

DHS Emergency Placement Prevention and Family Reunification Fund Protocols for Accessing Funds

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DHS Project Manager

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DHS Emergency Placement Prevention and Family Reunification Fund Protocols for Accessing Funds

Purpose of the Training

- Technical Assistance
- How to complete Emergency Fund Application
 - Who can process the request/application?

DHS Emergency Placement Prevention and Family Reunification Fund Protocols for Accessing Funds

Goals & Objectives of the Emergency Fund Training

- Address concerns and issues
- Reduce incomplete Emergency Fund Applications

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Overview of Emergency Fund History

PHMC has administered the Emergency Fund since its inception on January 15, 2002.

More than \$10.5 million have been distributed through the Emergency Fund.

PHMC, on an ongoing basis, assesses the fund outcomes, policies and procedures.

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Purpose of the Emergency Fund

- Critical Child Welfare Outcomes:
 - Prevent Placement
 - Facilitate Reunification
 - Achieve Permanency

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Beneficiaries of the Emergency Fund

- Parents/Caregivers with children
- Parents/Caregivers seeking return of their children
- DHS paid Caregivers assuming permanent responsibility for children

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AGENDA

Emergency Fund Specifics

Filling out the Application

Child Related Expenses

Requests for Babysitting/Respite service or Short-term Therapeutic Supports

Requests for Clothing Expenditures

Requests for Beds

House Hold Expenses

Requests for Rent Arrears and/or Security Deposit & Rent for Long-term Lease

Requests for Mortgage Arrears

Requests for Utility Deposits/Arrears

Requests for Repairs

Requests for Refrigerators

Requests for “Other” Emergency Expenses or Items not allowed under indicated Condition

A Few Reminders

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EMERGENCY FUND LIMITS

\$250 per child allowed.

\$1,500 per house hold allowed.

One request per year for same item/service or emergency.

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EMERGENCY FUND RESPONSIBILITIES

Social Worker:

Verifies DHS status
Determines need & insures housing need is part of case plan
Looks to other resources first
Completes application
Attaches all supporting documentation
Obtains Parent/Caregiver signature
Signs application
Forwards application to Supervisor for signature

Supervisor:

Reviews application
Reviews supporting documentation
Verifies request is in compliance with protocol
Signs application
Forwards application to Administrator

Administrator:

Reviews application
Reviews supporting documentation
Verifies request is in compliance with protocol
Signs application
Faxes signed application to DHS social worker
Responds to issues raised to child welfare outcomes

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EMERGENCY FUND RESPONSIBILITIES

(continued)

Philadelphia Health Management Corporation (PHMC):

Reviews application

- ✓ **Is request within funding limits?**
- ✓ **Supporting documentation all present?**
- ✓ **Contact signing Administrator for needed clarification.**

Provides checks

- ✓ **PHMC will mail check to vendor or Administrator.**
- ✓ **PHMC will prepare check for pick-up if requested.**
- ✓ **PHMC will notify Administrator by e-mail once check is ready.**

Tracks outcomes

- ✓ **Application Status Report – by Agency**
- ✓ **Emergency Fund - Items purchased – Child in Placement Report**

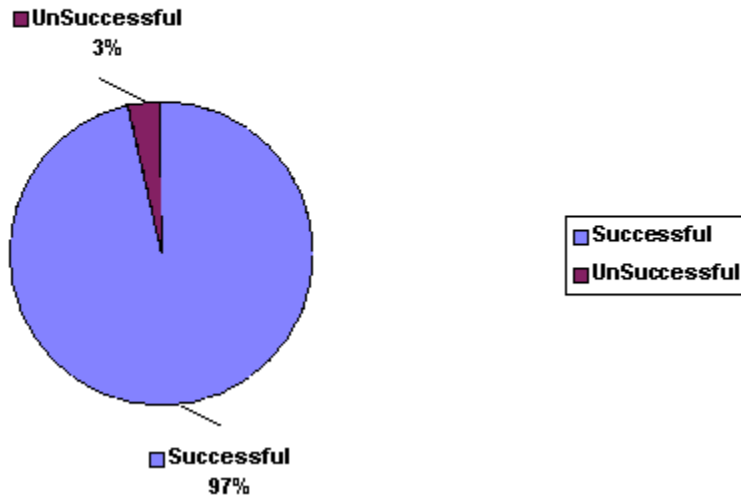
Reviews outcomes and protocol with DHS Administration

Provides training

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Emergency Fund Child Payment Status Summary

07/01/2013 - 06/16/2014



General Statistics

Application Count:	766
Check Count:	738
Children Paid:	1,579
Turn Around Days (Rcvd to Check):	19
Turn Around Days (Completed to Check):	9

Application Page 1

Fill in Date Application Submitted.

Fill in and verify DHS Case Number.
Fill in DHS Social Worker Name

Fill in Provider Agency Name & Social Worker Name

Check appropriate boxes.

Fill in date and circle appropriate answer.

Fill in date application faxed to
DHS/Provider Social Worker.

Fill in Family/Caregiver Name(s) & Relationship.

Fill in Suffix, Child Name and age for each child.
Fill in Child expense and cost for each child.

Fill out specific Household needs for this family.

Only one condition must be indicated.

Fill this section out completely.

A FUND OF LAST RESORT

Look to other resources first!

Fill this section out completely.

PHMC use only: APPLICATION # _____

Date received: _____

PHILADELPHIA DEPARTMENT OF HUMAN SERVICES
EMERGENCY CHILD PLACEMENT PREVENTION AND FAMILY REUNIFICATION FUND
All questions must be answered for Applications to be considered complete.

Date application submitted to PHMC: _____		
DHS Case #: _____	DHS Social Worker: _____	
Provider Agency: _____	Provider Social Worker: _____	
Agency submitting application: DHS <input type="checkbox"/> Provider <input type="checkbox"/>	Provider Type: FSS <input type="checkbox"/>	IHPS <input type="checkbox"/> RSRI <input type="checkbox"/>
	PBC Foster Care <input type="checkbox"/>	Other Permanency Type <input type="checkbox"/>
Date discussed with the DHS/Provider social worker: _____	Is he/she in agreement? YES / NO	
Date the application was faxed to the DHS/Provider social worker: _____		
Family/Caregiver Name(s) & Relationship:	Description of Child's Need	Cost of need
Suffix: Child Name: Age:		\$
Suffix: Child Name: Age:		\$
Suffix: Child Name: Age:		\$
Suffix: Child Name: Age:		\$
Suffix: Child Name: Age:		\$
Suffix: Child Name: Age:		\$
Suffix: Child Name: Age:		\$
Suffix: Child Name: Age:		\$
Suffix: Child Name: Age:		\$
Suffix: Child Name: Age:		\$
Description of specific Household needs:		TOTAL AMOUNT REQUESTED: \$
This assistance will: (check only one)	<u>Prevent Placement</u> within 3 months <input type="checkbox"/>	<u>Facilitate Reunification</u> —child leaves DHS paid care within 3 months <input type="checkbox"/>
		<u>Achieve Adoption/Permanent Legal Custodianship</u> by DHS paid Caregivers within 3 months. <input type="checkbox"/>
Explain how the requested items will produce the outcome checked above.		
Explain how failure to obtain the item(s) will affect the outcome.		
<p>The Emergency Fund is a service of last resort. A list of other resources explored must be attached to this Application. Address <u>ALL</u> of the following:</p> <p>What have the family, provider, and DHS done to overcome the situation and what other resources have been explored?</p> <ul style="list-style-type: none"> What is the plan for avoiding the same occurrences in the future? Note: If requesting payment for utility, mortgage, or other arrears, explain how/why the delinquency occurred and how payment of subsequent bills will be sustained if the arrears is reduced or paid off by the Emergency Fund. 		

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Application page 2

Fill in number of ALL adults and children in the home.

Fill in the amounts of all INCOME, EXPENSES and STIPENDS

Fill in total Incoming Revenue, Total Expenses & Monthly Savings

Circle appropriate answer and explain

Explain sustainability if expenses are greater than income

Make sure Parent/Caregiver, Family Social Worker, Family Social Worker's Supervisor and Administrator sign the application.

