Acknowledgements

This Shared Family Care Handbook was developed from information and materials provided by Amy Price and Richard Barth in their Shared Family Care Program Guidelines manual (National Abandoned Infants Assistance Resource Center, 1996) and from “The Shared Family Care Ukama Program Mentor Handbook” written by Cynthia Green (1999-2000). Their guidance, encouragement and collaborative support is greatly appreciated by the Program Development Team here in Milwaukee, WI. We join with those before us in our dedication to the implementation and expansion of the Shared Family Care Model.
# TABLE OF CONTENTS

## Overview of Shared Family Care
- Identified Need: .......................................................... 5
- An Addition to the Continuum of Care: ........................................ 6

## Objectives and Principles
- Objectives and Principles: .............................................. 8
- IFPI Values, Vision, Mission and Goal: ................................... 10
- SFC Guiding Principles: .................................................. 11
- SFC Mission and Anticipated Benefits: .................................. 12

## Program Elements
- Strength-based Program: .............................................. 14
- Program Staff: ............................................................. 16
- Agency Collaborations and Responsibilities: ........................... 18
- Responsibilities and Rights Agreement: ................................ 21
- Service Planning: .......................................................... 25
- Duration of Services: ..................................................... 26
- Placement Termination: .................................................. 26
- Aftercare: ........................................................................ 27

## Host/Mentor Family
- Qualifications: ............................................................... 28
- Matching Process: .......................................................... 28
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation</td>
<td>29</td>
</tr>
<tr>
<td>Training Curriculum</td>
<td>30</td>
</tr>
<tr>
<td>Supervision and Support</td>
<td>31</td>
</tr>
<tr>
<td>Housing</td>
<td></td>
</tr>
<tr>
<td>Rooms</td>
<td>32</td>
</tr>
<tr>
<td>Sample House Rule</td>
<td>33</td>
</tr>
<tr>
<td>Property Damage</td>
<td>34</td>
</tr>
<tr>
<td>Telephone</td>
<td>34</td>
</tr>
<tr>
<td>Keys</td>
<td>34</td>
</tr>
<tr>
<td>Pets</td>
<td>35</td>
</tr>
<tr>
<td>Weapons Safety</td>
<td>35</td>
</tr>
<tr>
<td>Licensing Process</td>
<td></td>
</tr>
<tr>
<td>General Licensing Requirements</td>
<td>36</td>
</tr>
<tr>
<td>Special Requirements for Treatment Foster Care</td>
<td>36</td>
</tr>
<tr>
<td>Appendices</td>
<td></td>
</tr>
<tr>
<td>Forms</td>
<td></td>
</tr>
<tr>
<td>1. Rights and Responsibilities Agreement</td>
<td>38</td>
</tr>
<tr>
<td>2. SFC Team Meeting Report</td>
<td>40</td>
</tr>
<tr>
<td>3. SFC Team Member Sign-In</td>
<td>41</td>
</tr>
<tr>
<td>4. Weekly Report for Host/Mentor Parent</td>
<td>42</td>
</tr>
<tr>
<td>5. Weekly Report for Birth Parent</td>
<td>43</td>
</tr>
<tr>
<td>6. Individualized Family Plan</td>
<td>44</td>
</tr>
<tr>
<td>7. Budget Plan</td>
<td>54</td>
</tr>
<tr>
<td>8. Complaint/Grievance Procedure</td>
<td>56</td>
</tr>
</tbody>
</table>

Shared Family Care Program
Innovative Family Partnerships, Inc.
OVERVIEW OF SHARED FAMILY CARE

Identified Need

Children in Milwaukee County are being placed in out-of-home care at increasing rates, with more than 1500 children currently in foster home care in site 3 (IFPI Monthly Activity Report; March 2001). These family separations are based on Initial Assessment workers’ determinations that the risk of leaving the child at the home is unacceptably high and outweighs the emotional risk of separating the child from his/her biological parents. Although federal law requires that every reasonable effort be made to prevent placement, and the Safety Service Program has been implemented to prevent placement, protecting children in their homes is often too difficult a task for many children who have been referred to Safety Services Program. Inadequate housing or homelessness and substance abuse are the primary factors why Safety Services has had to re-refer to 220-SAFE, and ultimately, are factors which lead to foster care placement or the prevention of reunification.

Further, many children who are re-unified from foster care experience a subsequent out-of-home placement. One factor, which may contribute to this phenomenon, is that when parents are separated from their children, they don’t have the opportunity to learn how to interact with them on a day-to-day basis or how to deal with frustration, which is a normal part of parenting. Additionally, during separation, neither parent nor child has the opportunity to adjust to the continual changes that they both experience individually and in relation to others. Children often suffer from trauma when they are separated from their families. Many adults, having had poor or marginal role models for parenting, especially adults who experience isolation from their own families and other community supports, are at a higher risk of neglecting and abusing their children, especially if they are struggling with substance abuse and/or mental health issues.

There is reason to believe that with appropriate support and training of Foster Parents, some Birth Families can remain safely together as they learn and use skills for effective parenting while working on their own recovery and other personal issues, and concurrently, ensure the safety of the children.

5 Shared Family Care Program
Innovative Family Partnerships, Inc.
An Addition to the Continuum of Care

Currently families involved in the child welfare services are referred to one of the following levels of care:

- Safety Services
- Foster Care
- Kinship Care
- Treatment Foster Care
- Child Care Institution
- Adoption/Termination of Parental Rights

Of the above levels of care, Safety Services assist families in their homes. The five other levels of care involve a separation of parents and their child(ren). Shared Family Care (SFC) refers to a program designed to keep family member contact and interactions safe, frequent and interconnected, areas where traditional services have been limited. SFC involves either the entire family residing in the Host/Mentor-family’s home or the children living with the Host/Mentor family and the Birth Parent intensively mentored (3-5 days a week) by the adult(s) in the Host/Mentor family. The most striking difference between SFC and the other programs is that the Birth Parent(s) maintains a high level of responsibility for the care of their child(ren).

Recognizing that protecting children and strengthening families need to be concurrent goals, as is the intent of the Safety Service Program, SFC combines the benefits of traditional out-of-home placement and family preservation models. The overall mission of this model is to provide safety to children by offering services to parent(s) and children together in a safe and supportive family setting which helps to preserve the family or to facilitate the timely transition to other permanent arrangements.

By placing the whole family together in the home of a trained, licensed Host/Mentor-family, SFC addresses the needs of the children and parent(s). While protecting children, it teaches parents and children how to live together as a family, and helps parents develop the skills and resources they need in order to care for their children, reintegrate into the community and move toward independent living.

By placing the children with a licensed foster family and developing an intensive mentoring relationship between Birth Parents and the Host/Mentor Parents, SFC oversees the continued contact and relationships between parent(s) and their child(ren). These Birth Parents will also develop the skills and resources they need to care for their children, reintegrate into the community and move toward independent living, with the ongoing support of the Host/Mentor Parents.

Given these general goals, SFC can be used for at least 3 different purposes:

1. To prevent family separation,
2. To support family reunification, or
3. To help parents assess their ability to parent, identify their options, and move towards relinquishing their parental rights.

6  Shared Family Care Program
   Innovative Family Partnerships, Inc.
By providing services to the entire family as a whole, SFC preserves a family’s ability to work, learn and grow together while ensuring the safety of the children, limiting the disruption of separation, and direct, intensive, supportive coaching for parents as they move towards independence within their community. This level of service gives children a chance to feel safe and secure within their own family.

Families eligible for the SFC Program will consist of families with sibling groups of children and at least one parent who:

♦ Wants to retain custody of their children;
♦ Demonstrates a “readiness” to work on an individualized plan to promote self-sufficiency and permanency for their children;
♦ Will benefit from working on-site and living with a SFC team and Host/Mentor Parent who will assist them in reaching their goals;
♦ Requires supportive services in order to adequately protect their children; and
♦ Agrees to actively participate in the program.
OBJECTIVES AND PRINCIPLES

Objectives and Principles for Service

The vision, mission and goals of IFPI exist within the context of protection and safety for all children. As such, our organization abides by the principles and objectives set forth by the Bureau of Milwaukee Child Welfare (BMCW).

OBJECTIVES FOR CHILD PROTECTIVE SERVICES

♦ The BMCW has been designed to meet three main objectives:

♦ To provide consistent and high quality services to children and families;

♦ To create new partnerships with the community to provide services and assure positive outcomes;

♦ To provide a comprehensive service response that meets the needs of children and families.

