DEPARTMENT OF HUMAN RESOURCES SOCIAL SERVICES ADMINISTRATION 311 W SARATOGA STREET BALTIMORE MARYLAND 21201

DATE: April 24, 2006

CIRUCULAR LETTER: SSA 06-12

TO: Directors, Local Department of Social Services

Assistant Directors for Services, Local Departments of Social Services Child Welfare Supervisors, Local Departments of Social Services

FROM: Dr. Rebecca Bridgett, Acting Executive Director

Social Services Administration

RE: Foster Parent/Caregiver Notification

PROGRAMS AFFECTED: Out-of-Placement Services (Foster/Kinship Care/Adoption)

ACTION REQUIRED OF: Out-of-Placement Staff

CONTACT PERSON: Sharon Hargrove, Manager

Out-of-Home Placement Services

410-767-7587

Judith Eveland

Resource Development Program Manager

410-767-7910

Purpose

This circular letter is to provide guidelines for completion of the Caregiver Notification of Hearing Form.

Background

The foster parents, pre-adoptive parents, or relative caregivers for any child in the care of a local department of social services either by commitment or guardianship shall be provided notice of, and an opportunity to be heard in, any review or hearing pertaining to the child. This requirement shall not be constructed to require that any foster parent, pre-adoptive parent or relative caregiver for the child be made a party to such a review or hearing solely on the basis of such notice and opportunity to be heard. The local department of social services must insure that all caregivers are notified and that documentation of the notification of all court hearings must be placed in the child's record.

Instruction for Completion

Use the attached sample form letter for your jurisdiction. A copy of this circular letter with the form attached is available on the DHR/SSA Net. Staff can download the form and use it for their jurisdiction.

SAMPLE LETTER

Name of LDSS Street Address City, State Zip Code

Caregiver Notification of Hearing

Date:	
Dou	
Re:(Name of Child(ren)	<u> </u>
(Ivalle of Child(Ich)	
Dear (Mr. Ms. Mrs.)	:
Scheduled by the (Name of your coupoportunity to be heard as the <u>current</u> to attend. If you decide to attend this	earing for the above-mentioned child(ren) has been rt). You have the right to be present for this hearing and an caregiver of the child(ren). However, you are not required Hearing, please report to the (Name address and room # aled onDate: (mm/dd/yy) at (Time of
Please let me know if you plan to atterproceeding know you are present. If h	nd so that I can make sure the court and the parties to the nave any questions, please call me.
Sincerely,	
Case Manager	Telephone Number