

Form A
Bidder Contact Sheet
Request for Proposal Number 6126 Z1

Form A should be completed and submitted with each response to this RFP. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

Preparation of Response Contact Information	
Bidder Name:	Nebraska Children's Home Society
Bidder Address:	4939 South 118 th St. Omaha, NE 68137
Contact Person & Title:	Lana Temple-Plotz, Chief Executive Officer
E-mail Address:	ltempleplotz@nchs.org
Telephone Number (Office):	402-451-0787
Telephone Number (Cellular):	402-594-1812
Fax Number:	402-898-7750

Each bidder should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Bidder Name:	Nebraska Children's Home Society
Bidder Address:	4939 South 118 th St. Omaha, NE 68137
Contact Person & Title:	Lana Temple-Plotz, Chief Executive Officer
E-mail Address:	ltempleplotz@nchs.org
Telephone Number (Office):	402-451-0787
Telephone Number (Cellular):	402-594-1812
Fax Number:	402-898-7750

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the procedures stated in this Request for Proposal, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder maintains a drug free work place.

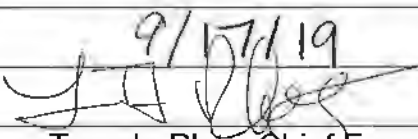
Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this RFP.

_____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	Nebraska Children's Home Society
COMPLETE ADDRESS:	4939 S 118 th St, Omaha, NE 68137
TELEPHONE NUMBER:	402-451-0787
FAX NUMBER:	402-898-7750
DATE:	9/17/19
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	Lana Temple-Plotz, Chief Executive Officer

II. TERMS AND CONDITIONS

Bidders should complete Sections II through VI as part of their proposal. Bidder should read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The bidder should also provide an explanation of why the bidder rejected the clause or rejected the clause and provided alternate language. By signing the RFP, bidder is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this RFP. The State of Nebraska reserves the right to reject proposals that attempt to substitute the bidder's commercial contracts and/or documents for this RFP.

Bidders should submit with their proposal any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the contract. The State will not consider incorporation of any document not submitted with the bidder's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

The contract resulting from this RFP shall incorporate the following documents:

1. Request for Proposal and Addenda;
2. Amendments to the RFP;
3. Questions and Answers;
4. Contractor's proposal (RFP and properly submitted documents);
5. The executed Contract and Addendum One to Contract, if applicable; and,
6. Amendments/Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed contract with the most recent dated amendment having the highest priority, 2) executed contract and any attached Addenda, 3) Amendments to RFP and any Questions and Answers, 4) the original RFP document and any Addenda, and 5) the Contractor's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

B. NOTIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
(LTP)			

Contractor and State shall identify the contract managers who shall serve as the points of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth below, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or three (3) calendar days following deposit in the mail.

C. BUYER REPRESENTATIVE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
(LTP)			

The State reserves the right to appoint a Buyer's Representative to manage [or assist the State Purchasing Buyer in managing] the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the Contractor will be provided a copy of the appointment document, and is required to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

D. GOVERNING LAW (Statutory)

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state and federal laws, ordinances, rules, orders, and regulations.

E. BEGINNING OF WORK

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the awarded bidder. The bidder will be notified in writing when work may begin.

F. CHANGE ORDERS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the RFP. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

G. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

H. BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby. OR In case of breach by the Contractor, the State may, without unreasonable delay, make a good faith effort to make a reasonable purchase or contract to purchase goods in substitution of those due from the Contractor. The State may recover from the Contractor as damages the difference between the costs of covering the breach. Notwithstanding any clause to the contrary, the State may also recover the contract price together with any incidental or consequential damages defined in UCC Section 2-715, but less expenses saved in consequence of Contractor's breach.

The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

I. NON-WAIVER OF BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

J. SEVERABILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

K. INDEMNIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

1. GENERAL

The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. PERSONNEL

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Contractor.

3. SELF-INSURANCE

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (§81-8,294), Tort (§81-8,209), and Contract Claim Acts (§81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

4. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

L. ATTORNEY'S FEES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if order by the court, including attorney's fees and costs, if the other Party prevails.

M. ASSIGNMENT, SALE, OR MERGER

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

N. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Contractor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract

O. FORCE MAJEURE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event"). The Party so affected shall immediately make a written request for relief to the other Party, and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

P. CONFIDENTIALITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

Q. OFFICE OF PUBLIC COUNSEL (Statutory)

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the termination of this contract.

R. LONG-TERM CARE OMBUDSMAN (Statutory)

Contractor must comply with the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq. This section shall survive the termination of this contract.

S. SUSPENSION OF SERVICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
LTP			

DHHS may, at any time and without advance notice, require Contractor to suspend any or all activities provided under this Contract. A suspension may be the result of a reduction in federal or state funds, budget freeze, emergency, contract compliance issues, investigation, or other reasons not stated here.

In the event of such suspension, the DHHS Chief Operating Officer/Contract Administrator or designee will issue a written Stop Work Order to the Contractor. The Stop Work Order will specify which activities are to be immediately suspended, the reason(s) for the suspension, and, if possible, the known duration period of the suspension.

Upon receipt of the Stop Work Order, the Contractor shall immediately comply with its terms and take all necessary steps to minimize the incurrence of costs allocable to the work affected by the order during the period of suspension.

The DHHS Chief Operating Officer/Contract Administrator or designee may extend the duration of the suspension by issuing a modified Stop Work Order which states the new end date of the suspension and the reason for the extension.

The suspended activity may resume when (i) the suspension period identified in the Stop Work Order has ended or (ii) when the DHHS Chief Operating Officer/Contract Administrator or designee has issued a formal written notice cancelling the Stop Work Order or directing Contractor to resume partial services.

T. EARLY TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract immediately for the following reasons:
 - a. if directed to do so by statute;
 - b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
 - c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
 - d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
 - e. an involuntary proceeding has been commenced by any Party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
 - f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
 - g. Contractor intentionally discloses confidential information;
 - h. Contractor has or announces it will discontinue support of the deliverable; and,
 - i. In the event funding is no longer available.

U. CONTRACT CLOSEOUT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures;
4. Cooperate with any successor Contractor, person or entity in the assumption of any or all of the obligations of this contract;
5. Cooperate with any successor Contractor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

It is agreed that the Contractor is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

With respect to its employees, the Contractor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. Damages incurred by Contractor's employees within the scope of their duties under the contract;
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law.
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees).

If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the bidder's proposal. The Contractor shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any subcontractor engaged to perform work on this contract.

B. EMPLOYEE WORK ELIGIBILITY STATUS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/material/purchasing.html>.
2. The completed United States Attestation Form should be submitted with the RFP response.
3. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
4. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all subcontracts for services to be covered by any contract resulting from this RFP.

D. COOPERATION WITH OTHER CONTRACTORS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

E. PERMITS, REGULATIONS, LAWS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

F. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Contractor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

G. INSURANCE REQUIREMENTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the contract the Contractor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any subcontractor to commence work until the subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within one (1) year of termination or expiration of the contract, the Contractor shall obtain an extended discovery

or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and one (1) year following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this contract, the State may recover up to the liability limits of the insurance policies required herein.

1. WORKERS' COMPENSATION INSURANCE

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contractor's employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter.** The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Medical Payments	\$10,000 any one person
Damage to Rented Premises (Fire)	\$50,000 each occurrence
Contractual	Included
Independent Contractors	Included
Abuse & Molestation	Included
<i>If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.</i>	
WORKER'S COMPENSATION	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	\$1,000,000 per occurrence
COMMERCIAL CRIME	
Crime/Employee Dishonesty Including 3rd Party Fidelity	\$100,000
CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	\$2,000,000
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

If the mandatory COI subrogation waiver language or mandatory COI liability waiver language on the COI states that the waiver is subject to, condition upon, or otherwise limit by the insurance policy, a copy of the relevant sections of the policy must be submitted with the COI so the State can review the limitations imposed by the insurance policy.

3. EVIDENCE OF COVERAGE

The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

Department of Health and Human Services
 Attn: Permanency Administrator
 301 Centennial Mall S. 3rd floor
 Lincoln, NE 68509

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

4. DEVIATIONS

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

H. ANTITRUST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

I. CONFLICT OF INTEREST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

By submitting a proposal, bidder certifies that no relationship exists between the bidder and any person or entity which either is, or gives the appearance of, a conflict of interest related to this Request for Proposal or project.

Bidder further certifies that bidder will not employ any individual known by bidder to have a conflict of interest nor shall bidder take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, bidder shall provide with its proposal a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall bid evaluation.

J. ADVERTISING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

K. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)

Contractor shall review the Nebraska Technology Access Standards, found at <http://nltc.nebraska.gov/standards/2-201.html> and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

L. DISASTER RECOVERY/BACK UP PLAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTD			

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue services as specified under the specifications in the contract in the event of a disaster.

M. DRUG POLICY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

N. WARRANTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
LTP			

Despite any clause to the contrary, the Contractor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Contractor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to the State or if Contractor is unable to perform the services as warranted, Contractor shall reimburse the State all fees paid to Contractor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

IV. PAYMENT

A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)

Neb. Rev. Stat. §§81-2403 states, "no goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency."

B. TAXES (Statutory)

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. The Contractor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor.

C. INVOICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. Invoices shall include at a minimum family name, number of direct hours with family, number of indirect hours to complete the home study, home address where study was performed, date of initial referral, date of study completion, and number of visits to home. The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

D. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

E. PAYMENT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

State will render payment to Contractor when the terms and conditions of the contract and specifications have been satisfactorily completed on the part of the Contractor as solely determined by the State. (Neb. Rev. Stat. §73-

506(1)) Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

F. LATE PAYMENT (Statutory)

The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

The State's obligation to pay amounts due on the contract for a fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

H. RIGHT TO AUDIT (First Paragraph is Statutory)

The State shall have the right to audit the Contractor's performance of this contract upon a 30 days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of Contractor's business operations, nor will Contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to Contractor.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
LTP			

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent (.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.

ADDENDUM ONE Revision One, QUESTIONS and ANSWERS

Date: September 9, 2019

To: All Bidders

From: Annette Walton/Julie Schiltz, Buyers
AS Materiel State Purchasing Bureau

RE: Addendum for Request for Proposal Number RFP 6126 Z1 to be opened September 18, 2019, at 2:00 P.M. Central Time

Questions and Answers

Following are the questions submitted and answers provided for the above mentioned Request for Proposal. The questions and answers are to be considered as part of the Request for Proposal. It is the Bidder's responsibility to check the State Purchasing Bureau website for all addenda or amendments.

<u>Question Number</u>	<u>RFP Section Reference</u>	<u>RFP Page Number</u>	<u>Question</u>	<u>State Response</u>
1.	C. Project Requirements	25	The RFP states that the bidder must be an accredited agency and provide proof of accreditation with the proposal. QUESTION: Will it meet the RFP requirements if the bidder is in the <u>process</u> of getting accredited and shows proof from the accrediting agency?	No, the bidder must be accredited at the time of submitting the proposal.
2.	V. Project Description & Scope of Work B. Project Environment	Page 25	Is there any way to receive more information regarding what counties in the various service areas had the highest numbers of home study referrals? Having more information would assist in looking at staffing needs.	Data has not been kept to indicate the specific counties the Home Study was completed in. Data provided is per service area.
3.	V. Project Description & Scope of Work D. Scope of Work #10 Foster Care Home Study guidebook &	Page 27	Are providers required to use the current DHHS approved Foster Care Home Study Guidebook and Template, or is DHHS allowing providers to create their own Guidebook and Template?	DHHS is requesting that the providers who bid, submit a Foster Care Home Study Template and Guidebook they have drafted. DHHS reserves the right to make revisions to the final guidebooks and Home Study Templates which will be utilized statewide. There will be one template/guidebook utilized statewide for a Foster Care Home Study.

	Foster Care Home Study template....			
4.	V. Project Description & Scope of Work D. Scope of Work #11 ...Adoption Home Study Guidebook & Adoption Home Study Template e.....	Page 27	Since there is not a DHHS Adoption Home Study Guidebook and template and there is currently a work group developing a Guidebook and template, is the expectation for providers responding to this RFP to create their own guidebook and template? Will the Providers work group continue to meet to create a DHHS guidebook for Adoption Home Studies, if each provider responding to this RFP creates and submits their own Guidebook?	DHHS is requesting that the providers who bid submit an Adoption Home Study Guidebook and an Adoption Home Study Template. DHHS reserves the right to make revisions to the final guidebooks and Home Study Templates which will be utilized statewide. The intent is that there will be one Adoption Home Study Guidebook, and one Adoption Home Study Template which will be consistently utilized statewide by all Child Placing Agencies who contract with the Division of Children and Family Services. The Provider Work Group will determine if they would like to continue to meet.
5.	V. Project Description & Scope of Work D. Scope of Work #13 ...individual completing the Home Study for the Contractor must have at a minimum a bachelor's degree		In the current Agency Supported Foster Care contracts with DHHS, staff who conduct home studies are required to have 3 references, who can speak to the person's ability to conduct and write home studies. Will this requirement continue with this new contract?	The individual completing the Home Study for the Contractor must comply with 395 NAC 3-001.03D and any future revisions to the regulation.
6.	V. Project Description & Scope of Work A. Project	Page 25	Is there an expectation that the TIPS-MAPP training be provided to the prospective resource/foster family, prior	No.

	Overview		to being referred for a home study?	
7.	V. Project Description & Scope of Work D. Scope of Work 4.c	Page 26	Does DHHS have a vision of who would be supporting the family once the home study is complete/family is licensed? If so, please explain.	The Home Studies that will be provided through this RFP are for homes that will be supported by DHHS.
8.	I (J)	4	Is there a separate cost proposal template?	Yes. The cost proposal template is located on the SPB website. http://das.nebraska.gov/material/purchasing/6126/6126.html
9.	V (D) (5) V (F) (1)	26 27	What is an acceptable reason to deny a referral? DHHS shall make the initial referral to the contractor with the lowest cost. If a referral is declined, DHHS will make a referral to the next contractor. What is an acceptable reason to decline a referral?	An acceptable reason to deny a referral is if the Contractor lacks the staff available to complete the Home Study in the required timeframes.
10.	V (G) (8)	27	Is this the cost proposal template? If so, on page 31 2.c. this section is a part of the technical proposal, but according to Section I (J) page 4, the cost proposal is to be in a separate section. Please clarify.	No. V.G.8 is asking for the methodology used to determine cost. The Cost Proposal is a separate document posted on the SPB website which requests the actual dollar amount.
11.	I (J)	4	What are the formatting requirements? Font, font size, margin, and page limit.	Section I.J. addresses how proposals should be submitted. There are no requirements for formatting, font, font size, margin, or page limits.
12.	A. Project Overview	25	Please clarify the "estimated number of optional foster care home studies to renew license". Assuming these are for renewals of licensed homes, how would DHHS decide to refer one or not, and could an agency get an optional home study referral for a home that another agency had completed the initial or previous renewal?	DHHS will look at factors prior to referring such as if there is a provider in that area that is able to complete the home study for the renewal and the cost. If available, DHHS may prefer to contact the provider that completed the original home study to complete the renewal.
13.	A. Project Overview	25	Please confirm the change of deadline from 30 to 45 days.	Yes, the deadline to complete a Home Study will be 45 days.
14.	A. Project Overview	25	It states "DHHS reserves the right to complete a	DHHS will look at factors such as if there is a provider that is

			home study internally. What is the decision making process or criteria to refer out vs. do internally?	able to complete the Home Study, cost, and if the family is requesting DHHS to complete the Home Study.
15.	D. Scope of Work #3	26	Who would the renewal home studies be for? Licensed kin supported by DHHS?	Renewal Home Studies are for licensed relative or kinship homes who are supported by DHHS.
16.	D. Scope of Work #5	26	What format will DHHS use to refer.	DHHS plans to utilize the green phone referral process through NFOCUS.
17.	D. Scope of Work #5	26	What information will a family receive from DHHS related to the contractor that will be contacting them to complete the home study and the timelines associated with the project requirements?	DHHS will communicate to the family which providers are available in the area to complete a home study and expected timeframe for completion.
18.	D. Scope of Work #7	26	States two home visits are required, the new proposed licensed regulations state one home visit is required, seeking clarification.	For this RFP, two home visits are required.
19.	D. Scope of Work #10 and #11	26	Please clarify what a "Foster Care Home Study Guidebook" and a "Adoption Home Study Guidebook" is and what it's purpose is intended to be? A home study guide already exists, is the idea to continue use of this?	See responses to questions 3 and 4.
20.	D. Scope of Work #10 and #11	26	Regarding the template, is it being suggested that a provider can utilize a different template format than is already being utilized and approved by DHHS? Wouldn't it be important to ensure consistency of document format if multiple providers will potential receive awards?	See responses to questions 3 and 4.
21.	D. Scope of Work #10 & #11	26	What is the timeframe for RD to submit proposed revisions back to contractor upon initial submission of completed home study?	Per section V.F.3, DHHS will define the time period that the Contractor will have to correct any defects identified by DHHS. The exact timeframe will be dependent upon the scope and severity of the revisions to be made.
22.	D. Scope of Work #11	26	Is the adoption home study guidebook and template done and available to providers?	Providers who bid on this RFP are to propose an Adoption Home Study Guidebook and Template.

