

**PLACEMENT PACKET CHECKLIST
 INFORMATION FOR OUT-OF-HOME CARE PROVIDERS
 THIS PACKET CONTAINS CONFIDENTIAL INFORMATION**

CHILD'S NAME (Last, First, M.I.)	DATE OF BIRTH	CHILDS Part. ID/CMDP No.	PLACEMENT DATE	TODAY'S DATE
ChildName		ChildID		

CHILD SAFETY SPECIALIST'S RESPONSIBILITY
(CHILD SAFETY Specialist will provide the documents below at time of placement or when available or updated)

- Child Information
- Child's Health and Medical Records
- Child's Contact Record
- Child's Basic Wardrobe and Property Inventory
- Child Information Guide, if available from previous placement
- Notice to Providers - Out-of-Home Care, Educational, & Medical (CSO-1035A)
- Out-of-Home Care Provider Acknowledgment (CSO-1298A)
- Notice of Rights for a Child in Out-of-Home Care (CSO-1141A), provided to the child at initial placement.
- Notice to Caregivers about Medical/Dental Services
- Behavioral Health Services for Children in Out-of-Home Care
- Minute entries setting a future dependency or delinquency hearing regarding the child, if available.
- Most recent FCRB report, if available
- Child's immunization records
- Medical Summary Report
- Comprehensive Medical and Dental (CMDP) New Member Packet, also available online
- Child's Medical ID card (CMDP card)
- Case Plan

OUT-OF-HOME CARE PROVIDER'S RESPONSIBILITY
(Out-of-Home Care Providers are to safeguard the above information and complete the following forms; additional available at <http://www.azdcs.gov> or by contacting your Child Safety Specialist and/or Licensing Worker)

- Child's Health and Medical Record
- Child's Allowance/Purchase Ledger
- Child's Contact Record
- Child's Basic Wardrobe and Property Inventory
- Child Information Guide to be filled out if child leaves
- Significant Incident *(available upon request)*

By signing below you agree to provide care and supervision for the above child, comply with current case plan, follow DCS discipline policy, safely transport the child, keep all of the child's information confidential, contact DCS immediately if any unusual incident occurs, and return the child's information if the child is removed from your care. You also agree to comply with the items listed on the Out-of-Home Care Provider Acknowledgement.

Out- of- Home Care Provider's Signature:	DATE
DCS Representative's Signature:	DATE

Child Information

CHILD'S NAME (Last, First, M.I.) ChildName	DATE OF BIRTH	CHILDS Part. ID/CMDP No. ChildID	PLACEMENT DATE	TODAY'S DATE
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REASON CHILD PLACED WITH DCS

<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Emotional Abuse	<input type="checkbox"/> Neglect	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Other
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SIBLINGS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	NAMES OF SIBLINGS:
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NUMBER OF PLACEMENTS THE CHILD HAS HAD:	PREVIOUS PLACMENT TYPE:
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PERMANENCY PLAN:	CHILD'S LEGAL STATUS:
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CHILD'S TEAM INFORMATION

CHILD SAFETY SPECIALIST	ADDRESS (No., Street, City, State, ZIP)	PHONE NO.
	EMAIL	

DCS Supervisor	ADDRESS (No., Street, City, State, ZIP)	PHONE NO.
	EMAIL	

THERAPIST'S NAME	ADDRESS (No., Street, City, State, ZIP)	PHONE NO.
	EMAIL	

CHILD'S ATTORNEY'S NAME	ADDRESS (No., Street, City, State, ZIP)	PHONE NO.
	EMAIL	

GUARDIAN AD LITEM (GAL)	ADDRESS (No., Street, City, State, ZIP)	PHONE NO.
	EMAIL	

OTHER	ADDRESS (No., Street, City, State, ZIP)	PHONE NO.
	EMAIL	

OTHER	ADDRESS (No., Street, City, State, ZIP)	PHONE NO.
	EMAIL	

Other Emergency Contact Numbers:	
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CURRENT PARENT VISITATION PLAN:	<input type="checkbox"/>	Supervised	<input type="checkbox"/>	Unsupervised	OTHER VISITATION PLAN (with siblings, former placements):
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Times per week:	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	Hours per visit:
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ICWA:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Tribal Affiliation:	
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EDUCATION: Does the child have an Individualized Education Plan (IEP) or 504 Plan?	
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BEHAVIOR: Is the child exhibiting any behaviors that may be hazardous to him/herself or others, e.g., fire starting or sexual acting out? If so, please describe:

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JUVENILE HISTORY: Summarize the child's history, as available to the public, of adjudicated acts of delinquency:
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Additional Information:

CHILD'S BASIC WARDROBE AND PROPERTY INVENTORY

Use upon placement to inventory and document all of child's current and needed personal items.

