPPO or field supervisor to inform them that a LEA representative with a warrant is speaking to youth. Affirm with JPPO/field supervisor that youth was informed of their rights prior to interrogation.
3. If LEA representative seeks to interrogate during non-business hours, telephone MacLaren to request the Field Officer of the Day make contact.

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## OYA FOSTER CARE YOUTH SERVICE/SAFETY SURVEY

Youth safety is one of OYA's primary concerns. Unfortunately, the possibility of abuse always exists no matter where a youth may live. Abuse can be physical, emotional or sexual. Every six months youth in foster care are provided with a Youth Safety Notice along with an OYA Foster Care Youth Service Survey to complete. ***Please refer to the form section in the back of this handbook for a copy of the Youth Safety Notice and OYA Foster Care Youth Service Survey.***

## **RECREATIONAL ACTIVITIES**

Recreational activities are an integral part of youth case planning. They provide youth with opportunities to practice social skills, alleviate boredom, provide positive reinforcement, develop the concepts of cooperation and sportsmanship and improve self-esteem, health and physical conditioning. Foster Parents play an important role in ensuring youth receive opportunities for recreational activities that are safe.

All activities involve some level of risk. Prior to youth participating in a recreational activity, OYA staff and the foster parent will engage in a process to assess the risk of the activity and determine if there are certain measures needed to control those risks and inform persons about the risks. A Recreational Activity Risk Assessment is to be completed prior to any activity that may be determined of higher risk or higher profile. Please refer to the form section in the back of this handbook for a copy of the Recreational Activity Risk Assessment.

Before any youth participates in such an activity they must also have a Consent for OYA Youth to Participate in Recreational Activity form that is completed and signed by their JPPO. Please refer to the form section in the back of this handbook for a copy of the Consent for OYA Youth to Participate in Recreational Activity.

### ***OYA RECREATIONAL ACTIVITY RISK ASSESSMENT***

The OYA Foster Care Unit reviews the Recreational Activity Risk Assessment form before the Consent for OYA Youth to Participate in Recreational Activity form is sent to individual JPPO's for approval for specific youth. The Foster Care Unit's practice is for at least 2 people to review the risk assessment. For this reason, we need adequate lead time, as we are frequently out of the office. Forms that are not completed correctly will be sent back to the foster parent with questions.

The purpose of completing recreational risk assessments is to ensure that potentially risky activities are well-planned and that as much risk as possible is alleviated. Remember that many youth in OYA care may be impulsive and have trouble making good decisions, thus an activity that is not especially high risk under normal circumstances may be very risky for OYA youth. Your responsibility is to protect youth from potential risk of harm to themselves or others, including not placing them in situations providing opportunity or temptation to commit another crime. These kinds of risks must be considered along with more obvious physical dangers.

Please work with your Certifier to complete the risk assessment. Refer to the following guide in this section to assist in completing the risk assessment.

### ***GENERAL GUIDELINES***

Submit request to your Certifier as early as possible, but at least one-week prior to the activity. Requests received with less than one-week lead time may not be considered.

Include as much information about the activity as possible.

The internet is a good source of information on safety precautions for almost any activity you might be planning and might be helpful in the planning process.

If the activity will be provided by a commercial entity or other 3rd party provider, submit as much information about that provider as possible, including relevant licensing and insurance information.

The guidelines presented here are representative of the kinds of questions you should ask yourself when completing the risk assessment, depending on the activity. They are not all inclusive. They are intended as guidelines and examples, not as a template for completing the form. Please carefully think through the particulars of your specific activity and circumstances.

### **LIABILITY WAIVERS**

Some activities offered by recreational organizations such as rock-climbing gyms, might require liability releases for each youth. OYA Administration has determined that **JPPO's may not sign liability releases nor can the foster parents**. They must be signed by a youth's parents. Youth whose parents are not available or who don't want to sign a release will not be allowed to participate in these activities unless the liability waiver is reviewed and approved by the Assistant Director of Community Services. Foster parents should consider this when planning activities, so that youth are not excluded from a group activity due to the unavailability of parents. In those cases, foster parents should plan activities that all youth can participate in, or an alternative activity that is equally fun and interesting if there is a group of youth without parental approval.

See Section 7 for guidelines on completing the risk assessment form.

Please keep in mind the following are expected when creating a risk assessment:

The following list is intended to be used **only** to assist you in planning recreational activities. Contact your Certifier if you have any questions and to submit your recreation request.

**Each Risk Assessment must include the below information and information based on the individual activity.**

- Youth must have a choice of being involved with the activity
- CPR/First Aid Training
- Access to First Aid Kit
- Med Card/Assessment of Youth Allergies/ Medication plan as needed
- Youth age and skill level will be taken into consideration
- Adult supervision (unsupervised approved **case by case**)
- Appropriate Attire

\*Recreational Assessments are not required for youth on home visits

## Water Sports:

### Boating (motorized activity):

- ✓ Life vest required for all water sports! And throwable Personal Floatation Device
- ✓ Lifeguard certification/Water Safety Certification
- ✓ Boating Licenses
- ✓ Confirmed or demonstrated swimming ability upon arrival
- ✓ Insurance Required (**Homeowners insurance does not cover recreational vehicles!!**)
- ✓ Inner tubing, wake boarding, knee boarding, and water skiing **\*\*\*CASE BY CASE\*\*\***

### Rafting / Canoeing / Row Boating (non-motorized activity):

- ✓ Life vest required for all water sports!
- ✓ Lifeguard Certification/Water Safety Certification
- ✓ Confirmed or demonstrated swimming ability upon arrival
- ✓ Safety Whistle
- ✓ Floating on River **\*\*\* CASE BY CASE \*\*\***

### Swimming:

- ✓ Lifeguard on duty &/or rescue equipment – hook ring, etc.
- ✓ Safe, appropriate, and authorized swimming area
- ✓ Confirmed or demonstrated swimming ability upon arrival
- ✓ Precautions based on body of water
- ✓ **Water Parks:**
  - Licensed/Certified
  - Confirmed or demonstrated swimming ability upon arrival

### Fishing / Lake / Rivers / Docks / Crabbing:

- ✓ Follow fish and game rules
- ✓ Precautions based on body of water

### Sports Centers - Ropes Course / Indoor-Outdoor Rock Climbing / Laser Tag / Trampoline

#### Parks:

- ✓ Licensed/Certified
- ✓ Ask prior to arrival if a signed liability form is required

#### Private / Home Trampoline:

- ✓ Proof that home insurance specifically covers the trampoline
- ✓ Safety net in place

#### Beach Trip:

- ✓ No going into the ocean (No swimming)
- ✓ Beach hazards awareness (Changing tides, Fast-moving currents and waves, even in shallow water. Drop-offs that unexpectedly change water depth. Unexpected changes in air or water temperature). “Be aware of sneaker waves”

#### Hiking / Waterfalls / Camping Trips:

- ✓ Designated hiking path

- ✓ Assessment of hiking level and youth ability
- ✓ Medication secured
- ✓ Planned nighttime routine/sleeping arrangements
- ✓ Communication Plan (cell phone/satellite phone/back-up)
- ✓ Nearest Emergency Response (Ranger station, Hospitals)
- ✓ Fire safety plan

**Skating / Skateboarding / Scootering:**

- ✓ Helmet
- ✓ Protective equipment (knee and elbow pads, wrist guards) recommended while factoring in youth age, experience, terrain
- ✓ Demonstrated ability & knowledge of biking safety rules if using as transportation
- ✓ Reflective gear as needed from dusk to dawn

**Biking:**

- ✓ Helmet
- ✓ Protective equipment (knee and elbow pads) recommended while factoring in youth age, experience, terrain
- ✓ Demonstrated ability & knowledge of biking safety rules if using as transportation.
- ✓ Reflective gear as needed from dusk to dawn

**Snow Sports - Inner tubing / Cross Country Skiing / Skiing / Snowboarding:**

- ✓ Safe, appropriate, and authorized areas
- ✓ Safety equipment (goggles, helmet, etc.)

**Equestrian Centers / Riding Horses / Caring for them:**

- ✓ Helmet
- ✓ Proper safety equipment as required
- ✓ Certifications/Licensure for Equestrian Centers required

**Farm Equipment / Riding Lawnmower / Building items / Welding / Auto Motor Repair / Construction:**

- ✓ 16 years of age to operate a riding lawn mower
- ✓ Demonstrated safety training/ability
- ✓ Case by case basis (Foster/Proctor knowledge & skills)

**Mixed Martial Arts / Boxing:**

**\*\*\*CASE BY CASE\*\*\***

**ATV's / Off-road vehicles:**

**\*\*\* CASE BY CASE \*\*\***

**ABSOLUTELY NO GUNS OR WEAPONS**

## ACTIVITIES AND ITEMS REQUIRING CONSENT

The Oregon Youth Authority is the legal guardian of OYA youth placed in foster care. Anything requiring “parent or guardian” permission must be approved by the JPPO or another OYA designee, and in most cases the youth’s parent.

<b>SPORTS &amp; ATHLETICS</b>	The JPPO should be consulted regarding the appropriateness of individual youth participating in sports or athletic activities. Special consideration should be made for youth with sex offending behaviors. Additionally, any activities of a particularly risky nature requires the completion of a Recreational Activity Risk Assessment form (such activities may include: ropes courses or climbing walls).
<b>EMPLOYMENT</b>	The JPPO should make the determination as to a youth’s need to find employment. This should be outlined in the case plan you receive upon placement. Jobs where youth may be operating machinery may require an OYA Recreational Activity Risk Assessment, please check with the JPPO and Certifier.
<b>DRIVING</b>	With the permission of the JPPO, some youth may be allowed to participate in driver’s education courses. <b><i>Under NO circumstances should you allow OYA youth to drive your vehicles.</i></b>
<b>HUNTING OR SHOOTING WEAPONS</b>	OYA youth are prohibited by the Parole and Probation Agreement from handling weapons of any kind. <b><i>There is no exception to this rule.</i></b> Youth may not accompany foster parents on hunting trips.
<b>ELECTRONIC DEVICES</b>	OYA youth in foster care must receive prior approval from their JPPO and foster parent(s) before having access or using any electronic device to include but not limited to cell phones, tablets, gaming systems, computers, etc.
<b>RELIGIOUS ACTIVITIES</b>	Federal laws allow all people to hold individual religious beliefs. Youth in OYA foster homes maintain the same right. Foster parents must respect the youth’s spiritual and religious beliefs by providing reasonable access for the youth to participate in the religious activities of their choice that may include various outings and/or camps. Youth supervision must be taken into consideration for all activities. Youth cannot be forced to participate in religious activities or events contrary to the youth’s beliefs. If you have questions, please consult with the youth’s JPPO or your Certifier.