23.	F. Department of Health and Human Services Deliverable Requirements #3	27	The notation of "if rejected deliverable requires more than 2 corrections" – is this referring to corrections to the actual home study, potentially posed by RD? It is not uncommon for several questions to go back and forth before a home study is approved. Please clarify this section.	Yes, this section refers to revisions to the completed Home Study. DHHS may reject the Home Study if defects are not corrected.
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This addendum will become part of the proposal and should be acknowledged with the Request for Proposal response.



NCHS Home Study

Nebraska DHHS, RFP 6126 Z1

Adoptive and foster home studies starting November 15, 2019

CORPORATE OVERVIEW

a. FIRM IDENTIFICATION AND INFORMATION

Nebraska Children's Home Society (NCHS)
4939 South 118th St.
Omaha, NE 68137

Year organized: 1893

b. FINANCIAL STATEMENTS

See attached financial statements.

NCHS has no judgements, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization.

c. CHANGE OF OWNERSHIP

No change of ownership is anticipated.

d. OFFICE LOCATION

11926 Arbor St., Omaha, NE 68144

e. RELATIONSHIPS WITH THE STATE

SubAward: **Kinship Navigator**

Brief description: NCHS recently received an intent to award a contract to pilot the kinship navigator program in Madison County.

SubAward: **Adolescent Health Education SREA**

Number: The award document is in process.

Brief description: NCHS recently received a competitive multi-year award to implement Wyman's Teen Outreach Program (TOP®) in the Lincoln serving a diverse high-risk population of youth ages 11-14.

SubAward: **Personal Responsibility Education Program**

Number: 42822 Y3

Brief description: NCHS has received three competitive multi-year awards for a total of 8 years implementing Wyman's Teen Outreach Program (TOP®) in the Omaha and Lincoln metro areas



NCHS Home Study

Nebraska DHHS, RFP 6126 Z1

Adoptive and foster home studies starting November 15, 2019

servicing a diverse high-risk population of approximately 480 youth ages 11-19. Recently, NCHS received an intent to award for another multi-year agreement.

Subaward: Title V – Maternal & Child Health Services (MCH)

Subgrant number: 23845 – Y3

Brief description: A 2-year sub-award, which allowed NCHS to expand its Teen Chat program to South Omaha, and Hall, Adams, and Madison counties. Teen Chat serves a high risk diverse population of teen girls using evidence-based curricula focusing on positive youth development, STD education, sexual literacy, and pregnancy prevention.

Contract: Douglas County Health Dept - NE Maternal, Infant, and Early Childhood Home Visiting (MIECH-V)

Contract number: Not Applicable

Brief description: NCHS has received multiple contracts for home visitation services to parents and families in Douglas County using evidence-based Healthy Families America© model & Growing Great Kids© curriculum for 5 years.

Subcontract: Evidence-based Home Visitation Subcontract with Public Health Solutions

SubContract number: Not Applicable

Brief description: Public Health Solutions was awarded a 5-year contract to deliver home visitation services using the evidence-based Healthy Families America model in Gage & Jefferson Counties. NCHS was a subcontractor to Public Health Solutions for two years.

Subgrant: Women who are Pregnant or Believe they are Pregnant

Contract number: 52765 04

Brief description: Competitive 2-year grant award received 3 times to provide statewide support services to women who are pregnant, expecting fathers and family members. Services included 24 hr phone line, one-on-one support, educational classes and community outreach. Contract ended in 2014 and funding is no longer available.

Contract: Post Adoption and Post Guardianship Services

Contract number: 63953 04

Brief description: This contract is with a Limited Liability Company, Right Turn, LLC, of which the Board members are made up of equal representatives from two organizations, Lutheran Family Services of Nebraska and Nebraska Children's Home Society. The contract is for post adoption and guardianship services, including service planning, in home services, behavioral health services, and case management.

Contract: Agency Supported Foster Care

Contract number: AB# 537980

Brief description: NCHS provided foster care placements & support for children in out-of-home care in the central service area. Also, the contract includes family support; agency supported respite care; and intensive family preservation

SubContract: Contract with PromiseShip (formerly Nebraska Families Collaborative)

SubContract number: Not Applicable



NCHS Home Study

Nebraska DHHS, RFP 6126 Z1

Adoptive and foster home studies starting November 15, 2019

Brief description: NCHS has foster care related subcontracts with PromiseShip. Services provided include out-of-home foster care, kinship support, supervised visitation, permanency services for children in out-of-home care and family finding in the eastern service area since 2009.

Contract: Options Education with State of Nebraska HHS

Contract Number: Not Applicable

Brief Description: Face to face meetings to provide information and support to parents with an open DCFS case on permanency options for their child(ren).

SubAward: Promoting Safe and Stable Families –Family Finding

Contract number: 43261 Y3

Brief description: NCHS provides Family Finding© and related services using the internationally known model developed by Kevin Campbell and 3-5-7 by Darla Henry to identify, engage and provide permanency options to establish a safe and nurturing permanent home for youth in the custody of DHHS in all State Service Areas

f. BIDDER'S EMPLOYEE RELATIONS TO STATE

Not Applicable

g. CONTRACT PERFORMANCE

Not Applicable

h. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE

Summary Matrix

NCHS Project	Size	Scope	Complexity
<p>Agency Supported Foster Care</p> <p><u>Contractor</u> NFC/PromiseShip</p> <p><u>Time Period</u> Contract beginning Nov 1, 2009 with multiple amendments ending Dec 31, 2019</p>	<p><u>Contract Budget</u> Rates based on services provided per child and/or per family</p> <p>IMPACT</p> <p>Currently serving: 81 youth 39 foster homes</p>	<p><u>Target Population</u> Children and families in the child welfare system</p> <p><u>Geographic Area</u> Douglas and Sarpy Counties</p>	<p>Foster care services, which also includes recruiting and training foster parents, home studies, support services, and respite.</p> <p>Data entry and reporting into the DHHS system</p>



NCHS Home Study
 Nebraska DHHS, RFP 6126 Z1
 Adoptive and foster home studies starting November 15, 2019

	<p>25 kinship homes</p> <p>Homes Studies for licensing, kinship and adoption home studies:</p> <p>2015-16 62 home studies 2016-17 60 home studies 2017-18 65 home studies 2018-19 68 home studies</p>		
<p>Family Finding</p> <p><u>Contractor</u> State of Nebraska, DHHS Children and Family Services</p> <p><u>Time Period</u> March 2016-present</p>	<p><u>Contract Budget</u> Case Rate of \$5,500</p> <p>Not to exceed the following: 3/7/16 to 6/30/16: \$137,500 7/1/16 to 6/30/17: \$597,799 7/1/17 to 6/30/18: \$597,799 7/1/18 to 6/30/19: \$900,000 7/1/19 to 6/30/20: \$700,000</p> <p>IMPACT</p> <p>486 youth and 277 families served since March 2016</p> <p>Currently serving 78 youth and 38 families.</p> <p><u>From March 2016-Dec 2018:</u> 202 youth completed Family Finding with goals met</p> <p>Average increase in connections: 9.8</p> <p>Families where youth leave with at least 5 lifetime connections: 93%</p>	<p><u>Target Population</u> Youth in foster care in need of a permanent home and/or lifelong connections.</p> <p>Average age, 10 years-old</p> <p><u>Geographic Area</u> All service areas Statewide</p>	<p>NCHS provides the Family Finding model to fidelity. The Family Finding process include engagement, searching, preparation, planning, decision – making, lifetime network creation, healing, and permanency.</p> <p>Before the Family Finding process begins, NCHS meets with the DHHS case worker to undergo an alignment processes where it is determined the purpose and goals of the referral for the youth</p> <p>Performance measures include identifying at least one connection to provide a form of permanency within 6 months for 55% of families referred and engaging a minimum of five connections who are committed to providing a lifetime network of unconditional support for 80% of families referred.</p>



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	Families with a permanent home identified within 6 months: 81%		
<p>Right Turn® Post Adoption and Post Guardianship Services</p> <p><u>SubContractor of</u> Right Turn, LLC, which has a contract with State of Nebraska</p> <p><u>Time Period</u> 1st Contract - 2010-2014 2nd Contract 2015-2020</p>	<p><u>SubContract Budget</u> FY 2018/19 \$414,025</p> <p>IMPACT Current contract 2015-2020: 2015-16 201 families 2016-17 156 families 2017-18 160 families 2018-19 130 families</p> <p>98% of families remain in the legal custody of the parents.</p> <p>98% of children remain in the home.</p> <p>Previous contract 2010-2014 700+ families engaged in 892 episodes of permanency support services; hundreds provided workshops, conferences, support groups and family events</p>	<p><u>Target Population</u> Eligibility for services includes Nebraska families formed through international, domestic, step-parent, and foster care adoption along with guardianship from foster care</p> <p><u>Geographic Area</u> Statewide</p>	<p>To meet the needs of families a continuum of six core services have been available to eligible families to include: Permanency Support Services (case management support), Parent2Parent Network (peer mentoring), Training (for parents and professionals), Support Groups and Family Activities, and services to help families connect to adoption competent mental health providers, and to find quality respite services.</p>

i. Narrative Descriptions

The following provides further detail on the three projects outlined in the matrix above.

1. Agency Supported Foster Care

- a. Contract beginning Nov 1, 2009 with multiple amendments ending Dec 31, 2019
- b. completion dates annually June 30, 2010; 2011; 2012; 2013; 2014; 2015; 2016; 2017; 2018; and Dec 31, 2019. December 31, 2019



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c. The Foster Care program provides safe and loving care to children in a foster home setting with highly trained and supported foster parents who are matched with the child to best meet the child's needs. NCHS recruits, screens and trains foster parents to prepare them for the opportunity to provide care for a child or youth in their home. NCHS completes intensive home studies with each potential foster family, which includes multiple visits, interviews, complete background checks on every person living in the home, and visiting the home. Both initial home studies and annual home study updates are completed for each foster family in the program. Also, NCHS provides support services and ongoing assessment to kinship families after the child/ren have been placed in the kinship home.

The primary focus of the foster care program is to work toward a permanency plan from the time the child is matched with a foster family until permanency goals are achieved. NCHS provides an array of services to care for the specific and individualized needs of each child. Specialists ensure that each child in a NCHS foster home receives support from family members and foster parents regarding identity development. NCHS believes it is in the best interests of the child to keep siblings together unless otherwise indicated.

Components of the program include

- Foster parent recruitment, screening, selection, and training, including home studies
- Matching and placement of children
- Service planning
- On-going support and oversight
- Developing and maintaining connections
- Communicating with parents
- Kinship care services
- Permanency services
- Pathways to Permanency

d. Reference: Not applicable

e. NCHS is a subcontractor of PromiseShip. The planned completion date is December 31, 2019 and NCHS is paid by a fee for services schedule.

2. Family Finding

a. March 2016 to June 30, 2016 and July 1, 2016

b. June 30, 2016; 2017; 2018; 2019; 2020.

c. NCHS is responsible for delivering the Family Finding model to fidelity across the state.

Responsibilities include:

1. Search and identify numerous extended family members and important adults
2. Work with the child/youth to learn about their needs and wants, explain the process, prepare them and address their concerns
3. Create videos of each child/youth
4. Engage maternal and paternal relatives and other supportive adults in ways that result in gaining commitments to build relationships with the child
5. Facilitate meetings between identified relatives and others to create individualized plans for each child/youth
6. Evaluate program data
7. Collaborate with DHHS staff and foster parents to maximize success



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8. Create & coordinate training initiatives for State Children & Family Services staff, case managers, judges, guardians ad litem, CASA volunteers and foster parents

- d. Reference: Not applicable

- e. NCHS is the prime contractor. For current contract year, the original completion date is June 30, 2020 and budget of \$700,000. Scheduled completion date is June 30, 2020 with \$700,000.

3. Right Turn Post Adoption and Guardianship Services

- a. January, 1 2010 with renewal dates through Nov 30, 2019

- b. January, 1 2010 with renewal dates through Nov 30, 2019

- c. To meet the needs of adoptive and guardianship families, Nebraska Children's Home Society and Lutheran Family Services of America, both licensed child placing agencies with a long history of providing services for children in the child welfare system, joined together in a partnership to create Right Turn® a Limited Liability Company, which developed the Right Turn program to provide post adoption and post guardianship services to eligible children and families residing in the state of Nebraska or in any of the other 49 states if the adoption occurred in Nebraska. Right Turn has been a resource to families and professionals throughout the adoptive and guardianship process for pre-finalization through raising children into adulthood. Service components include: 24-hour access phone line; permanency support services through case management; A Step Further – parenting curriculum and support; educational opportunities through trainings, workshops, conferences, website with resource library; and newsletter.

Right Turn received an Excellence Award from the US Department of Health and Human Services, Administration for Children and Families for its work in 2011. Also an independent evaluator, Hornby Zellar Associates, Inc, report noted favorable outcomes for the program and consideration should be given to involve Right Turn with families at the pre-adoption stage.

- d. Reference: Not applicable

- e. NCHS is a subcontractor to Right Turn® LLC, which is in a five-year contract with the state. The NCHS portion of the budget for FY 2018/19 was \$414,025.

- ii. See above. NCHS is a subcontractor for Foster Care and Right Turn® and directly contracts with the state for Family Finding.

- iii. See above responses.



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9. SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH

Home Study Chart



Description

NCHS uses a comprehensive management approach, which includes all levels of the organization and combines staff education, experience, program development and service delivery expertise, along with a strong commitment to children and families. NCHS is committed to model fidelity, data integrity and results-driven programming.

NCHS has a team of highly skilled professionals working together to ensure strong program outcomes. Specifically, for this proposal to conduct foster care and adoption home studies across Nebraska, supervision and management will include the following. The Resource Development Supervisor will review each home study, discuss it with the Resource Development Specialist, and will conduct monthly staff meetings and provide ongoing support. In addition, the Resource Development Supervisor will meet monthly with the Foster Care & Pathways to Permanency Director, and she in turn meets with the Chief Program Officer on a monthly basis.

Team

Lana Temple-Plotz, MS, Chief Executive Officer
Reports to: Board of Directors



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Primary Work: Responsible for reporting program outcomes to the NCHS board and has overall strategic and operational responsibility for all NCHS programs. Temple-Plotz has 26 years of experience developing children and family programming, replicating and maintaining fidelity to evidence based models both across the State of Nebraska and nationwide, as well as experience working with federal and state funding.

Stephanie Poncelow, Chief Finance and Resource Officer

Reports to: Chief Executive Officer

Primary Work: 9 years of experience at NCHS with finance and human resource responsibilities including overseeing funding from all grants and contracts. Responsible for ensuring the financial implementation and oversight of expenditures. She oversees the annual operating budget of over \$8,000,000, provides leadership for the organization's annual audit and oversees all Human Resource functions. She is knowledgeable in implementing the Uniform Grant Guidance.

Kim Anderson, MS, LMHP, Chief Program Officer

Reports to: Chief Executive Officer

Primary Work: 25 year of experience providing and overseeing services to children and families. Supports the Program Director for successful implementation of the program.

Rhonda Himberger, CQI, Compliance & Grants Director

Reports to: Chief Executive Officer

Primary Work: 22 years of experience in proposal development and contract management, which includes \$20+ million in grant and contract funds from government and private entities. She directs and monitors the organization's Continuous Quality Improvement activities and oversees compliance. . She is experienced in following the Uniform Grant Guidance.

Michelle Moline, LCSW, Foster Care and Pathways to Permanency Director

Reports to: Chief Program Officer

Primary Work: Moline is responsible for oversight and guiding the program to success. She provides direct support to the Home Study Supervisor and monitors the overall performance of the program. She will oversee hiring for the Supervisor and Home Study Specialists. Also, she will lead the training sessions for the program staff on the home study model, process and implementation for completion of high quality home study documents.

Briana Woodside, PLMHP Pregnancy, Parenting, and Adoption Director

Reports to: Chief Program Officer

Primary Work: Woodside is responsible for adoptions and home studies through our infant adoption program. Her expertise will be used in assisting in training staff and providing supervisory support as needed in different geographic areas of the state.

Christina Wright, BSW., Resource and Development Supervisor

Reports to: Foster Care and Pathways to Permanency Director

Primary work: Supervises and provides support to Resource Development Specialists in the foster care program. Coordinates, guides, and monitors home studies. She will provide support to the Supervisor that will be hired and serve as part of the training team for the Home Study team.

