



# CEDARS

CEDARS Youth Services  
Response to  
Request for Proposal for Contractual  
Services 6126 Z1

CEDARS Youth Services

Response to

Request for Proposal for Contractual  
Services 6126 Z1

***ORIGINAL***

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- 2. Completed Corporate Overview with Audit and Resumes**
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- 4. Adoptive and Foster Care Home Study Guidebooks, Templates, Questions Asked and Self Study Questionnaire**
- 5. Copy of Nebraska Child Placing Agency License**
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## 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.

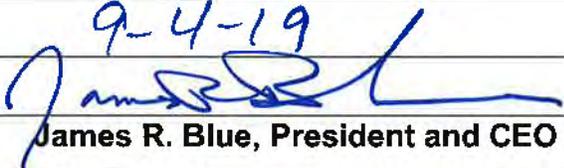
Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

JB 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:	<b>CEDARS Youth Services</b>
COMPLETE ADDRESS:	<b>6601 Pioneers Boulevard, Lincoln, NE 68506</b>
TELEPHONE NUMBER:	<b>(402) 434-5437</b>
FAX NUMBER:	<b>(402) 437-8833</b>
DATE:	<b>9-4-19</b>
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	<b>James R. Blue, President and CEO</b>

**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:	CEDARS Youth Services
Bidder Address:	6601 Pioneers Boulevard Lincoln, NE 68506
Contact Person & Title:	James R. Blue, President and CEO
E-mail Address:	jblue@cedarskids.org
Telephone Number (Office):	(402) 437-8812
Telephone Number (Cellular):	(402) 440-5275
Fax Number:	(402) 437-8833

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:	CEDARS Youth Services
Bidder Address:	6601 Pioneers Boulevard Lincoln, NE 68506
Contact Person & Title:	James R. Blue, President and CEO
E-mail Address:	jblue@cedarskids.org
Telephone Number (Office):	(402) 437-8812
Telephone Number (Cellular):	(402) 440-5275
Fax Number:	(402) 437-8833



## **CORPORATE OVERVIEW**

### **a. BIDDER IDENTIFICATION AND INFORMATION**

Full Corporate Name: CEDARS Youth Services, Inc.

Address of Administrative Offices: 6601 Pioneers Boulevard, Lincoln, NE 68506

Type of Organization: 501(c)3

State of Incorporation: Nebraska

Year of Founding: 1947

History of Name Change: In 1991, two existing 501(c)3 organizations based in Lincoln, Nebraska, CEDARS Home for Children and Youth Service System, merged to become CEDARS Youth Services.

### **b. FINANCIAL STATEMENTS**

An audit of CEDARS Youth Services is completed each year following the end of the fiscal year on June 30. The most recently approved audit (FY 17/18) is included with this proposal at the end of this section. The onsite audit completed in August 2019 had not been finalized and reviewed by the CEDARS Board of Directors at the time of RFP response submission.

There are no judgements, pending or expected litigation or other real or potential financial reversals to report or known to exist.

Bidder's Banking Organization Contact Information:

Doug Ganz

402-436-2458

Pinnacle Bank

7001 S. 27<sup>th</sup> St

Lincoln, NE 68512

### **c. CHANGE OF OWNERSHIP**

Not applicable.

### **d. OFFICE LOCATION**

Administrative Offices: 6601 Pioneers Boulevard, Lincoln, NE 68506

Program Staff Offices: 1533 North 27<sup>th</sup> Street, Lincoln, NE 68503

**e. RELATIONSHIPS WITH THE STATE**

CEDARS is licensed as Child Caring Agency, Child Placing Agency, and Child Care Center by the State of Nebraska. A chart listing contracts with the State over the past five years is provided below:

<b>Contract Title</b>	<b>Description</b>	<b>Entity</b>	<b>Five Year History</b>
Administrative Office of Probation	Reporting Center Service	Administrative Office of Probation/Juvenile Probation	Yes
Administrative Office of Probation	Reception Center	Administrative Office of Probation/Juvenile Probation	8/1/18-Present
Administrative Office of Probation	Tracker and Electronic Monitoring, D2 & 3J	Administrative Office of Probation/Juvenile Probation	Yes
Administrative Office of Probation	Registered Service Provider: Transitional Living, Foster Care/Professional Foster Care, Tracker Service, Electronic Monitoring, Emergency Shelter/Crisis Stabilization, Family Support, Mental Health Evaluations* (*individual clinicians)	Administrative Office of Probation/Juvenile Probation	Yes
Child Welfare Contract	Agency Supported Respite Care, Drug Testing Specimen Collection, Family Support Service, Parenting Time Supervised Visitation, Transitional Living and Life Skills Instruction	DHHS-CFS	Yes
Residential Subaward	Agency Supported Foster Care, Emergency Shelter Center Care	DHHS-CFS	Yes
Residential Subaward	Group Home-A Care	DHHS-CFS	7/1/15-9/30/15
Nurturing Healthy Behaviors	Early Childhood Development	DHHS-CFS	4/1/15-Present
Childcare Subsidy Agreement	Title XX	DHHS-CFS	Yes
Nebraska VR (Voc Rehab)	Transitions Program	Nebraska Department of Education	4/19/19-7/31/19