PRINCIPLES FOR CHILD PROTECTIVE SERVICES

Several principles are fundamental to the achievement of the objectives presented above. These principles form the foundation of a responsive, capable child welfare system and are as follows:

♦ People possess the capacity to change and have the right to be treated with dignity and respect.

♦ Child welfare interventions are focused on the family system and promote the best interests of the child.

♦ A child should be safe and live in an environment that nurtures healthy growth and development.

♦ The parental home, when child safety can be ensured, is the best permanent home for a child.

♦ The placement of a child outside of the parental home is a short-term response to control for child safety.

♦ Child protective service intervention should use a concurrent planning approach with families when a child is placed in out-of-home care. This approach recognizes permanence of the child as the primary outcome, either through reunification of the child with the family or the
termination of parental rights if adoption is the only alternative to provide permanence for the child.

♦ Decision-making and service delivery systems recognize and respect the unique needs and beliefs of individuals of diverse cultures.

♦ Communities play an important role in promoting family well being.

♦ Early intervention with families experiencing difficulties that affect child safety provides an opportunity to protect children and to seek ways to strengthen families.

♦ Successful and comprehensive responses to child abuse and neglect require coordinated service systems and supports, formal and informal, in order to assist families in preventing, ameliorating and changing those conditions that negatively affect child and family well-being.

♦ Strong, high-quality child welfare systems support competent staff using consistent, clearly articulated practice standards, comprehensive and appropriate professional development opportunities and supervision, and ongoing workload management.
INNOVATIVE FAMILY PARTNERSHIPS, INC.

OUR GUIDING VALUES

♦ Integrity- matching our actions to our beliefs
♦ Communication- open dialogue: exchange of views
♦ Competence- being good at what we do: capable, effective, experienced (expert)
♦ Teamwork- collaborating with others to reach goals
♦ Diversity- having variety and multiformity
♦ Creativity- finding new ways to do things: innovative
♦ Respectful- showing consideration: regarding with honor

OUR VISION

By 2003, Innovative Family Partnerships, Inc., will be recognized nationally as a model for providing quality services by stabilizing, strengthening and achieving permanency for children and families in our community.

OUR MISSION

At Innovative Family Partnerships, Inc., our mission is to ensure the safety and stability of children in our community. With the family as our focus, we seek to strengthen families in ways that will ensure safety, security and stability in the life of a child. Through extensive community collaborations we coordinate a variety of accessible, needed services and resources to support our families.

OUR GOAL

Innovative Family Partnerships, Inc. is committed to providing Milwaukee-area children with a permanent place to call home- a home where they are safe, nurtured and loved.
SHARED FAMILY CARE GUIDING PRINCIPLES

Shared Family Care is guided by the following general values and beliefs:

♦ Child protection is the foremost priority of child welfare services.

♦ Every child deserves a safe, healthy, nurturing environment in which to grow.

♦ Families should remain together (children should not be removed from the care of their primary caregiver) if at all possible.

♦ In order to support a child, it is necessary to support the child’s parent(s).

♦ Parents’ basic needs must be met in order for them to effectively address psychosocial, emotional or parenting issues.

♦ Most children are better off in a family setting.

♦ Each family’s unique way of nurturing and protecting children must be respected.

♦ Families have different ways of defining themselves, and extended family members are often important resources.

♦ Compatibility between Host/Mentor and Birth Families is important and is achieved through comprehensive, individualized assessment and careful matching.

♦ Host/Mentor Families must be culturally competent to model positive, relevant behavior.

♦ Families should be placed in homes in which they are culturally comfortable, and in communities in which they can feasibly transition to independent living.

♦ Families learn best from each other.

♦ Most families can learn to set their own goals and take charge of their lives.

♦ Each family’s goals/outcomes must be clarified from the outset and should reflect an understanding that the placement is one part of an evolving process of change, which may be slow.

♦ Disposition/transition planning should begin as soon as goals are identified.

♦ Relevant and accessible follow-up services and support may be needed to help families move toward independent living in the community.

♦ Interagency collaboration is essential to providing integrated services that meet the needs of families.
**SFC Mission and Anticipated Benefits**

The overall mission of shared family care is to protect children by offering services to parent(s) and children together in a safe and supportive family setting which helps to preserve families or to facilitate their transition to other permanent arrangements.

Shared Family Care has the following potential benefits for children and families, the child welfare system, and the community.

**CHILDREN AND FAMILIES**

- Protects children at-risk for abuse and neglect.
- Preserves a family’s ability to live together and prevents unnecessary separation of families.
- Provides continuity for children and families.
- Supports a family’s move toward independence and participation in the community.
- Helps parents meet parental responsibilities, learn to make good decisions, and increase their competence in adequately meeting their children’s needs.
- Provides models and opportunities for children and parents to succeed as a family.
- Helps families recognize a child’s need for consistency and make decisions about the best alternatives for their children’s permanency.
- Facilitates alternative permanency plans (e.g., adoption) when family preservation cannot be achieved.

**CHILD WELFARE SYSTEM**

- Reduces the number of children returning to out-of-home placement after the end of agency supervision.
- Builds collaborative relationships between the community and the Bureau of Child Welfare as they come together in the common goal of helping families.
- Shortens children’s stays in Foster Care Placement.
- Lessons the disruption and separation for already fragile families so that reparation can begin as soon as possible.
COMMUNITY

♦ Strengthens the community by increasing the number of well-functioning families and by providing Host/Mentor Family with employment, training and support.

♦ Creates a more efficient use of community resources by allowing children and parents to be served together.

♦ Increases the options of and connections to services currently available to families.
PROGRAM ELEMENTS

Strength-Based Program:

Each family and each individual has strengths. The fact that a family is willing to participate in a program, which can have the benefit of improving their life, and keeping them together, is a strength. A parent recognizing their limitations, and wanting more for themselves and their children, is a strength. Families have hidden strengths that may not be readily apparent. In the midst of stress a family’s strengths can be overlooked, resulting in a loss of hope and direction. Helping a family begin to see that they have positive, effective qualities is a way to help them acquire the motivation they need to mobilize their strengths and make positive changes in their situation. The Shared Family Care Program provides services to families based upon the strengths that they bring to the placement.

Family strengths that may not be readily apparent:

♦ The family may have a tremendous love for each other and be strongly bonded together.

♦ The family may be in recovery and participating in a substance abuse program.

♦ The family may work well with service providers or community-based organizations. The family may work well with their Child Welfare Worker.

♦ The family may have support from their extended family, friends, community, or neighborhood organizations.

♦ The family may belong to a church, temple, synagogue, or mosque and have the support of their spiritual community.

♦ The family may be familiar with community resources and may be able to access those resources readily.

♦ The family may be utilizing therapy or other therapeutic services to address their issues and improve their situation.

♦ The family may be highly motivated to participate in The Shared Family Care Program, as well as, in other programs.

♦ The family may have educational, employment or other technical skills.

♦ The family may want to be involved in their community and seeking guidance in achieving connections that fit for them.
Many families come into the Shared Family Care Program with a history of multiple crisis, interaction with multiple systems, and multiple layers of protection from the negative conclusions of those previous encounters. It is important to look at each participating family in terms of their strengths so that goal-oriented services can build upon, add to and enhance their existing abilities.

Sometimes the issues a family faces are very overwhelming for everyone involved, including service providers. A team, more so than an individual, can share the burdens and address stress in ways that boost support. The sheer doing so together dissipates the enormity.

In the SFC Program, the biological family is considered the “Birth Family” and the Treatment Foster Care Family is considered the “Host/Mentor Family”.

15  Shared Family Care Program
    Innovative Family Partnerships, Inc.
PROGRAM STAFF

Host/Mentor Family:

Some of these team members will provide Birth Families {the parent(s) and child(ren)} with a safe, temporary living environment as they teach, model and demonstrate effective modes of living and coping for the Birth Family. This is considered the “residential level” of SFC. The Birth Parent(s) will live in the Host/Mentor’s home with their children.

The other group of these team members will provide a safe home for the children in the Birth Family as they intensively work with the parents on becoming responsible caregivers and using effective independent living skills. The parent from the Birth Family will not be living with their children in the home of the Host/Mentor Family. However, the Birth Parent will come to the home of the Host/Mentor several (3-5) times a week. This is considered the “non-residential level” of SFC.

Initial Assessment Workers:

These team members are a component of the BMCW casework process that involves problem validation. They initiate service provision, and begin to establish a working relationship with the family. Initial Assessment Workers will refer Birth Families to the SFC Program Coordinator for evaluation, who will determine each family’s suitability for SFC.