To Be Hired, Resource Development Supervisor

Reports to: Foster Care and Pathways to Permanency Director

Primary work: Provides ongoing support to the Resource Development Specialists and also conducts home studies. The Supervisor reviews each home study and discusses any concerns with the Home



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Study Specialist prior to finalization. In addition, the Supervisor provides assistance in initial and ongoing training regarding Home Studies.

Erin Gruber, M.S., Foster Care & Resource Development Specialist

Reports to: Resource and Development Supervisor

Primary work: Conducts foster parent home studies.

Annabel Essex, B.A., Permanency Specialist

Reports to: Resource Development Supervisor

Primary work: Conducts home studies.

Dori Palensky, B.A., Permanency Specialist II

Reports to: Resource Development Supervisor

Primary work: Conducts home studies.

To Be Hired, Resource Development Specialist (5)

Reports to: Resource Development Supervisor

Primary work: Conducts home studies.

j. SUBCONTRACTORS

Not Applicable



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TECHNICAL APPROACH

a. Cope of license

see attached

b. Copy of accreditation

see attached

c. Bidder Requirements

1.	<p>Describe the plan to recruit, train, and supervise staff who are knowledgeable about the unique needs of foster and adoptive children and families.</p> <p>NCHS will recruit and train a total of six (6) staff persons (One Program Supervisor and five Resource Development Specialists) to complete homes studies. One Specialist will be located in each service areas.</p> <p>Job requirements for the positions include a bachelor's degree in a human services field or in a related field with experience delivering foster care or adoption related services. Those selected will be knowledgeable about the unique needs of foster and adoptive children and families and kinship families. The supervisor position will be filled by someone with previous home study experience.</p> <p>Upon notification of being selected to conduct home studies, NCHS will begin the recruitment and hiring process. Job openings are posted to agency employees via email and external recruitment is done through normal channels such as employment websites and the NCHS website, which includes a link to the NCHS electronic employment application form. Selected candidates will be interviewed face-to-face by the Foster Care & Pathways to Permanency Director, the Pregnancy, Parenting & Adoption Director, and Resource & Development Supervisor, who have extensive experience in recruitment, hiring, training and supervising employees for foster care and permanency services as well as completing and reviewing home studies. All hiring requirements will be followed including proper background checks and references completed prior to employment with NCHS and conducting any home study.</p> <p>While completing the hiring process, NCHS will cross train existing staff, who are experienced in conducting home studies. Training will focus on the specific requirements outlined in the approved guidebooks for foster parents and adoptive parents. This will allow for staff to be available in each service area as soon as possible. A number of current staff are either currently conducting homes studies or have experience doing so for both foster care and adoption. Foster Care and Pathways to Permanency Director Michelle Moline has 15 years of home study experience and specifically had a contract to conduct home studies for DHHS from January 2007-May 2009 before joining NCHS. Resource and Development Supervisor Christina Wright has 10 years of home study experience and currently supervises home studies for foster care and adoption from foster care. The Pregnancy, Parenting & Adoption Director, Briana Woodside has 14 years of home study experience.</p> <p>In addition, the Foster Care and Pathways to Permanency Director is leading an adoption work group in collaboration with the Nebraska Health & Human Services Department to review the current adoption home study materials and processes to make recommendations for foster care to adoption home studies.</p> <p>Training for the newly hired staff will be trained by the Foster Care & Pathways to Permanency Director, the Pregnancy, Parenting, and Adoption Director, and the Resource & Development Supervisor. Training will include a focus on kinship education and adoption.</p> <p>The Resource Development Supervisor will oversee all referrals and read and approve the home studies. The Supervisor will report to the Foster Care & Pathways to Permanency Director and also will receive support from across the state from the Pregnancy, Parenting, & Adoption Director located in the central service area and the Resource & Development Supervisor to ensure all home studies are done in a timely manner and in line with NCHS processes. Each Resource</p>
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	<p>Development Specialist will have a six-month introductory period and then would have weekly and monthly individual and group supervision.</p> <p>NCHS has 126 years of statewide experience assessing families and matching children with foster and adoptive homes. Specifically since 2014, NCHS has conducted 519 initial and updated home studies through our infant adoption program and during the previous four years 255 home studies were completed in our foster care program</p>
2.	<p>Describe bidder's approach to maintaining confidentiality of families and demonstrate the ability to ensure adequate data collection, management and reporting. Describe how bidder will comply with confidentiality requirements and collaboration with DHHS.</p> <p>NCHS has proven experience with data collection, management, and reporting as demonstrated through its history of contracts with NDHHS, which include Agency Supported Foster Care, Family Finding, Options Education, and Right Turn. Through Foster Care contracts, NCHS has experience reporting data to NDHHS through the electronic PPI system and utilizes the Cisco secure mail system to submit all Family Finding and Foster Care reports to NDHHS.</p> <p>NCHS has policies and procedures in place regarding confidentiality, privacy practices and disclosure of information. NCHS maintains secure client case records and access of NCHS files is limited to only staff persons with a "need to know" the information for successfully conducting their job duties.</p> <p>The original copies of all client files are maintained in a secured access location within the agency and are preserved following a published records retention schedule. Certain pieces of data from client files are entered into an electronic database system, which provides a centralized repository for report generation and statistical analysis.</p> <p>The electronic database system does not replace the requirements for and/or access to the original paper file copies. The technical infrastructure at NCHS is maintained to support the storage of electronic data, which is based upon an internal local area network infrastructure, a dedicated file server to provide secured access to agency systems, a backup system, and monitored firewall to prevent inappropriate access to agency computer systems.</p>
3.	<p>Describe how bidder will meet the timeframes specified in sections V.D.</p> <p>NCHS has experience meeting deadlines for responding to referrals and completing services including home studies through Agency Supported Foster Care. NCHS will complete home studies within 45 days of receiving the referral and submit it back to the DHHS staff who made the referral.</p> <p>The Foster Care program's experience with the identified deadlines and processes are already in place to ensure timely submission. This includes:</p> <ul style="list-style-type: none"> - Using one email to receive all home study referrals of use the DHHS system. - One person oversees all referrals with a process for back up if that person is not available. - Immediate assignment of referrals. - Close monitoring of assignments and workloads. - Frequent and consistent supervision to ensure deadlines are met. This is done through monthly supervision meeting and group supervision sessions. - Program Supervisor review of the Home Study Document and discussion with Specialist. <p>NCHS will deny any referrals with timeframes that we would be unable to complete in the designated timeframe.</p>
4.	<p>Identify and describe the questions that will be asked of the family or individual during the Home Study process for foster care placement.</p> <p>Currently, NCHS utilizes the DHHS home study template, home study guidebook, self-studies and all licensing documents required per the Agency Supported Foster Care contract. included in this proposal is a draft Foster Care Home Study Guidebook. Questions include:</p> <p>I. Family assessment</p>

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A. FAMILY HISTORY:

- Where is your birthplace (city and state) and where were you raised?
- Who is your family of origin (names, ages, marital status, children, current location, occupation and frequency of contact).
- Describe the quality of relationships between family members (past and present).
- Outside of your family of origin, who did you consider your family when you were growing up?
- How would you describe your childhood? Describe all tribal heritages, affiliations, memberships, enrollments or registrations.
 - Describe one of your favorite childhood memories.
 - Describe one of your least favorite childhood memories.
 - What family traditions do you remember?
 - What was your school experience like?
 - Who do you remember spending the most time with in your childhood?
 - Did religion/culture play a significant role in your childhood?
- How would you describe your parents'/caregivers' parenting style?
- Would you describe your parent(s)/caregivers as nurturing?
 - Give an example of how your parent(s)/caregivers nurtured you.
- What type of discipline did your parent(s)/caregivers use?
 - How did you feel about the type of discipline used?
 - Did you ever feel abused or neglected?
- What were the family rules? Who enforced the family rules?
- Were there any childhood/adolescent experiences that you would describe as traumatic?
 - How was the traumatic event addressed by your family?
 - Were any interventions sought?
 - How did this event impact your childhood?
 - How does this event impact your adult life?
- Explain any mental health history with any family members of origin and the impact on you as child/adult.
- Explain any substance abuse with any family members of origin and impact on you as child/adult.
 - How were these dynamics managed and addressed by the family?
 - Was professional help sought?

B. SELF-AWARENESS:

- How would you describe yourself?
 - If more than one applicant/caregiver, how do you describe the other applicant/caregiver?
 - Describe three things you like about yourself and three things you wish you could change.
 - *Author, write your description/observation of the applicant/caregiver in this section.*
- How did you feel about your parent(s)/caregiver(s) and how did that change as you grew into adult hood?
- How did you feel about your siblings and how did that change as you grew into adult hood?
- Which parent/caregiver did you feel closest to and why? Why do you think there isn't this same feeling with the other parent/caregiver?
- Did you have any significant relationships with adults outside of your parent(s)/caregiver(s)? Why were they important to you?
- How does your childhood impact your adult life and choices?
- What coping strategies do you use when experiencing stress? What does your behavior look like when you are stressed?
- How do you express anger? What does your behavior look like when you are angry?
- How do you typically react and resolve conflict?



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- How do you express sadness?
- Does religion play a significant role in your current life?
- How will you keep a child connected to their religion?
- Does culture play a significant role in your current life?
- How will you keep a child connected to their culture/ethnicity/identity?
 - Do you think identity is important? Why?
 - Does your current lifestyle involve different cultures/ethnicity/races other than your own?
 - Do you anticipate any issues with being a multi-racial/cultural/ethnic family?
- What fears or worries do you have with caring for a child(ren) in foster care?
- Who would you talk to about your fears and worries regarding foster care /adoption?
- Do you feel you are prepared for the responsibility of caring for children in foster care?
- What concerns do you have about your ability to care for children in foster care?

C. EMPLOYMENT, EDUCATION, AND MILITARY:

- What is the highest level of education/grade level you completed, include: High School attended? College attended? Was a Degree Obtained?
- Do you have plans to continue your education? If so, what will the schedule be?
- Who is your employer; length of time with employer, nature of work, # of hours worked each week and work schedule.
 - What do you enjoy about your job?
 - Do you have any plans to change your employment?
- Describe your previous work history over the past five years.
- Do you have vacation and sick time available?
 - How would your employer respond to you leaving your job unexpectedly for an emergency?
- Who will provide child care while you are at work?
- How do you establish boundaries between your professional life and personal life?
- Are you currently or formerly with the military? Include: how many years, rank, discharge status, deployment eligible?

D. PHYSICAL, BEHAVIORAL HEALTH AND SAFETY:

- Describe your overall physical health.
- Do you have any concerns about your physical ability to provide care for a child?
- Do you have any conditions you are receiving on-going medical care from a physician?
- Are you currently receiving treatment for any mental health diagnosis?
 - Have you received treatment in the past for any mental health conditions?
- Do you currently use any substances such as alcohol or tobacco/nicotine?
 - Frequency of consumption?
 - How does the use of this substance(s) impact your life?
- Have you ever been concerned about your substance use? Has anyone ever voiced their concern about your substance use?
- Do you have a substance abuse history?
 - Are you currently receiving treatment for substance abuse? Include whether treatment was residential or outpatient, length of treatment, outcome of treatment, involvement with a sponsor, and use of support groups i.e. Alcoholics Anonymous or Narcotics Anonymous and/or current place with recovery.
- Have you ever been involved in a domestic violence situation?
- Are there any domestic violence issues within your immediate or extended family that could pose a threat to a child placed in the home?



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- Has anyone in the applicant's immediate family had a restraining, anti-harassment or protective order filed against him or her, or on his/her behalf? If not, how has the applicant resolved the situation?

E. CRIMINAL HISTORY:

- Describe your criminal history
 - Event, date of event, details/circumstances of the event, outcome/result, impact on life.
- Have you ever had any Child Protective Services Involvement?

BOTH APPLICANTS/CAREGIVERS (if more than one applicant/caregiver):

F. CURRENT FAMILY COMPOSITION:

- Who are your current family members and/or significant others (name, ages and relationship to the applicant, where they reside).
- Describe the quality of relationships between family members and significant others in your life.

MARRIAGE/RELATIONSHIPS:

- Describe your significant relationship/marital history. Give dates and location of marriage(s) and divorce(s). If divorced, describe circumstances of the divorce(s).
- If not currently in a marriage, are you involved in a serious relationship?
 - How often is your partner in your home?
 - Will they be around child(ren) you care for?
 - Will they play a role in parenting children in your home?
 - Is your partner supportive you of caring for children in foster care?
 - Does your partner have a criminal history that could impact the children you care for?
- Describe how you make decisions and resolves differences.
- Have you ever been separated from your present partner? What were the reasons and how were they resolved?
- Do you have any present relationships with any ex-partners? (i.e. Co-parenting)
 - What will your ex-partner's role be with children you care for?
- What would you do, if caring for children became a stress on your marriage/relationship?
- What are your family's interests, hobbies?
 - How will you incorporate a child's interests, activities into your family lifestyle?

CHILDREN:

- Describe all the children in the home including name, ages, grade level, academic performance, special needs, personality, likes/dislikes, health, responsibilities in the home.
- Describe any behaviors of child(ren) living in your home that could impact a child joining your home through foster care.
- Children's Tribal Affiliations: If any biological or adopted child has tribal affiliation(s), describe the relationships with the child's tribe(s), including participation in cultural activities.
- Describe any adult child(ren) in or out of the home, including where they reside and your current relationship with them. (name, age, marital status, children, occupation).
- Do you have minor children not living with you, explain why. What is the on-going contact with these children?
- Have any of your children been involved with the juvenile court system? Explain why.
- How do your children (including adult children) feel about having additional children join your home through foster care? **Author, ask age appropriate children how they feel about having additional children join their home through foster care.*
- Have you ever experienced the death of a child? If so, what were the circumstances? How did you cope?
- Questions for (age appropriate) children living in the home:
 - How do you feel about additional children joining your home through foster care? Any concerns?

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- What do you know about foster care?
- How do you feel about sharing your space, and your parent(s)/caregiver(s) time?

OTHER ADULTS LIVING IN THE HOME:

- Identify any other adults living in the home or on your property.
- Will they be involved in the parenting, caregiving and/or the supervision of child(ren)?
- Will they be transporting children? (*Author, if so, verify that they have a valid driver's license and insurance.*)
- *Author, all background checks need to be completed on any other adult living in the home. All adults in the home must sign a discipline policy.*

G. PARENTING HISTORY/PHILOSOPHY:

- How do you define parenting?
- How would you describe someone who is an effective/successful parent?
- Describe your parenting experiences.
- What are your strengths/special skills as a parent and what are your challenges?
 - If you have not parented, what do you anticipate your strengths and challenges will be?
- Describe your style of parenting including how you incorporate discipline (i.e. strict, relaxed)
 - If you have not parented, what do you envision your style of parenting to be?
 - Do you believe physical discipline is an effective way to change/manage behavior?
 - Do you think the age of the child influences the type of discipline a parent should use?
- Describe the similarities between your parenting style and the other adult(s) parenting style (who lives in the home)? What are the differences?
 - How will you work together to ensure consistent parenting?
- What characteristics of a child do you feel equipped to parent?
 - Ex. Children with medical needs, Children with special needs
- What fears or worries do you have about a child's behavior?
- What behaviors of children do you consider "deal breakers" (i.e. lying, stealing)?
 - How will you respond if a child has these behaviors or "deal breakers"?
- How is your parenting style similar to the parenting you received as a child? How is it different?
- What or whom has influenced your current parenting style the most?
- If you have adult children, how would they describe your parenting style?
- Have you ever been criticized for your style of parenting (explain)?
- Have you ever been complimented on your parenting style (explain)?

Questions for Home Study Renewals (*only*):

- How would you describe your foster care experience so far?
 - Is it what you expected?
- Describe any challenges and joys you have experienced in providing foster care?
- Have you experienced any allegations against you?
 - What was the circumstance and the outcome?
- Describe any continued contact you have with former foster children?
- Do you think you have been successful?
- When/how will you know when foster care is no longer a good fit for your family?

H. MOTIVATION TO FOSTER/ADOPT CHILD(REN):

- What is your motivation for exploring foster care /adoption at this time?
- Do you know about the Federal guidelines for parenting time and how will you support those guidelines?



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- Describe your understanding of your role in collaborating with a child's professional team?
 - Are you willing to cooperate with all service providers?
 - Have you ever had any issues working in a team environment?
- Have you experienced infertility?
 - If so, is this something that has been diagnosed and have you, or are you currently, receiving fertility treatment?
 - Has this influenced your motivation to pursue foster care/adoption?
 - How have you coped with these issues?
 - If you have had the chance to provide care for a child since the infertility diagnosis, can you give an example of how feelings related to infertility have surfaced in your parenting? How have you managed those feelings?
- Do you believe family connections are important? If so, why?
- How will you maintain the child's relationships with other significant people in their life, i.e. birth parents, siblings, teachers, friends, tribal representatives, other foster parents?
- Are you interested in providing permanency for a child through adoption or guardianship?
 - What is your understanding of open adoption?
 - How will you practice open adoption?
- Describe your interest in caring for American Indian or Alaska Native children.
 - How will you keep these children connected to their identity and culture?