**f. BIDDER'S EMPLOYEE RELATIONS TO STATE**

No conflicts exist.

**g. CONTRACT PERFORMANCE**

No contracts with the State of Nebraska have been terminated for default, convenience, non-performance, non-allocation of funds, or any other reason, in the past five years.

**h. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE**

Founded in 1947 CEDARS mission is to help children achieve safety, stability and enduring family relationships. Today, CEDARS is accredited by the Council on Accreditation and the National Association for the Education of Young Children and is licensed by the State of Nebraska as a Child Caring Agency, a Child Placing Agency and Child Care provider. CEDARS Youth Services has extensive experience in providing foster care, family support, respite care, visitation, home based prevention and clinical services to families in Lincoln and throughout southeast Nebraska. Additional services include before and after school childcare, an early childhood development center, emergency shelter, street outreach, transitional living, tracker/electronic monitoring, reporting center and community policing programs. All services are trauma informed and utilize best practices, including evidence informed and evidence-based models when appropriate.

Relevant to this proposal CEDARS recruits, trains, licenses and supports foster and kinship homes, and has provided these services for more than 20 years and currently has approximately 180 youth in placements. CEDARS has supported families in adopting foster youth and has worked with families to complete the home study, including review of the 7 Core Issues of Adoption. CEDARS provides 24 hour on-call support, parenting classes and aftercare to all families.

CEDARS is an active participant in local, state and national child welfare associations and the CEO and other members of the leadership team serve on commissions, task forces and boards to assist in tracking national trends, implement best practice and inform state policies and program development.

**i. SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH**

As a recent recipient of re-accreditation from the Council on Accreditation, CEDARS Youth Services meets all required components of project administration. CEDARS has developed a staffing and supervision plan sufficient to meet program outcomes. Staff are supported by an administrative team that includes human resources, training, accounting, safety, maintenance, CQI, and technology departments.

The management of the CEDARS organization, under the leadership of the President and CEO, utilizes a strong team approach to provide effective grant

management and service delivery, sound fiscal management and accurate, timely reporting. A volunteer Board of Directors establishes policy, participates in program evaluation and strategic planning, continually reviews fiscal controls and budget performance and serves as ambassadors of the mission in the community. The Board meets at least six times per year and monitors program and organizational outcomes, guides new program development and reviews quality improvement data for all program and administrative functions of the organization. The Accounting Department manages the total agency budget of more than \$11 million. This department also supports billing and budgeting tasks including accounts receivable, accounts payable and payroll. CEDARS operates with a fund accounting system on an accrual basis and the local public accounting firm of Dana F. Cole and Company conducts the annual agency audit. All organizational budget plans are developed and reviewed by the program's Service Director, as well as the President/CEO, Executive Vice President, Chief Financial Officer and Accounting Director. The budget is approved by the CEDARS Board of Directors before being distributed for use at the beginning of each fiscal year.

CEDARS maintains policies and procedures related to financial practices, including budgeting and reimbursement request processing. The goal of the Accounting Department is to produce timely, accurate and understandable information in accordance with Generally Accepted Accounting Principles. CEDARS utilizes a robust accounting software system called WinTeam. Accounting functions handled through this system include payroll, accounts receivable, accounts payable, budgeting, general ledger, human resources, inventory, fixed assets, job costing and benefits management. WinTeam supports a tiered chart of accounts, which allows for the generation of reports from a single grant within a program to similar programs within a division to company totals. To facilitate the issuance of financial reports in a timely manner each month, a schedule is maintained including each key activity, the timeline for its completion and the person responsible. This schedule is reviewed every month by the CFO for completion. To ensure accuracy of information being distributed, another schedule exists to identify activities that must occur prior to distribution as a 'check and balance' function, also reviewed monthly by the CFO. To ensure that information is meaningful and usable to end users, Program Directors meet monthly with the CFO and Accounting Director to review financial outcomes.

