

## DSS Policy and Procedure Guide

Division 03: Child Welfare

Chapter 03: Initial Response/Detention

### Item 034: **Denial of Financial Assistance/Compensation for Services to Families Who Meet the Criteria for Denial of Reunification Services**

Suggested changes send to: [DSS Child Welfare QA](#) Issued: September 7, 2018

References: WIC 361.5(b), **WIC 361.5(e)(1)** **Revisions in Red**

Disclosure Regarding Financial Responsibilities Form

Replaces Issue: October 6, 2009

#### **Policy:**

It is the policy of the Department of Social Services (DSS) that families who meet the criteria for Denial of Reunification Services (WIC 361.5 (b) **and/or WIC 361.5(e)(1)**) shall not be eligible to receive financial assistance/compensation for services from DSS.

#### **Purpose:**

To clarify qualifications for financial assistance/compensation funded by DSS for families who are not eligible for reunification services.

#### **Link to Reference:**

[Law section](#)

#### **Procedure:**

- DSS social workers (**SW**) shall meet with families to assess **and** direct families to all potential services that may be beneficial to the family in reducing potential future risk to the child(ren).
- DSS **SWs** will inform families how to access potential services and where they are located, providing families with a list of community resources.
- DSS **SWs** will inform families that they will be financially responsible for any services they participate in to assist them in the areas that brought their child(ren) into the Child Welfare system.
- DSS **SWs** will inform families that it is their responsibility to collect proof of completion of services they complete as evidence and provide proof to their social worker and attorney.
- DSS will provide the “Disclosure Regarding Financial Responsibilities for Parents on Cases That Meet Eligibility for 361.5 (b) **and/or 361.5(e)(1)** Denial of Services” form to families for signature and submission to Juvenile Court.
- There can be exceptions to this policy on a case by case basis for families with extenuating circumstances. Provision of services may be possible upon Program Manager approval.

**DISCLOSURE REGARDING FINANCIAL RESPONSIBILITIES FOR  
PARENTS ON CASES THAT MEET ELIGIBILITY FOR 361.5 (b) and/or 361.5(e)(1) DENIAL OF SERVICES  
Fresno County Department of Social Services (DSS)**

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Social Worker: \_\_\_\_\_

Parent Name  
Information Provided To: \_\_\_\_\_

<u>Identified Child(ren):</u>	<u>Name:</u>	<u>Date of Birth:</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Based on an assessment of your individual case, your case is eligible to be denied reunification services with your child at the Disposition hearing (361.5 (b) and/or WIC 361.5(e)(1)).

1. DSS WILL NOT finance the cost for any services for parents in this case. **The only exception might be for the Department to have discretion to spot drug test you in order to determine if you are currently abusing controlled substances, alcohol and/or marijuana. Parent/guardians are not to be under the influence of controlled substances, alcohol and/or marijuana while visiting their child(ren).**
2. DSS will assess **and** direct you to the most appropriate services available in your community that would be beneficial in your case.
3. I have been provided with a list of resources for services within my community.
4. I will be financially responsible for any services that I may participate in to address the problems that brought my child(ren) into the foster care system.
5. I understand that I will need to collect proof of completion of any services I complete as evidence and provide it to my social worker and attorney.

I HAVE READ THE ABOVE AND UNDERSTAND THIS DOCUMENT WILL BE SUBMITTED TO THE FRESNO COUNTY JUVENILE DEPENDENCY COURT:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_