Case Planning Specialist (CPS):

These team members will work closely with the Program Coordinator to identify the Birth Family’s needs and to recommend services. CPS staff will complete a family assessment, over see the development of the treatment plan, and the implementation of the treatment plan.

Clinical Screener:

These team members work closely with the CPS staff. The Clinical Screener assesses the Birth Parent for mental health, substance use, violence issues and the overall family functioning. Identifying the family’s developmental stage will also be included in the clinical assessment to guide the direction of service interventions.

On-Going Case Managers:

These team members will direct the BMCW case supervision process. This includes the continuous assessment of risk and child safety, development of treatment plans and use of services to ensure child safety. On-going case managers are responsible for decision-making and case activity that supports appropriate use of out-of-home care and Children’s Court involvement. These case managers monitor and evaluate the Birth Family’s progress and movement towards closure.
**AODA/DV Case Manager:**

These team members will work with clients who have drug and/or alcohol issues. They will determine the level of treatment needed, assist client in accessing appropriate care and monitor the client’s progress in treatment. They will also assist clients recognized as having domestic violence issues, see to it that their needs are identified, and the appropriate services are provided.

**Job Skills Case Manager:**

These team members will evaluate a client’s employment needs, assist them in accessing services, and monitor their progress in this realm.

**Treatment Foster Care Licensing Specialist:**

These team members will assist Families interested in participating in SFC as Host/Mentor Families in understanding and obtaining the necessary Treatment Foster Care license for this position.

**Program Coordinator:**

This team member will assist in recruiting and training Host/Mentor Family. The Program Coordinator will assess the Birth Families referred to SFC by Initial Assessment Workers and match accepted Birth Families to available Host/Mentor Families. They will assist the Birth Family Teams in developing the Shared Family Program Plan of Care and house rules, which will be agreed to by Birth Family parents, any Birth Family children over 12 years old and the Host/Mentor Family. The Program Coordinator will schedule the team meetings and organize the monthly Host/Mentor Family support groups.

**Program Evaluators:**

These team members will determine the tools for evaluation, educate necessary team members about the data collection and follow the program’s progress via the collected data.
AGENCY COLLABORATION AND RESPONSIBILITIES

Shared Family Care will be implemented by Innovative Family Partnerships, Inc. in collaboration with Children’s Service Society Of Wisconsin (CSSW), Milwaukee Women’s Center (MWC), and YW-Works. Each agency will have individual roles and responsibilities with the program and the program participants for the purpose of providing a comprehensive, coordinated program.

**Innovative Family Partnerships, Inc.** will have the following responsibilities:

- Recruitment, hiring and ongoing supervision of the SFC Program Coordinator.
- Providing information and education about the program to appropriate collaborating groups (i.e., initial assessment workers, judges, potential Birth Families, potential Host/Mentor Families, community collaborators, etc.).
- Identification, screening and referral of program participants.
- Matching of Birth Family with appropriate Host/Mentor Family in coordination with CSSW and the Host/Mentor Family.
- Developing the rights and responsibilities agreement with each family placed in coordination with CSSW and the Host/Mentor Family.
- Developing individualized Birth Family treatment goals focused on moving the Birth Family toward independence in coordination with CSSW, MWC, YW-Works, the Host/Mentor Family, BMCW On-going Case Manager and children’s court.
- Providing ongoing case management to Birth Families, including completing all required bureau and court case management activity and documentation.
- Providing and obtaining ongoing information with CSSW, MWC, and/or YW-Works for the purpose of ensuring coordinated services and progress with the Birth Family.
- Payment for Host/Mentor Family and the services provided to Birth Families.
- Ongoing evaluation of progress with families.
- Coordinating Permanency Plan Reviews with Innovative Family Partnerships, Inc.’s PPR Coordinator and CSSW’s case manager.
- Overall program evaluation.
♦ **Children’s Service Society of Wisconsin** will have the following responsibilities:

♦ Recruitment, training and licensing of Host/Mentor Family.

♦ Providing respite for Host/Mentor Family.

♦ Working in coordination with the SFC Program Coordinator in placing each Birth Family with an appropriate Host/Mentor Family.

♦ Providing ongoing information and support for Host/Mentor Families.

♦ Obtaining appropriate authorizations and information to the SFC Program Coordinator for the purpose of payment to Host/Mentor Family and the services provided to the Birth Families and the Host/Mentor Families.

♦ Providing ongoing information to the SFC Program Coordinator for the purpose of evaluating progress with the family.

**Milwaukee Women’s Center** will have the following responsibilities:

♦ Provide AODA assessment and appropriate levels of AODA treatment for SFC parents.

♦ Coordinate with YW-Works program, job readiness services and placement activities.

♦ Provide protective payee and budgeting services when families begin to receive W-2 assistance to ensure that funds are available at the time of the Birth Families’ independence.

♦ Locate appropriate housing for Birth Families and ensure appropriate housing is secured for their separation from the Host/Mentor Families.

♦ Providing and obtaining ongoing information from CSSW, IFPI and YW-Works case managers and the SFC Program Coordinator.

♦ Providing aftercare programming for Birth Families upon achieving independence.

♦ Obtain appropriate aftercare authorization from SFC Program Coordinator.

♦ Provide ongoing information to the SFC Program Coordinator for the purpose of participant and program evaluation.

♦ Provide training to Host/Mentor Family participants.
YW-Works will have the following responsibilities:

- Provide childcare for Birth Families participating in job readiness programming.
- Provide job readiness programming to Birth Families.
- Provide W-2 payment to MWC protective payee program for disbursement to the Birth Family participant.
- Secure employment for the Birth Family participant.
- Obtain and provide MWC’s case manager with information to evaluate the Birth Family participant’s progress.
- Provide training for the Host/Mentor Family participants.
RESPONSIBILITIES AND RIGHTS AGREEMENT

Host/Mentor Family Responsibilities:

♦ Provide high quality services to the Birth Family under the supervision of the SFC Program Staff by teaching, modeling and demonstrating appropriate parenting skills, independent living skills and household management skills.

♦ Be willing and available to spend a significant amount of time with the Birth Family teaching, modeling and demonstrating skills to them, and assisting them in reaching their goals by supporting and praising their successes.

♦ Provide a clean, safe room for the Birth Family. Respect the Birth Family’s right to privacy. Provide adequate closet or storage space.

♦ Meet with SFC Program Coordinator each week to discuss progress in the relationship, any successes and areas of concern. Participate fully in the matching and planning of the services provided to the Birth Family. Discuss openly and honestly any concerns regarding your communication and intervention with the Birth Family.

♦ Attend and participate in a mandatory, monthly Host/Mentor Family Support Group.

♦ Respect the Birth Family. Respect their right to self-determination.

♦ Maintain appropriate personal boundaries between yourself and the Birth Family. Remember that participants are responsible for their own behaviors, just as you are responsible for yours. Do not engage in enabling/codependent behaviors that may contribute to the stagnation of a Birth Family’s goals and successes.

♦ Maintain the confidentiality of the Birth Family.

♦ Refrain from any emotional, mental, verbal or physical abuse of the Birth Family. Do not damage or take the Birth Family’s property or belongings.

♦ Refrain from corporal/physical punishment or the threatening of such punishment of the Birth Family’s children.

♦ Include the Birth Family in all household decisions that affect everyone, such as the shopping and preparation of joint meals, and the division of chores. Abide by the House Rules just as you expect the Birth Family to abide by them.

♦ Understand your responsibilities as a mandated reporter of child abuse and neglect. Report any concerns or suspicions immediately to the staff of SFC.

21 Shared Family Care Program
Innovative Family Partnerships, Inc.
♦ Maintain a professional and respectful manner when representing the SFC Program.

♦ Maintain homeowner’s insurance at all times. Report incidents of damage or theft suspected by the Birth Family to the SFC Staff immediately so that the incident can be addressed with the Birth Family.

♦ Do not use illegal drugs, or any substances, which might impair their ability to effectively provide teaching and coaching assistance to the Birth Family. Do not engage in any illegal activities.

♦ Provide written receipts to the SFC Program Coordinator for any household expenses they have covered to maintain the Birth Family in their home. Examples of covered expenses are, but not limited to,: portion of the rent, food bill, utilities, clothing, entertainment, transportation, etc.

♦ Complete and submit all required program paperwork and documentation regarding the work with the Birth Family in a timely and responsible manner.

♦ Sign and adhere to the SFC Program Weapons Agreement. Keep all weapons under lock and key and safely stored away from the reach of children.

♦ Report any changes to their household to the SFC Program Coordinator.

