



Safe Families for Children

PO Box 93, Whiting, ME 04691
207-713-0523

Dear Parent,

We are here to help you through this difficult time. SFFC Host Families are people who willingly and without pay open their homes to a child of a parent who is having some problems and needs support. We would like to offer this to you. Our families live throughout your county and they have all been screened and approved. These families take in children as young as a day old all the way through parenting teenagers. Children stay with a SFFC Host Family as short as 2-3 days to several months – for as long as their parents need in order to bring them back home with them. Our average stay is about 45 days. SFFC Host Families are only interested in helping short-term and be co-parents with you; they are not seeking to adopt or be foster parents for your child(ren). They would like to help and be a support to you. Parents who have had their children hosted have had struggles such as: homelessness, being overwhelmed, depression, health problems, drug and/or alcohol addictions, unemployment, domestic violence, and short-term incarceration. All children are returned to their parents, unless the parents make other arrangements.

It is important to know that this is not foster care, and if you have your child(ren) hosted, you are not placing them in State custody or care. We are similar to having an aunt or uncle (informal support) and you are asking them to take care of your children while you get back on your feet.

In order to get started, we need you to fill out a few forms. These give the family who host your children your written permission to have them in their home and to make medical decisions in an emergency when they can't reach you. It also tells them some information about your children that may be very important for them to know. Once a Host Family is found, we will make arrangements to have your child(ren) brought to their home. We would like for you to meet them, if that can be arranged.

Other things you should know:

1. You can change your mind at any time and have your children returned to you. If you have a State worker, they would also need to participate in that decision.
2. **Visits** – We strongly encourage you visiting your children. Your SFFC Family Coach will help with visits and we try to do it at a time and place that is convenient to you and the Host Family.
3. **Phone Calls** – If your child is old enough, we encourage phone calls. These can occur daily, if you like, as long as it is arranged with the Host Family at a convenient time.
4. **Contacting us** – You can contact us @ 207-713-0523.

We hope you will consider Safe Families for Children. SFFC Family Coaches will do what they can to help you get back on your feet. Call us anytime.

Sincerely,

The Central and Southern Maine Team



Safe Families for Children – Parent Information

Placing Parent: _____ Date of Birth: _____ Today's Date: _____

Child/Children

Name _____ Age _____ Sex _____ Grade _____

Name _____ Age _____ Sex _____ Grade _____

Name _____ Age _____ Sex _____ Grade _____

Name _____ Age _____ Sex _____ Grade _____

Name _____ Age _____ Sex _____ Grade _____

Parents or Legal Guardian

Mother _____ Home Phone _____

Address _____ City/State/ZIP _____

Employer _____ Occupation _____

Work Phone _____ Other phone _____

Father _____ Home Phone _____

Address _____ City/State/ZIP _____

Employer _____ Occupation _____

Work Phone _____ Other phone _____

Marital status: Married Separated Divorced Cohabitation Single Parent

Legal guardian(s) (if not parents) _____ Phone _____

Address _____ City/State/ZIP _____

In case of emergency, who should be notified first? Mother Father Other _____

Medical

Child's physician, or, if applicable, Certified Christian Science Practitioner

Name _____ Phone _____

Address _____ City/State/ZIP _____

Authorized Individuals for Drop-Off and Pick-Up of Child

These following individuals (other than parents or guardians) are willing to accept responsibility for the child and should be contacted if the parents or guardians cannot be reached.

Name _____ Relationship _____

Phone _____ Address _____



Are there any legal/court ordered documents (i.e. PFA, custody)? Yes No

What is your reason for seeking temporary placement of your child(ren) through the Safe Families Program? _____

What goals do you plan to attain for a healthy, stable home environment for your child (ren)?

Goal 1: _____ Goal 2: _____

Goal 3: _____ Goal 4: _____

What is the reason you are seeking a family friend arrangement through the Safe Families program?

What do you hope will be different for you and your family as you begin a relationship with a SFFC Family friend? _____

Have you ever been involved with DHHS/CFS? Yes No Please Explain:

Have you ever been charged with a crime? Yes No If yes, were you convicted? Yes No

Please describe the circumstances: _____

What are the current services you are receiving? _____

Do you have any health concerns that need attention? _____

Are you currently on any medication? _____

Are there any extended family members, close friends, or neighbors nearby that are a support to you?

What do you see as your strengths? _____

What do you see as your weakness? _____

What was your family like growing up? _____

I struggle with these emotions:

- Sadness
- Loneliness
- Depression
- Nervousness
- Fears
- Anxiety
- Anger
- Guilt
- Emptiness
- Hopelessness
- Helplessness
-

I have had these experiences (Please Check):

- Rape
- Sexual Abuse
- Physical Abuse
- Mental Health
- Homelessness
- Drug Misuse
- Alcohol Misuse
- Financial Problems
- Domestic Violence
- Suicidal Thoughts



I have these needs/would like referrals for the following (Please check):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Housing | <input type="checkbox"/> Education | <input type="checkbox"/> Donations/Supplies |
| <input type="checkbox"/> Personal Support | <input type="checkbox"/> Counseling | <input type="checkbox"/> Drug Treatment | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> Daycare/Headstart | <input type="checkbox"/> Transportation | <input type="checkbox"/> Spiritual Support |
| <input type="checkbox"/> Meals/Food | <input type="checkbox"/> Learn parenting skills | <input type="checkbox"/> Community Support | <input type="checkbox"/> Legal Assistance |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Reading/literacy/tutoring | <input type="checkbox"/> Cleaning/Organizing Home | <input type="checkbox"/> Respite/Babysitting |

Use this space to add anything else you want to share.