SECTION V

**COMPETENCY WORKSHEET  
YOUTH SUPERVISION AND SAFETY**

1.  True  False Youth should not be allowed in any bedroom other than their own.
2.  True  False Foster parents should be mindful of appropriate physical contact. Even hugging can be misconstrued by youth with poor boundaries.
3.  True  False Foster parents are not required to provide a weekly allowance.
4. Additional work the youth and foster parent mutually agree on outside of chores. The foster parent and youth will determine up front what a \_\_\_\_\_ of time the job will take to complete. Jobs shall be compensated at the \_\_\_\_\_ federal minimum wage amount. Jobs are to be safe, reasonable and not assigned as \_\_\_\_\_. \_\_\_\_\_ is not permitted. The youth's foster parent is to track the job/s the youth has volunteered for and the amount of money that was made from the job. Monetary compensation shall be distributed to the youth or youth's account upon completion of the job.
5. When can a youth be left unsupervised in a foster home?  
\_\_\_\_\_  
\_\_\_\_\_
6. The level of supervision required for an individual youth will be determined by:
  - a) Youth's Foster Parent
  - b) Foster Care Certifier
  - c) Youth's Juvenile Parole/Probation Officer and Multidisciplinary Team (MDT)
  - d) None of the Above
7. Please list the expectation of a foster parent(s) when youth have been approved for an off-site special visit.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Travel permits are mandatory if youth are traveling out of state for a period in excess of:
  - a) One Week
  - b) Forty-Eight (48) Consecutive Hours
  - c) Twenty-Four (24) Consecutive Hours
  - d) Three Days
9.  True  False A frequent visitor is a person who regularly visits the foster home for more than five hours per week when youth placed in the foster home are present.
10.  True  False If you suspect a youth in your home may be suicidal, call a mental health professional immediately or take the youth to the local emergency room.

11. Who is qualified to determine if a youth is suicidal or not?
- a) Foster Parent
  - b) Youth's JPPO
  - c) the Youth
  - d) Mental Health Professional
  - e) None of the Above

12.  True  False At no time will a foster parent(s) conduct **frisk, comprehensive, or strip searches** of youth in their home.

13. Please describe your understanding of area searches.

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14. Please provide five examples of contraband items.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

15. OYA youth in foster care must receive prior written approval from their JPPO before having access or using:

- a) Cell Phones
- b) E-mail
- c) Social media
- d) All of the Above

16.  True  False Foster parents can search a youth's cell phone, email account or social media at any time.

17.  True  False In regard to law enforcement interviews, it is important for foster parents to ensure youth are aware of their rights.

18. What is the purpose of the Recreational Activity Risk Assessment form?

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19.  True  False Recreational Activity Risk Assessments must be completed and submitted to your Certifier at least one week prior to the activity.

20. Please list 5 things you feel are important when considering a recreational activity for youth placed in your home.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Foster Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Foster Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_





# SECTION VI

## YOUTH IN FOSTER CARE

### Table of Contents

About OYA Youth

Foster Care Eligibility & Referrals

Determining Youth Appropriateness

Matching needs

Referring Youth

Referral Packets

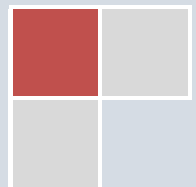
Screening

Pre-Placement Checklist

Intake Placement

Special Emotional or Behavioral Health Needs

What do all these Acronyms Mean?




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## ABOUT OYA YOUTH

Youth in OYA custody range in age from 12-24. Typically, youth in foster care are 14-20 years old.

Youth in foster care have committed crimes including theft, burglary, a sex offense, forgery or assault and many youth have drug and alcohol issues. Youth in foster care have been assessed as appropriate for this level of care, may have completed all or most of their treatment and have demonstrated behavioral stability.

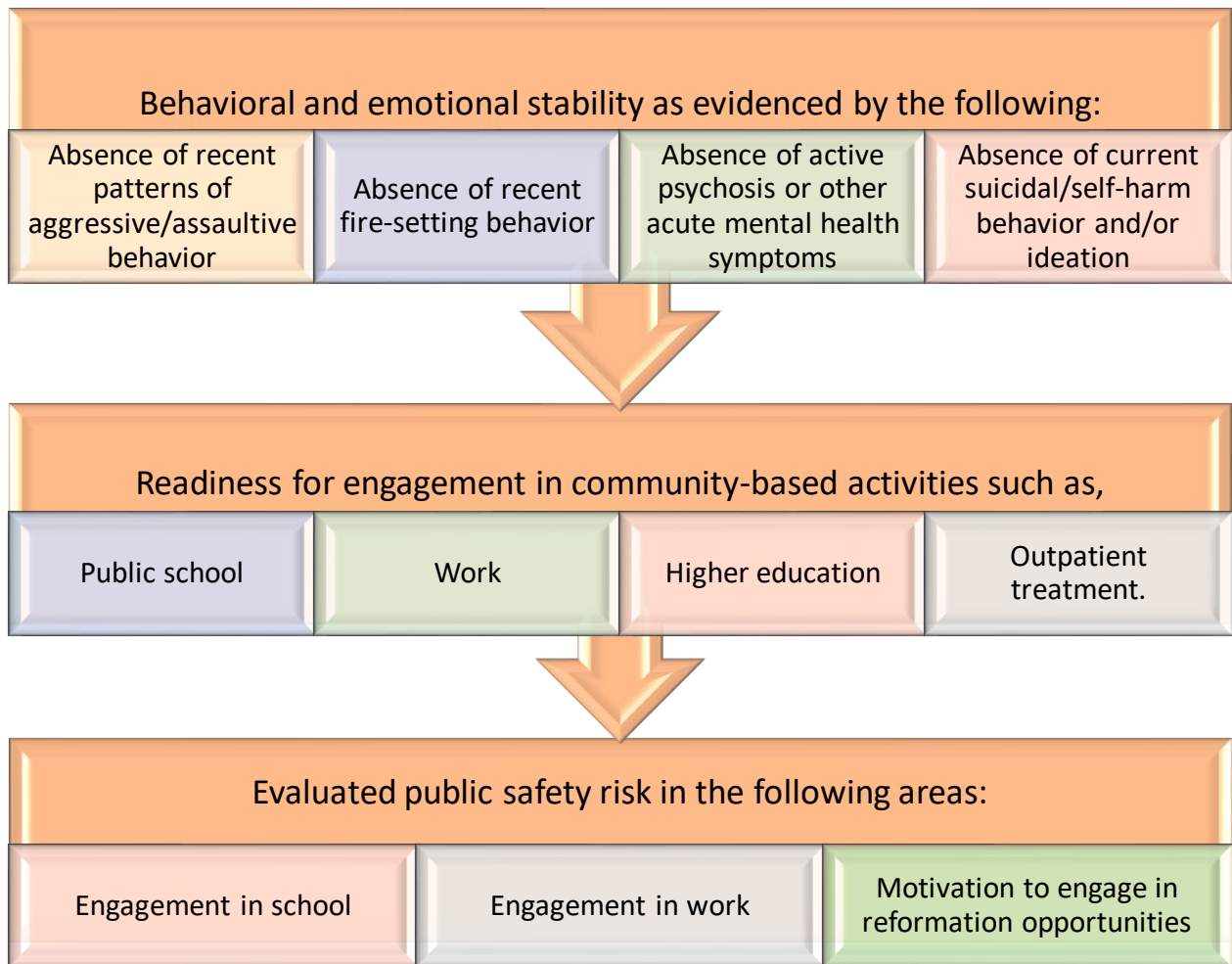
Youth placements in foster care can be short or long-term depending on the individual needs of the youth, which are continually assessed as placement in foster care continues. 

# FOSTER CARE ELIGIBILITY AND REFERRALS

Critical to the agency’s mission is the continual assessment and evaluation of youth in foster care to ensure safety. These activities are essential to guarantee foster homes meet OYA standards and youth receive the level of care expected by the agency. In addition, an orderly referral and placement process is necessary to ensure eligible youth are properly matched with appropriate foster homes.

## **DETERMINING YOUTH APPROPRIATENESS FOR FOSTER CARE**

A youth’s Multidisciplinary Team (MDT) must review the youth for foster care placement appropriateness and readiness. If possible, the Local Certifier must be included in the MDT meeting when a youth is being considered for foster care placement.



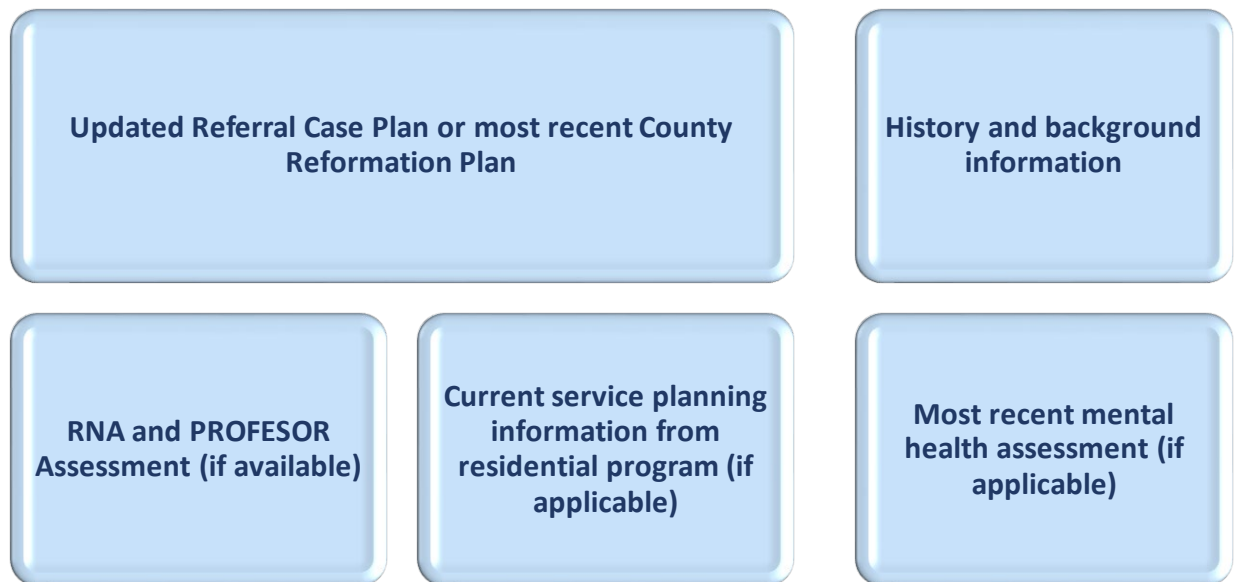
Factors when reviewing a youth for foster care:

### **REFERRING YOUTH TO A FOSTER HOME**

A JPPO will send a youth referral to their local certifier as a result of MDT recommendations. Certifiers will evaluate the referral information to determine if the youth is an appropriate candidate for foster care.

