STATE OF HAWAII SOCIAL SERVICES DIVISION DEPARTMENT OF HUMAN SERVICES CHILD WELFARE SERVICES



# RESOURCE CAREGIVER APPLICANT LICENSING CHECKLIST

Thank you for your interest in becoming a resource caregiver/family to provide temporary care for children/youth who are in foster care. The items listed below are **required for all applicants** applying to be a resource caregiver in the State of Hawai`i. All licensing requirements must be **completed within 90-days** from the date you signed your application (General-License Applicants) or from the date the child/ren were placed with you (Child-Specific Applicants). Please use this checklist to keep track of all required documents submitted through your online licensing portal account and to see what additional information is needed to complete your application.

If you notice that this list and your licensing portal account reflect any outstanding licensing requirements, please contact your Child Welfare Services (CWS) Licensing Worker to receive assistance with the outstanding licensing requirements. For additional support, you may contact Binti customer support using the chat feature in the licensing portal on the bottom right-hand corner.

- Please log in to your online licensing portal account (<u>https://family.binti.com/users/login</u>) to see all documents and forms that are outstanding. You can also verify what documents and forms have been received by CWS and providers.
- If you have completed the forms requirements, you will see a green check mark indicating that item is complete. If you do not see a green check mark and you believe you have fulfilled the requirement, use the Binti Chat feature to seek live support (during business hours).
- Please upload all documents into your online licensing portal account **do not mail anything** (taking a photo of the document and uploading is acceptable please make sure the document contents can be clearly seen and legible).
- All documents submitted must be dated within one year of the date your application was signed.
- Providing false information is immediate grounds of denial of your application.

## Initial Required Forms

#### <u>Forms</u>

- □ Resource Caregiver Application (DHS 1583)
- □ Background Clearance Record Check (DHS 1623) For EVERY adult in the home
- □ FBI Fingerprinting (schedule appointment to be fingerprinted) For **EVERY** adult in the home
- □ Offer and Acceptance or Waiver of Free Interpreter Services (DHS 5000) <u>All</u> Adults in the Home
- $\hfill\square$  Adam Walsh Out of State Child Abuse and Neglect Consent Form
- □ Valid driver's license/government issued ID for <u>ALL ADULTS IN THE HOME</u>

# \*\*children/youth are <u>NOT</u> allowed to be placed in the home if <u>ANY</u> adult does not have a valid driver's license/government issued ID/passport/resident card

#### Supporting Documents

#### Licensing Forms

- □ Rights of Children in Foster Care
- □ Resource Family Basics
- □ FBI Fingerprints Scheduled Appointment (must schedule appointment within 10-days from signing application)
- Resource Caregiver Substitute Caretaker Plan
- □ Home Inspection Checklist

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#### Agency Forms Signed by Applicant and Applicant's Spouse

Catholic Charities Hawaii Release of Information Form

#### Documents Uploaded by Applicant and Applicant's Spouse

- □ Current auto insurance for all vehicles
- □ Income Verification
- □ Marriage Certificate/Divorce Certificate
- Employment History Form
- Fire Escape Plan
- □ Family photo All household members
- □ TB clearances/screening assessment results—All adults and children over 12-months old in the home
- □ Resource Caregiver Applicant Health Questionnaire Form (Applicant and Applicant's Spouse)

## Information Required for Applicant and Applicant's Spouse

- □ List <u>ALL</u> other adults in the home and other significant adults (if applicable).
- □ List <u>ALL</u> of your biological, legal guardianship, and adopted children in the home
- □ 2 references (1 relative and 1 non-relative)
- □ Child Abuse and Neglect Consent for ALL adults in the home and other significant adults (if applicable).
- □ Housing Assistance (if applicable)

### Other forms required on an as-needed basis (Upload to Miscellaneous)

- □ Consents for Clinical Clearance's
- □ Financial Assistance Form
- □ Additional information request from other foster care and/or adoption agencies
- □ Additional information request from service providers/agencies
- □ Any certificates/letters/documentation of past services completed to support rehabilitation

### Complete Year 1 Pre-Service H.A.N.A.I Training (14 hours)

□ Visit (<u>https://rcg.hawaii.gov/trainings/</u>)

- Register and complete <u>each</u> of the following Pre-Service Trainings Sessions (14 Hours Total)
  - Session 1-A
  - Session 1-B
  - Session 1-C
  - Session 1-D
  - Session 1-E

#### **Resource Caregiver Warm Line**

Support Services and Information for Parent's whos children are in foster care, Resource Caregivers (including Hale Malama RCG's), Adoptive Parents, Guardianship Parents, and ICPC Families

#### 7-days a week from 8:30 a.m. – 10:00 p.m.

The Resource Caregiver Warm Line is a number you can call for information, referrals, & telephone support. You can find more information on support group schedules, trainings, and other resources by visiting the DHS informational website for all Hawaii resource caregivers at: <u>http://rcg.hawaii.gov</u>

#### Call: (808) 545-1130 (Oahu) or 1-866-545-0882 (Toll-free for Neighbor Islands)

E-mail: WarmLine@CatholicCharitiesHawaii.org

# **DESCRIPTION OF EACH REQUIRED ITEM**

- Adam Walsh Out of State Child Abuse and Neglect Clearance Consent Form Required for all adults in the household who resided in a state outside of Hawaii within the past five years. Use each applicable state consent form and provide to your CWS Licensing Worker immediately for processing.
- Additional Information Request If you provided foster care or adopted through another state or private agency, we will need your consent to obtain copies of your records from that state and/or agency, service provider/therapist/treatment facility.
- □ **Background Clearance Record Check (DHS 1623):** One for <u>EACH</u> adult 18 years old and older who lives in the home, and other significant adults (if applicable).
- □ **Catholic Charities Hawaii Release of Information Form**: One for each adult 18 years old and older who lives in the home and other significant adults (if applicable).
- □ Child Abuse and Neglect Consent: One for each adult 18 years old and older who live in the home, and other significant adults (if applicable).
- □ **Resource Caregiver Substitute Caretaker Plan**: List of names and contact information for potential short-term childcare providers.
- □ **Consents for Clinical Clearance/s** In some cases, if you or other adults in the home sought counseling, we will need your consent to obtain specific information from that counselor or therapist on the progress you made with the issue that received support with.
- **Current Auto Insurance:** Insurance cards for all cars that will be used to transport the foster child/ren.
- □ **Current Driver's License/ID:** For prospective resource caregiver(s) and any others that will be transporting the foster child/ren.
- **Employment History Forms:** Complete one form for each applicant and each employer within the past 3 years.
- □ **Family Photo:** Include everyone in the household; photo of family together or individually. If you are provisionally licensed and providing care for child(ren) in foster care please do <u>NOT</u> include the photo you submit as part of your licensing packet.
- **FBI Clearance Form:** Fingerprinting is required for all adults in the home who are 18 years old and older.
- □ **Financial Assistance Form:** Applicable if receiving government assistance: food stamps (verification letter required), financial, or housing assistance (Section 8 housing will require a letter from your landlord or Section 8 worker, providing approval for you to have children from foster care in your home).
- □ **Fire Escape/Emergency Plan:** A drawing of a fire/emergency escape plan for your home.
- General Excise License: Applicable if you are self-employed or own your own business.
- □ Home Inspection Checklist: Standards for a resource family home for a child in the custody of the Department.
- Home Study: Includes interviews with all household members and typically takes 6 10 hours to complete. A Home Study Assessor from Catholic Charities Hawaii will schedule and conduct all interviews. Using information gathered during the interviews, the Home Study Assessor will write a Home Study which will be used to determine if an unconditional "certificate of approval" shall be issued by CWS.
- □ **Income Verification**: For each applicant provide one of the following: one month of pay stubs, tax information, proof of child support, alimony, etc.
- □ **Resource Caregiver Applicant Health Questionnaire:** Applicant and Co-Applicant will each complete their own health questionnaire form. The form will also be used as their consent to follow up with their treating physician if DHS has additional question. See instructions on form.
- □ Offer and Acceptance or Waiver of Free Interpreter Services (DHS 5000): One for each adult 18 years and older who live in the home.
- Pre-Service H.A.N.A.I. Training: All new resource caregivers are required to complete pre-service training as part of the licensing requirements which is 5 sessions totaling 14-hours for Year 1 (initial license year). Visit <u>http://rcg.hawaii.gov/trainings</u> to register.
- **Resource Family Basics:** Reviewed and signed by applicants in the online licensing portal.
- **TB Clearances:** Copy of current results/screening (TB symptom screen, skin test, or chest x-ray) for <u>ALL</u> household members over 12-months of age. Results must be dated within 1 year of application.

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