



Kinship Caregiver

Participant Program Requirements

The program's goals are to assist kinship caregivers in finding, learning about, and using programs and services to meet their needs and the needs of the children they are raising and help them achieve stability according to each family's needs. The program is based on well-supported, evidence-based practices.

The navigator assists in:

- Providing information, assistance, and referrals for community support.
- Offering case management services for families with more complex needs.
- Facilitating peer-to-peer support, like support groups.
- Offering caregiver education and training.
- Providing financial assistance (upon qualification and subject to availability of funds).

Consent to Participate in the Kinship Navigator Pilot Program

Program Goals:

The Kinship Navigator Pilot Program aims to understand the services that kinship caregivers need and use and how the needs of caregivers and their families can be met. The program is designed to provide kinship caregivers with information and linkages, so they have the knowledge and support needed to keep children and youth with their families.

Your Participation:

By consenting, you agree to receive case management services through a kinship navigator. These services are designed to help you identify and work towards your goals. Your kinship navigator will partner with you to identify your most urgent needs and help you set SMART goals (Specific, Measurable, Attainable, Relevant, and Time-bound).

What to Expect During the Program:

- **Intake and Needs Assessment:** During the intake appointment, your navigator will complete an "evidence-informed" needs assessment with you to collect culturally responsive and inclusive family demographic information and to assess your needs related to raising kinship children. This appointment may take 1 to 2 hours and is typically conducted in the home to verify the primary kinship care relationship.



- **Touchpoints and Follow-ups:** Your navigator will maintain monthly contact with you throughout the service period to ensure you are supported in reaching your goals.
 - **Monthly Touchpoint:** The navigator will contact you monthly to review your progress toward the goals you set and check the status of any referrals made.
 - **Three-Month Follow-up:** The navigator will also contact you three months after the intake to review the needs assessment and the goals you set to determine your progress.
 - **Six-Month Follow-up:** If your case remains open, the navigator will conduct another follow-up at the six-month mark to assess your needs and progress again.
- **In-Person Visits:** Appointments and follow-ups can take place in your office, your home, a private community location, or by phone or virtually.

The participant, or the participant's appointed representative, may cancel these services at any time.

The services offered under this program may be discontinued by the ALTSD in the event funding for this program is reduced or eliminated.

Participants may be terminated from the program if you:

1. Have qualified for and are receiving other similar services
2. Are moving out of the program service area
3. Consistently do not comply with the program requirements.
4. Consistently refuse services
5. Demonstrate a pattern of verbal or physical abuse
6. Do not comply with the in-home assessment requirements
7. No longer meet the eligibility criteria

ALTSD reserves the right to terminate any participant if it is determined that the participant no longer meets eligibility requirements, fails to comply with program requirements, or if continuation of the program is not in the best interest as set forth in this form or the policy and procedures governing the Kinship Caregiver Program.



Confidentiality and Data Collection:

As a participant in this pilot program, information will be collected and stored in an administrative data collection system. This data helps to assess the program's effectiveness and continuously improve its ability to meet the needs of caregivers.

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), your data is treated with the utmost confidentiality and security. This means your protected health information (PHI) will not be used or disclosed for any purpose other than referrals, treatment, or payment, except with your explicit, written permission.

By signing below, whether electronically or manually, I certify that I have read, understand, and agree to the Kinship Caregiver Navigation program requirements.

Participant Signature _____ Date _____

Participant Printed Name _____

Navigator Signature _____ Date _____

Navigator Printed Name _____