The Certifier will send a referral packet to the homes selected as good matches and you as the foster parent will review the youth's information to determine whether you think the youth will be a good fit for your home.

### **REFERRAL PACKETS – WHAT'S INCLUDED**



### **SCREENING A YOUTH FOR PLACEMENT**

Before accepting an OYA youth for foster placement you should be involved in a screening process, which may include a face to face meeting with the youth, a video conference meeting with the youth, or a telephone conversation. Please ask questions and make sure that your skills as a foster parent meet the needs of the potential foster placement.

As a quick reference, you may want to consider some of the following information.

**Basic Information**

- Youth's name, age, date of birth, gender.
- Youth's race, culture, language.
- Are there special dietary restrictions?
- Youth's religion—will youth need access to special religious programs?
- What will make this youth feel most at home (food preferences, music, or routines)
- What is most likely to comfort or calm youth when upset or stressed?
- Youth's talents, hobbies, interests.

**Family Information**

- Does the youth have any siblings?
- Where are they and how can this youth stay in contact with siblings?
- What are the expectations regarding visits—who will visit, how often, where will visits be?
- Are both parents involved with the youth, if not, why not?
- Are there issues between the parents I need to understand?
- Are there other relatives involved with the youth?
- Do either of the parents have a history of violence?

**Information Specific to Adolescents**

- Does this youth currently have a job?
- If not, is after-school or summer employment a goal or expectation?
- Is the youth receiving any independent living services?
- Does the youth identify as LGBTQ+?
- Does the youth smoke cigarettes?
- Are there any issues with alcohol or drugs?

- Is this youth a parent? If so, is the youth parenting the child and if not, who is? If the youth is not raising their own child, what arrangements exist for visitation and other involvement with the child? What is the youth's relationship with their child's other parent?
- Has this youth completed treatment? If not, what treatment is needed?

**OYA Staff Information**

- JPPO name and all contact information.

**Placement Information**

- Is this the youth's first foster care placement?
- Why is the youth coming into foster care?
- If not the first placement, why is the youth moving currently?
- What has the youth been told and/or what does the youth understand about why they are being moved?
- How long and/or how many times has the youth been in foster care?
- What has the youth's experienced with foster care been like?
- Does this youth have any special belongings or items of sentimental value?
- What information about our family has the youth requested?

**Health and Development**

- Does the youth have any allergies?
- Is the youth on any medications? If yes, for what and what are the instructions? Do you have an immediate and adequate supply?
- Does the youth require any special medical devices or care?
- Are there special food or dietary needs?
-

- When was the youth's last doctor appointment?
- Are all immunizations current? Are there any health or religious concerns related to receiving immunizations?
- What about dental and eye appointments?
- Does the youth wear glasses? Is their prescription current? Are the glasses in good repair?
- What are the youth's eating, sleeping and hygiene habits?
- Has the youth been hospitalized in the past? Did the youth have any surgeries?

### **Emotional/Psychological Needs**

- Is the youth receiving counseling or therapy and will it continue?
- What are the most significant emotional challenges?
- Are there any special concerns about behavior I need to be aware of?
- Has this youth been physically or sexually abused or routinely gone without basic needs (food, clothing, shelter)?
- Does the youth have any particular fears (e.g. dark, water, dogs, etc.)?
- Does bed wetting occur?

### **Educational Information**

- What grade is the youth in?
- What school will the youth attend?
- If the youth is changing schools, have the records, including immunizations, been transferred?
- Does the youth have special education needs? (IEP)
- Are there any other educational or school related issues I need to be aware of?
- Is the youth involved in any extracurricular activities and if so, how can we arrange for these to continue?
- If in high school, is this youth preparing for post-secondary education — vocational school, college, etc.?
- Are there pending deadlines related to school applications, SATs or other tests, or financial aid that I need to be aware of?

## **INTAKE PLACEMENT**

If the youth, foster parents, JPPO, and Certifier agree to the placement, a placement date must be established. ***Please refer to the form section in Section VII of this handbook for a copy of the Foster Care Youth Intake Checklist.***

The JPPO will arrange the youth's placement into the foster home. The JPPO must ensure the foster parent is provided the following youth information prior to or on the placement date:

- Face sheet, including JJIS photo
- Juvenile Parole/Probation Agreement
- Case plan and other relevant case information
- Medical information including health concerns, list of current medications, and immunization records
- At least a 30-day supply of current medications
- Treatment and service provider information
- Approved contact list
- Birth certificate, Social Security card, ID card (if available)
- Medical card or Medical Card ID number
- School transcripts/IEP
- Completed the "Foster Care Youth Intake Checklist"

After placement has occurred, it is beneficial to review the intake documents and specifics to the household with the youth.

**Remember** within 24 hours of new youth placement. . .

- Have family fire drills and review the escape plan
- Review your home rules.
- Inventory personal items while youth is present ensuring no contraband enters the home.
- Review Intake Checklist to make sure all items have been addressed and a copy is provided to the Certifier.



## WHAT DO ALL THESE ACRONYMS MEAN?

<b>A&amp;D</b>	Alcohol and Drugs
<b>AG</b>	Attorney General
<b>ATOD</b>	Alcohol, Tobacco and Other Drugs
<b>ART</b>	Aggression Replacement Therapy
<b>BRS</b>	Behavior Rehabilitation Services
<b>CASA</b>	Court Appointed Special Advocate
<b>CBT</b>	Cognitive Behavior Therapy
<b>CCO</b>	Coordinated Care Organization
<b>CEOJJC</b>	Central/Eastern Oregon Juvenile Justice Consortium
<b>CPS</b>	Child Protective Services
<b>COB</b>	Changing Offender Behavior
<b>CYT</b>	Cannabis Youth Treatment
<b>DA</b>	District Attorney
<b>DBT</b>	Dialectical Behavior Therapy
<b>DD</b>	Developmentally Disabled
<b>ODHS</b>	Oregon Department of Human Services
<b>DOJ</b>	Department of Justice
<b>DMAP</b>	Division of Medical Assistance Programs
<b>EBP</b>	Evidence Based Practices
<b>IEP</b>	Individual Education Plan
<b>ILP</b>	Independent Living Program
<b>JJIS</b>	Juvenile Justice Information System
<b>JPPA</b>	Juvenile Parole/Probation Assistant
<b>JPPO</b>	Juvenile Parole /Probation Officer
<b>LEA</b>	Law Enforcement Agency
<b>MDT</b>	Multi-Disciplinary Team
<b>OAR</b>	Oregon Administrative Rule
<b>OD</b>	Officer of the Day (on-call supervisor)
<b>ORS</b>	Oregon Revised Statute
<b>OTIS</b>	Office of Training, Investigations and Safety
<b>OYA</b>	Oregon Youth Authority
<b>PHD</b>	Positive Human Development
<b>PROFESOR</b>	Protective + Risk Observations for Eliminating Sexual Offense Recidivism
<b>PSO</b>	Professional Standards Office
<b>QMHP</b>	Qualified Mental Health Professional
<b>RNA</b>	Risk Needs Assessment
<b>YCF</b>	Youth Correctional Facility
<b>YRS</b>	Youth Reformation System

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SECTION VI

**COMPETENCY WORKSHEET  
YOUTH IN FOSTER CARE**

Mark the following statements as “True” or “False” regarding OYA youth

- 1.  True  False Youth in OYA custody range in age from 12 – 24.
- 2.  True  False Most OYA youth in foster care have not committed any crimes.
- 3.  True  False Many OYA youth have drug or alcohol issues.
- 4.  True  False Placements in OYA foster care can be short or long term.
- 5.  True  False OYA youth in foster care are only on probation.
- 6. When matching a youth and foster home, the following may be considered:
  - a) Youth’s criminal history
  - b) The geographic area
  - c) Foster parent’s skills
  - d) Current composition of the foster home
  - e) Youth’s response to interventions
  - f) All of the above

7. Name three factors you should consider when reviewing a youth for foster care:

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8. Please list the items included in a referral packet:

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Foster Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Foster Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

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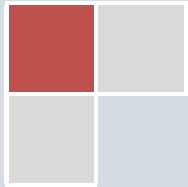


# SECTION VII

## FORMS, RULES & MORE

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Respite Care Checklist  
Service Invoice Example  
OYA Youth Sub-Care Clothing List/Authorization  
Foster Parents Notice of Claim  
OYA Foster Parent Satisfaction Survey  
OYA Foster Home Agreement  
OYA Cleanliness Standards Review Checklist  
OYA Foster Care Youth Incident Report  
Foster Youth Monthly Progress Report  
Foster Parent Training Record  
Financial Responsibility Letter  
OYA Youth Pharmacy Claims Letter  
Foster Home Individual Youth Medication Log  
Foster Home Certification Safety Requirement Checklist  
Youth Safety Notice  
OYA Foster Care Youth Service Survey  
OYA Recreational Activity Risk Assessment  
Consent for OYA Youth to Participate in Recreational Activities  
Foster Care Youth Intake Checklist  
Oregon Administrative Rules – Division 530 Adjudicated Youth Foster Care Certification  
What You Can Do About Child Abuse (DHS 9061)



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# RESPITE CARE CHECKLIST

When preparing to place youth in respite care, please use the following checklist to ensure that the respite provider has all the necessary information and paperwork in advance.

Foster Family:	
Respite Provider:	
Dates of Respite Care	

- Respite provider is approved by OYA to provide care
- JPPO(s) and Certifier have been notified of use of respite care
- After Hours Protocol—located in Foster Parent Handbook, Section I
- Emergency phone numbers: OYA Field Office, Facility, local police, hospital, JPPO’s, Certifier, foster parent contact information
- Medication location and dispensing instructions
- Copy of current OHP Medical Cards for each youth

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Physician	Phone Number
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Dentist	Phone Number
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- Supervision issues
- Contact restrictions
- Household rules, including:
  - Privileges / consequences
  - Phone / Cell usage
  - Lights out
  - Visitors
  - Recreation
  - Chores
  - Off limit areas
  - Computer usage
- Current status of youth
- Red flags to watch for

Please sign to indicate that you have discussed the above information and understand your responsibilities.

---

Foster Parent signature & Date

---

Respite Provider signature & Date

# SERVICE INVOICE EXAMPLE

## Purchase of Service Invoice

Provider: Foster parent name  
 \*\*ESTIMATE\*\*  
 12/7/2015

Return To: Oregon Youth Authority  
 Accounting/Hillside

Fax: (503) 210-9939

Youth/JJIS #	Program	Abs Rate	Payment Date From	Payment Date To	Contract	Organization	Primary Worker	Qty	Totals	Abs Days
YOUTH NAME ✓	Foster Care		11/9/2015	11/30/2015 ✓		Clatsop		22.00	984.13	✓

Total: \$984.13

Additional youth not listed above:

Youth/JJIS #	Program	Abs Rate	Payment Date From	Payment Date To	Contract #	Organization	Primary Worker	Qty	Totals	Abs Days
CORRECTIONS HERE										

Total Requested: \_\_\_\_\_

For residential, shelter, and foster care providers:

- Each paid service day must include an overnight stay.
- An "X" in the Abs Rate column indicates the youth was in detention, on run, or in home visit as defined in the contract.

I certify that the service described on this invoice was rendered to the persons named hereon in accordance with the regulations of the Oregon Youth Authority:  
 That payment therefore has not been received except as noted:

SIGN AND DATE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# OYA YOUTH SUB-CARE CLOTHING LIST / AUTHORIZATION

State of Oregon  
OREGON YOUTH  
AUTHORITY

- JPPO should secure all appropriate clothing available from youth and family prior to youth's placement in program.
- Program is provided a copy of this clothing list to inventory youth's clothing at admission marking what the youth has "At Intake" in the column below. Provider should only list clothing that is in a condition appropriate for meeting program and community standards.
- A copy of the form will be returned to the JPPO showing what the youth's "Need" is in the column below and whether or not a clothing authorization is requested.
- After reviewing the youth's clothing inventory, and if need is determined, the JPPO may authorize a one-time youth specific clothing payment in JJIS of \$210.00.
- Providers will maintain youth's wardrobe and will keep a current clothing inventory by adding all clothing purchased while youth is in program.
- When youth exits program, the Provider will re-inventory clothing and mark the "At Exit" column below.
- A copy of this list will remain in the youth's file at the program and a copy will be given to the JPPO upon youth exit from program.

Youth Name: \_\_\_\_\_ JJIS#: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Placement:**

Recommended Number & Item	At Intake	Need	Provided by OYA Clothing Authorization \$ & Date Provided	Provided by Program & Date Provided	At Exit
7 Underwear					
3 Bra					
1 Bathrobe					
7 Socks (Sets)					
2 Sleepwear (Sets)					
2 Shoes (Pair)					
2 Sweatshirt/Jacket					
2 Shorts					
1 Swimwear (if needed)					
1 Climate Appropriate Coat					
5 Shirts/T-Shirts/Blouses					
5 Pants/Jeans/Skirts/Dresses					

Other: List any special needs for youth (work boots, maternity clothes, etc.)

Clothing Authorization Requested: Yes  No  \$210 Parental Contribution: Yes  No  Amount: \$ \_\_\_\_\_

SIGNATURES:	Intake	Release
Youth: _____	Date: _____	Date: _____
Program Staff: _____	Date: _____	Date: _____

JPPO:  Approved  Denied Reason: \_\_\_\_\_





# OYA FOSTER PARENT SATISFACTION SURVEY

State of Oregon  
OREGON YOUTH AUTHORITY

<b>General Information</b>	Foster Parent Name: _____	Date: _____
	Certifier Name: _____	
	<p>In an effort to improve our quality of service and support we give our foster parents, the OYA foster care team would appreciate your feedback by completing the survey below. Please mark the answer that most appropriately reflects your experience as an OYA foster parent within the past 6 months. We encourage you to use the space below each statement to elaborate why you either strongly agree or disagree with each statement.</p>	

<b>Survey</b>	1. I am part of the decision making and screening process of youth placed in my home.										
	<table border="0"> <tr> <td style="text-align: center;">Strongly Agree</td> <td style="text-align: center;">Agree</td> <td style="text-align: center;">Neutral</td> <td style="text-align: center;">Disagree</td> <td style="text-align: center;">Strongly Disagree</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Comments:											
2. I receive adequate information about each youth considered for placement in my home.											
<table border="0"> <tr> <td style="text-align: center;">Strongly Agree</td> <td style="text-align: center;">Agree</td> <td style="text-align: center;">Neutral</td> <td style="text-align: center;">Disagree</td> <td style="text-align: center;">Strongly Disagree</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Comments:											
3. I am able to contact my OYA certifier when needed.											
<table border="0"> <tr> <td style="text-align: center;">Strongly Agree</td> <td style="text-align: center;">Agree</td> <td style="text-align: center;">Neutral</td> <td style="text-align: center;">Disagree</td> <td style="text-align: center;">Strongly Disagree</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Comments:											
4. My OYA certifier maintains weekly contact with me via phone, e-mail, text message and/or home visits.											
<table border="0"> <tr> <td style="text-align: center;">Strongly Agree</td> <td style="text-align: center;">Agree</td> <td style="text-align: center;">Neutral</td> <td style="text-align: center;">Disagree</td> <td style="text-align: center;">Strongly Disagree</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Comments:											

**Survey**

5. I receive return phone calls from OYA within a reasonable amount of time.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

6. I feel supported by my OYA certifier.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

7. When my OYA certifier addresses concerns, I feel it is done in a professional and courteous manner.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

8. I know who to contact when there is an emergency.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

9. I am notified in a timely manner of youth home visits, meetings, court hearings, changes in plans and important information discussed with youth.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

10. OYA is responsive in addressing youth concerns and/or incidents.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**Survey**

11. I am provided with adequate training to care for the youth placed in my home.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

12. I am provided with enough training opportunities to meet annual training requirements.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

13. My OYA certifier is able to answer my questions and is responsive to my needs.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

14. I am satisfied with the timelines and delivery methods of receiving monthly reimbursement.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

15. Overall, I am satisfied with the support I receive from OYA.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

16. Additional comments:

**Thank you for completing this survey.  
Please submit to:**

Oregon Youth Authority  
Community Resources Unit  
Attn: Foster Care Manager  
530 Center Street NE, Suite 500  
Salem, OR 97301-3777





# OREGON YOUTH AUTHORITY FOSTER HOME AGREEMENT

State of Oregon  
OREGON YOUTH AUTHORITY

This agreement between the Oregon Youth Authority (hereinafter referred to as OYA) and foster parents \_\_\_\_\_ and \_\_\_\_\_

when attached to the OYA Foster Home Certificate of Approval establishes the terms under which youth may be placed with the foster parents. OYA has certified that the foster home meets applicable Oregon Administrative Rules and enters into this agreement in anticipation of requiring the foster parents' services. However, it is understood that signing of this agreement does not guarantee placement of youth in this home.

1. The term of this agreement shall begin \_\_\_\_\_, 20\_\_\_\_, and shall be effective for the duration of the foster home provisional and/or regular Certificate of Approval unless terminated early in accordance with item 4.d. below. Termination or revocation of the OYA Foster Home Certificate at any time shall automatically terminate this agreement. Agreements are to be reviewed and signed on an annual basis at the time of re-certification.
2. **OYA Shall:**
  - a. Prior to placement, provide foster parents with information on the background of the youth, which may include:
    - updated case plan or most recent county reformation plan/history and background information;
    - OYA RNA and "PROFESOR" assessments (if applicable);
    - current service planning information from residential program (if applicable); and
    - most recent mental health assessment, psychological evaluation, and any relevant treatment history information (if applicable).
  - b. Involve foster parents in Multi-Disciplinary Team (MDT) Meetings.
  - c. In cooperation with foster parents, arrange for regular visits by approved contacts, if applicable.
  - d. Provide resources to meet initial clothing needs of the youth with resources available and in accordance with OYA policy.
  - e. Provide medical card and record of immunizations (when available) and arrange with foster parents for medical examination within 30 days.
  - f. Contact the youth and foster parents as required in OYA Policy.
  - g. Notify the foster parents immediately when there is a change of Juvenile Parole/Probation Officer (JPPO) and provide the name of the new JPPO. The new JPPO will contact the foster parents within 30 days of receipt of the case.
  - h. Reimburse foster parents monthly, or more often in accordance with established OYA procedures, for foster care provided to named youth(s) at the current approved rate of \_\_\_\_\_ (subject to contract rate change). Invoice billing is required.
  - i. Reimburse foster parents for the day the youth enters the home but not pay for the day the youth leaves the home.
  - j. Recover any overpayments made by deducting over amounts from future payments and/or billings.
3. **Foster Parents Shall:**
  - a. Maintain and operate a foster home which is safe for youth and the community.
  - b. Promote emotional growth, positive self-esteem, and accountability in the youth by providing clear expectations, age appropriate limits and consequences for behavior. Teach by positive example. Avoid all forms of physical discipline in accordance with OYA's Policy and Oregon Administrative Rule. No youth or any other person(s) in a foster home will be subjected to physical abuse, sexual abuse, sexual exploitation, neglect, emotional abuse, mental injury, or threats of harm
  - c. Be available for youth placement and services as agreed upon with OYA.
  - d. Utilize payments made by OYA to care for the youth, including, but not limited to, housing, clothing, food, recreational activities, and transportation.
  - e. Provide youth a minimum of ten dollars per week for allowance. If a youth has not earned the allowance for the week due to behavioral issues, foster parents shall set the allowance aside until the JPPO and foster parent agree the youth can access it.
  - f. Compensate youth for jobs (additional work the youth and foster parent mutually agree on outside of chores) at the current federal minimum wage. The foster parent and youth shall determine up front what a reasonable amount of time the job will take to complete. Jobs are to be safe, reasonable, and not assigned as "punishment". Forced physical labor is not permitted.

- g. Cooperate with OYA in carrying out the case plan and parole/probation agreement. Participate in the MDT.
- h. Cooperate with visiting arrangements between the youth and their approved contacts, if applicable.
- i. Maintain information relating to youth, including but not limited to, information relating to a youth's health, education, and placement progress except when authorized by OYA, in accordance with Oregon Administrative Rules and policy.
- j. Notify OYA immediately of any arrest, conviction or dismissal of any charges made against any member of the household.
- k. Notify OYA at least ten business days prior to the date desired for a youth's removal from the foster home.
- l. Maintain youth records and logs as required by Oregon Administrative Rule and OYA policy.
- m. Obtain approval for all non-emergency major medical treatment.
- n. Respect and nurture the youth's connection with their support network, community, culture, and religious activities.
- o. Immediately notify OYA of any unauthorized absence of the youth.
- p. Obtain approval from OYA prior to taking the youth out of state.
- q. Notify OYA immediately of changes likely to impact the life and circumstances of the foster family and/or youth as outlined in Oregon Administrative Rule.
- r. As a mandatory reporter, notify the Oregon Department of Human Services or law enforcement of any alleged or suspected abuse of which they have knowledge regarding any youth in accordance with ORS 419B.005 – 419B.050.
- s. Notify OYA in advance of any planned absence of the foster parents from the home for overnight or longer.
- t. Assist the youth with transitioning out of the foster home and send the youth's belongings and personal records with the youth.
- u. Notify OYA of any payment discrepancies and reimburse OYA for any excessive payments received.
- v. Accept no youth for foster care placement except as agreed upon with the OYA Foster Care Certifier.
- w. All respite care must be OYA approved.
- x. Agree to comply with all applicable federal, state, and local laws, Oregon Revised Statutes, Oregon Administrative Rules and OYA procedures and protocols.
- y. Complete the annual training required by OYA to develop effectiveness as foster parents — including but not limited to, mandatory child abuse reporting and suicide prevention. Foster Parents must have a current First Aid/CPR certification.