CEDARS has been monitored and audited by a variety of local, state and federal agencies over the past 65 years, without any audit exceptions or funds withheld for non-compliance. CEDARS has also been asked, due to its impeccable financial reputation, to contract or consult in fiscal and management services for local human service agencies in financial disarray.

Specific to this proposal resumes are included for Megan Harris, Foster Care Program Director, Kara Warnke, Foster Care Assistant Program Director responsible for licensing and four licensing specialists. A staff meeting for all licensing staff and supervisors is held once per month, with Foster Care Program all

staff meetings held biweekly. Staff maintain monthly supervision with their direct supervisor. Specific to each home study, the licensing staff completes the home study document and once completed it is reviewed by the Foster Care Assistant Program Director. If there are any concerns regarding the ability to foster, background, or history, the family's home study is then reviewed with the Program Director, all Assistant Program Directors, and the Licensing Specialist. During this review the team determines what lingering questions or concerns remain and how this will be addressed with the family and/or any further information that is needed. A final decision is made following a conversation with the foster home and noting their openness to discuss and their awareness of the concerns.

**j. SUBCONTRACTORS**

CEDARS Youth Services will not utilize subcontractors in the performance of this contract.



**CEDARS YOUTH SERVICES  
FINANCIAL STATEMENTS  
JUNE 30, 2018 AND 2017**



**DANA F. COLE  
& COMPANY, LLP**  
CERTIFIED PUBLIC ACCOUNTANTS

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CEDARS YOUTH SERVICES  
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**DANA F. COLE  
& COMPANY<sup>LLP</sup>**  
CERTIFIED PUBLIC ACCOUNTANTS

## INDEPENDENT AUDITORS' REPORT

To the Board of Directors  
CEDARS Youth Services  
Lincoln, Nebraska

### Report on the Financial Statements

We have audited the accompanying financial statements of CEDARS Youth Services (a nonprofit organization), which comprise the statement of financial position as of June 30, 2018, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these 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 financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditors' Responsibility*

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the 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 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 financial statements referred to above present fairly, in all material respects, the financial position of CEDARS Youth Services as of June 30, 2018, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### *Report on Summarized Comparative Information*

We have previously audited the CEDARS Youth Services' 2017 financial statements, and our report dated September 11, 2017, expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2017, is consistent, in all material respects, with the audited financial statements from which it has been derived.

### *Other Matters*

#### *Other Information*

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. The supplementary schedule of activities - United Way and JBC Funded Programs is provided for additional analysis and is not a required part of the 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

#### *Other Reporting Required by Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated September 20, 2018, on our consideration of CEDARS Youth Services' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering CEDARS Youth Services' internal control over financial reporting and compliance.

Dana F Cole + Company, LLP

Lincoln, Nebraska  
September 20, 2018

CEDARS YOUTH SERVICES  
STATEMENT OF FINANCIAL POSITION  
JUNE 30, 2018 AND 2017

	ASSETS	2018	2017
<b>ASSETS</b>			
Cash		212,901	410,160
Accounts receivable (net of reserve for bad debts of \$88,496 for 2018 and \$88,496 for 2017)		634,988	709,019
Accounts receivable - Foundation		1,416,769	1,614,723
Grant funds receivable		387,134	230,643
Prepaid expenses		10,900	11,675
Fixed assets, at cost less accumulated depreciation of \$1,022,383 for 2018 and \$966,703 for 2017		<u>239,227</u>	<u>238,756</u>
<b>TOTAL ASSETS</b>		<u><b>2,901,919</b></u>	<u><b>3,214,976</b></u>
<b>LIABILITIES AND NET ASSETS</b>			
<b>LIABILITIES</b>			
Accounts payable		319,352	345,164
Wages and payroll taxes accrued		366,516	367,814
Vacation liability accrued		369,297	248,276
Refundable reimbursements		30,307	29,339
Deferred revenues		100,596	205,983
Unfunded liability for postemployment benefits		549,713	647,817
Custodial funds			3,150
<b>Total liabilities</b>		<u><b>1,735,781</b></u>	<u><b>1,847,543</b></u>
<b>NET ASSETS</b>			
Unrestricted			
Unappropriated		640,373	1,107,167
Appropriated		<u>239,227</u>	<u>238,756</u>
		879,600	1,345,923
Temporarily restricted		<u>286,538</u>	<u>21,510</u>
<b>Total net assets</b>		<u><b>1,166,138</b></u>	<u><b>1,367,433</b></u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>		<u><b>2,901,919</b></u>	<u><b>3,214,976</b></u>

See accompanying notes to financial statements.