CHILD'S NAME (Last, First, M.I.) ChildName	DATE OF BIRTH	OUT-OF-HOME CARE PROVIDER'S NAME
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AGES 1 – 18					CONTINUED				
ITEM	HAS	NEEDS	DATE PURCHASED	COST	ITEM	HAS	NEEDS	DATE PURCHASED	COST
Bathing Suits	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Bathrobe	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Blouses	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Boots	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Booties (Infants)	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Bra	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Dresses	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Hat	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Jackets	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Jeans	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Pajamas	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Pants/Shorts	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Playsuits (Infants)	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Shoes	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Skirts	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Slippers	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Socks	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Sweater	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Tennis Shoes	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Underpants	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
Undershirts/T-shirts	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
OTHER ITEMS						<input type="checkbox"/>	<input type="checkbox"/>		\$
Please list ALL other items belonging to the child NOT listed above.						<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
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	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$

Child's signature (if child is 12 or older):		Out-of-Home Providers Signature:	
Date:		Date:	

CHILD INFORMATION GUIDE

CHILD'S NAME (Last, First, M.I.) ChildName	DATE OF BIRTH	OUT-OF-HOME CARE PROVIDER'S NAME
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TO BE FILLED OUT BY THE OUT-OF-HOME CARE PROVIDER AT THE TIME THE CHILD LEAVES PLACEMENT

As you are the child's caregiver, you are often aware of the special things that make him/her feel "at home". Please take a minute to share some unique information about this child to aide in the transition to his/her new home. Only answer the questions that apply to this child.

1. Eating:		
a. What time are meals served?		
b. When are snacks served?		
c. What kinds of snacks are served?		
d. What food does the child dislike/like?		
e. What are the child's favorite foods?		
f. Have you observed any symptoms of anorexia, bulimia or hoarding?	Y <input type="checkbox"/> N <input type="checkbox"/>	Explain:
g. Any food allergies?	Y <input type="checkbox"/> N <input type="checkbox"/>	Explain:
h. Has sugar intake been monitored due to effects on behavior/functioning?	Y <input type="checkbox"/> N <input type="checkbox"/>	Explain:

2. For Babies Only:		
a. What formula is used?		
b. How often does the baby eat?		
c. Any solid foods?	Y <input type="checkbox"/> N <input type="checkbox"/>	Explain:
d. Are there any feeding problems?	Y <input type="checkbox"/> N <input type="checkbox"/>	Explain:

3. Bathing/Personal Hygiene:		
a. Is there a set time for bathing?	Y <input type="checkbox"/> N <input type="checkbox"/>	Explain:
b. Is there a preference for	Bath <input type="checkbox"/> Shower <input type="checkbox"/>	
c. Any fears of water?	Y <input type="checkbox"/> N <input type="checkbox"/>	Explain:
d. If a girl, does she menstruate?	Y <input type="checkbox"/> N <input type="checkbox"/>	Explain:
e. Does youth require monitoring of hygiene care?	Y <input type="checkbox"/> N <input type="checkbox"/>	Explain:

4. Bedtime:		
a. What time does the child go to bed and, if applicable, nap?	Bed:	Nap:
b. Is there a bedtime ritual (a bath, a story, a prayer)?	Y <input type="checkbox"/> N <input type="checkbox"/>	Explain:
c. What kind of bed does the child sleep in?		
d. Does the child share a room?-	Y <input type="checkbox"/> N <input type="checkbox"/>	Explain:
e. Is a light left on?	Y <input type="checkbox"/> N <input type="checkbox"/>	Explain:
f. Does the child sleep with anything special (<i>toy, pacifier, bottle, etc.</i>)?	Y <input type="checkbox"/> N <input type="checkbox"/>	Explain:
g. Does the child wake up at night?	Y <input type="checkbox"/> N <input type="checkbox"/>	Explain:
h. Does the child wet the bed? How is bed wetting handled?	Y <input type="checkbox"/> N <input type="checkbox"/>	Explain:

5. When The Child Needs Comfort		
a. What is the child accustomed to (<i>kisses, hugs, back rub, etc.</i>)?		
b. Does the child prefer to be held in a certain way?	Y <input type="checkbox"/> N <input type="checkbox"/>	Explain:

6. Discipline		
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a.	When discipline is needed?	
b.	What discipline actions are effective?	

7. Behaviors:		
a.	Any acting out? Frequency?	Y <input type="checkbox"/> N <input type="checkbox"/> Explain:
b.	Any indications of sexual abuse, and/or any inappropriate sexual activity?	Y <input type="checkbox"/> N <input type="checkbox"/> Explain:
c.	Any lying or stealing?	Y <input type="checkbox"/> N <input type="checkbox"/> Explain:
d.	Is youth abusive to others or animals?	Y <input type="checkbox"/> N <input type="checkbox"/> Explain:
e.	Does the youth date (<i>single date, group date</i>)?	Y <input type="checkbox"/> N <input type="checkbox"/> Explain:
f.	Does the youth have a curfew? Does he/she keep it?	Y <input type="checkbox"/> N <input type="checkbox"/> Explain:
g.	How does the youth handle peer relationships?	
h.	Does the youth smoke?	Y <input type="checkbox"/> N <input type="checkbox"/> Explain:
i.	Have there been examples or problems of substance or alcohol abuse?	Y <input type="checkbox"/> N <input type="checkbox"/> Explain:

8. Hobbies:		
a.	Give brief description of the child's/youth's interest/ability for hobbies and/or sports.	
b.	Does the child/ youth show interest in school or church activities?	Y <input type="checkbox"/> N <input type="checkbox"/> Explain:

9. School:		
a.	Any truancy problems?	Y <input type="checkbox"/> N <input type="checkbox"/> Explain:
b.	Describe special interests.	
c.	Describe overall attitude toward school (<i>rules, authority and structured setting</i>).	

10.	Additional Information:	
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Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DCS services is available upon request.

ARIZONA DEPARTMENT OF CHILD SAFETY
OUT-OF-HOME CARE PROVIDER ACKNOWLEDGEMENT

PROVIDER'S NAME	NAME OF LICENSING/PLACEMENT AGENCY (If applicable)

<p>As an out-of-home care provider for a child in the care, custody and control of the Department of Child Safety (a <i>foster child</i>), you are required to follow certain laws and policies concerning confidentiality and discipline, the reasonable and prudent parent standard and other related areas to ensure the health, safety and normalcy of foster children placed in your care. The following describes your responsibilities in these areas and acknowledgment to follow these requirements.</p> <p>I. Confidentiality Out-of-home care providers shall protect and maintain the confidentiality rights of foster children by protecting and safeguarding all personally identifiable information about a child and his/her family. Information related to the reason for a child's placement or related to a child's family is confidential information under A.R.S. § 8-807 and A.R. S. § 8-502.</p> <p>I agree to maintain confidentiality of all written and/or verbal information made available to me about a foster child and will not share this information without written consent of the Department of Child Safety (DCS) unless it is necessary for the care and treatment of a foster child. Confidential information may only be shared on a strictly need-to-know basis with health care providers, schools, child care providers, legal representatives, and as authorized by the child's placing agency or guardian. In addition to the above examples, any information regarding health, assessments of child abuse and neglect, and juvenile court records are all subject to confidentiality laws.</p> <p>I agree not to identify a child or youth as a foster child or post the child's name, address, picture, or any other personally identifying information on any social network, nor shall I discuss specific case information about any foster child on any social media platform, or with friends, co-workers, relatives or neighbors.</p> <p>Foster parents: I also agree to discuss the need to maintain confidentiality with members of my household, including children under the age of 18 years, in an age-appropriate manner.</p> <p>II. Discipline I agree to follow the DCS Discipline Policy and the DCS Discipline Guidelines included in the policy. The DCS Discipline Guidelines set forth the Department's requirements regarding discipline, describe the crucial difference between punishment and discipline, and offer examples of positive and appropriate disciplinary methods.</p> <p>I agree to not give permission to any person or entity (including schools) to discipline a child placed with me in ways that are inconsistent with the Department's discipline policy.</p>	<p>III. Reasonable and Prudent Parent Standard I agree to apply the Reasonable and Prudent Parent Standard for foster children in my care, which includes the careful and sensible parental decisions that maintain a child's health, safety and best interests, while at the same time encouraging the child's emotional and developmental growth. I agree to apply the standard when determining whether to allow a foster child to participate in extracurricular, enrichment, cultural and social activities.</p> <p>I understand that the purpose of this standard is to allow as much normalcy as possible for foster children. I agree to allow all foster children in my care to participate in age or developmentally-appropriate activities, which are those activities suitable for children of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child, based on the cognitive, emotional, physical and behavioral capacities that are typical for the age group, respecting the specific capacities of the individual child.</p> <p>IV. Acknowledgement I acknowledge and agree to comply with the requirements described in Sections I – III above. I also agree to provide care and supervision for any foster child placed with me, and to:</p> <ol style="list-style-type: none"> 1. Cooperate with the current and future case plans; Contact DCS immediately if an unusual incident occurs and complete an Unusual Incident Report; 2. Contact DCS immediately if an unusual incident occurs and complete the Unusual Incident Report; 3. Safely transport all foster children; 4. Return a foster child's information and other possessions, if the foster child is removed from my care. <p>I understand that failure to keep confidential a child's records or information may result in an adverse licensing action.</p> <p>I understand that failure to comply with these requirements may result in an adverse licensing action, a license revocation, the removal of the foster child from my care, and/or other civil or criminal penalties.</p> <p>References</p> <ul style="list-style-type: none"> • DCS Policy and Procedures Manual (https://dcs.az.gov) • Foster Parent Licensing Rules, Arizona Administrative Code, Title 21, Chapter 6, Article 3 (formerly Title 6, Chapter 5, Article 58) • Residential Group Care Facilities Licensing Rules, Arizona Administrative Code, title 6, Chapter 5, Article 74 • Confidentiality Guidelines for DCS Foster Parents • Discipline Guidelines Resource Book
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I acknowledge receiving a copy of the DCS Discipline Policy.