**4. OYA and Foster Parents Mutually Agree:**

- a. That a youth will be placed in this home only when foster parents and OYA agree it is in the best interest of the youth and the community.
- b. Reimbursement shall be the sole monetary obligation of OYA. This agreement does not make foster parents employees of OYA or eligible for any state employee benefits.
- c. If OYA fails to provide services or information in accordance with this agreement, foster parents may contact the OYA Foster Care Program Manager and request a grievance review.
- d. This agreement may be terminated by mutual consent of both parties, or by either party at any time upon 10 business days' notice in writing. Either party may terminate the agreement immediately upon relocating the foster youth(s) if circumstances beyond their control make continuation of the agreement impracticable. If the foster parents fail to provide care and services in accordance with this agreement, OYA reserves the right to terminate the agreement and stop payment immediately. Termination of the Oregon Youth Authority Foster Care Certificate for any reason shall terminate this agreement.

**Agreed: Foster Parents' Signatures**

**Agreed: OYA Signatures**

**X**  
 \_\_\_\_\_  
 Foster Parent    Date

**X**  
 \_\_\_\_\_  
 OYA Foster Care Certifier    Date

**X**  
 \_\_\_\_\_  
 Foster Parent    Date

**X**  
 \_\_\_\_\_  
 OYA Foster Care Program Manager    Date





# OYA FOSTER HOME CLEANLINESS STANDARDS

State of Oregon  
OREGON YOUTH AUTHORITY

**Per OAR 416-530-0070 – Standards of the Foster Home (8)(a):** “The foster home must be clean and free of hazards to the health and physical well being of the family. All areas of the foster home must meet sanitation criteria as described in OYA Cleanliness Standards.” Review will be completed during the initial certification process, re-certification and/or as determined by the Foster Care Certifier.

Foster Home Name:	Inspection Date:
Address:	

MAIN LIVING AREAS		COMMENTS
Floors are swept/vacuumed.	<input type="checkbox"/>	
Furnishings are neat and clean.	<input type="checkbox"/>	
Areas are free from odor.	<input type="checkbox"/>	
Walls, windowsills, book shelves, and corners are free of excessive cobwebs and dust.	<input type="checkbox"/>	
<p>All broken and/or unusable items are repaired or replaced in a timely manner. (Exceptions may be approved on a case by case basis by the Foster Care Manager.)</p> <p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>Broken window(s)</li> <li>Ripped or ruined flooring</li> <li>Broken light fixtures- includes lighting and or light switches/plates</li> <li>Broken or unusable furniture</li> <li>Unfinished or damaged interior walls and/or ceilings</li> </ul>	<input type="checkbox"/>	
Remodels/repairs are done in a timely manner and working areas are secured of all dangerous materials to maintain youth safety. (OYA staff need to be able to tell that progress has been made since the last inspection.)	<input type="checkbox"/>	
Rooms are free of mold/mildew. All mold/mildew must be cleaned, sanitized and the area painted with mold resistant paint.	<input type="checkbox"/>	
<p>If animals are present in or around the home:</p> <ul style="list-style-type: none"> <li>Home must not have overwhelming animal odors.</li> <li>Home and furniture are free of excess animal hair, animal stains and animal matter.</li> <li>Animal hair, feathers, fecal matter, litter boxes, excess food, etc. must be adequately maintained and mess free.</li> </ul>	<input type="checkbox"/>	
OTHER CONCERNS/NOTES: (Improvements from previous inspection, improvement projects, safety concerns, damages, disrepair)		

<b>KITCHEN</b>		<b>COMMENTS</b>
Food storage areas are sanitary and absent of excessive odors. (Refrigerator, Freezer, Pantry, Cupboards, etc). All expired or decaying food must be disposed of properly.	<input type="checkbox"/>	
No uncovered food, drinks, or dirty dishes are left out for long periods of time.	<input type="checkbox"/>	
Tabletops and countertops are clear and clean.	<input type="checkbox"/>	
Floor is clean and free from debris.	<input type="checkbox"/>	
Cupboards and appliances are clean and free of excessive grease or food build up.	<input type="checkbox"/>	
Garbage can(s) are not overflowing and are emptied at least weekly or as needed to maintain clean and sanitary environment.	<input type="checkbox"/>	
OTHER CONCERNS/NOTES: (Improvements from previous inspection, improvement projects, safety concerns, damages, disrepair)		

<b>BATHROOM</b>		<b>COMMENTS</b>
Room has good ventilation and is free from stagnant odors.	<input type="checkbox"/>	
Toilet area is clean and sanitary.	<input type="checkbox"/>	
Shower/bath area is clean and sanitary.	<input type="checkbox"/>	
Counter is sanitary and neat in appearance.	<input type="checkbox"/>	
Garbage can is not overflowing and is emptied at least weekly or as needed to maintain clean and sanitary environment.	<input type="checkbox"/>	
Mirror is clean.	<input type="checkbox"/>	
Floor is clean and free of debris.	<input type="checkbox"/>	
OTHER CONCERNS/NOTES: (Improvements from previous inspection, improvement projects, safety concerns, damages, disrepair)		

YOUTH BEDROOM		COMMENTS
Furnishings are neat, clean and in good repair.	<input type="checkbox"/>	
Bed has an intact, unripped mattress.	<input type="checkbox"/>	
Bed made each morning. Bedding changed and washed at least monthly, if odor is present - wash as needed.	<input type="checkbox"/>	
Clean clothes are folded and stored in dresser or on hangers.	<input type="checkbox"/>	
Dirty clothes are in designated receptacle.	<input type="checkbox"/>	
Dresser is organized and is neat in appearance.	<input type="checkbox"/>	
Walls and doors are maintained – clean, no damages, painted as needed	<input type="checkbox"/>	
Majority of floor is clear and clean – things stored on the floor are neat and organized.	<input type="checkbox"/>	
Floor is swept / vacuumed.	<input type="checkbox"/>	
Air quality – room is free from odor.	<input type="checkbox"/>	
Windowsills are neat and clean.	<input type="checkbox"/>	
Garbage is in an appropriate receptacle and not overflowing, emptied at least weekly or as needed.	<input type="checkbox"/>	
OTHER CONCERNS/NOTES: (Improvements from previous inspection, improvement projects, safety concerns, damages, disrepair)		

YOUTH LIVING AREA (only needed if youth have a separate area where they “hang out”)		COMMENTS
Floors are swept/vacuumed.	<input type="checkbox"/>	
Furnishings are neat, clean and in good repair.	<input type="checkbox"/>	
Area is free from odor.	<input type="checkbox"/>	
Walls, windowsills, book shelves, and corners are free of excessive cobwebs and dust.	<input type="checkbox"/>	
OTHER CONCERNS/NOTES: (Improvements from previous inspection, improvement projects, safety concerns, damages, disrepair)		

PATIO AND OUTDOORS		COMMENTS
All garbage is picked up and disposed of properly.	<input type="checkbox"/>	
Tools are picked up and put away after each use.	<input type="checkbox"/>	
Outdoor animal areas are clean to maintain a healthy outdoor environment.	<input type="checkbox"/>	
Patio area swept and neat.	<input type="checkbox"/>	
Out Buildings – structurally sound and appropriately secured.	<input type="checkbox"/>	
OTHER CONCERNS/NOTES: (Improvements from previous inspection, improvement projects, safety concerns, damages, disrepair)		

Corrective Action Plans (items scored as U will require a corrective action plan)

\_\_\_\_\_  
Foster Care Certifier

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Parent

\_\_\_\_\_  
Date



# OYA FOSTER CARE YOUTH INCIDENT REPORT

State of Oregon  
OREGON YOUTH AUTHORITY

Foster Home: \_\_\_\_\_

Youth Name: \_\_\_\_\_ JJIS #: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM  
 (Note: If you were not present at the incident, use the date you became aware of the incident)

Date of Report: \_\_\_\_\_

Critical	Significant	Abuse <small>(Requires Mandatory Child Abuse Report. See Notification section.)</small>	Unusual Incident
<input type="checkbox"/> Youth Suicide <input type="checkbox"/> Attempted Youth Suicide <input type="checkbox"/> Youth Death <input type="checkbox"/> Complaint of Youth Abuse <input type="checkbox"/> Danger to Health & Safety <input type="checkbox"/> Homicide <input type="checkbox"/> Controlled Substance <input type="checkbox"/> Medication Error <input type="checkbox"/> Complaint of Violation of Youth's Rights <input type="checkbox"/> Major Medication Change <input type="checkbox"/> Other	<input type="checkbox"/> Injurious Behavior to Self or Others <input type="checkbox"/> Property Damage/ Destruction <input type="checkbox"/> Serious Illness/Injury to Youth <input type="checkbox"/> Runaway <input type="checkbox"/> Intervention from Law Enforcement (police appeared, includes report) <input type="checkbox"/> Fight <input type="checkbox"/> Report Filed with Police (but, police did not appear)	<input type="checkbox"/> Physical Injury Caused by Other Than Accidental Means or That Appears to be a Variance with the Explanation Given of the Injury <input type="checkbox"/> Willful Infliction of Physical Pain or Injury <input type="checkbox"/> Sexual Harassment or Exploitation, Including but not Limited to any Sexual Contact Between Youth <input type="checkbox"/> Neglect <input type="checkbox"/> Abuse Unrelated to Staff (e.g. youth to youth; prior to enrollment; not program staff, volunteer, etc.)	<input type="checkbox"/> Illness, Injury or substance use that required emergency medical treatment <input type="checkbox"/> Fire <input type="checkbox"/> Behavior that is Not Typical of the Person <input type="checkbox"/> Incident that will Result in a Complaint or Grievance <input type="checkbox"/> Medication Error <input type="checkbox"/> Lost or Stolen Money or Property <input type="checkbox"/> Any Other Unusual Incident <input type="checkbox"/> Documentation Error (medical) <input type="checkbox"/> Behavior Incident <input type="checkbox"/> Youth Declines Medication, Treatment or Procedures <input type="checkbox"/> Contraband <input type="checkbox"/> Possession of drugs or alcohol. <input type="checkbox"/> Potential Safety Risk (e.g., missing knife, missing guard on equipment, weapon found, but no person or property was hurt)

Persons Involved: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

**NOTIFICATIONS: For Abuse, contact the ODHS hotline at 1-855-503-7233 and/or law enforcement immediately and follow all Mandatory Child Abuse Reporting Procedures.**

List Who Was Notified	By Whom	Date Notified	Time Notified
▪			
▪			
▪			
▪			

Description of Incident (attach additional pages if necessary):

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Interventions:

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Results:

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Follow-Up Plan:

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Report Prepared By:

Print Name: \_\_\_\_\_

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Review and Findings: *(Include information from result of follow-up plan, if available.)*

**X** \_\_\_\_\_  
(OYA Foster Care Program Manager Signature)

\_\_\_\_\_  
(Date)







# OYA FOSTER CARE YOUTH MONTHLY PROGRESS REPORT

State of Oregon  
OREGON YOUTH AUTHORITY

The purpose of this form is for OYA foster parents to provide feedback to OYA staff on the progress of current foster youth in your home. Please complete a separate form for each OYA youth in your care and return it to your OYA Foster Care Certifier no later than the 5<sup>th</sup> of the following month. Thank you for your cooperation and involvement!

