



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES
Division of Protection and Permanency
COA Accredited Agency**

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Contract Correspondence Transmittal (CCT)

CCT Number: 16-06	Date of Issue: 6/10/16
Issuance: Division of Protection and Permanency, Assistant Director-Christa Bell <i>CBell</i>	
Key Words/Phrases: PCP Snapshot and Home Study Distribution Requirements	
Attachments/Forms: PCP Snapshot	

The purpose of this transmittal is to provide Private Child-Placing staff clarification regarding the distribution of the Foster Parent Snapshot and the Home Study.

The Foster Parent Snapshot may be provided currently to Regional Placement Coordinators (RPC) for distribution to Social Service Workers (SSW). Use of the Snapshot is encouraged currently and will be required in the SFY 2017 PCC Agreement. After receiving the PCP Snapshot the worker may then request the full Home Study if additional information is needed about the home. RPCs will request both the Snapshot and the Home Study if requested by the worker. The SFY 2017 PCC Agreement also requires agencies to provide a copy of the foster/adoptive parent's home study upon request of the Cabinet Social Service Worker.

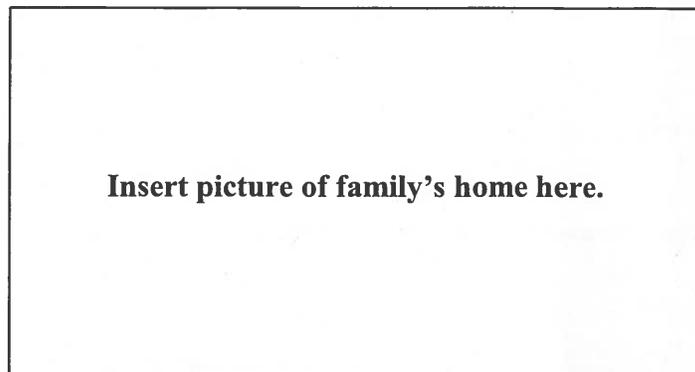
It is important for the worker to have both the Snapshot and the Home Study when necessary, as they both contain important information for the worker to consider in choosing a placement. The Snapshot is beneficial in providing current information at a glance, such as the number and ages of children currently in the home, school distances and the current address. Home studies may not contain this information, but may contain relevant information the Snapshot does not, such as family's values system, experiences or culture. It should be feasible to provide both, as this information can be transmitted electronically alleviating additional work it would have taken in the past when these files had to be faxed and retained in hard copy.

In addition, a Protection and Permanency Information Memorandum (PPIM) has been drafted to inform frontline and regional DCBS staff of the aforementioned Snapshot Requirement and the home study distribution process. Frontline and regional DCBS staff are advised that the home study distribution process shall ensure the confidentiality of the foster parent's home study so that information is not released or shared inappropriately. This includes deleting electronic copies of the home study, shredding the hard copy home study when that foster home was not selected for placement, not sharing confidential information with a child in the custody of the Cabinet or their relatives and not storing a copy of the home study in the child or family's file.

If you have any questions regarding this transmittal please contact Christa Bell at Christa.Bell@ky.gov or by telephone at (502) 564-6852.

THERAPEUTIC FOSTER HOME SNAPSHOT

Agency:	
Contact:	
Foster Family Name:	
Location:	
Location Type: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural	
County:	City:
School District:	



Family Structure:	<input type="checkbox"/> Married Couple <input type="checkbox"/> Unmarried Couple <input type="checkbox"/> Single Female <input type="checkbox"/> Single Male	
Primary Caregiver Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Occupation(s):	Foster Parent 1:	Foster Parent 2:
Birth Date of Parent(s):	Foster Parent 1:	Foster Parent 2:
Date of Approval:		
Total Years Fostering:		
Child Care Arrangement:		
Ability to Assist with Transport to Visit	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Previous Placements:		
Reason for Placement Moves:		
Family's Religious Affiliation:		
Family's Plan to Support Child's Faith:		
Primary Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
Age and gender of each child currently in the home (indicate if biological, adopted, foster child or other)		
1.	2.	3.
4.	5.	6.
Name, gender, age and relationship of any other adults in the home		
1.	2.	
3.	4.	

Approved for: beds **Number of beds currently available:** **Sleeping arrangements for new child:**
Prefer: Males Females Either **Ages:** 12 years and under over 12 years *5-21
Adoptive Home: Yes No **Medically Fragile Home:** Yes No
Will an exception be required to make this placement? Yes No

Any additional information: