



For In-Home cases only (For Foster Care, CPS, or private arrangements use Kinship-ND Kinship Navigation Services Application (SFN 408) for caregiver reimbursement assistance)

Full Name			
Date of Birth (mm/dd/yyyy)		Home Telephone Number	
Cell Phone			
Email Address		Preferred Method of Contact <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Either	
Physical Address		City	State ZIP Code
Mailing Address		City	State ZIP Code
Race <input type="checkbox"/> American Indian/Alaskan Native (list Tribe affiliation): _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> Multi-Racial-please list: _____			

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Race		
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<input type="checkbox"/> Multi-Racial-please list: _____		

[illegible]

To be completed by caregiver:

Do you have a support network? Other family, friends, community organizations/church, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know if the child(ren) have any diagnosed needs, such as IEP, ADHD, Mental Health, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If Yes, List Needs	

NEEDS ASSESSMENT

Completing the assessment helps identify your, and the child's current needs and what resources and tools may be most beneficial to your successful as a kinship caregiver.

Select a level of need for every section. Indicate your needs by marking a number which best represents situation:
 0 - No need, 1 - Low need, 2 - Moderate need, 3 - High need, 4 - Urgent need
 Next to each question is a comment section to list something specific.

INITIAL NEEDS	NO 0	LOW 1	MOD 2	HIGH 3	URG 4	COMMENTS
Bedding (beds/cribs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hygiene Products (Diapers, feminine products, toothbrush, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Assistance-Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Assistance-Child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial (Food, utilities, housing, medical, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TRAINING AND SUPPORT INFORMATION NEEDS	NO 0	LOW 1	MOD 2	HIGH 3	URG 4	COMMENTS
Understanding your Role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Advocating for Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respite or Time Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parenting Skills (Discipline, rules, boundaries, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Age Appropriate Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education (School enrollment, IEP, tutoring, supplies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Budgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employment Resources (you or the youth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Home Safety (CPR, Fire extinguisher, smoke/ carbon monoxide detectors, Childproofing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TRAINING AND SUPPORT INFORMATION NEEDS (continued)	NO 0	LOW 1	MOD 2	HIGH 3	URG 4	COMMENTS
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADHD/ADD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concerning Behaviors (list in comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Children and Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stress Relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grief and Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anger Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conflict Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Support Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Specify any other needs, concerns, or comments.

To be completed by caseworker:

Current Child Welfare Case FRAME Number		Zone/Tribe Overseeing Case	
Caseworker			
Caseworker Telephone Number		Caseworker Email Address	
Are the kinship children at risk of being placed in a foster care home (non-kinship/stranger) if not living with identified caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Are there other kinship placement options? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If Yes, List Placement Options			
Is the child living with the caregiver full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the parent of the kinship child living in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Power of Attorney (POA) been arranged? <input type="checkbox"/> Yes - Expiration Date: <input type="checkbox"/> No - Why?			
Are you working toward permanency of child remaining with caregiver? <input type="checkbox"/> Yes - Specify which legal rights you are working on: <input type="checkbox"/> No - list why: _____ <input type="checkbox"/> Power of Attorney (POA) <input type="checkbox"/> Guardianship (under state court) <input type="checkbox"/> Tribal Custody (Tribal Court) <input type="checkbox"/> Other _____			

To be completed by caseworker (continued):

*The following must be completed before application submission. List the date each were completed (MM/DD/YYYY):

Home Safety Check Completed Date	
List Safety Concerns (if any). Discuss with the caregiver and have them initial here: _____	
ND Courts Check and Other States (if applicable) for all 18+ Completed Date	Abuse & Neglect Registry for all 18+ Completed Date
Background Check Submitted for all 18+ (submit report to Kinship@nd.gov) Completed Date	

Attach the completed (SFN 399) Unlicensed Caregiver Home Study with this application.