Name _____

Date: _____

SFFC Staff Recommendations:

Name _____

Date: _____



Safe Families for Children – Child Intake Information (one per child)

Child's name _____ Date of Birth _____

Name of individual completing form: _____

General Information

Is this child receiving support services? No Yes Agency Name: _____

Case worker's information Name: _____ Phone: _____

Family

Family members living in the home: (list here) _____

What is your child's race / ethnic background? _____ Languages spoken in the home? _____

What is the family's religious preference? _____

Child's Health & Development

Has your child had any unusual illnesses or injuries? No Yes please describe:

Other health problems _____

Does your child have any birthmarks? _____

Current Medications? _____

Does your child have any allergies? _____

Any history of emotional or neurological illness in either parent's family? _____

Exposure to bedbugs or head lice? No Yes if yes, treatment: _____

Please fill out questions below for children under 3 years old.

Was the pregnancy normal? Yes No If no, please describe: _____

When was toilet training completed? _____ Does your child still wet at night? _____

Does your child have a word for when he/she needs to use the toilet? _____

At what age did your child do the following for the first time?

Sat by self _____ Walked alone _____ Said first word _____ Talked in sentences _____

Please fill out questions below for Infants and Babies.

Size Diaper _____ Type of Formula _____

Table Foods child eats _____

Routine

Does your child have a bedtime/nap routine? _____

Are there any problems associated with bedtime? _____



Social

Does your child have a nickname? _____

What does your child like to do for fun? _____

What scares your child? _____

What situations, relationships, or events tend to be hardest or most upsetting for this child?

Discipline/Training at our home includes:

- time-outs
- talking about behavior
- rewards / loss of privileges
- spanking
- other

Education

School Name: _____ Phone: _____

Address: _____ Teachers Name: _____

Grade: _____ Start and End Time: _____ Special Education Needs: _____

Child's Behavior

Are there any current academic or behavioral problems?

Please check all that apply to your child:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Overactive | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Runs away |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Sleep difficulties | <input type="checkbox"/> Wants to die |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Peer problems | <input type="checkbox"/> Eating difficulties | <input type="checkbox"/> Uses drugs/alcohol |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> School problems | <input type="checkbox"/> Wets bed | <input type="checkbox"/> Truant |
| <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Sexualized behavior | <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Hurts him/herself |
| <input type="checkbox"/> Poorly motivated | <input type="checkbox"/> Touches private parts | <input type="checkbox"/> Aggressive to others | <input type="checkbox"/> Plays with fire |
| <input type="checkbox"/> Daydreams | <input type="checkbox"/> Distractible | <input type="checkbox"/> Destroys property | <input type="checkbox"/> Steals |
| <input type="checkbox"/> History of sexual abuse | <input type="checkbox"/> History of physical abuse | <input type="checkbox"/> Other _____ | |

Use this space to add anything else you feel is important for us to know to care for your child.

Name/Date: _____



Safe Families for Children

Parent Rights and Information

1. It is understood that you are making this hosting arrangement for your child voluntarily (non-coerced). You have a right to withdraw your permission for the hosting arrangement and have your child returned to you whenever you like (SFFC asks 48-hours in order to arrange the transition of your child back to your care).
2. You have a right and are encouraged to have regular visits with your child. It is important that these visits are prearranged and coordinated with the SFFC host parent's schedule.
3. You have a right to have regular phone contact with your child. It is important that phone contacts are scheduled ahead of time. SFFC host families have a right to some level of privacy as well.
4. You have a right to receive supportive coaching and referrals from SFFC Family Coaches.
5. You have a right to have information regarding you and your family to be held in confidence.
6. If your child gets sick or requires medical attention, every attempt will be made to contact you. If you are unavailable, the SFFC host family has been given authority by your permission to seek medical treatment.
7. SFFC staff are typically available from 8am to 5pm daily. You can reach them at 207-713-0523. Your Family Coach will let you know his/her availability.
8. It is expected that you will address the issues that led to this hosting arrangement, while your child is with a SFFC host family. This may include services, treatment, housing assistance and the like that are offered in your community. If it becomes apparent that you are not addressing issues or are involved in services, SFFC hosting arrangements may end. Please remember that we are not able to be simply an answer to lack of childcare.
9. If you are unhappy with the help provided to you or your child, please contact you family coach to inform them of that. You can also file a grievance. Your family coach can provide you with that information.
10. It is important to note that all Safe Families for Children team members are mandated reporters of suspected child abuse and neglect.