I. ABILITY TO MEET THE CHILD'S SOCIAL, EMOTIONAL, EDUCATIONAL, AND PHYSICAL HEALTHCARE NEEDS:

Child's Social Development:

Social development refers to the process by which a child learns to interact with others around them. As they develop and perceive their own individuality within their community, they also gain skills to communicate with other people and process their actions. Social development most often refers to how a child develops friendships and other relationships, as well how a child handles conflict with peers.

- Explain your role with supporting a child's social development?
- Name three things you would do to learn about where a child is, in their social development?
- If interested in caring for American Indian or Alaska Native children, describe your willingness to teach American Indian or Alaska Native children about their culture and participation in cultural activities.
 - How will American Indian or Alaska Native children's culture be incorporated into the family if an American Indian or Alaska Native child is in the home?

Child's Emotional Development:

Emotional development refers to the child's ability to identify and understand their own feelings, accurately read and understand the feelings of others, manage the way they feel, shape the way they behave, develop empathy for others, and build and keep good relationships with friends, family and others.

- Explain your role with supporting a child's emotional development?
- Name three things you would do to learn about where a child is, in their emotional development.

Educational Needs:

Positive, stable school experiences enhance a child's well-being, help them make more successful transitions to adulthood, and increase their chances for personal fulfillment, economic self-sufficiency and their ability to contribute to society.

- What role can you play with helping a child experience academic success?
- Name three things you would do to learn about a child's educational needs?
- Describe how you partner with a child's school to ensure a child's academic success.



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- What are your home schools?
 - Are you able to maintain a child's school outside of your identified home school area?
 - Do the schools in your home school area offer special education services?
- For American Indian or Alaska Native children, how will they be educated about their tribes, cultures and rights?

J. SUPPORT SYSTEMS

- Who do you consider to be a part of your support system?
 - How do they support you? (i.e. Financial, emotional etc.)
 - Are they supportive of you caring for children through foster care?
- Are you comfortable reaching out to those who can provide you with support?
 - Who in your support system would provide respite for a child you care for?
 - Who in your support system would assist you if a child was experiencing significant behavioral problems?
 - Who in your support system would be able to assist in you a crisis?
- What resources are you aware of that are able to assist you with caring for children in foster care?

I. Household Information

A. CURRENT LIVING ARRANGEMENTS/DESCRIPTION OF HOME

- *Author, describe the home environment. (For example, is it chaotic, peaceful, busy, organized, warm and welcoming, etc.)*
- *Author, include a description of the home, including the number of rooms, the sleeping arrangements, is the home handicapped accessible and the housekeeping standards.*
- Are there weapons in the home? If so, how and where are they stored?
- Are there medications in the home? Where are they stored?
- Where are cleaning supplies and chemicals stored in the home?
- Where are the smoke detectors located?
- Are there safety issues/hazards in the home? (i.e. wood stove, electric fences, pools, water?)
 - What is the safety plan?
- *Author, describe the neighborhood. Is the home in a rural, urban or other setting?*
- Describe the community resources in your area (i.e. medical, counseling, educational services).
- Describe the cultural diversity in your community.
 - How do you think a child of a different race would be treated within the community?
 - If a child is treated differently, how would you address this?
- Are there appropriate areas for children to play, and toys that encourage growth and development? Describe indoor and outdoor play areas.
- Describe the property including any out buildings, and tell how they are used (*Author, check the inside of outbuildings*).
- Do you have home owners or renter's insurance?
- Describe all pets.
 - How does your pet interact with children?
 - Does your pet have any history of aggression?
 - Is your pet vaccinated and/or licensed (if applicable)?
- Do you have any dietary preferences? (i.e. Vegetarian, Kosher, etc.)
 - Are you willing to support dietary needs, different than your own, in your home?

B. TRANSPORTATION

- Describe each vehicle used by your family including the make/model/year and number of working seatbelts.



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	<ul style="list-style-type: none"> • Who is your insurance carrier(s)? • Do you have car seats appropriate for the age of children you will be caring for? <ul style="list-style-type: none"> ○ Have you been trained on proper child car seat installation? ○ Does your family need information on community resources to assist with proper car seat installation? • Will others be assisting you with transporting children? <ul style="list-style-type: none"> ○ How will you ensure all drivers are licensed, insured, and use proper car seats? <p>C. FINANCES</p> <ul style="list-style-type: none"> • Would adding a child to your home cause a financial burden? • Describe your understanding of what a foster care reimbursement is to be used for. • What resources do you have available to you, should you experience a financial emergency?
5.	<p>Identify and describe the questions that will be asked of the family or individual during the adoption Home Study process.</p> <p>There is currently not a home study template or guidebook specific to adoption from foster care and so currently the foster care template is used for adoption from foster homes. However, NCHS uses additional questions regarding adoption based upon trainings attended such as TAC, research in foster care and adoption and best practice trends. Included in this proposal is a draft Adoption Family Assessment Guidebook. Questions include:</p> <p>I. Caregiver's Motivation to Adopt</p> <ul style="list-style-type: none"> • How did you first become interested in adoption in general? • What is your definition of adoption? • Why do you want to adopt? <ul style="list-style-type: none"> ○ For couples, both should provide their own answer • What is the difference between foster care and adoption? • What is your history with adoption? <ul style="list-style-type: none"> ○ Have you ever adopted/became a legal guardian? <ul style="list-style-type: none"> ▪ If yes, please explain ○ Have you ever dissolved an adoption/guardianship? <ul style="list-style-type: none"> ▪ If yes, please explain • Resolution of infertility issues <ul style="list-style-type: none"> ○ Have you struggled with infertility? <ul style="list-style-type: none"> ▪ If so, what have you done to cope with this? • How will adoption change your life? <ul style="list-style-type: none"> ○ What will look different daily? ○ Will your support change? ○ Will your feelings toward this child change? • Why do you want to adopt this child? <ul style="list-style-type: none"> ○ What do you like about this child? ○ What do you find challenging about this child? • Do you feel guilty or pressured to adopt? <ul style="list-style-type: none"> ○ If so, what are the circumstances? • Do you plan to continue to foster/adopt? <ul style="list-style-type: none"> ○ If so, what is your plan for adding additional children to your home? <p>II. Adoption Preparation</p> <ul style="list-style-type: none"> • Adoption education <ul style="list-style-type: none"> ○ What specifically have you done to educate yourself about adoption?

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- What trainings/education/therapy have you completed?
 - What did you find helpful in the training/education/therapy?
 - What did you disagree with in the training/education/therapy?
 - What do you understand about the 7 Core Issues of adoption and how to incorporate them into your parenting?
- How will you continue to learn about adoption issues?
- What are the differences in needs between an adopted child and biological child?
- Has anyone talked to/prepared the child for adoption?
 - If so, what was discussed and how did the child respond?
- Do you feel fully prepared to parent this child FOREVER?
 - If not, what do you still need?
- How does adoption change your legal responsibility to this child?
- What are your fears regarding adopting this child?
- Are you financially able to care for the child if subsidy is not available or decreases?

III. Caregiver's Understanding of Child's Functioning and Needs

- Parent description of the child:
 - Describe this child's personality.
 - What are the child's strengths?
 - What are the child's challenges?
 - What unique needs does this child have?
 - Educational, emotional, behavioral, social
- Understanding of the child's background/history:
 - Do you know the child's life story from birth to now?
 - Are you missing any information?
 - If so, how can you get that information?
 - How does the child feel about you being his/her parent(s)?
- Describe your relationship with this child.
- What are the joys of parenting this child?
- What are the challenges of parenting this child?
- What does a typical day look like? (schedule)
- Are you planning to change the child's name?
 - If so, has this been discussed with the child? What was the response?
- What needs do you anticipate the child will have in the future?
 - Educational, emotional, behavioral, social.

IV. Parenting Philosophy

- What are the rules for children in your home?
 - Are there different rules for different children? All the same?
 - Do you consider the child's trauma background when setting rules?
- Expectations of children
 - Are there different expectations for each child? All the same?
 - Do you consider the child's trauma background when setting expectations?
 - What are the expectations for this child in regard to:
 - Education
 - Career
 - Attitude
 - Behaviors

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- Gratitude- will it be expected for the child to be grateful they were adopted?
 - Behavior management
 - Are there different interventions/techniques for different children?
 - Will this change upon adoption?
 - How will this change over the years?
 - Are you open to trying new interventions/approaches/techniques?
 - Do you consider the child's trauma background when trying new interventions?
 - Resources?
 - What current resources are being used/accessed? (therapy, respite, etc.)
 - Will these resources continue upon adoption?
 - Do you know how to access these resources in the future?
 - Will you have the financial ability to access these services?
- V. Family Relationships and Structure**
- How do the other children and other household members get along with the child?
 - Are there strong relationships between some?
 - Are there struggles with any?
 - Other children in the home interview
 - Describe your relationship with this child
 - How do you feel about this child being a forever member of your family?
 - Describe your relationship (if a couple)
 - Has it changed since this child joined the family? (if child has already joined the family)
 - What changes do you anticipate in your relationship if the child hasn't joined the family?
 - How do you or will you ensure the child has a sense of belonging in the family?
 - How is love expressed in your home?
 - How do you make others feel loved and wanted?
 - How has/or will the dynamics (relationships/structure) between household members change with adoption? (kinship) (ex-biological grandmother is now in a mother role)
- VI. Maintaining Connections**
- What is your family's definition of openness?
 - What is your desired relationship with this child's birth family?
 - What are your feelings and willingness to have a relationship with this child's birth family?
 - What relationships does the child currently have with birth family members and others the child has a relationship with?
 - How are those relationships maintained currently?
 - How will the relationships look after adoption?
 - What is your plan to problem solve challenges that could arise with the relationships?
 - Do you have a relationship with any of the child's connections?
 - Does this child have siblings?
 - What do those relationships look like now?
 - How will you prioritize this child's connections to siblings?
 - How will you talk with a child about their "life story"?
 - Who will you reach out to when the child has questions about his/her life story?
 - How will adoption change your relationship with your extended family? (kinship)
- IX: Support Network**
- Describe your family and friends' knowledge and support of your plan to adopt this child.

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- Who do you identify as your sources of support?
- How does each help you and the child?
- Do you belong to any community groups?
- Do those you identify as your support network support your plan to adopt?
- Who do you turn to when the having difficulties with the child?
- What is your support network's support and understanding of openness?
- Are your adult children supportive? (if applicable)
- Describe the child's relationships with your extended family/support network.
- Who will be there to give you a break?
- Who will become this child's legal guardian/parent in case of death or inability to parent?

X. Multiracial/Multicultural Parenting/Becoming A Multiracial Family

- How do you define a multiracial/ethnic/cultural family?
- What training have you had regarding being a multiracial/ethnic/cultural family?
- What are you currently doing to ensure your child is connected to their race/ethnicity/culture?
- Do you believe there is a difference in parenting children of other races/cultures/ethnicities?
 - Is it important to acknowledge?
- Do you understand that being a multiracial/ethnic/cultural family impacts the entire family, not just the child?
- What is your current involvement with people of other race/culture/ethnicities than your own?
 - Any people of other races/cultures currently in your life?
 - Does your lifestyle provide opportunities for the child to interact with people of a similar race/culture as their own?
- How do you support/encourage the child learning about and embracing their race/culture/ethnicity?
- What do you do to incorporate race/culture/ethnicity into family/household?
 - Please provide specific examples.
- What does your extended family's support and feelings toward other cultures/races look like?
 - If not accepting of it, how do you handle this?
- How do you or would you handle situations where you are challenged for being a transracial/ethnic/cultural family?
- How do you or would you support the child if they practice a different religion?
- Does the child belong to any communities/groups?
 - Ex. LGBTQ, deaf/hard of hearing, neurodivergent
 - How do you support his/her involvement in these groups?

XI. Child's Understanding and Readiness for Adoption

- Might not be appropriate when child has not yet joined the home and is based on the developmental level of the child.
- Child interview
 - Tell me about yourself
 - What things do you like to do (activities, school classes, food, etc.)?
 - What rules do you have in your home?
 - What happens if you Discipline?
 - What school do you attend, what grade are you in, how is your experience at school?
 - Describe your relationship with your immediate and extended family members. (foster/kinship family)
 - Who do you feel closest to, who do spend the most time with, etc.
 - Describe your relationship with your birth mother, father, extended family members.
 - How does your foster/kinship parent(s) support this relationship?
 - What does adoption mean?
 - How do you feel about being adopted by this family?



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	<ul style="list-style-type: none"> ▪ Transition of extended family member to parent (kinship)
<p>6.</p>	<p>Identify how bidder will discuss the 7 Core Issues of Adoption with the family or individual when writing an Adoption Home Study: Loss, Rejection, Guilt and Shame, Grief, Identity, Intimacy, and Mastery/control.</p> <p>NCHS has a long history training foster, kinship, and adoptive families about the 7 Core Issues of Adoption and providing resources and other adoption trainings.</p> <p>Part of the process at NCHS is to incorporate the 7 Core Issues into adoption home studies. At the end of the home study process, NCHS assesses the family's understanding of the 7 Core Issues.</p> <p>The following is a partial list of areas related to the 7 core issues of adoption, which are discussed during the home study process:</p> <ol style="list-style-type: none"> 1. understanding that adoption is a lifelong process; 2. adoption is founded on loss for all members of the adoption circle; 3. understanding the varied ways children may grieve adoption related losses and that grieving may occur during any stage of development; 4. impact of a child's genetic endowment on his/her temperament, personality and motivation; 5. how to seek out resources for their child should the need arise; 6. effects of abandonment, separation and loss issues for a child, as they relate to adoption and at future stages of the child's development; 7. how bonding and attachment can occur and ways to facilitate attachment; 8. possible effects of peri-natal drug/alcohol exposure on a child and that peri-natal drug/alcohol use may not be identifiable at the time of placement; 9. importance of healthy ongoing open adoption relationships with their child's birth family and the importance of honoring commitments made; 10. how to resolve conflicts if and when they arise in the open adoption relationship, to include utilizing NCHS as a resource; 11. how to develop a plan to honor a child's heritage and the importance of doing so to help a child develop a positive self-identity; 12. importance of protecting their child's information until such a time as the child is old enough to decide how and when to share information about his birth family; 13. importance of continuing education on parenting, adoption and parenting by adoption. <p>If additional educational needs are identified, the family will be connected to those resources.</p> <p>Also, through Right Turn, NCHS offers post adoption services, which includes training to adoptive families.</p>
<p>7.</p>	<p>Describe how the home study will include information about the family or individual(s) criminal history including but not limited to all background checks as required per 395 NAC Chapter 3 http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health and Human Services System/Title-395/Chapter-03.pdf.</p> <p>In accordance with state regulations, all family members will submit to all required background checks per 395 NAC Chapter 3.</p> <p>NCHS will document all criminal history background information in the home study in the appropriate section of the template along with the description of the incident by the individual.</p> <p>NCHS will visit with the family and address all criminal history to determine: circumstance of the incident leading to the criminal charge, the individual's interpretation of the incident and insight into their own behavior that resulted in the charge, changes made by the individual to ensure the incident is not repeated, assessment of if the behavior related to the incident and actions taken to resolve it poses a safety risk to the child.</p>



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8	For each Service Area, bidder should provide the methodology used to establish the “per home study” cost in the table below which includes but is not limited to personnel costs, travel expenses, and administrative costs.					
	Methodology used to determine base cost.	ESA	NSA	SESA	CSA	WSA
	Personnel	77%	77%	71%	70%	55%
	Program Expense	8%	6%	6%	6%	8%
	Operating Expense	1%	1%	1%	1%	2%
	Travel	5%	7%	14%	14%	26%
	Administration	9%	9%	8%	9%	9%
	Total	100 %	100 %	100 %	100 %	100 %
<p>The general approach of Nebraska Children's Home Society in allocating costs to particular grants and contracts is as follows:</p> <p>A. All allowable direct costs are charged directly to programs, grants, activity, etc.</p> <p>B. Allowable direct costs that can be identified to more than one program are prorated individually as direct costs using a base most appropriate to the particular cost being prorated.</p> <p>C. All other allowable general and administrative costs (costs that benefit all programs and cannot be identified to a specific program) are allocated to programs, grants, etc. using a base that results in an equitable distribution.</p>						

d. Draft Foster Care Home Study guidebook

see attached

e. Draft Adoption Home Study guidebook

see attached

f. Draft Foster Care Home Study template

see attached

g. Draft Adoption Home Study template

see attached

State of Nebraska

Department of Health and Human Services
Division of Public Health

Nebraska Children's Home Society

Is hereby authorized in compliance with laws of the State of Nebraska to establish and conduct a **Child Placing Agency** with the approved services of **Adoption & Foster Care** located at: **4939 S 118 ST Omaha NE 68137**

Nebraska Children's Home Society is hereby issued License No. **CPA002** which is effective from **01/02/1893** and will expire on **02/22/2020**

Given under the name and Seal of the Department of Health and Human Services Division of Public Health of the State of Nebraska at Lincoln on **March 7, 2019.**



[Signature]
Bo Botelho, Interim Director
Division of Public Health
Department of Health and Human Services



COUNCIL ON ACCREDITATION

Attests That

**Nebraska Children's Home Society
Omaha, NE**

Is

ACCREDITED

Achieving the Highest Standards of Professional Practice for the Services It Provides

Accredited Through

3/31/2020



FOSTER CARE FAMILY ASSESSMENT GUIDEBOOK

I. Demographic information

All sections should be completed. Any areas that are not applicable, mark N/A.