Specify Which Programs Have Been Applied For (application must be submitted, not just given to caregiver)				
<input type="checkbox"/> Affordable Connectivity	<input type="checkbox"/> Medicaid or CHIPS for Child	<input type="checkbox"/> LIHEAP/Fuel Assistance	<input type="checkbox"/> SNAP (Food Stamps)	
<input type="checkbox"/> Childcare Assistance-CCAP	<input type="checkbox"/> TANF	<input type="checkbox"/> TANF-Child Only	<input type="checkbox"/> Tribal Commodities	<input type="checkbox"/> WIC
<input type="checkbox"/> Other (specify): _____				

Responsibilities of the Identified Relative/Kinship Relative Provider

To be reviewed by both caseworker and caregiver. Caregiver is required to review and initial next to each one in agreement.

Responsibilities include, but are not limited to:

- _____ Provide safety, food, and, as required, clothing, transportation, daily supervision, shelter, and other services to meet the child's needs.
- _____ Inform the case manager and family of origin of any illness or problems arising with the child, including discipline issues.
- _____ Work with the family of origin and case manager to ensure that the child receives appropriate medical care.
- _____ Keep the family of origin and case manager apprised of issues concerning health, safety, and well-being of the child.
- _____ Provide updated information to the family of origin and case manager when traveling, going on extended vacations, or when child is involved in high-risk activities.
- _____ Participate in establishing and fulfilling the plan for reunification of the child with the family of origin.
- _____ Immediately notify the family of origin and the case manager if the child is no longer in their care or if they move to a different location.
- _____ Provide and accept feedback, direction and support concerning the care of the child.
- _____ Notify caseworker if anyone 18+ comes into the home for an extended time lasting more than 3 days.

ND Discipline 622-05-30-05-05

Discipline must be constructive or educational in nature and may include diversion, separation from problem situation, talk with the child about the situation, praise for appropriate behavior and gentle physical restraint such as holding.

Children shall not be subjected to physical harm or humiliation.

1. No child may be kicked, bitten, punched, spanked, shaken, pinched, roughly handled or struck with an object by providers or any other resident living in the home.
2. Cruel and unusual punishment is prohibited.
3. Authority to discipline may not be delegated to or be accomplished by children.
4. Separation, when used as discipline, must be brief and appropriate to the child's age and circumstances, and the young child must be within hearing of an adult in a safe, lighted, well-ventilated room. No child may be isolated in a locked room or closet.
5. No child may be physically disciplined for lapses in toilet training.
6. Verbal abuse or derogatory remarks about the child, the child's family, race, religion, sexual orientation, gender identity or cultural background may not be used or permitted.
7. No child shall be force fed unless medically prescribed and administered under a physician's care.
8. Deprivation of means, including food, clothing, shelter, hygiene, and medical care, may not be used as a form of discipline or punishment.

Name of Caregiver

☐ I, the above-named caregiver agree to follow the ND discipline guidelines.

Non-discrimination: The Department of Health and Human Services (DHHS) makes available all services and assistance without regard to race, color, sex, age, disability, national origin, religion, political beliefs, or status with respect to marriage or public assistance.

Electronic Communications:

The privacy and security of electronic communications cannot be guaranteed. Electronic Communications from the Department containing protected health information (PHI), individual identifying information, or other confidential information will be encrypted (secure) unless you request and consent to unencrypted (unsecure) electronic communications. Electronic communications may be included in your record.

I have read the statement above and want emails containing protected health information (PHI), individual identifying information, or other confidential information in the following format:

- ☐ Encrypted (secure) electronic communications. You will need to complete a couple steps to open the email.
- ☐ Unencrypted (unsecure) electronic communications. The added security protections that safeguard the contents of electronic communications are removed and is like a standard email.

Caregiver, please verify you have completed the application in full and sign below:

- ☐ I verify everything above is accurate and I have listed all people who live in my home.
- ☐ I understand that I am to work with the caseworker and the family of the kinship child for reunification and will help work toward that goal.

Caregiver Signature	Caregiver Printed Name	Date
Caseworker Signature	Caseworker Printed Name	Date

Caseworker please submit all 5 pages and completed (SFN 399) Unlicensed Relative Home Study, to the Kinship-ND Program at Kinship@nd.gov