♦ If, for any reason, they feel unable to meet any aspect of this agreement, they will talk with the SFC Program Coordinator to develop a plan or strategy to assist them.

Rights of Host/Mentor Family:

♦ Receive quality and attentive training, support and supervision of their duties and responsibilities as a mentor.

♦ Have the confidentiality of themselves and their family members maintained at all times.

♦ Resign from their position by giving a 30 day notice.

♦ Participate fully in the development of services for the Birth Family in their home. To have their ideas and experiences respected and considered.

♦ Ask questions at any time of the SFC Program Staff, about any action or opinion put forth regarding services provided to the Birth Family.
Earn a stipend for time and services provided to the Birth Family while they are in their home, as long as they are in compliance with the Host/Mentor Family Agreement and are meeting the responsibilities as stated above.

**Birth Family Responsibilities:**

♦ Take the SFC Program seriously and use the services to the benefit of themselves and their children. Participate fully in the intake, matching and planning of the services provided to them. Openly and honestly discuss their issues and goals in the planning and service meetings.

♦ Meet with SFC Program Coordinator on a weekly basis to review their goals and progress.

♦ Respect themselves and their children. Do not engage in any activity that would harm themselves or their children.

♦ Respect the Host/Mentor Family. Respect their home and property.

♦ Refrain from any emotional, mental, verbal or physical abuse of the Host/Mentor Family. Do not damage or use their property or belongings without prior permission.

♦ Take responsibility to repair, replace or pay for any damages done to the Host/Mentor Family’s property or belongings in a timely manner.

♦ Maintain the confidentiality of the Host/Mentor Family. Do not put the Host/Mentor Family at risk or in danger if there is active relationship with an abusive family member or friend. Be willing to file an Order of Protection if they have concerns for their family’s or the Host/Mentor Family’s safety.

♦ Work on their personal program each day, including attending any needed substance abuse treatment, therapy, school, training program or employment, as well as work on budgeting and saving money to apply towards their independence and self-sufficiency.

♦ Respect and abide by House Rules at all times. Participate as a member of the household, including getting involved in the maintenance and running of the home, and planning joint activities.

♦ Refrain from corporal punishment or the threatening of such punishment to their children. Understand that the SFC Program Staff and Host/Mentor Family adults are required to report any and all suspected child abuse incidents.

♦ Do not use alcohol, illegal drugs, or any other substances that impair their ability to effectively parent their children while participating in this program.
♦ Do not engage in any illegal activities while they are in the SFC Program, particularly on the property of the Host/Mentor Family.

♦ Provide proper medical, educational, physical and emotional care of their children. Provide proper supervision of their children.

♦ Attend and participate in all scheduled team meetings.

♦ Complete and submit all required program paperwork and documentation regarding their progress in a timely and responsible manner.

♦ If, for any reason, they feel unable to meet any aspect of this agreement, talk to their Host/Mentor Family and the SFC Program Coordinator to develop a strategy or plan to assist them.

**Birth Family Rights:**

♦ Receive the best possible services available through the SFC Program.

♦ Have their and their family’s confidentiality maintained at all times.

♦ Terminate services if they deem them inappropriate or unnecessary for them.

♦ Participate fully in the development of services for themselves and their children. To have their ideas and experiences respected and considered.

♦ Ask questions at any time of the SFC Program Staff, about any action or opinion put forth regarding services provided to their family.

♦ Receive a copy of every document they sign.

♦ Call meetings in a timely manner to discuss issues concerning the services they are receiving.

♦ Receive aftercare services for 90 days once they move out of the Host/Mentor’s home.

A written Rights and Responsibilities Agreement will be signed by the Birth Family Parent, any of their children 12 years old or older, and the Host/Mentor Family that the Birth Family will work with. This Agreement will be reviewed and signed before Birth Families move in or begin work with the Host/Mentor Family.

24 Shared Family Care Program
Innovative Family Partnerships, Inc.
Service Planning

Once a Birth Family has been accepted into the SFC Program, an Individualized Family Plan (IFP) will be developed for each family within the first month of the placement. The IFP will list what the Birth Family needs to move towards self-sufficiency, the services identified to meet those needs, their goals for each area of need, their day to day schedule for working with the Host/Mentor Family and the outcome measures used to determine goal progress and achievement. The support team formed around the Birth Family will participate in developing, adjusting, identifying progress and providing information for the IFP along with the Birth Family. Each IFP will highlight Birth Family strengths and resources. The IFP will be a working document that lists short-term and long-term goals, measurable levels of success and agreed upon services to be provided to assist Birth Families in achieving their goals. The Birth Parent(s) will prioritize their goals and work their way through a tiered goal chart. All services needed by the Birth Family will be identified in the IFP. However, some services will be accessed at a later time. The IFP will be reviewed once a month by the Birth Family Team for the first two months they are in the program. After the second IFP meeting, the team will meet every 60 days or as needed. The SFC Program Coordinator will make arrangements for these meetings. Compliance with the IFP will be a condition listed in the C.H.I.P. petition.
Duration of Services

Birth Families will be expected to actively participate in the program to completion. Completion is defined by their achievement of all identified goals for independent living and/or permanency for the child(ren). It is expected that Birth Families will actively participate in the program for 9-12 months. The final 90 days will involve transitioning into their own home in the community. It is also recognized that the time frame will ultimately be determined by the Birth Family’s progress and will be flexible in accommodating each family’s needs.

At the end of the first month, the Birth Family team will meet to assess progress and plot out the direction of the next month. Then, every 60 days, the team will reconvene to assess progress in developing independent living skills, community connections, and/or permanency for the child(ren).

During the final 90 days of the Birth Families participation in SFC, the team meetings will continue. The SFC Program Coordinator will see the Birth Family every week for the first 6 weeks and then every other week for the final six weeks. Birth Families will continue their connections with service providers and community supports as long as they are able to and/or want to.

Placement Outcome

There are 2 possible Placement Outcomes:

1. Successful- Permanency for the child(ren) is established
2. Unsuccessful- compliance with the American Safe Families Act requirements is not achieved.

Placement Termination

Termination of a Birth Family’s SFC placement can occur if the Birth Parent violates the safety of the Foster Family and/or their children. In the event that placement termination occurs, the ongoing case manager will find new placement for the children. The SFC Foster Parents will help the children transition to the new placement.
Aftercare

It is expected that most families will continue to need support and other services following their placement. The Birth Family Team will assist the Birth Family in developing and transitioning into an After Care Plan. Following is a list of basic needs that will be covered in Aftercare Planning:

**Health Care:**
- Contact with local Health service provider,
- Medical coverage,
- Dental care provider,
- Central location for all family medical records

**Housing:**
- Stable, safe, affordable housing in the neighborhood if desired.

**Income:**
- Connection to employment assistance support,
- Educational services,
- W-2 connections,
- Food stamps or other entitlements (e.g., SSI)

**Social Support:**
- Formal (e.g., peer support groups, therapy groups, social service or Family support centers)
- Informal (e.g., family, friends, neighbors)
- Crisis intervention and emergency supports

**Child Care and Respite Care:**
- Formal (day care provider, paid babysitter, etc.)
- Informal (e.g., family, friends, neighbors)

**Children’s Education**
- Connecting with and relating to school staff
- Structured schedule to support daily time for study

**Infant and Child Development Resources**
- Ways to access information in the community (e.g., phone book, Family Support Centers, libraries, internet, newspapers, schools)

**Civic Skills**
- Registering to vote
- Community and/or neighborhood involvement
- Recreation
Host/Mentor Family

Qualifications

SFC staff recognizes that Host/Mentor Families are one of the most critical components to this level of care. Therefore, careful consideration of families wanting to participate in this role will be applied. Following is a list of important qualifications that the adults from the Host/Mentor Family must have:

♦ Adults must qualify for and obtain a Treatment Foster Care License
♦ Adults in the home must be non-judgmental and committed to helping families with multiple issues
♦ Adults will be sensitive to the experiences of the Birth Family they are mentoring
♦ Adults must attend all required training sessions and accept agency supervision
♦ If adults have been through recovery or have overcome other debilitating experiences, they must demonstrate that they have “worked through” these issues so that they no longer negatively impact their lives
♦ Parenting experience is helpful and desirable
♦ Adults must be able to understand and work effectively with other adults through good communication skills, conflict resolution skills and the ability to confront adults in ways that maintain dignity
♦ Adults should be able to demonstrate their resourcefulness in meeting their own family’s needs and be familiar with community resources

Matching Process

In SFC, Host/Mentor Families are expected to provide mentoring and guidance to the parent(s) so that the parent(s) can care for their own children. The demands of this type of relationship require that the adults be able to work well together. Therefore, matching of Host/Mentor Families and Birth Families is vital to the success of a whole family placement. The matching process will be based on individualized assessment and will proceed as follows:

1. After a Birth Family is identified as a candidate for the SFC Program, the Program Coordinator will make an initial placement recommendation and inform the prospective Host/Mentor Family and the Birth Family about each other.

2. An initial, introductory meeting between the Program Coordinator and the two families is scheduled.

3. Both families have up to 3 days to consider the arrangement.

4. Assuming both families agree, a pre-placement meeting takes place in the home, during which time the families learn more about each other and establish specific house rules.
may address issues such as: meal times, phone use, nutrition, consequences for misbehavior of the children, smoking, visitation, household chores, and television use, etc.

5. The Rights and Responsibilities Agreement is signed and the Birth Family moves in.

6. Once the family moves in, there is a two-to-three week assessment period before the full IFP is developed and signed. At any point in this process, either party can opt out of the placement, in which case a different Host/Mentor Family is identified and the process starts over with an initial meeting.

Compensation

The payments to SFC Host/Mentor families includes two components. The first component is a monthly stipend that recognizes the Host/Mentor family’s commitment to working with both the parents and children of families in foster care. The stipend is a fixed amount, with two payment amounts based on the level of care offered to adults. The second component is a maintenance allowance based on the number of children and parents the Host/Mentor family is providing residential care for. The maintenance allowance is determined for each SFC placement and may vary from placement to placement.

In the Residential Level of Care, the Host Parents will receive an annual stipend of $18,000. Each month the Host Family will receive a maintenance allowance of $400.00 for each Birth Parent and $300.00 for each child. The maintenance payment is provided to cover expenses such as rent, food, utilities, etc. The Host Parent will provide receipts of their expenses at the end of each month.

The other level of care in the SFC program is the non-residential level. In this level of care, the Birth Parent does not move into the Mentor Family’s home, their children do. In the Non-residential Level of Care, the Mentor Parent will receive an annual stipend of $14,000. Each month the Mentor Family will receive a maintenance allowance of $300.00 for each child. The Mentor Parent will provide receipts of their expenses at the end of each month.
Training Curriculum

♦ Session 1  ❖ Training the Trainer (YW-Works Program)
♦ Session 2  ❖ Training the Trainer (YW-Works Program)
♦ Session 3  ❖ Training the Trainer (YW-Works Program)
♦ Session 4  ❖ Training the Trainer (YW-Works Program)
♦ Session 5  ❖ Becoming a SFC Mentor
♦ Session 6  ❖ Family and Substance Abuse/Dependence Issues (MWC Program)
♦ Session 7  ❖ Effective Communication and Creating Safety in Relationships
♦ Session 8  ❖ Family History/Dynamics
Supervision and Support

Throughout their work as a SFC Host/Mentor, supervision with the SFC Program Coordinator is necessary when they have a family placement. Individual supervision sessions will occur once a week. All SFC Host/Mentor Families will attend a monthly support group, which will be facilitated by the SFC Program Coordinator, even if they don’t have a current placement. New Training Sessions will be scheduled as areas of needed skills or information are identified.

This continuous contact is designed to:

♦ provide mentors with predictable, available times for them to openly discuss and address general and specific issues around mentoring
♦ provide mentors an opportunity to meet, network, and problem solve together
♦ provide mentors with program information, updates, and changes

Attendance at these meetings is mandatory and is considered part of the SFC Mentor position requirement.
**HOUSING**

Host/Mentor Families can reside in an apartment or a house, as long as there is adequate space for the Birth Family to live. Space needs are outlined in the requirements for Treatment Foster Care Licensing. Host/Mentor Families must live in or around the parameters of BMCW site 3. The home must have at least the following:

- Smoke Detectors on each level of the home
- Fire extinguisher
- Fire escape plan
- Meet local fire and safety codes
- Standard first aid kit
- Meet local plumbing codes
- Have acceptable home insurance

### Rooms

It is expected that the Birth Family have the feeling of living in a home environment. The Host/Mentor Family is expected to provide at least one private bedroom for the Birth Family. The room must be clean and safe. The Birth Family must have access to one closet, but preferably have access to more storage space. The Birth Family must have full and complete access to an indoor bathroom, kitchen and living room. If a yard is available the Birth Family must have the same access as the Host/Mentor Family.

### House Rules

The house rules consist of rules put together by the Host/Mentor Family and the SFC Program Coordinator. It is expected that the rules be negotiable with the Birth Family so that they fit their situation. For example, the house rule may set a 9:00 p.m. curfew on weeknights, yet the Biological Parent attends an AODA support group until 9:30 p.m. two nights a week. It is expected that the Host/Mentor Family will adjust the house rule to accommodate the Biological Parents needs.

House rules will be posted in a visible place in a common area in the home so that everyone can refer to them easily.
Sample House Rules

1. All bedrooms are considered private and no one must enter anyone’s bedroom without permission.

2. By 8 p.m. during the week everyone must be in the house unless arrangements have been made in advance.

3. The bathroom must be cleaned at the end of each day. There will be a rotating list for this chore each week.

4. Breakfast can only be cooked between the hours of 6-9 a.m. Lunch can only be cooked between 11:30-1:00 p.m. Dinner can only be cooked between 5-7 p.m. Otherwise the kitchen is closed and off limits.

5. The kitchen is to be cleaned at the end of each meal. Everyone is responsible for washing his or her own dishes at the end of each meal.

6. There will be no smoking allowed in the house.

7. Company is only allowed in the house on the weekends during the hours of 1-5 p.m.

8. Overnight, adult guests are not allowed in the house.

9. Children are not allowed to view movies with a rating beyond PG-13.

10. Televisions are not allowed on during the day. Children may watch child-oriented programs between the hours of 6-8 p.m. on weekdays, and on weekend mornings and afternoons for a total of 2 hours per day, and only after chores and homework are completed.

11. Music cannot be played beyond a decibel of 3. It is preferable that headphones are used or that music is played in private bedrooms. All music must be turned off by 9:00 p.m. No music with profanity or sexually explicit lyrics is allowed in the house.

12. No profanity is to be used in the house.

13. From 8-9 p.m. each weekday night there will be Quiet Hour. During this time no television or radios will be allowed to play. No one will be allowed to use the phone. No guests will be allowed to visit. Everyone in the home must use this time either to read, study, do homework, do an art project, bathe, meditate, or pray.

14. There will be a house meeting each Sunday night at 7 p.m. This is a mandatory meeting. During this meeting everyone will do a check-in. We will offer support to each person and applaud each person’s achievements for the week. We will also talk about any household concerns that we have.

33 Shared Family Care Program  
Innovative Family Partnerships, Inc.
Depending on the needs and concerns of each family, these rules can be eliminated, built upon, added to, subtracted from and reversed. The point of requiring house rules is so that the Host/Mentor Family’s home remains ordered and respected. House rules also set the structure that allow the Birth Family to experience an effective method of keeping order, safety and communication in a household.

**Property Damage**

The SFC Program holds no liability for damage done to a Host/Mentor Family’s personal and home property. If any damage is done it is expected that the Host/Mentor Family report the damage immediately to the SFC Program Coordinator, complete a special incident report, and report the damage to the proper authorities, whether it be the police, civil court, or home insurance policy company.

Birth Families are ultimately responsible for the damage they or their children do to a Host/Mentor Family’s home or personal property. The SFC Program will work with the Birth Family to reimburse or replace damaged or stolen items upon sufficient evidence that they are responsible.

**Some suggestions for keeping your property and personal belongings safe:**

- Make a videotape of your belongings
- Make a written and/or photographic inventory of your belongings
- Lock away your valuable and sentimental belongings.
- Consider putting locks on all storage areas and your personal bedrooms.
- Never leave money or credit cards out or unattended.
- Check your home each week for damage or missing items.
- Keep breakable items out of the reach of children.

**Telephone**

Depending on personal preference, a Host/Mentor Family may decide to let a Birth Family install an extra phone line in the home, or let them use an existing line and phone. If a Host/Mentor Family decides that a Birth Family will use an existing phone line, the Birth Family should have equal access to the phone.

**Keys**

A Host/Mentor Family can choose either to give a Birth Family keys to the home or not. If a Birth Family does not receive keys to the home, the Host/Mentor Family must be available, or have someone else available, to open the home up when the Birth Family needs to be at home.
Pets

The Birth Family will not be allowed to keep pets during their participation in the SFC Program. However, Host/Mentor Families may keep their current pets and Birth Family members must treat the pets in a gentle, respectful manner.

Weapons Safety

Each year hundreds of children are injured or killed by weapons that are kept in the home. Host/Mentor Families must sign and adhere to a Weapons Agreement, where they must identify any and all weapons kept or stored in the home, and agree to keep such weapons trigger locked and stored beyond the reach of children. Birth Families are not allowed to keep or store weapons while they are participating in the program.
LICENSING PROCESS

General Licensing Requirements

Following is a description of the necessary criteria all Foster Parents must meet to be successfully licensed by CSSW Licensing Staff:

1. Must be at least 21 years of age
2. Can be single or married
3. Need to have stable and sufficient income to meet own family expenses without relying on Foster Care Reimbursement
4. Must be a responsible, mature, law-abiding individual who is fit and qualified, who does not abuse alcohol or drugs or have a history of law violations that substantially relate to operating a foster home and who exercise sound judgement and displays the capacity to successfully nurture foster children (Note: a series of background checks are conducted and include a local police check, WI Dept. of Justice, CPS, and the Dept. of Transportation)
5. Need to have homeowner’s/renter’s insurance on property and vehicle liability insurance if a car is owned
6. A physical is needed on every household member (if an applicant has had a physical in the past 6 months, their doctor can sign the verification form without repeating the physical)
7. Need a high school diploma or GED (if this is unavailable, verification of having at least an 8th grade reading level is required)
8. Treatment Foster Parents must complete 18 hours of training/orientation PRIOR to receiving their license (if a 2 parent family, both husband and wife must complete the hours)
9. If an applicant has ever been in counseling, therapy and/or treatment, a release of information must be completed for Licensing staff to obtain information from service providers
10. A background check is completed on the respite care provider(s) listed on the application

Special Requirements for Treatment Foster Care

In addition to these regulations, Treatment Foster Care Parents must also meet 2 of the following 5 criteria:

1. Have a High School Diploma or G.E.D.
2. 1 year experience as a licensed foster parent with a child in placement
3. 500 hours experience as a Respite Provider
4. 5 years experience as a parent or working with children
5. A substantial relationship with the child being placed
Innovative Family Partnerships, Inc.

SHARED FAMILY CARE PROGRAM
Rights and Responsibilities Agreement

between ______________________________________ and ______________________________________

Birth Family

1. This program is designed to support you and your children as you make necessary changes in your life that will enhance the safety and well being of your family. Set goals for yourself and your children in 3 areas:
   ♦ taking care of yourself;
   ♦ meeting the physical and emotional needs of your children, and
   ♦ connecting to resources that assist you with developing self-care and child-care skills.
   Come to all meetings prepared to discuss your goals and your progress towards reaching your goals with your SFC team.

2. State to the Host/Mentor Family how she/he can help you meet your goals, involve them in your goal setting, and let them know if they are doing something that is not helpful for you. Sit down weekly with your Host/Mentor Family to talk about how it’s going and what you need from them. Do not isolate yourself when under stress.

3. Respect the rights, values and possessions of the Host/Mentor Family, as the same respect from the Host/Mentor Family is your right. Know that theft of another’s possessions can be reported to legal authorities and can be grounds for asking you to leave the program.

4. Participate as an active family member in family decision making such as selecting and preparing food, house cleaning, and planning activities for the children.

5. Do not put the Host/Mentor Family at risk of danger if you have an abusive family member or friend. Talk with the Host/Mentor Family before you invite a guest to the house. Be willing to file an Order for Protection if concerns for your or other’s safety continues.

Host/Mentor Family Responsibilities

1. Assist Birth Families in reaching their goals by supporting and cheering successes, sharing what has worked for you, helping to obtain community resources, and offering constructive feedback on what the family could do differently. Both families need to understand that you are mandated to report child neglect and abuse concerns onto both the Milwaukee Bureau of Child Welfare and the SFC Program Coordinator.

38 Shared Family Care Program
Innovative Family Partnerships, Inc.
2. Provide at minimum a separate bedroom with adequate furniture and storage space to assure a family’s privacy. A Birth Family must have some place in your home that they can claim as their own.

3. Include the Birth Family in all household decisions that effect everyone: shopping and preparation of food, budgeting, division of chores, and family or community events.

4. Complete paperwork documenting family’s progress toward meeting their goals and give to SFC Program Coordinator when it is due. Come prepared to discuss goals and strategies to help families meet their goals during the team meetings.

5. Be available to offer follow up support to the Birth Family after they leave your home.

**House Rules Contract**
( cover any bottom line rules you need to successfully live together, involving household upkeep, visitors, care and discipline of children, privacy areas, etc.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

SIGNATURES:

Birth Family                  Date                  Host/Mentor Family                  Date

39  Shared Family Care Program
Innovative Family Partnerships, Inc.
SFC TEAM MEETING REPORT

This form is to be completed after each monthly team meeting.

Check one: __________ Initial team meeting ____________30-day Review

Meeting Date:________________________________________

Name of Birth Family:_______________________________________________

Birth Parent(s) date of birth:___________________________/___________________________

BMCW Case # ____________________________________________

Name of Host/Mentor Family: ________________________________________________

Has there been a change in the placement since the last team meeting? (check one)

N/A
No
Yes (Date____________________________)

Meeting Location:

Host/Mentor’s home                  School
Birth Parent’s home        IFPI Office
Other: (where?)__________________________________________

Who chaired the meeting?  
SFC Program Coordinator
BMCW Ongoing Case Manager
Birth Parent
Host/Mentor Parent
CSSW Case Manager
MWC Case Manager
YW-Works Case Manager
Other team member
(name:_____________________________________)
# SFC Team Member Sign-In

<table>
<thead>
<tr>
<th>NAME:</th>
<th>ROLE</th>
<th>PHONE #</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WEEKLY REPORT FOR HOST/MENTOR PARENT

Date: __________________________

**Host/Mentor Parent:** Please think back over the past 7 days. Circle the number of any of the following parenting behaviors you observed during that period of time.

<table>
<thead>
<tr>
<th>BEHAVIOR</th>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. offered encouragement</td>
<td></td>
</tr>
<tr>
<td>2. instructed/taught child</td>
<td></td>
</tr>
<tr>
<td>3. used distraction in a problem situation</td>
<td></td>
</tr>
<tr>
<td>4. showed affection</td>
<td></td>
</tr>
<tr>
<td>5. showed frustration</td>
<td></td>
</tr>
<tr>
<td>6. ignored the child</td>
<td></td>
</tr>
<tr>
<td>7. played with the child</td>
<td></td>
</tr>
<tr>
<td>8. lost temper</td>
<td></td>
</tr>
<tr>
<td>9. threatened the child</td>
<td></td>
</tr>
<tr>
<td>10. used physical force</td>
<td></td>
</tr>
<tr>
<td>11. laughed with/smiled at the child</td>
<td></td>
</tr>
<tr>
<td>12. provided comfort/security</td>
<td></td>
</tr>
<tr>
<td>13. made clear specific requests</td>
<td></td>
</tr>
<tr>
<td>14. followed up with encouragement when child complied</td>
<td></td>
</tr>
<tr>
<td>15. listened</td>
<td></td>
</tr>
<tr>
<td>16. ___________________________________________</td>
<td></td>
</tr>
</tbody>
</table>
**WEEKLY REPORT FOR BIRTH PARENT**

Date: ________________________________

**Birth Parent:** Please think back over the past 7 days. Circle the number of any of the following self-care behaviors that you did/observed during this period of time.

<table>
<thead>
<tr>
<th>BEHAVIOR</th>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. said something positive about self</td>
<td></td>
</tr>
<tr>
<td>2. talked to a friend</td>
<td></td>
</tr>
<tr>
<td>3. engaged in positive/healthy activity</td>
<td></td>
</tr>
<tr>
<td>4. got enough rest</td>
<td></td>
</tr>
<tr>
<td>5. practiced stress reduction</td>
<td></td>
</tr>
<tr>
<td>6. ate regularly in a healthy way</td>
<td></td>
</tr>
<tr>
<td>7. communicated anger/frustration appropriately</td>
<td></td>
</tr>
<tr>
<td>8. asked for help when needed</td>
<td></td>
</tr>
<tr>
<td>9. gathered information from community resource</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td></td>
</tr>
<tr>
<td><strong>Birth Parent:</strong></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Date of Placement:</strong><strong>/</strong>/</td>
<td><strong>Date IFP completed:</strong><strong>/</strong>/</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Host/Mentor Family</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Ongoing Case Manager</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Extended Family Members</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Other Members of the Support Team</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Agency:</strong></td>
</tr>
</tbody>
</table>

**Reason for placement in Shared Family Care:**

---

Shared Family Care Program
Innovative Family Partnerships, Inc.
I.F.P. for: ____________________________________________________________

NEEDS: (psychological, physical, educational, housing, social, recreational, spiritual, etc.)