Safe Families for Children

Parental Permission for Participation in Safe Families for Children

{Power of Attorney for Health Care and Education of a Minor Dependent (Maine: 18-A MRSA §5-104, sub-§(a), PL 2011, c. 43, §1.)}

Dear _____ (SFFC host parent),

Thank you so much for being willing to host my child/children, _____. His/her date of birth is _____.

Child #2 _____, DOB _____. Child #3 _____, DOB _____.
Child #4 _____, DOB _____. Child #5 _____, DOB _____.

I, _____, am the custodial parent of this child/them and am giving permission for you to care for my child(ren) (short-term temporary custodian) beginning _____ (date to start). I should be ready to have my child(ren) back by _____ (date) at which time this agreement will end unless I ask (and you are willing) to allow this agreement to continue. I understand that I maintain full and complete custody of my child(ren) and am welcome to request my child back at any time.

I agree to maintain contact with my Family Coach and notify him/her immediately of any change in my address and/or telephone number during the time my child is with his/her host family

With this agreement, I give you permission to:

- administer prescription and non-prescription medication as medically required;
- seek emergency and non-emergency medical care for my child on my behalf (be the power of attorney for health care). This includes routine medical visits, diagnostic evaluations, in-patient and outpatient hospitalizations, etc. My child's insurance information is _____ (insurer), _____ (ID #). A copy of my insurance information is provided. I agree to be responsible for any medical costs that are not covered by my insurance.

Child #2 _____, _____ (insurer, _____ (ID#)
 Child #3 _____, _____ (insurer, _____ (ID#)
 Child #4 _____, _____ (insurer, _____ (ID#)
 Child #5 _____, _____ (insurer, _____ (ID#)

- provide transportation for my child/children
- discipline my child in a firm and consistent manner, utilizing individual talks, removal of privileges, or any other non-physical discipline appropriate for his/her developmental level. Spanking or any other forms of physical discipline are not allowed at any time.
- You and the SFFC Family Coach/staff may communicate with any existing service providers my children or I am involved with to coordinate services.

I further give permission to the following items by signing my initials. If I have not initialed an item below, I do not give my permission for that action.

- You may take a picture of my child for publication purposes _____ (initials)
- You may take my child out of state on a trip or vacation with notification when this happens _____ (initials)

I pledge to use this time to make the necessary changes in order to be in a better position to care for my child. This specifically refers to situations that led me to need for my child to stay with you.

I pledge to keep all identifying information of the host family, including any contact information such as phone numbers, private. I will not share the contact information of the host family for my child with anyone without express permission from my Family coach and host family.

I acknowledge that you are offering this assistance to me out of a spirit of generosity and compassion and that you are not being paid for this act of kindness. Because I know that accidents happen even when adults are vigilant, I also agree, on behalf of myself, and my child(ren) being hosted and the rest of my family, that none of us will hold you, _____ (Host Family), or the _____ (sponsoring agency) responsible for any accidental injuries or losses of any kind that we may suffer or incur as a result of our family's participation or involvement with Safe Families for Children or the stay in your home. I understand that you cannot guarantee the safety of my child(ren). I agree to assume any risks with my child(ren) staying in your home.

I understand that plans to visit my child while he/she is with a host family will be arranged through my Family Coach, or through my direct communication with the host family. I understand that I have the right to and am encouraged to visit my child frequently, but that visits should be arranged at least forty-eight hours (48) in advance. I also understand that I am free, and encouraged, to have regular contact with my child through telephone calls and/or emails.

Finally, I acknowledge that my child is staying in your home as a guest and not as a tenant or resident. My child and I would have to leave your home at any time that you request. I also understand that my child might have to be hosted with another SFFC Host Family in the event you are no longer able to care for him/her. If _____ (host home) is no longer available and another host family cannot be identified for my child's(ren's) age and/or needs, I will need to have my child(ren) returned to me. However, my Family Coach will assist me in seeking other referral resources. I will have the option to request to be placed on the SFFC waiting list in the event an appropriate host home becomes available.

I agree to give up to try and give forty-eight (48) hours advance notice of any request my child to be returned to me for preparation and arrangements of his/her return to my care. I will have an approved car seat (if applicable to my child's(ren's) age) in which to transport my child(ren) by car. I will share with my Family Coach my plan for my child's(ren's) care upon his/her return to my care.

Thank you so much for helping us at this critical time. My signature affirms my agreement with all the statements above except those where I had the ability to opt in with my initials.

Parent/Guardian

Witness

Date Signed

Date Witnessed

I accept the responsibility of hosting _____ (child)
Child #2 _____, Child #3 _____
Child #4 _____, Child #5 _____
and will abide by the agreement.

Host Parent's Signature (Mother)

Date: _____

Host Parent's Signature (Father)

"Pursuant to Sec. 2, 18-A MRS §5-104, sub-§(c)(4), Safe Families for Children has conducted and verified that host parents have passed the required background checks. These records indicate that the Host Family and all adult members of the Host Family's household do not have any substantiated allegations of child abuse, neglect or exploitation or any crimes that would disqualify them from hosting my child."