FAMILY INCOME WORKSHEET			
Number of ALL adults in the home: _____		Number of ALL children in the home: _____	
INCOME		EXPENSES	
\$ _____	Salary (Caregiver)	\$ _____	Rent/Mortgage
\$ _____	Salary (ALL other adults in house)	\$ _____	Electric
\$ _____	Public welfare grant (include all grants)	\$ _____	Gas
\$ _____	Food Stamps	\$ _____	Water
\$ _____	Social Security	\$ _____	Phone
\$ _____	Child Support	\$ _____	House supplies/laundry
\$ _____	Unemployment benefits	\$ _____	Food
\$ _____	Other: _____	\$ _____	Transportation and or Car payment
\$ _____	Other: _____	\$ _____	House/Car insurance
\$ _____	Other: _____	\$ _____	Clothing
		\$ _____	Cell Phones
		\$ _____	Miscellaneous: _____
STIPENDS			
\$ _____	Kincare/foster care stipend		
\$ _____	Adoption/PLC subsidy		
Total Incoming Revenue: \$ _____		Total Expenses: \$ _____	
Monthly Savings: \$ _____			
If the only revenue sources noted above are public welfare grant and/or food stamps, please indicate if client is:			
♦ Looking for employment: (circle one) YES/NO. If "NO" why not? _____			
♦ Enrolled in a vocational training program: YES/NO. If "YES" where: _____			
If the total expenses are greater than the total income, explain how this is sustainable:			
<p><i>have read this application in full. All the information given to the agency concerning this emergency grant is correct to the best of my knowledge. If any information provided is found purposely inaccurate or false, I am responsible for paying back the money paid on my behalf, and I will not be able to re-apply for emergency funding, and I agree to allow my social worker to review any bills and expense in the future as a condition of receiving this grant.</i></p>			
SIGNATURES:			
Parent/Caregiver signature: _____		Social Worker signature:* _____	
REVIEWED BY:		APPROVED BY:	
Family Social Worker's Supervisor signature _____		DHS or Provider Agency Reviewing Administrator signature _____	
		Administrator's name (please print): _____	
		Administrator's Phone: _____	
<p>* The social worker is responsible to ensure that the vendor receives the payment and that the goods/services are delivered or security deposit is received by the landlord. If for some reason the services are not delivered or the housing is no longer available, the social worker must arrange to have the check returned to PHMC before a new check can be issued for the same family. The social worker is also responsible for regularly reviewing the family's budget and expenses as a condition of receiving this grant.</p>			
Emergency Fund Application		REVISED EFFECTIVE November 5, 2009	
		Page 2 of 5	

Application page 3

Indicate vendor name & address.

Indicate request amount for each category.

Indicate how funds are to be distributed for each category:
 MV = mail to vendor
 MA = mail to Administrator
 PU = Pick-up at PHMC.

Describe OTHER expense(s).

Indicate total amount requested.

ITEMIZED REQUEST FORM

	AMOUNT	Check delivery*	VENDOR Name/Address/zip	PHMC use: Payment date
HOUSING: No utility arrears will be paid without an agreement or statement that an agreement cannot be reached from utility company. Attach agreement				
• Rent for long-term lease	\$			
• Mortgage/Rent arrears	\$			
• Utility deposits/arrears	\$			
• Security Deposit (minimum one year lease)	\$			
EMERGENCY HOME REPAIRS: Any repair work over \$900 must submit a 2 nd estimate and contractor's license. Any repair work over \$1,500 must submit a 3 rd estimate and contractor's license.				
• Plumbing/roofing/electrical/heating/windows/banisters/locks/doors	\$			
• One time cleaning or junk disposal	\$			
• Pest Control (6 months max)	\$			
EMERGENCY SERVICES:				
• Babysitting/Respite service	\$			
• Short-term therapeutic support (\$500 maximum)	\$			
EMERGENCY ITEMS:				
• Refrigerator (\$450 maximum)	\$			
• Child Bed: (\$250 maximum per child) Twin beds & bunk beds only	\$			
• Other:	\$			
OTHER EMERGENCY EXPENSES: This category can be used for any emergency expenses that are not listed on the application but are considered necessary to achieve one of the listed outcomes. The DHS Commissioner or Designee must approve applications with "other" items. The review process is rapid, and should encourage potential applicants to submit creative, appropriate requests on behalf of the families with whom they work.				
Describe expense:	\$			
TOTAL AMOUNT OF REQUEST	\$			

* Payment codes: MV = mail vendor
MA = mail administrator
PU = pick up at PHMC

When clarification is needed for an application, PHMC will e-mail notify the signing Administrator. Applications will be inactivated 30 days after last contact with the signing Administrator and a new application must be submitted.

Emergency Fund Application REVISED EFFECTIVE November 5, 2009 Page 3 of 5

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Notification of Application Problem(s):

All communication is addressed to signing Administrator.

Subject: will show case number

Text will indicate Social Worker & Family Name.

From: DHS Emergency Fund

To...

Cc...

Subject: FW: Case # (AGENCY)

Hi (ADMINISTRATOR),

I received an Emergency Fund Application from (CASE WORKER) for the (FAMILY NAME) Family. I need the following information in order to complete this request:

1. **What is missing.**
2. **What is needed.**

This section will indicate what is missing or problem.

You must communicate this e-mail to the submitting social worker on this application.

Please fax only the above mentioned information and feel free to e-mail me with any questions.

Thanks,
Rich Kirschner
Emergency Fund/PBC Aftercare Fund
richk@phmc.org
Phone: (215) 731-2416
Fax: (267) 765-2369

Please remember to fax only the page(s) and/or information requested.

DHS Emergency Placement Prevention and Family Reunification Fund Protocols for Accessing Funds

Notification of Payment:

All communication is addressed to signing Administrator.

Subject: will show case number

From: DHS Emergency Fund

To: [Redacted]

Cc: [Redacted]

Subject: FW: EMERGENCY FUND NOTIFICATION OF PAYMENT for Case #

Hi Administrator,

Check # XXXXXX payable to XXXXXXXXXXXXXXXXXXXX in the amount of \$X,000.00 was mailed to XXXXXXXXXXXXXXXXXXXX on XXXXXX, XXXXXXXX X, 2006 for DHS Case #XXXXXX X, received from (CASE WORKER) for the (FAMILY NAME) Family.

IF THIS CHECK IS NO LONGER NEEDED, PLEASE IMMEDIATELY RETURN IT TO PHMC!

Rich Kirschner
Emergency Fund/PBC Aftercare Fund
richkn@phmc.org
Phone: (215) 731-2416
Fax: (267) 765-2369

This section will indicate: check number, vendor name & amount,

: who the check was mailed to/ready for pick-up and on what date

: social worker & family name.

DHS Emergency Placement Prevention and Family Reunification Fund Protocols for Accessing Funds

House Hold Expense Requests

- **Requests for Rent Arrears and/or Security Deposit & Rent for Long-term Lease**
- **Requests for Mortgage Arrears**
- **Requests for Utility Deposits/Arrears**
- **Requests for Repairs**
- **Requests for Refrigerators**
- **Requests for “Other” Emergency Expenses or Items not allowed under indicated Condition**

DHS Emergency Placement Prevention and Family Reunification Fund Protocols for Accessing Funds

Requests for Rent Arrears and/or Security Deposit & Rent Long-term Lease

Required Documentation:

- Annual lease for that property.
- Housing inspection license for that property.
- A letter from the landlord/owner notifying of arrearage amount.
 - A total of up to \$1,500 is allowed for families with 1 child.
 - A total of up to \$2,500 is allowed for families with 3 or more children.

All requests for Security Deposit/Rent for Long Term Lease must be received and approved **BEFORE** the family moves in or risk being denied.

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Housing

Inspection

License

City of Philadelphia
Department of
Licenses & Inspections
P.O. Box 53310
Philadelphia, Pa. 19105

OCCUPATIONAL
LICENSEE ONLY
PASTE YOUR
PHOTOGRAPH HERE
1 1/2" SQUARE

DISPLAY PROMINENTLY
If required by law

PHILLY PROPERTIES GROUP LLC

3202 HOUSING INSPECTION (3202)

THIS LICENSE IS GRANTED TO THE PERSON AND LOCATION FOR THE PURPOSE STATED ABOVE.
IT IS SUBJECT TO IMMEDIATE CANCELLATION BY THIS DEPARTMENT FOR VIOLATIONS OF
CITY ORDINANCES AND REGULATIONS. INQUIRIES 311 (215-686-8686).

LICENSE CODE	LICENSE NO.	BUSINESS PRIVILEGE NO.	EXPIRES LAST DAY OF	PAID THIS AMOUNT	CIN DATE
3202			2/2012	50.00	02/14/11

LICENSE

Requests for Rent, Rent Arrears and/or Security Deposit for Long-term Lease

(continued)

Please Note:

- If the start date for the Lease began one month or more prior to receipt of the EF application, the social worker must confirm with the landlord/owner that the property is still available with written confirmation to the EF administrators.
- If the letter from the landlord/owner is over one month old, the social worker must confirm with the landlord/owner that the family has not been evicted with written confirmation to the EF administrators.
- The social worker is responsible for ensuring that the landlord/owner receives the check.
 - If property is no longer available: social worker **MUST** return check to PHMC.
 - If a new check is required: PHMC cannot cut a new check until the original check is returned to PHMC.

DHS Emergency Placement Prevention and Family Reunification Fund Protocols for Accessing Funds

Requests for Mortgage Arrears

Required Documentation:

- Copy of the current mortgage.

Please Note:

- The mortgage must show the caregiver's name.

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Requests for Utility Arrears

Required Documentation:

- Copy of current utility bill.
 - Letter of agreement from the utility company.
 - Letter from utility company stating why no agreement will be given.
- If renting: Include a copy of the yearly Lease and Housing Inspection License
- Relationship to the parent/caregiver if owner of property or name on utility bill is different than parent/caregiver.

Please Note:

- The social worker must verify that all other utilities, rent or mortgage are not delinquent and submit a signed letter stating the same.

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Requests for Repairs

Required Documentation:

- Proof of ownership (copy of deed, copy of city tax invoice).
- Submit bill or quote for equipment needed or services to be performed.
- Copy of contractor's license.
- Company's tax ID Number or individual's social security number.
- 2nd quote is required for work over \$900 along with contractor's license.
- 3rd quote is required for work over \$1,500 along with contractor's license.
- Relationship to the parent/caregiver if owner of property or name on quote is different than parent/caregiver.

Please Note:

- All quotes must be itemized so that non-emergency items can be identified and deducted from essential repairs.

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Requests for Refrigerators

Required Documentation:

- Quote from vendor.
- Maximum allowed amount is \$450.
- Letter signed by the caregiver stating who will pay the difference if quote is over the maximum allowed amount.

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Requests for “Other” Emergency Expenses or Items not allowed under indicated Condition

Required Documentation:

- A letter from the agency explaining the nature of the emergency.

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Child Expense Requests

- **Requests for Babysitting/Respite service or Short-term Therapeutic Supports**
- **Requests for Clothing Expenditures**
- **Requests for Beds**

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Requests for Babysitting/Respite Service or Short-term Therapeutic Supports

Required Documentation:

- Bill or quote describing services to be performed and hourly rate charged.
- Emergency child line clearance required for babysitting and respite providers.*
- Company tax ID number or individual's social security number.

Please Note:

- * Emergency child line clearance must include date called and name of person who provided clearance.

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Requests for Clothing Expenditures

Required Documentation:

- Layaway document describing the items to be purchased.

Please Note:

- Layaway deposits paid are not reimbursed.

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Requests for Beds

Required Documentation:

- Copy of quote from vendor.
- Maximum allowed amount is \$250 per child.
- Letter signed by the caregiver stating who will pay the difference if quote is over the maximum allowed amount.

Please Note:

- Beds **ARE** allowed under prevent placement.
- Only twin beds **and bunk beds** are allowed.

DHS Emergency Placement Prevention and Family Reunification Fund Protocols for Accessing Funds

Requests for Cribs

All crib requests should be e-mailed to Doris.Daniels-Fowler@phila.gov

➤ Include the following:

- Caregiver's name, date of birth, address, phone
- Child's name, date of birth or expected delivery date
- DHS case number
- Contact information (additional phone number and contact person).
- DHS Social Worker name and phone number.

A Few Reminders

Please make sure EF application is completely filled out.

- Please make sure case # and caregiver name & relationship are on application.
- Please do not send social security application as verification of income.

All EF applications must be mailed to or dropped off at PHMC (faxed applications are not accepted).

All communication between PHMC and social workers or supervisors is through the signing administrator.

- Please remind your staff not to give out PHMC Staff phone numbers to clients or vendors.
- Please remind staff to check with signing administrator with questions on status of applications.

A Few Reminders

Please do not fax entire application when responding to a request for additional information.

All applications which remain incomplete after 30 days from administrator notification of problem(s) will be made inactive.

Applications which are court ordered must:

- Attach Court Order.
- Attach vendor quote(s) which match the Court Order.

Contact Information

Roslyn Gallmon

roslyn@phmc.org

Fax: (267) 765-2369

Rich Kirschner

richk@phmc.org

Phone: (215) 731-2416

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