PROVIDER'S NAME (<i>Please print</i>)	PROVIDER'S SIGNATURE	DATE (<i>mm/dd/yy</i>)

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DCS services is available upon request.

PART A. Notice of Rights for a Child in Out-of-Home Care

You, as a child in out-of-home care, have the right to:

- Live in a place that provides the amount of supervision and guidance that you need without restricting you from normal activities, and where you are safe from exploitation.
- Live in a safe, healthy and comfortable home where your caregivers speak the same language as you, show respect for you, protect you from harm, give you personal privacy, healthy food and clothing, allow you to have personal possessions (as long as they don't offend your caregiver) and enough space to store all of your things.
- Know why you are in out-of-home care and what will happen to you, your siblings and family. You also have the right to help create your "case plan" and receive a copy of the plan.
- Have visits with your family while you are away from home, with any restrictions explained to you in a way you can understand.
- Receive guidance that helps you learn to develop and maintain self-control, self-reliance, self-esteem and good conduct.
- Go to community, school and religious services and activities of your choice, as agreed to by your caregivers, and to receive an education that fits you best.
- Engage in healthy activities to learn life skills appropriate for your age, and be able to do things that your friends who are not in out of home care are doing.
- Learn how to take care of your personal hygiene and grooming.
- Have contact information for your Child Safety Specialist, attorney and advocate, speak with them in private if necessary, and attend court hearings and speak to the judge.
- Have your records and personal information kept private and only given to people who need the information in order to take care of you.
- Have necessary medical, mental health or chemical dependency treatment, and to be free of unnecessary or excessive medication.
- Contact the Arizona Protection and Advocacy System for Disability Assistance at center@azdisabilitylaw.org or by calling 1-800-922-1447 or 1-800-927-2260. The Arizona Center for Disability Law is a protection and advocacy system that makes sure the rights of persons with disabilities are protected by investigating reports of abuse and neglect and violations of the rights of persons with disabilities.
- Receive a copy of these rights, and to report a violation of these rights without fear of punishment. To report a violation, you may contact your Child Safety Specialist, your GAL/attorney or speak to the judge in court. The telephone numbers are on Part B of this notice. You may also write to the judge or contact the Family Advocate office at 602-364-0777.

If you are at least fourteen years of age you also have the right to:

- Attend life skills training and participate in activities that allow you to practice these skills.
- Help develop your permanency plan with the assistance of up to two other people that you may choose from the permanency planning team, not including a foster parent or your Child Safety Specialist.
- Receive a copy of your credit report every year, and get help fixing it if it contains information that is wrong.
- A transition plan that includes career planning and assistance with enrolling in an educational or vocational job training program.
- Be informed of educational opportunities before you leave out-of-home care.
- Assistance in obtaining a place to live when you are ready to leave out-of-home care.
- Request a court hearing to determine if you can consent to your own medical care.
- Receive help with obtaining a driver license, Social Security number, birth certificate or state identification card.
- Receive personal information prior to being discharged from out-of-home care, including your birth certificate, Social Security card, health insurance information and medical records including immunization records, educational records, and a driver's license or equivalent state-issued identification card.

For a child 12 years and older, please sign and confirm you have received a copy of A.R.S. § 8-529 and the "Notice of Rights for A Child in Out-of-Home Care," and have discussed them with my Child Safety Specialist.

Child's Name (Printed)

Child's Signature

Date

Child Safety Specialist's Name(Printed)

Child Safety Specialist's Signature

Date

PART B.

Contact Information

My Child Safety Specialist

Name

Phone No.

Email address

My Attorney(s) or Advocate

Name

Phone No.

Email address

Name

Phone No.

Email address

Other important people in my life

Name

Phone No.

Email address

PART C. Arizona Revised Statutes § 8-529**A. A child in foster care has the following rights:**

1. To appropriate care and treatment in the least restrictive setting available that can meet the child's needs according to the best judgment of the foster parent.
2. To live in a safe, healthy and comfortable placement where the child can receive reasonable protection from harm and appropriate privacy for personal needs and where the child is treated with respect.
3. To know why the child is in foster care and what will happen to the child and to the child's family, including siblings, and case plans.
4. Whenever possible, to be placed with a foster family that can accommodate the child's communication needs.
5. To be disciplined in a manner that is appropriate to the child's level of maturity.
6. To attend community, school and religious services and activities of the child's choice to the extent that it is appropriate for the child, as planned and discussed with the child's placement worker and caseworker and based on caregiver ability if transportation is available through a responsible party.
7. To go to school and receive an education that fits the child's age and individual needs.
8. To training in personal care, hygiene and grooming.
9. To clothing that fits comfortably and is adequate to protect the child against natural elements such as rain, snow, wind, cold and sun.
10. To have personal possessions at home that are not offensive to the foster family and to acquire additional possessions within reasonable limits, as planned and discussed with the child's foster parent, placement worker and caseworker, and based on caregiver ability.
11. To personal space, in the foster home preferably, in the child's bedroom for storing clothing and belongings.
12. To healthy foods in healthy portions that are appropriate for the child's age.
13. To comply with any approved visitation plan, and to have any restrictions explained to the child in a manner and level of details deemed age appropriate by the foster parent in agreement with the caseworker and documented in the child's record.
14. If the child is six years of age or older, to receive contact information for the child's caseworker, attorney or advocate and to speak with them in private if necessary.
15. To participate in age appropriate child's service planning and permanency planning meetings and to be given a copy or summary of each service plan and service plan review. The child may request someone to participate on the child's behalf or to support the child in this participation.
16. To attend the child's court hearing and speak to the judge.
17. To have the child's records and personal information kept private and discussed only when it is about the child's care except the foster parent shall have full access to the records to determine if the child will be successful in the home. During the foster placement, if the foster parent requests to view the record upon experiencing problems with the child's adjustment, the full record shall be made available for viewing by the foster parent.
18. To be free of unnecessary or excessive medication.
19. To receive emotional, mental health or chemical dependency treatment separately from adults who are receiving services, as planned and discussed with the child's placement worker and caseworker, as is financially reasonable for the foster parent.
20. To report a violation of personal rights specified in this section without fear of punishment, interference, coercion or retaliation, except that an appropriate level of punishment may be applied if the child is proven to have maliciously or wrongfully accused the foster parent.
21. To be informed in writing of the name, address, telephone number and purpose of the Arizona protection and advocacy system for disability assistance.
22. To understand and have a copy of the rights listed in this section.

B. A child in foster care who is at least sixteen years of age has the following rights:

1. To attend preparation for adult living classes and activities as appropriate to the child's case plan, as is financially reasonable for the foster parent.
2. To a transition plan that includes career planning and assistance with enrolling in an educational or vocational job training program.
3. To be informed of educational opportunities before the child leaves foster care.
4. To assistance in obtaining an independent residency when the child is too old to remain in foster care from the child's caseworker, attorney or advocate.
5. To request a court hearing for a court to determine if the child has the capacity to consent to medical care that is directly related to an illness, disease, deformity or other physical malady.