II. Family assessment

A. FAMILY HISTORY:

- Where is your birthplace (city and state) and where were you raised?
- Who is your family of origin (names, ages, marital status, children, current location, occupation and frequency of contact).
- Describe the quality of relationships between family members (past and present).
- Outside of your family of origin, who did you consider your family when you were growing up?
- How would you describe your childhood? Describe all tribal heritages, affiliations, memberships, enrollments or registrations.
 - Describe one of your favorite childhood memories
 - Describe one of your least favorite childhood memories
 - What family traditions do you remember?
 - What was your school experience like?
 - Who do you remember spending the most time with in your childhood?
 - Did religion/culture play a significant role in your childhood?
- How would you describe your parents'/caregivers' parenting style?
- Would you describe your parent(s)/caregivers as nurturing?
 - Give an example of how your parent(s)/caregivers nurtured you.
- What type of discipline did your parent(s)/caregivers use?
 - How did you feel about the type of discipline used?
 - Did you ever feel abused or neglected?
- What were the family rules? Who enforced the family rules?
- Were there any childhood/adolescent experiences that you would describe as traumatic?
 - How was the traumatic event addressed by your family?
 - Were any interventions sought?
 - How did this event impact your childhood?
 - How does this event impact your adult life?
- Explain any mental health history with any family members of origin and the impact on you as child/adult.
- Explain any substance abuse with any family members of origin and impact on you as child/adult.

- How were these dynamics managed and addressed by the family?
- Was professional help sought?

B. SELF-AWARENESS:

- How would you describe yourself?
 - If more than one applicant/caregiver, how do you describe the other applicant/caregiver?
 - Describe three things you like about yourself and three things you wish you could change
 - *Author, write your description/observation of the applicant/caregiver in this section.*
- How did you feel about your parent(s)/caregiver(s) and how did that change as you grew into adult hood?
- How did you feel about your siblings and how did that change as you grew into adult hood?
- Which parent/caregiver did you feel closest to and why? Why do you think there isn't this same feeling with the other parent/caregiver?
- Did you have any significant relationships with adults outside of your parent(s)/caregiver(s)? Why were they important to you?
- How does your childhood impact your adult life and choices?
- What coping strategies do you use when experiencing stress? What does your behavior look like when you are stressed?
- How do you express anger? What does your behavior look like when you are angry?
- How do you typically react and resolve conflict?
- How do you express sadness?
- Does religion play a significant role in your current life?
- How will you keep a child connected to their religion?
- Does culture play a significant role in your current life?
- How will you keep a child connected to their culture/ethnicity/identity?
 - Do you think identity is important? Why?
 - Does your current lifestyle involve different cultures/ethnicity/races other than your own?
 - Do you anticipate any issues with being a multi-racial/cultural/ethnic family?
- What fears or worries do you have with caring for a child(ren) in foster care?
- Who would you talk to about your fears and worries regarding foster care /adoption?
- Do you feel you are prepared for the responsibility of caring for children in foster care?
- What concerns do you have about your ability to care for children in foster care?

C. EMPLOYMENT, EDUCATION, AND MILITARY:

- What is the highest level of education/grade level you completed, include: High School attended? College attended? Was a Degree Obtained?
- Do you have plans to continue your education? If so, what will the schedule be?
- Who is your employer; length of time with employer, nature of work, # of hours worked each week and work schedule.
 - What do you enjoy about your job?
 - Do you have any plans to change your employment?
- Describe your previous work history over the past five years.
- Do you have vacation and sick time available?

- How would your employer respond to you leaving your job unexpectedly for an emergency?
- Who will provide child care while you are at work?
- How do you establish boundaries between your professional life and personal life?
- Are you currently or formerly with the military? Include: how many years, rank, discharge status, deployment eligible?

D. PHYSICAL, BEHAVIORAL HEALTH AND SAFETY:

- Describe your overall physical health.
- Do you have any concerns about your physical ability to provide care for a child?
- Do you have any conditions you are receiving on-going medical care from a physician?
- Are you currently receiving treatment for any mental health diagnosis?
 - Have you received treatment in the past for any mental health conditions?
- Do you currently use any substances such as alcohol or tobacco/nicotine?
 - Frequency of consumption?
 - How does the use of this substance(s) impact your life?
- Have you ever been concerned about your substance use? Has anyone ever voiced their concern about your substance use?
- Do you have a substance abuse history?
 - Are you currently receiving treatment for substance abuse? Include whether treatment was residential or outpatient, length of treatment, outcome of treatment, involvement with a sponsor, and use of support groups i.e. Alcoholics Anonymous or Narcotics Anonymous and/or current place with recovery.
- Have you ever been involved in a domestic violence situation?
- Are there any domestic violence issues within your immediate or extended family that could pose a threat to a child placed in the home?
- Has anyone in the applicant's immediate family had a restraining, anti-harassment or protective order filed against him or her, or on his/her behalf? If not, how has the applicant resolved the situation?

E. CRIMINAL HISTORY:

- Describe your criminal history
 - Event, date of event, details/circumstances of the event, outcome/result, impact on life
- Have you ever had any Child Protective Services Involvement?

BOTH APPLICANTS/CAREGIVERS (if more than one applicant/caregiver):

F. CURRENT FAMILY COMPOSITION:

- Who are your current family members and/or significant others (name, ages and relationship to the applicant, where they reside).
- Describe the quality of relationships between family members and significant others in your life.

MARRIAGE/RELATIONSHIPS:

- Describe your significant relationship/marital history. Give dates and location of marriage(s) and divorce(s). If divorced, describe circumstances of the divorce(s).
- If not currently in a marriage, are you involved in a serious relationship?
 - How often is your partner in your home?
 - Will they be around child(ren) you care for?
 - Will they play a role in parenting children in your home?
 - Is your partner supportive you of caring for children in foster care?
 - Does your partner have a criminal history that could impact the children you care for?
- Describe how you make decisions and resolves differences.
- Have you ever been separated from your present partner? What were the reasons and how were they resolved?
- Do you have any present relationships with any ex-partners? (i.e. Co-parenting)
 - What will your ex-partner's role be with children you care for?
- What would you do, if caring for children became a stress on your marriage/relationship?
- What are your family's interests, hobbies?
 - How will you incorporate a child's interests, activities into your family lifestyle?

CHILDREN:

- Describe all the children in the home including name, ages, grade level, academic performance, special needs, personality, likes/dislikes, health, responsibilities in the home.
- Describe any behaviors of child(ren) living in your home that could impact a child joining your home through foster care.
- Children's Tribal Affiliations: If any biological or adopted child has tribal affiliation(s), describe the relationships with the child's tribe(s), including participation in cultural activities.
- Describe any adult child(ren) in or out of the home, including where they reside and your current relationship with them. (name, age, marital status, children, occupation).
- Do you have minor children not living with you, explain why. What is the on-going contact with these children?
- Have any of your children been involved with the juvenile court system? Explain why.
- How do your children (including adult children) feel about having additional children join your home through foster care? **Author, ask age appropriate children how they feel about having additional children join their home through foster care.*
- Have you ever experienced the death of a child? If so, what were the circumstances? How did you cope?
- Questions for (age appropriate) children living in the home:
 - How do you feel about additional children joining your home through foster care? Any concerns?
 - What do you know about foster care?
 - How do you feel about sharing your space, and your parent(s)/caregiver(s) time?

OTHER ADULTS LIVING IN THE HOME:

- Identify any other adults living in the home or on your property.
- Will they be involved in the parenting, caregiving and/or the supervision of child(ren)?
- Will they be transporting children? *(Author, if so, verify that they have a valid driver's license and insurance).*

- *Author, all background checks need to be completed on any other adult living in the home. All adults in the home must sign a discipline policy.*

G. PARENTING HISTORY/PHILOSOPHY:

- How do you define parenting?
- How would you describe someone who is an effective/successful parent?
- Describe your parenting experiences.
- What are your strengths/special skills as a parent and what are your challenges?
 - If you have not parented, what do you anticipate your strengths and challenges will be?
- Describe your style of parenting including how you incorporate discipline (i.e. strict, relaxed)
 - If you have not parented, what do you envision your style of parenting to be?
 - Do you believe physical discipline is an effective way to change/manage behavior?
 - Do you think the age of the child influences the type of discipline a parent should use?
- Describe the similarities between your parenting style and the other adult(s) parenting style (who lives in the home)? What are the differences?
 - How will you work together to ensure consistent parenting?
- What characteristics of a child do you feel equipped to parent?
 - Ex. Children with medical needs, Children with special needs
- What fears or worries do you have about a child's behavior?
- What behaviors of children do you consider "deal breakers" (i.e. lying, stealing)?
 - How will you respond if a child has these behaviors or "deal breakers"?
- How is your parenting style similar to the parenting you received as a child? How is it different?
- What or whom has influenced your current parenting style the most?
- If you have adult children, how would they describe your parenting style?
- Have you ever been criticized for your style of parenting (explain)?
- Have you ever been complimented on your parenting style (explain)?

Questions for Home Study Renewals (only):

- How would you describe your foster care experience so far?
 - Is it what you expected?
- Describe any challenges and joys you have experienced in providing foster care?
- Have you experienced any allegations against you?
 - What was the circumstance and the outcome?
- Describe any continued contact you have with former foster children?
- Do you think you have been successful?
- When/how will you know when foster care is no longer a good fit for your family?

H. MOTIVATION TO FOSTER/ADOPT CHILD(REN):

- What is your motivation for exploring foster care /adoption at this time?
- Do you know about the Federal guidelines for parenting time and how will you support those guidelines?
- Describe your understanding of your role in collaborating with a child's professional team?

- Are you willing to cooperate with all service providers?
- Have you ever had any issues working in a team environment?
- Have you experienced infertility?
 - If so, is this something that has been diagnosed and have you, or are you currently, receiving fertility treatment?
 - Has this influenced your motivation to pursue foster care/adoption?
 - How have you coped with these issues?
 - If you have had the chance to provide care for a child since the infertility diagnosis, can you give an example of how feelings related to infertility have surfaced in your parenting? How have you managed those feelings?
- Do you believe family connections are important? If so, why?
- How will you maintain the child's relationships with other significant people in their life, i.e. birth parents, siblings, teachers, friends, tribal representatives, other foster parents?
- Are you interested in providing permanency for a child through adoption or guardianship?
 - What is your understanding of open adoption?
 - How will you practice open adoption?
- Describe your interest in caring for American Indian or Alaska Native children.
 - How will you keep these children connected to their identity and culture?

I. ABILITY TO MEET THE CHILD'S SOCIAL, EMOTIONAL, EDUCATIONAL, AND PHYSICAL HEALTHCARE NEEDS:

Child's Social Development:

Social development refers to the process by which a child learns to interact with others around them. As they develop and perceive their own individuality within their community, they also gain skills to communicate with other people and process their actions. Social development most often refers to how a child develops friendships and other relationships, as well how a child handles conflict with peers.

- Explain your role with supporting a child's social development?
- Name three things you would do to learn about where a child is, in their social development?
- If interested in caring for American Indian or Alaska Native children, describe your willingness to teach American Indian or Alaska Native children about their culture and participation in cultural activities.
 - How will American Indian or Alaska Native children's culture be incorporated into the family if an American Indian or Alaska Native child is in the home?

Child's Emotional Development:

Emotional development refers to the child's ability to identify and understand their own feelings, accurately read and understand the feelings of others, manage the way they feel, shape the way they behave, develop empathy for others, and build and keep good relationships with friends, family and others.

- Explain your role with supporting a child's emotional development?
- Name three things you would do to learn about where a child is, in their emotional development.

Educational Needs:

Positive, stable school experiences enhance a child's well-being, help them make more successful transitions to adulthood, and increase their chances for personal fulfillment, economic self-sufficiency and their ability to contribute to society.

- What role can you play with helping a child experience academic success?
- Name three things you would do to learn about a child's educational needs?
- Describe how you partner with a child's school to ensure a child's academic success.
- What are your home schools?
 - Are you able to maintain a child's school outside of your identified home school area?
 - Do the schools in your home school area offer special education services?
- For American Indian or Alaska Native children, how will they be educated about their tribes, cultures and rights?

J. SUPPORT SYSTEMS

- Who do you consider to be a part of your support system?
 - How do they support you? (i.e. Financial, emotional etc.)
 - Are they supportive of you caring for children through foster care?
- Are you comfortable reaching out to those who can provide you with support?
 - Who in your support system would provide respite for a child you care for?
 - Who in your support system would assist you if a child was experiencing significant behavioral problems?
 - Who in your support system would be able to assist in you a crisis?
- What resources are you aware of that are able to assist you with caring for children in foster care?

III. Household Information

A. CURRENT LIVING ARRANGEMENTS/DESCRIPTION OF HOME

- *Author, describe the home environment. (For example, is it chaotic, peaceful, busy, organized, warm and welcoming, etc.)*
- *Author, include a description of the home, including the number of rooms, the sleeping arrangements, is the home handicapped accessible and the housekeeping standards.*
- Are there weapons in the home? If so, how and where are they stored?
- Are there medications in the home? Where are they stored?
- Where are cleaning supplies and chemicals stored in the home?
- Where are the smoke detectors located?
- Are there safety issues/hazards in the home? (i.e. wood stove, electric fences, pools, water?)
 - What is the safety plan?
- *Author, describe the neighborhood. Is the home in a rural, urban or other setting?*
- Describe the community resources in your area (i.e. medical, counseling, educational services).
- Describe the cultural diversity in your community.
 - How do you think a child of a different race would be treated within the community?

- If a child is treated differently, how would you address this?
- Are there appropriate areas for children to play, and toys that encourage growth and development?
Describe indoor and outdoor play areas.
- Describe the property including any out buildings, and tell how they are used (*Author, check the inside of outbuildings*).
- Do you have home owners or renter’s insurance?
- Describe all pets.
 - How does your pet interact with children?
 - Does your pet have any history of aggression?
 - Is your pet vaccinated and/or licensed (if applicable)?
- Do you have any dietary preferences? (i.e. Vegetarian, Kosher, etc.)
 - Are you willing to support dietary needs, different than your own, in your home?

B. TRANSPORTATION

- Describe each vehicle used by your family including the make/model/year and number of working seatbelts.
- Who is your insurance carrier(s)?
- Do you have car seats appropriate for the age of children you will be caring for?
 - Have you been trained on proper child car seat installation?
 - Does your family need information on community resources to assist with proper car seat installation?
- Will others be assisting you with transporting children?
 - How will you ensure all drivers are licensed, insured, and use proper car seats?

C. FINANCES

- Would adding a child to your home cause a financial burden?
- Describe your understanding of what a foster care reimbursement is to be used for.
- What resources do you have available to you, should you experience a financial emergency?
- *Author, summarize financial stability.*

Monthly Income:	Applicant/Caregiver Name:	Applicant/Caregiver Name:
Gross Monthly Income	\$	\$
Net Monthly Income	\$	\$
Social Security	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Disability	\$	\$
Unemployment	\$	\$
Veteran’s Benefits	\$	\$

Workman's Compensation	\$	\$
Pension	\$	\$
Adoption/Guardianship Subsidies	\$	\$
Additional Income Type:	\$	\$
Assets (Property, stocks, bonds, etc.)	\$	\$
TOTAL	\$	\$

Forms of Assistance: <input type="checkbox"/> NA	
SNAP	\$
General Assistance	\$
Other forms of Assistance Type:	\$
TOTAL	\$

Monthly Household Expenses:	
Housing (Rent/Mortgage/Insurance)	\$
Utilities (Electric, Water, Gas, etc.)	\$
Medical Insurance	\$
Cable/Phone/Internet	\$
Vehicle (Payment and Insurance)	\$
Loan and/or Credit Card(s)	\$
Medical/Insurance not-covered	\$
Living Expenses (Groceries, Gasoline, Entertainment, etc.)	\$
Child Care	\$
Other Type:	\$
TOTAL	\$

IV. REFERENCES

- All sections should be completed.
- Summarize strengths and concerns identified by those providing reference information.

V. MEDICAL REPORT OF APPLICANTS

Each applicant must submit a signed Health Information Report.

Part "A" of the Health Information Report must be completed by all adult applicants.

Part "B" of the Health Information Report must be completed when the applicant is taking any prescription medication. The *only* exceptions would include: Birth Control, allergies, time-limited antibiotics, cold, or other temporary conditions.

Part "B" must be completed by a Health Practitioner, Medical Doctor, RN, or Physician's Assistant

VI. EVALUATION AND RECOMMENDATIONS

A. STRENGTHS OF APPLICANT/CAREGIVER(S)

Summarize the applicant/caregiver's strengths as it relates to the role of a caregiver for a child in foster care.

B. NEEDS OF APPLICANT/CAREGIVER(S) AND RECOMMENDATIONS

Summarize the applicant/caregiver(s) need for any additional training or support. If needs are identified, provide recommendations for how the applicant/caregiver(s) can address the need.

C. STATEMENT OF APPROVAL OR DISAPPROVAL FOR CHILD(REN) JOINING APPLICANT/CAREGIVER

Provide a statement of approval or disapproval as it relates to the applicant/caregiver(s) caring for children in foster care. If applicable add the number of children recommended for licensing.

D. CHILD(REN) CHARACTERISTICS MATCHING THE APPLICANT/CAREGIVER(S) ABILITIES/PREFERENCE: N/A IF RELATIVE OR KINSHIP IS NOT LICENSABLE

All sections should be completed. Any areas that are not applicable mark N/A.

VII. SIGNATURES

Ensure all signatures are on the home study.

VIII. Home Study Addendum

- Applicants and other household members, age 18 years and older, must have all the background checks and clearances completed. (National criminal history, Nebraska state patrol, Adult/Child Abuse/Neglect central register/y, State Patrol Sex Offender, Google and social media, Department for Motor Vehicle (DMV), and Law Enforcement)
- If there are any children residing in this home age 13 and over, complete a Nebraska Child Abuse/Neglect Central Register check and a Nebraska Adult Abuse/Neglect Check, and State Patrol Sex Offender Check for each child.
- Adult/Child Abuse/Neglect Register checks must be completed on each applicant in any other states they have lived within the past 5 years.



ADOPTION FAMILY ASSESSMENT GUIDEBOOK

I. Demographic Information

All sections should be completed. Any areas that are not applicable, mark N/A.

II. Significant Changes Since Most Recent Home Study

- Health (physical, emotional, behavioral, social)
- Losses
- Employment
- Family structure/composition
- Law enforcement contact
- financial

III. Caregiver's Motivation to Adopt

- How did you first become interested in adoption in general?
- What is your definition of adoption?
- Why do you want to adopt?
 - For couples, both should provide their own answer
- What is the difference between foster care and adoption?
- What is your history with adoption?
 - Have you ever adopted/became a legal guardian?
 - If yes, please explain
 - Have you ever dissolved an adoption/guardianship?
 - If yes, please explain
- Resolution of infertility issues
 - Have you struggled with infertility?
 - If so, what have you done to cope with this?
- How will adoption change your life?
 - What will look different daily?
 - Will your support change?
 - Will your feelings toward this child change?
- Why do you want to adopt this child?
 - What do you like about this child?

- What do you find challenging about this child?
- Do you feel guilty or pressured to adopt?
 - If so, what are the circumstances?
- Do you plan to continue to foster/adopt?
 - If so, what is your plan for adding additional children to your home?

IV. Adoption Preparation

- Adoption education
 - What specifically have you done to educate yourself about adoption?
 - What trainings/education/therapy have you completed?
 - What did you find helpful in the training/education/therapy?
 - What did you disagree with in the training/education/therapy?
 - What do you understand about the 7 Core Issues of adoption and how to incorporate them into your parenting?
- How will you continue to learn about adoption issues?
- What are the differences in needs between an adopted child and biological child?
- Has anyone talked to/prepared the child for adoption?
 - If so, what was discussed and how did the child respond?
- Do you feel fully prepared to parent this child FOREVER?
 - If not, what do you still need?
- How does adoption change your legal responsibility to this child?
- What are your fears regarding adopting this child?
- Are you financially able to care for the child if subsidy is not available or decreases?

V. Caregiver's Understanding of Child's Functioning and Needs

- Parent description of the child
 - Describe this child's personality.
 - What are the child's strengths?
 - What are the child's challenges?
 - What unique needs does this child have?
 - Educational, emotional, behavioral, social
- Understanding of the child's background/history
 - Do you know the child's life story from birth to now?
 - Are you missing any information?
 - If so, how can you get that information?
 - How does the child feel about you being his/her parent(s)?
- Describe your relationship with this child.
- What are the joys of parenting this child?
- What are the challenges of parenting this child?
- What does a typical day look like? (schedule)

- Are you planning to change the child's name?
 - If so, has this been discussed with the child? What was the response?
- What needs do you anticipate the child will have in the future?
 - Educational, emotional, behavioral, social

VI. Parenting Philosophy

- What are the rules for children in your home?
 - Are there different rules for different children? All the same?
 - Do you consider the child's trauma background when setting rules?
- Expectations of children
 - Are there different expectations for each child? All the same?
 - Do you consider the child's trauma background when setting expectations?
 - What are the expectations for this child in regard to:
 - Education
 - Career
 - Attitude
 - Behaviors
 - Gratitude- will it be expected for the child to be grateful they were adopted?
- Behavior management
 - Are there different interventions/techniques for different children?
 - Will this change upon adoption?
 - How will this change over the years?
 - Are you open to trying new interventions/approaches/techniques?
 - Do you consider the child's trauma background when trying new interventions?
- Resources?
 - What current resources are being used/accessed? (therapy, respite, etc.)
 - Will these resources continue upon adoption?
 - Do you know how to access these resources in the future?
 - Will you have the financial ability to access these services?

VII. Family Relationships and Structure

- How do the other children and other household members get along with the child?
 - Are there strong relationships between some?
 - Are there struggles with any?
- Other children in the home interview
 - Describe your relationship with this child
 - How do you feel about this child being a forever member of your family?
- Describe your relationship (if a couple)
 - Has it changed since this child joined the family? (if child has already joined the family)
 - What changes do you anticipate in your relationship if the child hasn't joined the family?
- How do you or will you ensure the child has a sense of belonging in the family?

- How is love expressed in your home?
- How do you make others feel loved and wanted?
- How has/or will the dynamics (relationships/structure) between household members change with adoption? (kinship) (ex-biological grandmother is now in a mother role)

VIII. Maintaining Connections

- What is your family's definition of openness?
 - What is your desired relationship with this child's birth family?
 - What are your feelings and willingness to have a relationship with this child's birth family?
- What relationships does the child currently have with birth family members and others the child has a relationship with?
 - How are those relationships maintained currently?
 - How will the relationships look after adoption?
 - What is your plan to problem solve challenges that could arise with the relationships?
- Do you have a relationship with any of the child's connections?
- Does this child have siblings?
 - What do those relationships look like now?
 - How will you prioritize this child's connections to siblings?
- How will you talk with a child about their "life story"?
- Who will you reach out to when the child has questions about his/her life story?
- How will adoption change your relationship with your extended family? (kinship)

IX: Support Network

- Describe your family and friends' knowledge and support of your plan to adopt this child.
 - Who do you identify as your sources of support?
 - How does each help you and the child?
 - Do you belong to any community groups?
 - Do those you identify as your support network support your plan to adopt?
 - Who do you turn to when the having difficulties with the child?
 - What is your support network's support and understanding of openness?
- Are your adult children supportive? (if applicable)
- Describe the child's relationships with your extended family/support network.
- Who will be there to give you a break?
- Who will become this child's legal guardian/parent in case of death or inability to parent?

X. Multiracial/Multicultural Parenting/Becoming A Multiracial Family

- How do you define a multiracial/ethnic/cultural family?
- What training have you had regarding being a multiracial/ethnic/cultural family?

- What are you currently doing to ensure your child is connected to their race/ethnicity/culture?
- Do you believe there is a difference in parenting children of other races/cultures/ethnicities?
 - Is it important to acknowledge?
- Do you understand that being a multiracial/ethnic/cultural family impacts the entire family, not just the child?
- What is your current involvement with people of other race/culture/ethnicities than your own?
 - Any people of other races/cultures currently in your life?
 - Does your lifestyle provide opportunities for the child to interact with people of a similar race/culture as their own?
- How do you support/encourage the child learning about and embracing their race/culture/ethnicity?
- What do you do to incorporate race/culture/ethnicity into family/household?
 - Please provide specific examples.
- What does your extended family's support and feelings toward other cultures/races look like?
 - If not accepting of it, how do you handle this?
- How do you or would you handle situations where you are challenged for being a transracial/ethnic/cultural family?
- How do you or would you support the child if they practice a different religion?
- Does the child belong to any communities/groups?
 - Ex. LGBTQ, deaf/hard of hearing, neurodivergent
 - How do you support his/her involvement in these groups?

XI. Child's Understanding and Readiness for Adoption

- Might not be appropriate when child has not yet joined the home and is based on the developmental level of the child.
- Child interview
 - Tell me about yourself
 - What things do you like to do (activities, school classes, food, etc.)?
 - What rules do you have in your home?
 - What happens if you Discipline?
 - What school do you attend, what grade are you in, how is your experience at school?
 - Describe your relationship with your immediate and extended family members. (foster/kinship family)
 - Who do you feel closest to, who do spend the most time with, etc.
 - Describe your relationship with your birth mother, father, extended family members.
 - How does your foster/kinship parent(s) support this relationship?
 - What does adoption mean?
 - How do you feel about being adopted by this family?
 - Transition of extended family member to parent (kinship)

XII. Criminal History

- Results

- Any concerns

XIII. References

- Three (3) new references specific to adoption
- Add employer reference

XIV. Recommendations

- Recommend this family for adoption of this child.
- Recommend this family as a potential permanency match for this child.
- Recommend this family complete identified services/training/education prior to moving forward.
- Do not recommend this family provide permanency or be considered as a potential permanency option based on identified concerns.



FOSTER CARE FAMILY ASSESSMENT

I. Demographic Information

APPLICANT/CAREGIVER #1:			
Date of Birth:		Social Security Number:	
Tribal Affiliations:			
Address (Street and Mailing):			
City:	State:	Zip:	County:
Telephone Number – Home/Cellular:		Telephone Number – Work:	
Email Address:			

APPLICANT/CAREGIVER #2:			
Date of Birth:		Social Security Number:	
Tribal Affiliations:			
Telephone Number – Home/Cellular:		Telephone Number – Work:	
Email Address:			
Purpose of Family Assessment: (Check all that apply):			
<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Update <input type="checkbox"/> Parent <input type="checkbox"/> Relative			
<input type="checkbox"/> ICPC <input type="checkbox"/> Non-Custodial Parent <input type="checkbox"/> Foster Care <input type="checkbox"/> Kinship			
Family Assessment Completed By Name and Position and Credentials:		Date Family Assessment Completed:	
Agency Name:			
Address:			
City:	State:	Zip:	
Email Address:			
Date of Referral:		Referral Source:	

CHILD INFORMATION: <input type="checkbox"/> Not Applicable

Child's Name:	Date of Birth/Age:
Tribal Affiliation:	
Child's Current Caregiver:	Caregiver Type:
Child's Relationship to Caregiver:	
Anticipated Date Child(ren) Will Join Caregiver:	
Prior Contacts / Assessments Completed:	
Personal Interviews: (for each interview include names, dates, who attended and location of interview, approximate length of visits)	
Foster Care Pre-service Training Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Training: Date:	If Applicable, Foster Care Training Waived: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Pre-Service/Required Training Completed:	

II. Family Assessment (See instructions in Family Assessment Guidebook)

APPLICANT/CAREGIVER NAME:
A. Family History:
B. Self-Awareness:
C. Employment, Education, and Military:
D. Physical and Behavioral Health:
E. Criminal History:

APPLICANT/CAREGIVER NAME:
A. Family Background:
B. Self-Awareness:
C. Employment, Education, and Military:
D. Physical and Behavioral Health:

E. Criminal History:

BOTH APPLICANTS/CAREGIVERS: (If more than one applicant/caregiver)

F. Current Family Composition:

G. Parenting History/Philosophy:

H. Motivation to Foster Child(ren):

I. Ability to Meet the Child's Social, Emotional, Educational and Physical Health Care Needs:

J. Support Systems:

III. Household Information

A. Current Living Arrangements/Description of Home:

B. Transportation:

C. Finances:

1. Monthly Income:	Applicant/Caregiver Name:	Applicant/Caregiver Name:
Gross Monthly Income	\$	\$
Net Monthly Income	\$	\$
Social Security	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Disability	\$	\$
Unemployment	\$	\$
Veteran's Benefits	\$	\$
Workman's Compensation	\$	\$
Pension	\$	\$
Adoption/Guardianship Subsidies	\$	\$
Additional Income Type:	\$	\$
Assets (Property, stocks, bonds, etc.)	\$	\$

TOTAL	\$	\$
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2. Forms of Assistance: <input type="checkbox"/> NA		
SNAP	\$	
General Assistance	\$	
Other forms of Assistance Type:	\$	
TOTAL	\$	

3. Monthly Household Expenses:		
Housing (Rent/Mortgage/Insurance)	\$	
Utilities (Electric, Water, Gas, etc.)	\$	
Medical Insurance	\$	
Cable/Phone/Internet	\$	
Vehicle (Payment and Insurance)	\$	
Loan and/or Credit Card(s)	\$	
Medical/Insurance not-covered	\$	
Living Expenses (Groceries, Gasoline, Entertainment, etc.)	\$	
Child Care	\$	
Other Type:	\$	
TOTAL	\$	

IV. References

Applicant/Caregiver Name(s):
Number of References Received:
Summary of Strengths/Concerns Identified:

V. Medical Report of Applicants

Applicant/Caregiver Name:
A. Signed Health Information Report: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If yes, the date it was signed by the applicant:

1. General statement of health: (overall health, activity level, list of medications and purpose of the medication):
2. Identification of any condition which may be expected to affect parenting ability (mental health, substance abuse, diagnosis):
Applicant/Caregiver Name:
B. Signed Health Information Report: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable If yes, the date it was signed by the applicant:
1. General statement of health: (overall health, activity level, list of medications and purpose of the medication):
2. Identification of any condition which may be expected to affect parenting ability (mental health, substance abuse, diagnosis):

VI. Evaluation and Recommendations

A. Strengths of Applicant/Caregiver(s):
B. Needs of Applicant/Caregiver(s) (training, services, or supports needed) and Recommendations:
C. Statement of approval or disapproval for child(ren) joining the applicant/caregiver(s):
D. Child(ren) characteristics matching the applicant/caregiver(s) abilities/preferences: Not applicable (if relative or kinship is not licensable)
1. Age Range:
2. Gender:
3. Child with Physical Disabilities:
4. Child with Mental Health Needs:
5. Child Needing Educational Assistance:
6. Child with Developmental Disabilities:
7. Sibling Groups:
8. Child with Medical Needs :
9. Child in Need of Permanency:

VII. Approval Signatures

Completed By (Printed Name/Credentials):	Date:
Signature:	Date:
Supervisor (Printed Name/Credentials):	Date:
Signature:	Date:

FAMILY ASSESSMENT ADDENDUM

BACKGROUND CHECK RESULTS:	
Applicant/Caregiver Name:	
National Criminal History Check (Finger Prints/Nebraska State Patrol) Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check (NDEN) Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:

Applicant/Caregiver Name:	
National Criminal History Check (Finger Prints/Nebraska State Patrol) Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check (NDEN) Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:

REGISTER/REGISTRY CHECKS	
Other States Applicant lived in within the Past 5 Years	
Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Sex Offender Registry Results:	Date Completed:

Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Sex Offender Registry Results:	Date Completed:

Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Sex Offender Registry Results:	Date Completed:

Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Sex Offender Registry Results:	Date Completed:

Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Sex Offender Registry Results:	Date Completed:

Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Sex Offender Registry Results:	Date Completed:

BACKGROUND CHECK RESULTS: Other Household Members Age 18 and Over	
Household Member Name:	
National Criminal History Check (Finger Prints/Nebraska State Patrol) Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check (NDEN) Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:

Household Member Name:	
National Criminal History Check (Fingerprints/Nebraska State Patrol) Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:

BACKGROUND CHECK RESULTS: Other Household Members age 13-17
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Household Member Name:	
Nebraska Child Abuse/Neglect Central Register Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:

Household Member Name:	
Nebraska Child Abuse/Neglect Central Register Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:

Household Member Name:	
Nebraska Child Abuse/Neglect Central Register Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:

Household Member Name:	
Nebraska Child Abuse/Neglect Central Register Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:



ADOPTION FAMILY ASSESSMENT ADDENDUM

I. Demographic Information

APPLICANT/CAREGIVER #1:			
Date of Birth:		Social Security Number:	
Tribal Affiliations:			
Address (Street and Mailing):			
City:	State:	Zip:	County:
Telephone Number – Home/Cellular:		Telephone Number – Work:	
Email Address:			

APPLICANT/CAREGIVER #2:			
Date of Birth:		Social Security Number:	
Tribal Affiliations:			
Telephone Number – Home/Cellular:		Telephone Number – Work:	
Email Address:			
Adoption Addendum Completed By Name and Position and Credentials:		Date Adoption Addendum Completed:	
Agency Name:			
Address:			
City:	State:	Zip:	
Email Address:			
Date of Referral:		Referral Source:	

CHILD INFORMATION: <input type="checkbox"/> Not Applicable	
Child's Name:	Date of Birth/Age:
Tribal Affiliation:	
Child's Current Caregiver:	Caregiver Type:

Child's Relationship to Caregiver:

Anticipated Date Child(ren) Will Join Caregiver:

Prior Contacts / Assessments Completed:

Personal Interviews: (for each interview include names, dates, who attended and location of interview, approximate length of visits)

Adoption Related Training Completed:

II. Significant Changes Since Most Recent Home Study

--

III. Caregivers Motivation to Adopt

--

IV. Adoption Preparation

--

V. Caregiver's Understanding of Child's Functioning and Needs

--

VI. Parenting Philosophy

--

VII. Family Relationships and Structure

--

VIII. Maintaining Connections

--

IX. Support Network

--

X. Multiracial/Multicultural Parenting and Becoming a Multiracial/Multicultural Family

--

XI. Child's Understanding and Readiness for Adoption

--

XII. Criminal History

--

XIII. References

Number of References Received:
Summary of Strengths/Concerns Identified:

XIV. Recommendations:

XV. Approval Signatures

Completed By (Printed Name/Credentials):	Date:
Signature:	Date:
Supervisor (Printed Name/Credentials):	Date:
Signature:	Date:

Applicant/Caregiver Name:
Signed Health Information Report: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable If yes, the date it was signed by the applicant:
General statement of health: (overall health, activity level, list of medications and purpose of the medication):
Identification of any condition which may be expected to affect parenting ability (mental health, substance abuse, diagnosis):

Applicant/Caregiver Name:
Signed Health Information Report: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable If yes, the date it was signed by the applicant:
General statement of health: (overall health, activity level, list of medications and purpose of the medication):
Identification of any condition which may be expected to affect parenting ability (mental health, substance abuse, diagnosis):

BACKGROUND CHECK RESULTS:	
Applicant/Caregiver Name:	
National Criminal History Check (Finger Prints/Nebraska State Patrol) Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check (NDEN) Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:

Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
--	-----------------

Applicant/Caregiver Name:	
National Criminal History Check (Finger Prints/Nebraska State Patrol) Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check (NDEN) Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:

BACKGROUND CHECK RESULTS: Other Household Members Age 18 and Over	
Household Member Name:	
National Criminal History Check (Finger Prints/Nebraska State Patrol) Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check (NDEN) Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:

Household Member Name:	
National Criminal History Check (Fingerprints/Nebraska State Patrol) Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:

BACKGROUND CHECK RESULTS: Other Household Members age 13-17	
Household Member Name:	
Nebraska Child Abuse/Neglect Central Register Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:

Household Member Name:	
Nebraska Child Abuse/Neglect Central Register Results:	Date Completed:

Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
--	-----------------

Household Member Name:

Nebraska Child Abuse/Neglect Central Register Results:	Date Completed:
--	-----------------

Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
--	-----------------

Household Member Name:

Nebraska Child Abuse/Neglect Central Register Results:	Date Completed:
--	-----------------

Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
--	-----------------

**NEBRASKA CHILDREN'S HOME
SOCIETY AND NEBRASKA CHILDREN'S
HOME SOCIETY FOUNDATION**

**CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY SCHEDULES**

JUNE 30, 2018
(WITH INDEPENDENT AUDITOR'S REPORT)

**NEBRASKA CHILDREN'S HOME SOCIETY AND
NEBRASKA CHILDREN'S HOME SOCIETY FOUNDATION**

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Nebraska Children's Home Society and
Nebraska Children's Home Society Foundation
Omaha, Nebraska

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Nebraska Children's Home Society and Nebraska Children's Home Society Foundation (collectively the Organization), which comprise the consolidated statement of financial position as of June 30, 2018, and the related consolidated statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Nebraska Children's Home Society and Nebraska Children's Home Society Foundation as of June 30, 2018, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information in the consolidating schedules of financial position and activities is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and activities of the individual organizations, and it is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

FRANKEL ZACHARIA LLC

October 25, 2018

NEBRASKA CHILDREN'S HOME SOCIETY AND
NEBRASKA CHILDREN'S HOME SOCIETY FOUNDATION

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

JUNE 30, 2018

ASSETS

Current assets

Cash	\$	64,273
Accrued interest receivable		92,705
Accounts receivable		567,075
Promises to give		97,044
Marketable securities, at fair value (Note 3)		37,045,334
Prepaid expenses		90,854
Total current assets		37,957,285

Land, buildings and equipment

Land		495,458
Building and building improvements		4,138,911
Furniture and equipment		795,374
		5,429,743
Less accumulated depreciation		2,522,818
Net land, buildings, and equipment		2,906,925

Other assets

Investment in Right Turn, LLC (Note 4)		325,433
Beneficial interest in perpetual trust (Note 5)		2,370,044
Total other assets		2,695,477

TOTAL ASSETS **\$ 43,559,687**

LIABILITIES AND NET ASSETS

Current liabilities

Accounts payable	\$	545,133
Annuities payable (Note 7)		5,216
Total current liabilities		550,349

Annuity payable, net of current portion (Note 7) 67,702

Net assets:

Unrestricted - undesignated		3,390,698
Unrestricted - board-designated		36,710,090
Temporarily restricted (Note 9)		2,069,772
Permanently restricted (Note 10)		771,076
Total net assets		42,941,636

TOTAL LIABILITIES AND NET ASSETS **\$ 43,559,687**

See accompanying notes to financial statements.

NEBRASKA CHILDREN'S HOME SOCIETY AND
NEBRASKA CHILDREN'S HOME SOCIETY FOUNDATION

CONSOLIDATED STATEMENT OF ACTIVITIES

YEAR ENDED JUNE 30, 2018

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Revenues, gains, and other support				
Contributions and grants	\$ 1,708,233	71,131	--	1,779,364
Bequests	223,157	--	--	223,157
Program service revenue	3,840,848	--	--	3,840,848
Investment income	728,595	--	--	728,595
Net realized and unrealized gains on marketable securities	1,905,637	--	--	1,905,637
Change in value of beneficial interest in perpetual trust (Note 5)	--	78,427	--	78,427
Other income	4,338	--	--	4,338
Total revenues, gains and other support	8,410,808	149,558	--	8,560,366
Net assets released from restrictions	30,999	(30,999)	--	--
Expenses and losses				
Program services	6,227,759	--	--	6,227,759
Support services	1,731,070	--	--	1,731,070
Total expenses and losses	7,958,829	--	--	7,958,829
INCREASE IN NET ASSETS	482,978	118,559	--	601,537
Net assets at beginning of year, as restated (Note 2)	39,617,810	1,951,213	771,076	42,340,099
NET ASSETS AT END OF YEAR	\$ 40,100,788	2,069,772	771,076	42,941,636

NEBRASKA CHILDREN'S HOME SOCIETY AND
NEBRASKA CHILDREN'S HOME SOCIETY FOUNDATION

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED JUNE 30, 2018

	Program Services					Support Services			
	Pregnancy, Parenting, & Adoption	Foster Care	Children & Family Center	Early Childhood Services	Total	Administrative	Fund raising	Total	Total
Wages and benefits									
Salaries	\$ 867,448	1,355,723	931,039	428,653	3,582,863	627,644	400,659	1,028,303	4,611,166
Payroll taxes	58,798	106,225	66,496	30,943	262,462	45,197	30,549	75,746	338,208
Group insurance	109,484	179,461	128,527	38,445	455,917	74,439	72,813	147,252	603,169
Employee retirement	36,848	42,139	37,010	19,328	135,325	29,967	19,537	49,504	184,829
Total wages and benefits	1,072,578	1,683,548	1,163,072	517,369	4,436,567	777,247	523,558	1,300,805	5,737,372
Advertising	20,460	8,099	8,724	6,379	43,662	148	116,678	116,826	160,488
Bad debts	--	7,660	--	5,141	12,801	--	--	--	12,801
Building maintenance	11,778	21,504	12,968	8,013	54,263	7,764	9,909	17,673	71,936
Child care	1,620	--	--	--	1,620	--	--	--	1,620
Client aid	22,606	20,799	178,338	16,182	237,925	--	--	--	237,925
Depreciation	36,736	58,406	38,676	24,154	157,972	1,532	9,586	11,118	169,090
Dues and conferences	2,992	4,449	5,794	1,416	14,651	584	1,232	1,816	16,467
Education	9,305	16,786	74,409	3,912	104,412	416	2,918	3,334	107,746
Equipment	8,938	18,083	10,850	5,100	42,971	2,162	869	3,031	46,002
Events and meetings	4,923	13,208	9,501	8,565	36,197	1,595	99,519	101,114	137,311
Food	1,086	2,113	1,353	75,715	80,267	1,007	321	1,328	81,595
Hospital and medical	16,011	901	--	500	17,412	--	--	--	17,412
House supplies	1,031	2,445	2,552	16,126	22,154	682	218	900	23,054
Insurance	27,058	50,529	33,072	16,779	127,438	16,467	5,080	21,547	148,985
Legal and accounting	2,645	3,341	2,440	1,147	9,573	465	8,382	8,847	18,420
Miscellaneous	--	22	101	888	1,011	--	10,916	10,916	11,927
Office rent	32,559	59,602	35,483	20,674	148,318	30,204	9,628	39,832	188,150
Office supplies	11,757	22,022	15,626	5,229	54,634	531	6,428	6,959	61,593
Postage	5,104	1,748	1,150	414	8,416	159	13,981	14,140	22,556
Professional fees	35,381	10,107	23,231	84,489	153,208	8,760	1,309	10,069	163,277
Search and background fees	3,373	4,869	1,803	1,228	11,273	313	81	394	11,667
Software and hardware	14,188	26,029	28,693	14,862	83,772	6,704	16,054	22,758	106,530
Telephone	20,799	47,670	29,046	9,923	107,438	14,057	6,656	20,713	128,151
Travel	64,531	111,158	41,022	3,860	220,571	1,301	7,405	8,706	229,277
Utilities	8,613	15,766	9,386	5,468	39,233	5,695	2,549	8,244	47,477
TOTAL EXPENSES	\$ 1,436,072	2,210,864	1,727,290	853,533	6,227,759	877,793	853,277	1,731,070	7,958,829

See accompanying notes to financial statements.

NEBRASKA CHILDREN'S HOME SOCIETY AND
NEBRASKA CHILDREN'S HOME SOCIETY FOUNDATION

CONSOLIDATED STATEMENT OF CASH FLOWS

YEAR ENDED JUNE 30, 2018

Cash flows from operating activities:

Increase in net assets \$ 601,537

**Adjustments to reconcile increase in net assets
to net cash from operating activities:**

Depreciation 169,090
Realized and unrealized gains on investments (1,905,637)
Change in value of investment in Right Turn, LLC (53,552)
Change in value of beneficial interest in perpetual trust (78,427)

(Increase) decrease in operating assets

Accounts receivable (127,392)
Accrued interest receivable 2,714
Promises to give 34,303
Prepaid expenses (14,643)

Increase in operating liabilities

Accounts payable and accrued liabilities 105,893

Net cash used by operating activities (1,266,114)

Cash flows from investing activities:

Purchases of land, buildings, and equipment (63,227)
Proceeds from sale of investments 9,180,558
Purchases of investments (7,970,781)
Proceeds from beneficial interest in perpetual trust 23,000

Net cash provided by investing activities 1,169,550

NET DECREASE IN CASH (96,564)

Cash at beginning of year 160,837

Cash at end of year \$ 64,273

**NEBRASKA CHILDREN'S HOME SOCIETY AND
NEBRASKA CHILDREN'S HOME SOCIETY FOUNDATION**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2018

1. Summary of Significant Accounting and Reporting Policies

The following is a summary of the significant accounting policies used in the preparation of the accompanying consolidated financial statements for Nebraska Children's Home Society (the Society) and Nebraska Children's Home Society Foundation (the Foundation), (collectively the Organization).

- A. The Nebraska Children's Home Society was chartered in September 1893. The purpose of the Society is to provide services for children and youth. The Society is a private, state-wide, nonsectarian agency that depends on the loyalty and generosity of contributors.
- B. The accompanying consolidated financial statements include the accounts of Nebraska Children's Home Society and Nebraska Children's Home Society Foundation. The two entities share a common Board of Directors and the Foundation's sole purpose is to support the Society. As such, the operations of the Foundation are consolidated into the Society's financial statements. All significant intercompany transactions and balances are eliminated.
- C. The accompanying consolidated financial statements have been prepared in accordance with accounting principles generally accepted in the U.S.A. for not-for-profit organizations. The Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Unrestricted net assets are not subject to donor-imposed restrictions. Unrestricted net assets also may include amounts designated by action of the Organization's Board of Directors.

The Organization reports gifts of cash and other assets as temporarily restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends, or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statement of activities as net assets released from restrictions.

Permanently restricted net assets are those net assets whose use by the Organization has donor-imposed restrictions that stipulate resources be maintained permanently, but generally, permits the Organization to use up or expend part or all the income (or economic benefits derived) from the donated assets.

- D. Management uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the U.S.A. Estimates and assumptions affect the reported amounts of assets, liabilities, revenues, expenses and related disclosures. Because of the inherent uncertainties in this process, it is likely that actual results will vary from the estimates.

The Organization invests in securities exposed to interest rate, market and credit risks. Accordingly, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets.

- E. Program service fee revenue and related accounts receivable are recognized when services are rendered. The allowance for doubtful accounts is the best estimate of probable losses in existing receivables and is based on experience and circumstances about specific accounts. Accounts are charged against the allowance after reasonable collection efforts and recovery is unlikely. Management determine all accounts receivable to be collectible at June 30, 2018. During 2018, 70% of program service revenues were earned from two entities.

NEBRASKA CHILDREN'S HOME SOCIETY AND
NEBRASKA CHILDREN'S HOME SOCIETY FOUNDATION

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

JUNE 30, 2018

1. Summary of Significant Accounting and Reporting Policies – Continued

- F. Contributions, including unconditional promises to give cash and other assets to the Organization, are reported at fair value when made. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Conditional promises to give and indications of intentions to give are reported at fair value at the date the conditions have been substantially met.

The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends, or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of activities as net assets released from restrictions. Revenue is classified as unrestricted when first reported if donor restrictions are satisfied in the same year that the contribution is recognized.

- G. Gifts of property and equipment are recorded at fair value at the date of the gift. Contributions of services are recognized if the services received create or enhance nonfinancial assets or require specialized skills, are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation. In-kind contributions of approximately \$140,000 were received during the year ended June 30, 2018 and are recorded in contributions and grants on the consolidated statement of activities.
- H. Marketable securities are recorded at fair value as determined by quoted market prices. Donated securities are recorded at fair value on the date they are received. Investment income, including realized and unrealized gains, is recognized as increases in unrestricted net assets unless temporarily or permanently restricted by explicit donor stipulations or by law.
- I. Land, buildings, and equipment, if purchased, are stated at cost. The Organization capitalizes assets with an original cost or estimated fair value at date of receipt of \$2,500 or more. Maintenance and repairs which do not extend the lives of the respective assets are charged to expense as incurred.

Depreciation of buildings and equipment is computed using the straight-line basis over the estimated useful lives of the assets as follows:

Buildings and building improvements	5 to 39 years
Furnishings and equipment	3 to 15 years

Depreciation expense totaled \$169,090 for 2018.

- J. Assets contributed by donors under gift annuity agreements and controlled by the Organization are recognized at fair value with a corresponding liability to beneficiaries of the annuity agreements. The Organization uses the reserve method for determining the liability for annuities. The reserve is an estimation of the amount needed to pay all the remaining annuity payments for the lifetime of all annuitants. The reserve is calculated for all annuitants using annuity rates determined by the American Council on Gift Annuities, the discount rate stated on the individual annuity contracts and IRS Publication 1457, Life Table 90CM. The discount rate is the monthly discount rate under IRC Section 7520(a) that was in effect at the time the gift was received. The excess of the amount of the gift over the present value of the annuity is recorded as a contribution in the year of the gift. Upon the death of the annuitant, any remaining balance is recorded as a contribution.

NEBRASKA CHILDREN'S HOME SOCIETY AND
NEBRASKA CHILDREN'S HOME SOCIETY FOUNDATION

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

JUNE 30, 2018

1. Summary of Significant Accounting and Reporting Policies – Continued

K. The Society and the Foundation are not-for-profit corporations as described in Internal Revenue Code Section 501(c)(3) and are exempt from income taxes on related income pursuant to Section 501(a) of the Code.

The Organization accounts for uncertainties in accounting for income tax assets and liabilities using guidance included in FASB ASC 740 Income Taxes. The Organization recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. The Organization believes it complies with all relevant tax laws and regulations and has no significant uncertain tax positions; accordingly, no liability for uncertain tax positions has been recognized in the financial statements.

L. Advertising costs (other than direct-response advertising costs) are charged to expense when incurred. The Society has not incurred any direct-response advertising costs, which are capitalized and amortized over the period during which future benefits are expected. Advertising costs totaled \$154,334 for 2018.

M. Management evaluated transactions and events occurring subsequent to June 30, 2018, and through October 25, 2018, the date the financial statements were available to be issued, and concluded that no subsequent events have occurred that would require recognition in the consolidated financial statements or disclosure in the related notes to the consolidated financial statements.

2. Correction of Errors Resulting in Restatement of Net Assets

The Society and the Foundation have restated their net assets as of June 30, 2017 due to the identification of errors subsequent to the issuance of the financial statements for the year then ended.

Permanently restricted net assets as previously reported as of June 30, 2017 included the current balance of the beneficial interest in perpetual trust rather than the initial donations to the trust. The restatement corrects the permanently restricted net asset portion of this asset to the fair value of the contribution of assets by the donor into the trust at the time of contribution. All accumulated earnings are presented as temporarily restricted net assets in accordance with U.S. GAAP until appropriated for expenditure.

Other errors related to the classification of net assets as reported as of June 30, 2017 were identified and corrected, most notably relating to a permanently restricted contribution received in the year ended June 30, 2017 that was previously reported as an unrestricted contribution in error.

A reconciliation of net assets at June 30, 2017 as previously reported with net assets as restated follows:

	<u>Net Assets</u>			<u>Total</u>
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	
June 30, 2017 balance as previously reported	\$ 39,670,967	164,405	2,504,727	42,340,099
Adjusting temporarily and permanently restricted portions of beneficial interest in perpetual trust	--	1,901,942	(1,901,942)	--
Other corrections of net asset classifications	(53,157)	(115,134)	168,291	--
June 30, 2017 balance, as restated	\$ 39,617,810	1,951,213	771,076	42,340,099

NEBRASKA CHILDREN'S HOME SOCIETY AND
NEBRASKA CHILDREN'S HOME SOCIETY FOUNDATION

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

JUNE 30, 2018

3. Marketable Securities

The following is a summary of the classification of marketable securities at June 30, 2018:

	<u>Cost</u>	<u>Unrealized gain</u>	<u>Unrealized (loss)</u>	<u>Fair value</u>
US government money market fund	\$ 934,341	--	--	934,341
Fixed income securities				
US government securities	4,968,055	--	(31,396)	4,936,659
Municipal bonds	705,013	13,686	--	718,699
Corporate bonds	6,974,598	--	(174,431)	6,800,167
Corporate stocks	2,843,503	1,114,810	--	3,958,313
Mutual funds				
Mid cap	1,507,238	262,827	--	1,770,065
Large cap	7,717,983	4,374,072	--	12,092,055
International	4,010,874	840,954	--	4,851,828
Fixed income	317,007	--	(3,618)	313,389
Multi-strategy	675,000	--	(5,182)	669,818
Total marketable securities	\$ 30,653,612	6,606,349	(214,627)	37,045,334

Investment income for the year ended June 30, 2018 consists of the following:

Interest and dividends	\$ 815,401
Investment fees	(80,880)
Investment income	\$ 734,521

4. Investment in Right Turn, LLC

The Society holds a 50% interest in Right Turn, LLC along with Lutheran Family Services of Nebraska. This entity was created to provide services and contracts that utilize and leverage the expertise and capacity the two organizations have in child welfare. The investment is accounted for using the equity method. At year end, \$21,742 was due from Right Turn, LLC. Total program service revenue received from Right Turn, LLC was \$529,819.

5. Beneficial Interest in Perpetual Trust

The Society is a beneficiary under a perpetual trust. In accordance with generally accepted accounting principles, the current fair value of the beneficial interest in the perpetual trust is recognized as an asset in the accompanying consolidated financial statements.

The Society's beneficial interest in the perpetual trust is valued at the estimated current fair value of the underlying assets, \$2,370,044 at June 30, 2018.

During the year ended June 30, 2018, the beneficial interest increased by \$78,427. The Society received distributions from the perpetual trust of \$23,000 during the year ended June 30, 2018 which is included in net assets released from restrictions in the consolidated statement of activities.

NEBRASKA CHILDREN'S HOME SOCIETY AND
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

JUNE 30, 2018

6. Retirement Plan

The Organization sponsors a defined contribution retirement savings plan. The plan permits employee salary deferrals and is available to all employees that complete one year of service and attain age 21. Employer contributions are required to be a minimum of 3% of compensation.

The Organization's contributions to the plan for the year ended June 30, 2018 were \$184,829.

7. Annuities Payable

The Foundation has annuities payable resulting from gifts donated with the condition of making payments to the donor or their beneficiary over their lifetime. The annuities payable are developed based upon IRS mortality tables and have been discounted and are recorded at present value using an interest rate of 4%. The present value of the annuities payable at June 30, 2018 is \$72,918. The current maturities of the principal portion of the annuities payable for the next five years are as follows:

Year ended June 30		
2019	\$	5,216
2020		4,130
2021		5,302
2022		4,899
2023		4,169
Thereafter		49,202
Total		<u><u>\$ 72,918</u></u>

8. Line of Credit

The Organization maintains an unsecured \$100,000 line of credit which matures in November 2018. The interest rate in effect at June 30, 2018 was 5.00%. As of June 30, 2018, the Organization had not borrowed against the line of credit.

9. Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30, 2018:

Adoption University	\$	9,939
Children & Family Center		18,000
Children & Family Center – Clinical Services		5,878
Children & Family Center – Diapers		10,000
Children & Family Center – Fatherhood		24,580
Early Childhood Education		14,682
Nature Explore		4,722
Pathways		2,650
Positive Futures		20,025
Teen Chat		1,607
Miscellaneous		320
Undistributed earnings on beneficial interest in perpetual trust		1,957,369
		<u><u>\$ 2,069,772</u></u>

NEBRASKA CHILDREN'S HOME SOCIETY AND
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

JUNE 30, 2018

9. Temporarily Restricted Net Assets - Continued

Net assets were released from restrictions during the year ended June 30, 2018 by incurring expenses satisfying the purpose or time restrictions specified by the donors as follows:

Distribution from beneficial interest in perpetual trust	\$	23,000
Miscellaneous other restrictions		7,099
		<u>\$ 30,099</u>

10. Permanently Restricted Net Assets

Permanently restricted net assets require resources to be maintained permanently, but permit the use of the income derived from the assets for the general operations of the Organization. Permanently restricted net assets are available for the following purposes at June 30, 2018:

Operations	\$	655,366
Post Adoption		79,420
Children & Family Center		36,290
		<u>\$ 771,076</u>

11. Fair Value Measurements

Accounting Standards Codification 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Agency has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

NEBRASKA CHILDREN'S HOME SOCIETY AND
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

JUNE 30, 2018

11. Fair Value Measurements - Continued

Following is a description of the valuation methodology used for Level 3 assets measured at fair value. There have been no changes in the methodology used at June 30, 2018.

The beneficial interest in perpetual trust is valued based on assumptions about the present value of distributions to be received from the trust, which generally include the current market value of the underlying assets.

The following table sets forth by level, within the fair value hierarchy, the Organization's assets measured at fair value on a recurring basis as of June 30, 2018:

	Assets at Fair Value as of June 30, 2018			Total
	Level 1	Level 2	Level 3	
Marketable securities				
US government money market fund	\$ 934,341	--	--	934,341
Fixed income securities				
US government securities	4,936,659	--	--	4,936,659
Municipal bonds	718,699	--	--	718,699
Corporate bonds	6,800,167	--	--	6,800,167
Corporate stocks	3,958,313	--	--	3,958,313
Mutual funds				
Mid cap	1,770,065	--	--	1,770,065
Large cap	12,092,055	--	--	12,092,055
International	4,851,828	--	--	4,851,828
Fixed income	313,389	--	--	313,389
Multi-strategy	669,818	--	--	669,818
Total marketable securities	37,045,334	--	--	37,045,334
Beneficial interest in perpetual trust	--	--	2,370,044	2,370,044
Total assets at fair value	\$ 37,045,334	--	2,370,044	39,415,378

Changes in Level 3 assets for the year ended June 30, 2018 follows:

	Beneficial interest in perpetual trust
Balance at June 30, 2017	\$ 2,314,617
Unrealized gain	78,427
Withdrawals	(23,000)
Balance at June 30, 2018	\$ 2,370,044

12. Endowment

The Organization holds endowment funds for support of its programs. As required by accounting principles generally accepted in the United States of America, net assets and the changes therein associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

JUNE 30, 2018

12. Endowment - Continued

Management of the Organization has interpreted the Nebraska Uniform Prudent Management of Institutional Funds Act (NUPMIFA) as requiring the preservation of the whole dollar value of the original gift as of the gift date of donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. Absent any donor-imposed restrictions, interest, dividends and net appreciation of donor-restricted endowment funds are classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by NUPMIFA.

In accordance with NUPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1. The duration and preservation of the endowment fund,
2. The purposes of the Organization and the endowment fund,
3. General economic conditions,
4. The possible effect of inflation or deflation,
5. The expected total return from income and the appreciation of investments,
6. Other resources of the Organization,
7. The investment policy of the Organization.

The composition of endowment net assets by type of fund is as follows at June 30, 2018:

	<u>Unrestricted</u> <u>Board-Designated</u>	<u>Temporarily</u> <u>Restricted</u>	<u>Permanently</u> <u>Restricted</u>	<u>Total</u>
Donor-restricted endowment funds	\$ --	--	358,401	358,401
Board-designated endowment funds	36,686,933	--	--	36,686,933
Total	\$ 36,686,933	--	358,401	37,045,334

Changes in the endowment net assets for the year ended June 30, 2018 were as follows:

	<u>Unrestricted</u> <u>Board-Designated</u>	<u>Temporarily</u> <u>Restricted</u>	<u>Permanently</u> <u>Restricted</u>	<u>Total</u>
Balance, beginning of year	\$ 35,991,073	--	358,401	36,349,474
Investment income, net	728,595	--	--	728,595
Realized and unrealized gains	1,905,637	--	--	1,905,637
Additions to endowment	308,997	--	--	308,997
Appropriations of endowment assets	(2,247,369)	--	--	(2,247,369)
Balance, end of year	\$ 36,686,933	--	358,401	37,045,334

The Organization has operated in a manner that attempts to provide a predictable stream of funding to programs supported by its endowment while complying with all donor-imposed restrictions. The Organization's objective is preservation of capital with a secondary objective to obtain the best possible total returns. Investments will be properly diversified to minimize the risk of large losses.

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

JUNE 30, 2018

12. Endowment - Continued

To satisfy its objectives, the Organization will invest 35% to 50% of its assets in cash and fixed income, 45% to 65% in equities, and 0% to 5% in alternative investments. The equities will be allocated as follows: Large Cap - 40% to 70%, Small/Mid Cap - 15% to 35%, International - 10% to 25%.

The Organization can annually receive up to 6% of a rolling twelve previous quarter average of the endowment to support annual spending. Amounts greater than 6% require consent from the Foundation's Board of Directors. The rate of spending is designed to minimize the need to invade the principal value of the endowment.

13. Leases

Various facilities and equipment used by the Organization are leased under non-cancelable arrangements. In addition, the Organization leases various facilities under month to month arrangements. The Organization expects to continue use of these or similar facilities in the foreseeable future at similar cost. Occupancy costs include rent of \$188,000 in 2018. Minimum lease payments under the non-cancelable arrangements are below.

2019	\$	203,192
2020		<u>67,943</u>
	\$	<u>271,135</u>

NEBRASKA CHILDREN'S HOME SOCIETY AND
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CONSOLIDATING SCHEDULE OF FINANCIAL POSITION

JUNE 30, 2018

	Nebraska Children's Home Society	Nebraska Children's Home Society Foundation	Totals
ASSETS			
Current assets			
Cash	\$ 58,641	5,632	64,273
Accrued interest receivable	-	92,705	92,705
Accounts receivable	567,075	-	567,075
Promises to give	97,044	-	97,044
Investments, at fair value	-	37,045,334	37,045,334
Prepaid expenses	90,854	-	90,854
Total current assets	813,614	37,143,671	37,957,285
Land, buildings and equipment			
Land	495,458	-	495,458
Building and building improvements	4,138,911	-	4,138,911
Furniture and equipment	795,374	-	795,374
Automobiles	-	-	-
			5,429,743
Less accumulated depreciation	2,522,818	-	2,522,818
Net land, buildings, and equipment	2,906,925	-	2,906,925
Other assets			
Investment in Right Turn, LLC	325,433	-	325,433
Beneficial interest in perpetual trust	2,370,044	-	2,370,044
Total other assets	2,695,477	-	2,695,477
TOTAL ASSETS	\$ 6,416,016	37,143,671	43,559,687
LIABILITIES AND NET ASSETS			
Current liabilities			
Accounts payable	\$ 542,871	2,262	545,133
Annuities payable	-	5,216	5,216
Total current liabilities	542,871	7,478	550,349
Annuity payable, net of current portion	-	67,702	67,702
Net assets			
Unrestricted - undesignated	3,390,698	-	3,390,698
Unrestricted - board-designated	-	36,710,090	36,710,090
Temporarily restricted	2,069,772	-	2,069,772
Permanently restricted	412,675	358,401	771,076
Total net assets	5,873,145	37,068,491	42,941,636
TOTAL LIABILITIES AND NET ASSETS	\$ 6,416,016	37,143,671	43,559,687

NEBRASKA CHILDREN'S HOME SOCIETY AND
NEBRASKA CHILDREN'S HOME SOCIETY FOUNDATION

CONSOLIDATING SCHEDULE OF ACTIVITIES

YEAR ENDED JUNE 30, 2018

	Nebraska Children's Home Society				Nebraska Children's Home Society Foundation				Eliminations	Consolidated
	Unrestricted	Temporarily restricted	Permanently restricted	Total	Unrestricted	Temporarily restricted	Permanently restricted	Total		
Revenues, gains, and other support										
Contributions and grants	\$ 3,865,393	71,131	--	3,936,524	--	--	--	--	(2,157,160)	1,779,364
Bequests	223,157	--	--	223,157	--	--	--	--	--	223,157
Program service revenue	3,840,848	--	--	3,840,848	--	--	--	--	--	3,840,848
Transfer from society	--	--	--	--	246,157	--	--	246,157	(246,157)	--
Investment income	--	--	--	--	728,595	--	--	728,595	--	728,595
Net realized and unrealized gains	--	--	--	--	1,905,637	--	--	1,905,637	--	1,905,637
Change in value of beneficial interest in perpetual trust	--	78,427	--	78,427	--	--	--	--	--	78,427
Other income	28,917	--	--	28,917	--	--	--	--	(24,579)	4,338
Net assets released from restrictions	30,999	(30,999)	--	--	--	--	--	--	--	--
Total revenues, gains and other support	7,989,314	118,559	--	8,107,873	2,880,389	--	--	2,880,389	(2,427,896)	8,560,366
Expenses										
Transfer to Foundation	246,157	--	--	246,157	--	--	--	--	(246,157)	--
Foundation grants	--	--	--	--	2,157,160	--	--	2,157,160	(2,157,160)	--
Program services	6,227,759	--	--	6,227,759	--	--	--	--	--	6,227,759
Supporting services	1,726,128	--	--	1,726,128	29,521	--	--	29,521	(24,579)	1,731,070
Total expenses and losses	8,200,044	--	--	8,200,044	2,186,681	--	--	2,186,681	(2,427,896)	7,958,829
INCREASE (DECREASE) IN NET ASSETS	(210,730)	118,559	--	(92,171)	693,708	--	--	693,708	--	601,537
Net assets at beginning of year, as restated	3,601,428	1,951,213	412,675	5,965,316	36,016,382	--	358,401	36,374,783	--	42,340,099
NET ASSETS AT END OF YEAR	\$ 3,390,698	2,069,772	412,675	5,873,145	36,710,090	--	358,401	37,068,491	--	42,941,636