



North Carolina Department of Health and Human Services
Division of Social Services

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Wayne E. Black
Division Director

JULY 1, 2014

DEAR COUNTY DIRECTORS OF SOCIAL SERVICES AND EXECUTIVE DIRECTORS OF PRIVATE CHILD-PLACING AGENCIES FOR FOSTER CARE

ATTENTION: CHILD WELFARE PROGRAM ADMINISTRATORS AND/OR MANAGERS AND FOSTER HOME LICENSING STAFF

SUBJECT: REVISION OF FOSTER HOME LICENSE APPLICATION (DSS-5016) AND OF FOSTER HOME RELICENSE APPLICATION (DSS-5157)

In July 2013, the North Carolina Division of Social Services (the Division) requested the assistance of a workgroup comprised of representatives from both public and private child-serving agencies to provide recommendations aimed at reducing the number of errors in foster home licensing transactions. As agencies are aware, submission of incomplete or inaccurate licensure packets to the Licensing and Regulatory Office can cause delays in the licensure of foster homes. These delays can cause negative impacts on foster families, the agencies that serve those families and most importantly on the foster children served in those homes. This workgroup submitted their proposed recommendations to the Division in May 2014.

The *Foster Home License Application* (DSS-5016) and the *Foster Home Relicense Application* (DSS-5157) have been revised to reduce the number of errors in foster home licensure or re-licensure transactions.

This is a summary of the revisions made to those forms:

DSS-5016 (<http://info.dhhs.state.nc.us/olm/forms/dss/dss-5016-ia.pdf>)

- Item VII; Letter D - Pets has been reformatted for clarity;
- Item VII; Letter E - Exterior Setting & Safety has been revised to provide better guidance related to documentation about bodies of water;
- Item X; Letter A - Physical and Mental Health of Applicants has been reformatted for clarity;
- Item X; Letter B - Mutual Home Assessment; Part I - Documentation of Family History has been revised to provide better guidance related to the type of information being requested within this section
- Item X; Letter B - Mutual Home Assessment; Part II - Documentation of Assessment of 12 Skills has been revised from open ended questions to specific questions related to each skill;
- Item X; Letter B - Mutual Home Assessment; Part IV - Assessment of Applicant's Financial Ability to Provide Foster Care has been revised for clarity.

Child Welfare Services

www.ncdhhs.gov • www.ncdhhs.gov/dss

Tel 828-669-3388 • Fax 828-669-3365

Location: Building 17 • 952 Old U.S. 70 Highway • Black Mountain, NC 28711

Mailing Address: • 952 Old U.S. 70 Highway • Black Mountain, NC 28711

An Equal Opportunity / Affirmative Action Employer



DSS-5157 (<http://info.dhhs.state.nc.us/olm/forms/dss/dss-5157-ia.pdf>)

- Question 13 - 16 have been reformatted for clarity.

In addition to these revisions, the Division has created a completion checklist for each of these forms, which are optional for agencies. It is the Division's intent that these forms serve as a "second-party" review to help ensure the accuracy of licensure documents prior to the submission of the packet to the Licensing and Regulatory Office. It is the strong recommendation of the workgroup that an individual, other than the Licensing Worker completing the licensing packet, conduct a second party review using these checklists. Please do not submit these checklists along with licensure transactions. Instead, please retain these checklists in the agency's local file for reference.

The revised foster home licensure and re-license forms (English and Spanish) in Microsoft® Word format are included with the transmission of this letter. A PDF version of these forms in multiple languages can be accessed on-line at <http://info.dhhs.state.nc.us/olm/forms/forms.aspx?dc=dss>. Agencies should begin using these revised forms immediately. However, the Licensing and Regulatory Office will accept the old forms for the next six months. The checklists for each foster home licensing form are also attached.

If you have any questions about the revised forms, please contact the Licensing and Regulatory Office at 828-669-3388 or your agency's licensure program consultant.

Sincerely,

A handwritten signature in blue ink that reads "Kevin Kelley". The signature is written in a cursive style with a large initial "K".

Kevin Kelley, Section Chief
Child Welfare Services

CWS-15-2014

cc: Jack Rogers
Child Welfare Services Team Leaders