1. _______________________________________________________________________
   _______________________________________________________________________

2. _______________________________________________________________________
   _______________________________________________________________________

3. _______________________________________________________________________
   _______________________________________________________________________

4. _______________________________________________________________________
   _______________________________________________________________________

5. _______________________________________________________________________
   _______________________________________________________________________

6. _______________________________________________________________________
   _______________________________________________________________________

7. _______________________________________________________________________
   _______________________________________________________________________

8. _______________________________________________________________________
   _______________________________________________________________________

9. _______________________________________________________________________
   _______________________________________________________________________

STRENGTHS:
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

45 Shared Family Care Program
   Innovative Family Partnerships, Inc.
I.F.P. for: ______________________________________

Placement Goal # 1: ____________________________________________
_______________________________________________________________
_______________________________________________________________

Indicators of progress:
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

Expected outcome:
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

Most favorable outcome:
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

<table>
<thead>
<tr>
<th>Tasks to be completed</th>
<th>By Whom</th>
<th>By When</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments/notes: ____________________________________________________
_______________________________________________________________
_____________________________________________________________

46 Shared Family Care Program
Innovative Family Partnerships, Inc.
I.F.P. for: ____________________________________________

Placement Goal # 2: ___________________________________

_____________________________________________________

Indicators of progress:

_____________________________________________________

Expected outcome:

_____________________________________________________

Most favorable outcome:

_____________________________________________________

<table>
<thead>
<tr>
<th>Tasks to be completed</th>
<th>By Whom</th>
<th>By When</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments/notes: _______________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

47  Shared Family Care Program
    Innovative Family Partnerships, Inc.
I.F.P. for: ____________________________________________

Placement Goal # 3: _________________________________________

___________________________________________________________

___________________________________________________________

Indicators of progress:

___________________________________________________________

___________________________________________________________

Expected outcome:

___________________________________________________________

___________________________________________________________

Most favorable outcome:

___________________________________________________________

___________________________________________________________

Tasks to be completed

<table>
<thead>
<tr>
<th>Tasks to be completed</th>
<th>By Whom</th>
<th>By When</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments/notes: _______________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

48 Shared Family Care Program
Innovative Family Partnerships, Inc.
**I.F.P. for: ______________________________**

**Placement Goal # 4:**

___________________________________________________________

___________________________________________________________

_____________________________________________________

**Indicators of progress:**

_________________________________________________________

_________________________________________________________

_____________________________________________________

**Expected outcome:**

_________________________________________________________

_________________________________________________________

_____________________________________________________

**Most favorable outcome:**

_________________________________________________________

_________________________________________________________

_____________________________________________________

<table>
<thead>
<tr>
<th>Tasks to be completed</th>
<th>By Whom</th>
<th>By When</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments/notes:**

________________________________________________________________

________________________________________________________________

________________________________________________________________

49 Shared Family Care Program
Innovative Family Partnerships, Inc.
I.F.P. for:____________________________________

Placement Goal # 5: ________________________________________________
___________________________________________________________________
___________________________________________________________________

Indicators of progress:
___________________________________________________________________
___________________________________________________________________

Expected outcome:
___________________________________________________________________
___________________________________________________________________

Most favorable outcome:
___________________________________________________________________
___________________________________________________________________

<table>
<thead>
<tr>
<th>Tasks to be completed</th>
<th>By Whom</th>
<th>By When</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments/notes:___________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________

50 Shared Family Care Program
Innovative Family Partnerships, Inc.
Services, resources and information needed:

1. __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. __________________________________________________________
   __________________________________________________________
   __________________________________________________________

5. __________________________________________________________
   __________________________________________________________
   __________________________________________________________

6. __________________________________________________________
   __________________________________________________________
   __________________________________________________________

7. __________________________________________________________
   __________________________________________________________
   __________________________________________________________

8. __________________________________________________________
   __________________________________________________________

9. __________________________________________________________
   __________________________________________________________
   __________________________________________________________

10. __________________________________________________________
    __________________________________________________________
     __________________________________________________________

Shared Family Care Program
Innovative Family Partnerships, Inc.
I.F.P. for: __________________________________________________________

Service Providers (goal#       ): ______________________________________
Address: ____________________________________________________________
Phone#: ____________________________________________________________
Responsibilities: ______________________________________________________
____________________________________________________________________
____________________________________________________________________

Service Providers (goal#       ): ______________________________________
Address: ____________________________________________________________
Phone#: ____________________________________________________________
Responsibilities: ______________________________________________________
____________________________________________________________________
____________________________________________________________________

Service Providers (goal#       ): ______________________________________
Address: ____________________________________________________________
Phone#: ____________________________________________________________
Responsibilities: ______________________________________________________
____________________________________________________________________
____________________________________________________________________

Service Providers (goal#       ): ______________________________________
Address: ____________________________________________________________
Phone#: ____________________________________________________________
Responsibilities: ______________________________________________________
____________________________________________________________________
____________________________________________________________________

52  Shared Family Care Program
    Innovative Family Partnerships, Inc.
I.F.P. for:__________________________________________________________

Service Providers (goal#       ):____________________________________
Address:_____________________________________________________________
Phone#:_____________________________________________________________
Responsibilities:________________________________________________________________
________________________________________________________________
________________________________________________________________

Service Providers (goal#       ):____________________________________
Address:_____________________________________________________________
Phone#:_____________________________________________________________
Responsibilities:________________________________________________________________
________________________________________________________________
________________________________________________________________

Service Providers (goal#       ):____________________________________
Address:_____________________________________________________________
Phone#:_____________________________________________________________
Responsibilities:________________________________________________________________
________________________________________________________________
________________________________________________________________

Next Team Meeting: ________________________________________________
________________________________________
(Signature) SFC Program Coordinator
## Budgeting Worksheet:
### Income Sources:

<table>
<thead>
<tr>
<th>Employment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Support</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Expenses:

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount:</th>
<th>*Fixed or Variable Expense:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RENT</td>
<td>FIXED</td>
<td></td>
</tr>
<tr>
<td>CHILD CARE</td>
<td>FIXED</td>
<td></td>
</tr>
<tr>
<td>ELECTRICITY</td>
<td>FIXED</td>
<td></td>
</tr>
<tr>
<td>GAS</td>
<td>FIXED</td>
<td></td>
</tr>
<tr>
<td>PHONE</td>
<td>FIXED</td>
<td></td>
</tr>
<tr>
<td>FOOD (GROCERIES AND TOILETRIES ONLY)</td>
<td>VARIABLE</td>
<td></td>
</tr>
<tr>
<td>LAUNDRY</td>
<td>VARIABLE</td>
<td></td>
</tr>
<tr>
<td>TRANSPORTATION</td>
<td>FIXED</td>
<td></td>
</tr>
<tr>
<td>CLOTHES</td>
<td>VARIABLE</td>
<td></td>
</tr>
<tr>
<td>STUDENT LOAN</td>
<td>FIXED</td>
<td></td>
</tr>
<tr>
<td>CABLE</td>
<td>VARIABLE</td>
<td></td>
</tr>
<tr>
<td>ENTERTAINMENT</td>
<td>VARIABLE</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td>VARIABLE</td>
<td></td>
</tr>
</tbody>
</table>

### TOTAL MONTHLY EXPENSES:

- **FIXED** EXPENSE IS ONE THAT CANNOT BE CHANGED BY THE CONSUMER
- **VARIABLE** EXPENSE IS ONE THAT CAN BE CHANGED BY THE CONSUMER TO ALLOW FOR MORE MONEY IN ANOTHER AREA
SUBTRACT TOTAL EXPENSES FROM TOTAL INCOME:

<table>
<thead>
<tr>
<th>TOTAL INCOME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL EXPENSES</td>
<td>-</td>
</tr>
<tr>
<td>MONEY LEFT OR NEEDED</td>
<td></td>
</tr>
</tbody>
</table>

♦ If there is money left, then you may leave the budget the way it is and use the extra money to pay off overdue bills, debts, or put it into savings. If the answer is a negative number, then money is needed and you must refigure some of the variable expenses in order to break even. For example, cut the cable down to basic cable or cut it off completely, use coupons, advantage cards and buy generic items at the grocery store to save money, do not go out to eat, rent movies instead of going to the theatre, etc.