Month/Year \_\_\_\_\_ OYA Foster Home \_\_\_\_\_ Today's Date \_\_\_\_\_

Youth's Name \_\_\_\_\_ Parole/Probation Officer \_\_\_\_\_

**School/Work Progress:** (Briefly describe the youth's progress in school or work. Include overall behavior, interactions with peers, school staff, attendance, suspensions, etc. Is the youth involved in extra curricular activities after school?)

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**Treatment Progress/Concerns:** (Is youth attending any treatment? If so, describe: type of treatment, individual or group, number of meetings per week, progress or concerns in treatment. Did youth attend all sessions?)

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**Medication Management:** (What medication is the youth on? Is their behavior stable or do they need to be re-evaluated? Was youth prescribed any new medication this month? Did youth miss/refuse any medications during this period? If so, was an Incident Report completed?)  
If not on medication, indicate N/A, or No Change.)       No Change     Not on Meds

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**Recreation, Religious and Cultural Activities/Participation:** (Did youth participate in any of these activities this month? Include activities provided by the foster parent.)

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**Independent Living Skills:** (What new skills did the youth learn and/or demonstrate this month? (e.g., cooking, grocery shopping, budgeting/saving money, job searching, etc).

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**Behavior/Social Interactions:** (How did youth interact with other youth in home & with foster parents? Include youth's interactions with biological parents, JPPO's, etc. Indicate interventions used by foster parent to address negative behaviors in the home or community. What has the youth done well this month and how did the foster parent acknowledge the behavior?)

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**Youth Finances/Restitution/Community Service:** (How much allowance was given to the youth this month? If the allowance was held back, how much and why? How much money does the youth have? How much restitution was paid this month (if applicable) and what is the remaining balance? How many community service hours did the youth complete this month (if applicable) and how many hours do they have left to complete?)

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**Other Comments/Concerns:** (Please note any other significant events this month. Document if youth had home visits and how the visits went. Include any appointments with youth's doctor or dentist. Also include if the youth had contact with their JPPO and if it was by phone, virtual or in person.)

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<b>Overall Behavior/Progress Toward Goals:</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
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## FOSTER PARENT TRAINING RECORD (OYA Approved Training)

State of Oregon  
OREGON YOUTH AUTHORITY

**Name:** \_\_\_\_\_  
(Last, First, Middle)

**Certification Dates:** \_\_\_\_\_

Each Foster Parent is required to have a minimum of the training hours identified in the Foster Care Manual. The training must be OYA-sponsored or a non-OYA training approved by OYA. For all training, attach copies of training outline, certificate of completion and other pertinent information.

DATE	TRAINING TITLE	SPONSOR / PRESENTER	HOURS	Certifier Initials

**Certifier Name (Print):** \_\_\_\_\_

**Certifier Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





# Oregon

Tina Kotek, Governor

**Oregon Youth Authority**  
Community Services – Youth Benefits Access Team  
530 Center Street NE, Suite 500  
Salem, OR 97301-3765  
Phone: 503-373-7271  
Fax: 1-844-663-9829  
[www.oregon.gov/OYA](http://www.oregon.gov/OYA)



Re: OYA Youth Financial Responsibility

Dear Medicaid Provider,

If a youth in our custody needs a service that is not covered by Medicaid an authorization needs to be approved through the Parole/Probation officer before the service is provided. As a Medicaid provider that is accepting OYA youth as patients you should not be treating youth for anything that is not covered by Medicaid without prior approval/coordination of payment.

We ask our providers to list “Oregon Youth Authority” as the financially responsible party. No individual foster care provider or OYA employee will be able to sign financial responsibility forms.

Please list:

Oregon Youth Authority  
530 Center St NE Suite 500  
Salem, OR 97301  
Phone: 971-900-7240

Please feel free to contact me with questions.

Thank you,

Jolie Penrose, Medical Coordinator  
Oregon Youth Authority  
Phone: 971-900-7240  
[Jolie.Penrose@oya.oregon.gov](mailto:Jolie.Penrose@oya.oregon.gov)



# Oregon

Tina Kotek, Governor

## Oregon Youth Authority

Community Services – Youth Benefits Access Team

530 Center Street NE, Suite 500

Salem, OR 97301-3765

Phone: 503-373-7271

Fax: 1-844-663-9829

[www.oregon.gov/OYA](http://www.oregon.gov/OYA)



Re: OYA Youth Pharmacy Claims with Private Health Insurance

Dear Medicaid Pharmacy Provider,

Many of our youth may have private health insurance through their parent. They have also been enrolled into Medicaid to pick up any copays that the primary insurance has left behind.

Please bill Medicaid as secondary so that there is no patient balance left over. Please do this before the medication leaves the pharmacy.

- If you get a denial from Medicaid for preauthorization, please start that preauthorization process and let the foster parent know that this process has been started.
- If you get a denial from Medicaid for the item not being a covered benefit by Medicaid, please give the foster parent this information with the denial details.

Please feel free to contact me with any questions.

Thank you,

Jolie Penrose, Medical Coordinator

Oregon Youth Authority

Phone: 971-900-7240

[Jolie.Penrose@oya.oregon.gov](mailto:Jolie.Penrose@oya.oregon.gov)



# FOSTER CARE INDIVIDUAL YOUTH MEDICATION LOG

State of Oregon  
OREGON YOUTH AUTHORITY

Youth Name: \_\_\_\_\_ JJIS #: \_\_\_\_\_ Log Start Date: \_\_\_\_\_ Log End Date: \_\_\_\_\_

Foster Care Certifier Name: \_\_\_\_\_ Parole/Probation Officer Name: \_\_\_\_\_

Name & initials of person dispensing medication (please print): \_\_\_\_\_ Signature: **X** \_\_\_\_\_

Name of Medication		Dosage & Frequency										Prescribing Physician																				
Purpose																																
TIME OF DAY	DAY OF MONTH																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<input type="checkbox"/> AM <input type="checkbox"/> PM																																
<input type="checkbox"/> AM <input type="checkbox"/> PM																																
<input type="checkbox"/> AM <input type="checkbox"/> PM																																
Comments																																

Name of Medication		Dosage & Frequency										Prescribing Physician																				
Purpose																																
TIME OF DAY	DAY OF MONTH																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<input type="checkbox"/> AM <input type="checkbox"/> PM																																
<input type="checkbox"/> AM <input type="checkbox"/> PM																																
<input type="checkbox"/> AM <input type="checkbox"/> PM																																
Comments																																

Name of Medication		Dosage & Frequency										Prescribing Physician																				
Purpose																																
TIME OF DAY	DAY OF MONTH																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<input type="checkbox"/> AM <input type="checkbox"/> PM																																
<input type="checkbox"/> AM <input type="checkbox"/> PM																																
<input type="checkbox"/> AM <input type="checkbox"/> PM																																
Comments																																

## Instructions for completing YA 3105, Individual Youth Medication Log

Complete one form for each youth in care; more than one medication may be documented on each form.

- 1) Enter the name of the medication, dosage and the frequency to be taken, and prescribing physician in the 1<sup>st</sup> row.
- 2) Indicate the purpose of the medication in the 2<sup>nd</sup> row. This information should be obtained from the prescribing physician.
- 3) In the 'Hour' column, indicate the time of day that the medication is to be taken, include AM or PM; use one line for each time of day that medication is prescribed.
- 4) The person giving the medication enters their initials under the day of the month and time of day the medication was given. If medication is not given, use the key below\* to designate the reason and provide a note explaining reason.
- 5) Note on the chart when a medication has been discontinued.
- 6) At the end of the month, sign the completed form and send to the Foster Care Certifier, retain a copy for your records, and begin a new form for the following month.

Name of Medication		Prednisone					Dosage & Frequency					5 mg/ 2x daily for 14 days					Prescribing Physician					Dr. David Bell										
Purpose		Reduce inflammation in joints																														
TIME OF DAY		DAY OF MONTH																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
7:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST																	
6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST																		
<input type="checkbox"/> AM <input type="checkbox"/> PM																																
Comments		Note that medication was discontinued after the 14 <sup>th</sup> as prescribed by the physician																														

Name of Medication		Metadate					Dosage & Frequency					30 mg/ 1x daily					Prescribing Physician					Dr. Sheila Davis										
Purpose		ADHD																														
TIME OF DAY		DAY OF MONTH																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
7:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM																ST	ST	U	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	M	ST	ST	
<input type="checkbox"/> AM <input type="checkbox"/> PM																																
<input type="checkbox"/> AM <input type="checkbox"/> PM																																
Comments		17 <sup>th</sup> – Give reason for unavailable medication; 28 <sup>th</sup> – Give reason youth missed dosage.																														

### \*Medication Administration Key

M = Missed

R = Refused by youth

U = Unavailable

O = Other





# OYA FOSTER HOME SAFETY REQUIREMENTS CHECKLIST

**Instructions:** Certifier will inspect the foster home with the foster parent to verify compliance with Oregon Administrative Rule Division 530. Certifier will visually verify each item below and indicate compliance by checking the appropriate box. All items must be in compliance before safety check is deemed finalized. Certifier will review and discuss each item with the foster parent.

Foster Parent Name:	Inspection Date:
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Address:
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Living Areas	Comments / Notes / Corrections
1. <input type="checkbox"/> There is sufficient living or family room space that is comfortably furnished and accessible to all members of the household.	
2. <input type="checkbox"/> There is a working and accessible telephone with service in the home at all times.	
3. <input type="checkbox"/> Electronic networks and internet capable devices are secured; password protected; and there is a method to monitor activity. (Open Wi-Fi)	
4. <input type="checkbox"/> The kitchen contains equipment necessary for the safe preparation, storage, serving and cleanup of meals. All cooking and refrigeration equipment is working and in a sanitary condition.	
5. <input type="checkbox"/> The kitchen appears to be clean, ensuring meals prepared and served are safe and sanitary minimizing the possibility of food poisoning or food infection. Only pasteurized milk, juices, or powdered milk may be used for youth consumption.	

Fire Safety	Comments / Notes / Corrections
6. <input type="checkbox"/> At least one unexpired and operable class 2-A-10BC or higher rated fire extinguisher is available and maintained on each floor of the home. <input type="checkbox"/> Annual visual inspection for updated tag. <input type="checkbox"/> Any safety and testing measures identified by a licensed professional have been remedied.	
7. <input type="checkbox"/> Functioning carbon monoxide alarms are within 15 feet of each youth bedroom and one is located on each floor.	
8. <input type="checkbox"/> Bedrooms occupied by youth have a functioning smoke alarm. In addition, at least one working smoke alarm is on each floor of the foster home.	
9. <input type="checkbox"/> All space heaters are electric and equipped with tip-over protection. No extension cords are used to connect to permanent wiring. If propane heaters are used, they have approved venting. (Kerosene space heaters are not allowed.)	

Foster Parent Name:	Inspection Date:
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10. <input type="checkbox"/> The home has two (2) unrestricted emergency exits in case of fire. Barred windows used for possible emergency exit are fitted with an operable quick release mechanism.	
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Bedrooms	Comments / Notes / Corrections
11. <input type="checkbox"/> Bedrooms occupied by youth are safe; have adequate living space for each youth; windows that open and provide sufficient natural light and ventilation.	
12. <input type="checkbox"/> There is a bed for each youth with clean bed linens, blankets (as appropriate to the season) and pillow; and each youth's sleeping area accommodates his/her personal decorating tastes and expressions.	
13. <input type="checkbox"/> Bedroom doors for youth in care do not have locks and there is an emergency access to any room that has a lock.	
14. <input type="checkbox"/> Youth of opposite gender do not occupy the same bedroom.	
15. <input type="checkbox"/> If a youth 18-years-old or older shares a bedroom with a younger youth, it has been prior approved by OYA.	
16. <input type="checkbox"/> OYA youth are not sharing a bedroom with members of the household	
17. <input type="checkbox"/> Youth with a history of inappropriate sexual behavior or adjudicated for a sexual offense are not sharing a bedroom with non-sex offenders.	
18. <input type="checkbox"/> The assignment of two youth with a history of inappropriate sexual behavior to one bedroom has been authorized by the Community Resources Manager, in consultation with OYA field services staff.	
19. <input type="checkbox"/> There is adequate storage space for each youth in or near the bedroom he/she occupies for personal belongings and a designated space for hanging clothes.	
20. <input type="checkbox"/> Bedrooms occupied by youth that are located in the basement or above the ground floor have a safe and direct emergency exit to the ground (example: emergency escape ladder).	

Health and Safety	Comments / Notes / Corrections
21. <input type="checkbox"/> Restricted access by youth to potentially dangerous animals. Only domestic animals are kept as pets, which have had their rabies vaccination and are current as required by law (see vaccination documents to verify).	
22. <input type="checkbox"/> Foster parent knows that within one working day they must notify OYA any time a deadly weapon, including but not limited to a firearm, is brought to the foster home.	
23. <input type="checkbox"/> Firearms are unloaded and stored in a locked gun safe or behind double locks that prohibit access and visibility to youth.	
24. <input type="checkbox"/> Ammunition is stored in a separate locked compartment. (Trigger locks and glass front display cabinets are not adequate). Deadly weapons are also stored behind double locks that prohibit access to youth.	
25. <input type="checkbox"/> Drivers of any vehicle transporting a youth may not carry a firearm, with the exception of law enforcement personnel.	
26. <input type="checkbox"/> Drivers transporting youth possess a current and valid driver's license, and have at a minimum, liability insurance coverage.	

Foster Parent Name:	Inspection Date:
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27. <input type="checkbox"/> Stairways are equipped with handrails.	
28. <input type="checkbox"/> All alcohol is stored and locked in a manner sufficient to prevent access by youth.	
29. <input type="checkbox"/> All marijuana and marijuana paraphernalia are stored and locked in a manner sufficient to prevent access by youth. Youth in the foster home may not be subjected to second-hand smoke to any of the forestated products.	
30. <input type="checkbox"/> All tobacco products are stored and locked in a manner sufficient to prevent access by youth.	
31. The following items must be locked in storage sufficient to prevent access by youth:	
<input type="checkbox"/> All medications	
<input type="checkbox"/> Hazardous chemicals, toxic cleaning materials, solvents, and combustibles	
<input type="checkbox"/> Outdoor tools, equipment, and machinery are kept in locked storage sufficient to prevent unauthorized access by youth.	
<input type="checkbox"/> Cut down tool easily accessed by foster parent and not visible to youth	
32. <input type="checkbox"/> First aid supplies are stored in an easily accessible place.	
33. <input type="checkbox"/> A written home evacuation plan is available to all youth and an evacuation diagram is posted in a clearly visible and conspicuous location. The foster parent verifies the evacuation plan is practiced with each youth at the time of placement and at least once a year to ensure all youth understand the procedure.	
34. <input type="checkbox"/> The home is well-heated and well-ventilated.	
35. <input type="checkbox"/> The home has a continuous supply of safe, clean drinking water and all plumbing is in working order. Private water sources and septic tanks have been tested and deemed safe and functioning properly.	
36. <input type="checkbox"/> The home has at least one flush toilet, one washbasin with running water, and one bath or shower with hot and cold water.	
37. <input type="checkbox"/> Hot water heaters are equipped with a safety release valve and an overflow pipe that directs water to the floor or another approved location. There is an adequate supply of hot water for bathing and dishwashing.	
38. <input type="checkbox"/> Swimming pools and hot tubs are maintained in a safe and clean condition. The foster parent verifies they comply with local safety regulations and ordinances, and that any safety hazard identified by anyone will be immediately remedied.	
39. <input type="checkbox"/> Pending weekly removal, garbage/refuse is stored appropriately, with no accumulation of garbage, debris, or rubbish that emits offensive odors.	
40. <input type="checkbox"/> The interior and exterior premises of the home is clean and free of hazards to the health and physical wellbeing of the family.	
41. <input type="checkbox"/> Foster Parent received current copy of OAR 530's.	



I have visually verified the items above, and to the best of my knowledge each item checked is in compliance with Oregon Administrative Rule Division 530. I have reviewed and discussed each item with the foster parent and will schedule a follow-up safety check, if needed, to ensure all requirements above are met before finalizing this step of the approval process.

Comments, conditions, or follow-up




**X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature – OYA Certifier

I acknowledge that the OYA Certifier reviewed and discussed each item on the above safety requirement list with me. I understand that my home must meet all of the safety requirements before this step of the approval process is complete. I confirm that I have read the Oregon Administrative Rules pertaining to the certification of Oregon Youth Authority’s foster homes. I understand that I must abide by these Rules and maintain compliance throughout my certification period.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature – Applicant/Foster Parent

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature – Applicant/Foster Parent



# YOUTH SAFETY NOTICE

Your safety is one of OYA's primary concerns! Unfortunately, the possibility of abuse always exists no matter where you live. Abuse can be physical, emotional or sexual. It is wrong for anyone to threaten or hurt another person.

## Everyone deserves to be safe!

### ASK YOURSELF THESE QUESTIONS:

**During your commitment to OYA, has another youth or staff member ever:**

- Made you afraid for your safety?
- Physically hurt you?
- Touched you in a way that made you feel uncomfortable?
- Forced you to engage in sexual activity?
- Offered you contraband like drugs, alcohol, tobacco, weapons or pornography?

**During your commitment to OYA, has a staff member ever:**

- Knowingly allowed other youth to harm you?
- Asked you to do something that you knew was against the rules?
- Offered or given you special attention, a gift, money, trips, or other considerations outside the program's reward system?
- Disclosed private or personal information with you such as personal phone numbers, addresses, pictures or information about the staff's family or friends?
- Kept you from calling your attorney, parole/probation officer or the OYA Complaint Hotline within 24 hours of your request?

### IF YOU WANT TO TALK TO SOMEONE ABOUT A CONCERN, HERE'S WHAT YOU CAN DO:

- Check the box on the form that you would like to talk to the person who handed you this notice today.
- Check the box on the form that you want contact from OYA's Professional Standards Office and someone will call you as soon as possible.

<b>Name:</b>
<b>Home:</b>
<b>Phone number:</b>

(Check the box that applies to you)	
I do not want contact.	<input type="checkbox"/>
I have a concern and want to talk with the person who handed me this notice today.	<input type="checkbox"/>
I have a concern and want the Professional Standards Office to call me as soon as possible.	<input type="checkbox"/>
<p>Remember, if you have a safety concern, you can always call the OYA Hotline.          Leave your name, location, phone number and a brief description of your concern. Someone from OYA's Professional Standards Office will return your call as soon as possible.</p> <p><b>OYA Hotline 1-800-315-5440</b></p>	



OYA Foster Care Youth Service Survey

Questions about your treatment/service

Please think about your experiences in this home over the past six months and choose the best answer.

What are your treatment goals?

- 1. a) \_\_\_\_\_
b) \_\_\_\_\_
c) \_\_\_\_\_
d) \_\_\_\_\_

2. Do your foster parents help you meet your treatment goals?

Usually Rarely
[ ] [ ]

3. Are you involved in making the plan for where you will go when you leave this home?

Yes No Don't know
[ ] [ ] [ ]

Have you learned new skills while in this home?
If so, please list what skills you have learned.

Yes No
[ ] [ ]

- 4. a) \_\_\_\_\_
b) \_\_\_\_\_
c) \_\_\_\_\_
d) \_\_\_\_\_

Questions about school and work

Please think about your experiences in this home over the past six months and choose the best answer.

5. Are you required to attend school or work?

Yes No Don't know
[ ] [ ] [ ]

6. Do you have enough time to complete your homework?

Usually Rarely Don't attend school
[ ] [ ] [ ]

7. Can you get help with your homework when you need it?

Usually Rarely Don't attend school
[ ] [ ] [ ]

8. Do your foster parents help you meet your job skills or employment goals?
Choose "Does not apply" if you are under 16 years old or don't have these goals.