6. To receive help with obtaining a driver license, social security number, birth certificate or state identification card, except that the foster parent shall have discretion to determine if the child is responsible and mature enough to become a licensed driver.
 7. To receive necessary personal information within thirty days after leaving foster care, including the child's birth certificate, immunization records and information contained in the child's education portfolio and health passport.
- C. This section does not establish any legally enforceable right or cause of action on behalf of any person.**



CMDP Site Code C010-18
P.O. Box 29202
Phoenix, Arizona 85038-9202
Tel: 602-351-2245; 1-800-201-1795
Fax: (602) 264-3801
Email: CMDPMemberServices@azdes.gov
Website: <https://dcs.az.gov/cmdp>

NOTICE TO CAREGIVERS ABOUT MEDICAL/DENTAL SERVICES

When a child (CMDP Member) is placed in your care by the Department of Child Safety (DCS), please:

- **DO NOT EVER** pay for any medical services, dental services or prescriptions even if you are asked to! Contact CMDP if the provider has any questions.
- **DO NOT** make other plans to pay for any medical or dental services. This **will not** be covered by CMDP.
- ***Notice to Provider:*** The CMDP number is written on the *Notice to Provider*. This is the medical/dental identification number (ID) for the child. Use this until the CMDP card is received. If there are not 9 numbers add zeros (0) to the front of the ID number until there are 9 numbers.
 - Example: The ID number on the Notice to Provider is 123456. Add three zeros like this, 000123456. There should be 9 numbers.
- When you get the CMDP ID Card use it when seeing a doctor or a dentist. If the child also is enrolled in Children's Rehabilitative Services (CRS) please contact CMDP Member Services for more information.
- Look in the *Member Handbook* for more information which is also on the CMDP website or you can request one by calling CMDP.
- Find a new doctor or dentist in the Provider Directory which is available online or you can contact CMDP for help or if you have any questions.
- Be aware that children are required to see a doctor and a dentist within thirty (30) days of placement. An acute visit with a doctor in the first 3 days is recommended to address any emergent medical or medication needs, followed by a well check (EPSTD) in the first 30 days. Children need to be seen for routine Well (EPSTD) visits ten (10) times by the age of 2 years. The schedule for well (EPSTD) visits is: when the child is 3 to 45 days old, and 1, 2, 4, 6, 9, 12, 15, 18 and 24 months. Children need to see a dentist twice a year beginning at 1 year of age for routine dental care.

Behavioral Health Services for Children in Out-of-Home Care

Arizona Health Care Cost Containment System (AHCCCS) is committed to ensuring the availability of timely, quality health care for foster children, including behavioral health services through our three contracted regional behavioral health authorities (RBHAs) and the Children’s Rehabilitative Services Program (CRS). If you experience any difficulty accessing needed behavioral health services or have any concerns regarding the quality of those services, we encourage you to contact the RBHA or CRS in your area using the contact information below.



Mercy Maricopa Integrated Care (MMIC)	Health Choice Integrated Care (HCIC)	Cenpatico Integrated Care (C-IC)
Maricopa County (part of Pinal County based on Zip Code)	Apache, Coconino, Mohave, Navajo Yavapai Counties	Cochise, Gila, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz & Yuma Counties
DCS@mercymaricopa.org	DCS@iasishealthcare.com	DCS@cenpatico.com
Randy Grover, LCSW Child Welfare Manager (480) 751-8471	Victoria Tewa Director of Children’s Services (928) 214-1194	Hilary Mahoney, MPH DCS Liaison 1 (866) 495-6738
RBHA Member Services 1 (800) 564-5465 TTY/TDD: 711	RBHA Member Services 1 (800) 640-2123 TTY/TDD: 711 or 1 (800) 367-8939	RBHA Customer Service 1 (866) 495-6738 TTY/TDD: 1 (877) 613-2076
List of Providers: https://www.mercymaricopa.org/find-provider	List of Providers: http://www.healthchoiceintegratedcare.com/wp-content/uploads/2015/07/HCIC_Provider_Pharmacy_Directory.pdf	List of Providers: http://www.cenpaticointegratedcareaz.com/for-members/find-provider/
Rights and Responsibilities: https://www.mercymaricopa.org/members/mmic/rights	Rights and Responsibilities: http://www.healthchoiceintegratedcare.com/members/rights-and-responsibilities/	Rights and Responsibilities: http://www.cenpaticointegratedcareaz.com/for-members/rights-responsibilities/

Children’s Rehabilitative Services (United Healthcare Community Plan (UHCCP))	Statewide for children with qualifying CRS medical conditions	Marta Urbina, UHCCP Liaison to DCS (602) 255-1692 marta_urbina@uhc.com	CRS Member Services 1 (800) 348-4058
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If you do not have access to the internet, please let your Child Safety Specialist know and s/he will provide you with a list of AHCCCS registered providers, and your rights and responsibilities.