♦ You must stick to the budget after it is completed in order for it to work. Do not give into temptations to go out to eat instead of cook, buy unnecessary items such as toys and clothes, buy snack foods in bulk or cut them out of your diet, etc.
COMPLAINTS AND GRIEVANCES

IFPI wants to insure positive relations with participants and providers so that the needs of Ongoing Case Management and SFC participants are met and their rights preserved. The following policy and procedures insure that issues and concerns get addressed and documented in a fair and timely fashion. This policy applies to both participants and service providers.

INNOVATIVE FAMILY PARTNERSHIPS, INC.

COMPLAINT AND GRIEVANCE POLICY AND PROCEDURE

POLICY

INNOVATIVE FAMILY PARTNERSHIPS, Inc. may receive complaints and grievances from participants or providers either telephonically or through a written request. These requests will be addressed in a timely manner and IFPI will seek to establish a resolution which is mutually agreeable to both parties. Participants or providers filing complaints or grievances will not be subject to retaliation.
DEFINITIONS

A *complaint* is any verbal or written expression of dissatisfaction with any aspect of IFPI’s administrative, care management or claim payment practices, which are not immediately resolved to the participant or the provider’s satisfaction. Participants and their representatives/guardians have the right to file a complaint with IFPI directly that relates to any dissatisfaction with the services rendered by IFPI and/or a network provider. This includes IFPI decision that leads to a decision to terminate, suspend, reduce or not provide services to participants.

A *grievance* is the formal process by which a provider or a participant may request a Quality Management Committee review of any *complaint* which is not resolved to the provider and/or participant’s satisfaction.
COMPLAINT PROCEDURE:

A complaint may be filed telephonically by contacting IFPI at (414) 535-7233, or in writing by submitting the “IFPI Participant/Provider Complaint Form”.

Within five days of receipt of a complaint, the Lead Supervisor will send an acknowledgement letter to the complainant. If the complaint is registered telephonically, the Lead Supervisor will advise the caller that their complaint will be researched and they will be advised of the status within ten (10) business days.

IFPI will investigate the complaint and request any additional documentation necessary to complete the investigation. For complaints that lend themselves to immediate resolution, the Lead Supervisor will advise the IFPI worker of follow up action to be taken. The IFPI worker will perform the necessary follow up and will advise the party who initiated the complaint of the disposition telephonically, or by utilizing the “Notification of Complaint Resolution” form.

If the complaint cannot be resolved at this level, (or if the complainant is not satisfied with the resolution) the Lead Supervisor will recommend that the complaint be raised to the level of a “Grievance”.

Forms:
1. Notice of Complaint Form: Outlines information concerning the nature of the complaint and the party who initiated the complaint.
2. Complaint Acknowledgment Form: Sent within 24 hours of receipt of written complaint.
3. Notification of Complaint Resolution Form: Form letter sent to party who initiated the complaint advising of resolution.
4. Complaints Tracking Log: Log utilized by IFPI to track complaints on a monthly basis.

Samples of these forms can be found following the text of this policy and procedure. Please make copies for your use in filing a complaint or grievance.
GRIEVANCE PROCEDURE:

All grievances should begin as complaints. Grievances should be submitted on the “Participant/Provider Grievance Form”. The party submitting the grievance should complete this form.

A “Grievance Acknowledgement Letter” will be sent within twenty-four (24) hours of receipt of the written grievance submission. The Lead Supervisor will be responsible for completing this step within the appropriate time frame. The Lead Supervisor will conduct any additional research necessary and present the grievance to the Quality Management Committee. The Quality Management Committee will meet within fifteen (15) business days of the receipt of all information pertinent to the grievance and the entire process will take no more than forty-five (45) days from the receipt of all information.

Participants and Providers will be informed in writing of the Quality Management Committee decision within fifteen (15) business days. The Lead Supervisor will follow up on any work necessary to resolve the grievance and complete the Notification of Grievance Resolution form letter. This letter will be sent to the person registering the grievance. The inquiry should then be closed. The Lead Supervisor will log all grievances for quality improvement initiatives.

Forms:

1. Participant/Provider Grievance Form: Outlines information concerning the nature of the grievance and initiating party.
2. Grievance Acknowledgment Form: Sent within twenty-four (24) hours of receipt of the grievance
3. Notification of Grievance Resolution: Sent to initiating party informing of resolution
4. Grievance Monthly Summary: Log used to track grievances on a monthly basis.
INNOVATIVE FAMILY PARTNERSHIPS, INC.  
PARTICIPANT/PROVIDER COMPLAINT FORM

IFPI has a formal mechanism to allow a review of a problem or issue that has not been resolved to your satisfaction. This process begins after you have tried to resolve a problem or issue with the appropriate party informally and when you are not satisfied with the answer or response given to your complaint.

Please complete this form and return it to the following address:

INNOVATIVE FAMILY PARTNERSHIPS, INC.  
5444 WEST FOND DU LAC AVE.  
MILWAUKEE, WI.  53216

Within 24 hours or one business day of our receipt of this complaint, we will mail an acknowledgement letter to the address you indicate below. A resolution to your complaint should be achieved within ten (10) business days.

Today's Date: ____________________________

Your Name: ________________________________________________________

Your Street Address: ________________________________________________

Your City/Town: _________________________ State:_______ ZIP:___________

Your Telephone Number: Home: _______________ Work: ________________

In the space below, please describe your complaint. Use the back of this form or additional sheets if necessary. Attach additional information you think will help resolve this complaint to your satisfaction.
IFPI has a formal mechanism to allow a review of a complaint that has not been resolved to your satisfaction. This process begins after you have registered a complaint either telephonically or in written form and you are not satisfied with the answer or response given to your complaint.

Please complete this form and return it to the following address:

INNOVATIVE FAMILY PARTNERSHIPS, INC.
5444 WEST FOND DU LAC AVE.
MILWAUKEE, WI.  53216

Within 24 hours or one business day of our receipt of this grievance, we will mail an acknowledgement letter to the address you indicate below. The Quality Management Committee will review your grievance and any relevant information and documentation and make a decision within 45 days.

Today’s Date: ____________________________

Your Name: ________________________________________________________

Your Street Address: ________________________________________________

Your City/Town: _________________________State:_______ZIP:___________

Your Telephone Number:  Home: _______________ Work: ________________

In the space below, please describe your grievance. Use the back of this form or additional sheets if necessary. Attach additional information you think will help resolve this grievance to your satisfaction.
Date:

Name
Address 1
Address 2
Address 3.

Dear ________________,

The purpose of this letter is to acknowledge that we have received the Complaint Form that you sent to this office.

We will review your complaint and notify you of our decision. If we need additional information we will contact you. Within ten days from the date we received your completed form, we will send you a written notification of our decision concerning your complaint.

Yours truly,

Lead Supervisor
Innovative Family Partnerships, Inc.
INNOVATIVE FAMILY PARTNERSHIPS INC.
GRIEVANCE ACKNOWLEDGEMENT LETTER

Date:

Name
Address 1
Address 2
Address 3.

Dear ________________,

The purpose of this letter is to acknowledge that we have received the Grievance Form that you sent to this office.

We will review your Grievance and notify you of our decision. If we need additional information we will contact you. Within ten days from the date we received your completed form, we will send you a written notification of our decision concerning your Grievance.

Yours truly,

Executive Director,
Innovative Family Partnerships

63  Shared Family Care Program
Innovative Family Partnerships, Inc.
Date

Name
Address 1
Address2
Address 3

Dear ________________,

The purpose of this letter is to inform you of the decision on the issue or problem submitted to IFPI.

(Insert Text)

If you are dissatisfied with this decision, you may request a higher level review. Notify the Executive Director of IFPI at 414-535-7233 that you are dissatisfied with the outcome of your complaint and you wish to submit a formal Grievance.

Yours truly,

Lead Supervisor.
Innovative Family Partnerships, Inc.
INNOVATIVE FAMILY PARTNERSHIPS, INC.
Notification of Grievance Resolution

Date

Name
Address 1
Address2
Address 3

Dear ________________,

The purpose of this letter is to inform you of the decision on the grievance submitted to IFPI.

(Insert Text)

Yours truly,

Executive Director,
Innovative Family Partnerships, Inc.

65  Shared Family Care Program
Innovative Family Partnerships, Inc.