Usually Rarely Does not apply
[ ] [ ] [ ]

Questions about activities

Please think about your experiences in this placement over the past six months and choose the best answer.

9. About how many times each week do you get to participate in exercise?  ← Number
10. Can you attend church or religious services if you want to? Yes  No  Don't want to attend
11. Can you attend the church or religious service of your choice? Yes  No  Don't attend
12. Do you ever have to attend church or religious services when you don't want to? Yes  No
- If yes, do you have to participate in the service? Yes  No
13. Do you get to participate in social and cultural activities that are interesting to you? For example, museums, libraries, community festivals, plays, or concerts. Yes  No
14. How many times each week do you get to participate in recreational activities that are interesting to you?  ← Number

Please give some examples of these activities:

15. Are foster parents sensitive to your traditions and way of life? Yes  No
16. Are you allowed to contact your family by telephone? Yes  No
17. Are you allowed to visit with your family? Yes  No

### Questions about rules and respect

Please think about your experiences in this home over the past six months and choose the best answer.

18. Do you understand the rules here? Yes  No  I'm not sure
19. Are the rules here fair? Yes  No
20. Do the rules here change a lot? Yes  No

If yes, please explain why:

21. Are the rules applied the same way by all your foster parents? Usually  Rarely  Only 1 foster parent



If rarely please explain why:

- 
22. Do your foster parents treat you fairly? Usually  Rarely
- 
23. Do your foster parents treat you respectfully? Usually  Rarely
- 
24. Do your foster parents tell you when you are doing well? Usually  Rarely
- 
25. Do your foster parents tell you when you are not doing well? Usually  Rarely
- 
26. Is the privilege system here fair? Yes  No  No privilege system here

If no, please explain why:

- 
27. Do your foster parents use bad language like cursing? Often  Some-times  Never

If so, please explain:

- 
28. Do your foster parents call you inappropriate names? Often  Some-times  Never

If so, please explain:

### Questions about your care

*Please think about your experiences in this home over the past six months and choose the best answer.*

- 
29. Do your foster parents know where you are most of the time? Yes  No  I'm not sure
- 
30. Do your foster parents check up on where you are? Yes  No  Don't know
- 
31. Are you ever left in the home without adult supervision? Yes  No

If yes, please explain:

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32.	Do your foster parents check on you throughout the night?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
-----	---	---------------------------------	--------------------------------	--

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33.	Are you comfortable talking with your foster parents?	Usually <input type="checkbox"/>	Rarely <input type="checkbox"/>	
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If rarely, please explain why:

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34.	Do you know how to file a grievance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
-----	--------------------------------------	---------------------------------	--------------------------------	--

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35.	Have you ever been physically restrained or seen another youth physically restrained here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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If yes, please tell us about it:

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36.	Can you get medical attention when you need it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
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37.	Can you get dental attention when you need it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
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38.	Do you have enough food to eat?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
-----	---------------------------------	---------------------------------	--------------------------------	--

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39.	How would you describe the food here?	Very Good <input type="checkbox"/>	Okay <input type="checkbox"/>	Not Okay <input type="checkbox"/>	Awful <input type="checkbox"/>
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40.	If you need a special diet, do you get it? For example, diabetic, religious, low fat or vegetarian.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't need a special diet <input type="checkbox"/>
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41.	Do you have enough clothes and shoes that fit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
-----	--	---------------------------------	--------------------------------	--

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42.	Do you feel your belongings are safe here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
-----	--	---------------------------------	--------------------------------	--

If no please explain why:

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43.	Do you get an allowance from your foster parents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
-----	---	---------------------------------	--------------------------------	--

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44.	Do you know the rules about how your foster parents handle your money?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	They don't handle my money <input type="checkbox"/>
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- 
45. Are you allowed to use all of the common areas here, like the living room and kitchen? Yes  No
- 

### Questions about your OYA case plan

*In this section, we will ask you about your OYA case plan. These questions do not relate to your experiences in this home or with your current foster parents.*

*Your OYA case plan is a very important written document:*

- *It includes information about your strengths, needs and risk factors.*
- *We use your OYA case plan to monitor your progress toward meeting your goals.*
- *Your OYA case plan helps us choose services that will help you achieve your goals.*
- *Many people are involved in designing and reviewing your OYA case plan.*

- 
46. Were you aware you had an OYA case plan? Yes  No
- 
47. Were you involved in making your OYA case plan with your Parole or Probation Officer? Yes  No  Don't know
- 
48. Was your family involved in making your OYA case plan with your Parole or Probation Officer? Yes  No  Don't know
- 
49. Do you understand your OYA case plan goals? Yes  No
- 
50. Do you receive treatment for issues identified on your OYA case plan? Yes  No  Don't know
- 
51. Who is your OYA Parole or Probation Officer? Name: \_\_\_\_\_
- 
52. Does your OYA Parole or Probation Officer visit you **in person** at least once every 3 months? Often  Some-times  Never  N/A
- 
53. Do you have contact (phone, video or in person) with your OYA Parole or Probation Officer, or someone covering their caseload, at least once a month? Yes  No
- 

*Thank you for completing this survey.*





# OYA RECREATIONAL ACTIVITY RISK ASSESSMENT

State of Oregon  
OREGON YOUTH AUTHORITY

**Instructions:** Prior to OYA youth participation in a recreational activity that may be of higher risk or higher profile, a residential care provider or foster parent who has a comprehensive understanding of the participating youth behaviors and the proposed activity must complete and submit this assessment to OYA for review and approval. Follow approval process below, depending on provider type.

**Provider or Foster Home:** \_\_\_\_\_

**1. Description and Overview of Activity Planned:**

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**2. Location, Date(s), and Duration:**

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**3. Address the Following for Each Known and Possible Hazard or Risk:**

**a) The Hazard or Risk:**

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**b) Safety/Control Measures Needed to Reduce Risks:**

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**c) Care Provider Competencies and Training:**

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**d) Staffing Ratio and Special Supervision Plans:**

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**e) Group Dynamics, Youth Specific Behavior and Treatment Considerations:**

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**f) Medical Needs and Medication Management Plan:**

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**4. Travel and Overnight Lodging Plans:**

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**5. Emergency Precautions with Descriptions of Emergency Gear That Will Be Available:**

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**6. Communication Plan:**

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**Approval Signatures**

I have read and agree to follow the above listed plan.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

**FOSTER HOME ACTIVITY Approving Signatures:**

\_\_\_\_\_  
Certified OYA Foster Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Care Certifier Signature

\_\_\_\_\_  
Date

**RESIDENTIAL PROGRAM ACTIVITY Approving Signatures:**

\_\_\_\_\_  
Residential Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Resources Unit Signature

\_\_\_\_\_  
Date



# CONSENT FOR OYA YOUTH TO PARTICIPATE IN RECREATIONAL ACTIVITY

State of Oregon  
OREGON YOUTH AUTHORITY

Permission is hereby granted for: \_\_\_\_\_  
(Name of Youth) (JJIS #)

to accompany \_\_\_\_\_ for \_\_\_\_\_  
(OYA Foster Parents or Residential Program) (Description of Activity)

### PERIOD OF TIME:

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

### EMERGENCY CARE:

In the event of an emergency, \_\_\_\_\_ has my permission to authorize emergency care or treatment during the above period of time if I am not available.

### SPECIAL MEDICAL NEEDS / PROBLEMS:

- Allergies
- Heart Disease
- Diabetes
- Drug Reactions
- Insect Bites
- \*\*\* see attached Information Sheet
- Other (Specify): \_\_\_\_\_

If any of the above items are checked, please explain:

Physician Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Address: \_\_\_\_\_

### APPROVAL SECTION:

- The youth's parent(s) have been contacted and agree with plan.
- The youth's parent(s) have been contacted and do not agree with plan.
- The youth's parent(s) are not available.

\_\_\_\_\_  
Juvenile Parole/Probation Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if available)

\_\_\_\_\_  
Date







# FOSTER CARE YOUTH INTAKE CHECKLIST

State of Oregon  
OREGON YOUTH AUTHORITY

Youth Name		Foster Parent Name	
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Placement Date	Foster Home Address	Phone Number
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Health		Comments / Notes
<input type="checkbox"/> Medical Insurance Card		Prescriber/Pharmacy:
<input type="checkbox"/> Medication List		
<input type="checkbox"/> 30-Day Supply of Each Medication Listed Above		Location:
<input type="checkbox"/> Last Doctor Appointment Date:		
<input type="checkbox"/> Doctor's Name: Phone:		
<input type="checkbox"/> Last Dentist Appointment Date:		Location:
<input type="checkbox"/> Dentist's Name: Phone:		
<input type="checkbox"/> Last Eye Appointment Date:		Location:
<input type="checkbox"/> Eye Doctor's Name: Phone:		
<input type="checkbox"/> Allergies		
<input type="checkbox"/> Medical or Health Concerns		

Documents		Comments / Notes
<input type="checkbox"/> Birth Certificate and Social Security Card		
<input type="checkbox"/> School and Immunization Records (IEP, copy of Transcripts etc.)		
<input type="checkbox"/> Youth Clothing List / Authorization		
<input type="checkbox"/> Parole/Probation Agreement (if applicable)		
<input type="checkbox"/> OYA Youth Placement Letter (if needed)		
<input type="checkbox"/> Clothing Voucher (if needed)		
<input type="checkbox"/> Certificates from Previous Placement (food handlers, treatment, etc.)		

Community and Supervision Plan		Comments / Notes
<input type="checkbox"/> Treatment Plan		
<input type="checkbox"/> Education Plan		
<input type="checkbox"/> Employment Plan		
<input type="checkbox"/> Supervision Plan (community, social media, computer use, cell phone etc.)		
<input type="checkbox"/> Restitution Balance: \$		
<input type="checkbox"/> Community Service Hours:		

<input type="checkbox"/> Contact List approved by JPPO			
Name		Relationship:	
		Phone:	
Name		Relationship:	
		Phone:	
Name		Relationship:	
		Phone:	
Name		Relationship:	
		Phone:	

<input type="checkbox"/> Home Visit Resources Plan	
--	--

<input type="checkbox"/> Bus Pass or Transportation Needed	
--	--

<input type="checkbox"/> OYA Contacts for Foster Parents			
Name		Relationship:	
		Phone:	
Name		Relationship:	
		Phone:	
Name		Relationship:	
		Phone:	

**Additional Comments/Notes**

**Oregon Youth Authority Chapter 416, Division 530**

**Youth Offender Foster Care Certification**

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1987>

**Oregon Department of Human Services**

**What You Can Do About Child Abuse**

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de9061.pdf>