CEDARS YOUTH SERVICES  
STATEMENT OF ACTIVITIES  
YEAR ENDED JUNE 30, 2018  
WITH COMPARATIVE TOTALS FOR THE YEAR ENDED JUNE 30, 2017

	Unrestricted Net Assets	Temporarily Restricted Net Assets	Total 2018	Total 2017
<b>REVENUES AND OTHER SUPPORT</b>				
Revenues				
Service revenues	9,248,568		9,248,568	9,415,944
Grant revenues		2,320,705	2,320,705	1,987,861
Total revenues	<u>9,248,568</u>	<u>2,320,705</u>	<u>11,569,273</u>	<u>11,403,805</u>
Support				
Contributions and gifts		274,777	274,777	269,645
Support from Foundation	1,118,224		1,118,224	1,072,359
Total support	<u>1,118,224</u>	<u>274,777</u>	<u>1,393,001</u>	<u>1,342,004</u>
Total revenues and support	10,366,792	2,595,482	12,962,274	12,745,809
Net assets released from restriction	<u>2,330,454</u>	<u>(2,330,454)</u>		
<b>TOTAL REVENUES AND OTHER SUPPORT</b>	<u>12,697,246</u>	<u>265,028</u>	<u>12,962,274</u>	<u>12,745,809</u>
<b>EXPENSES</b>				
Program Services				
Out of Home Services	6,191,534		6,191,534	5,488,986
Early Childhood and School Age	1,836,789		1,836,789	1,801,868
Family Solutions	1,127,872		1,127,872	975,097
Juvenile Justice	1,430,063		1,430,063	1,543,914
Evaluation	164,368		164,368	111,091
Management contract	774,021		774,021	828,317
Total program services	<u>11,524,647</u>		<u>11,524,647</u>	<u>10,749,273</u>
Supporting Services				
Management and general	<u>1,638,922</u>		<u>1,638,922</u>	<u>1,603,092</u>
<b>TOTAL EXPENSES</b>	<u>13,163,569</u>		<u>13,163,569</u>	<u>12,352,365</u>
CHANGE IN NET ASSETS	(466,323)	265,028	(201,295)	393,444
NET ASSETS, beginning of year	<u>1,345,923</u>	<u>21,510</u>	<u>1,367,433</u>	<u>973,989</u>
NET ASSETS, end of year	<u>879,600</u>	<u>286,538</u>	<u>1,166,138</u>	<u>1,367,433</u>

See accompanying notes to financial statements.

CEDARS YOUTH SERVICES  
STATEMENT OF FUNCTIONAL EXPENSES  
YEAR ENDED JUNE 30, 2018  
WITH COMPARATIVE TOTALS FOR THE YEAR ENDED JUNE 30, 2017

	Program Services						Supporting Services		All Expenses 2018	All Expenses 2017	
	Out of Home Services	Early Childhood School Age	Family Solutions	Juvenile Justice	Evaluation	Management Contract	Total Program Services	Management and General			Total Supporting Services
Wages	2,183,082	1,171,388	629,109	860,252	116,835	639,806	5,600,472	1,226,110	1,226,110	6,826,582	6,439,452
Taxes	169,329	94,743	50,331	70,424	10,135	42,050	437,012	91,084	91,084	528,096	504,782
Benefits	343,236	209,172	113,049	161,512	23,666	92,165	942,800	258,593	258,593	1,201,393	1,151,630
Travel	94,696	12,559	35,430	52,976			195,661	4,098	4,098	199,759	198,062
Staff development, training, and recruiting	50,917	23,836	16,967	15,125	519		107,364	22,077	22,077	129,441	121,584
Printing and postage	3,308	316	864	703	76		5,267	3,634	3,634	8,901	11,959
Supplies	172,764	90,938	46,454	19,853	31		330,040	24,775	24,775	354,815	367,451
Professional fees	2,562,378	30,572	133,632	84,834	5,894		2,817,310	60,395	60,395	2,877,705	2,596,781
Insurance	34,767	12,184	12,816	16,369	588		76,724	47,954	47,954	124,678	120,937
Assistance to youth	265,424	69,045	8,502	23,485			366,456			366,456	313,532
Occupancy	107,568	43,047	111,308	49,685	1,716		313,324	54,012	54,012	367,336	339,515
Equipment repair and maintenance and depreciation	54,224	19,858	14,951	27,686	1,004		117,723	51,441	51,441	169,164	181,300
Other expense	2,725	6,187		90			9,002	241	241	9,243	5,380
Intercompany rents	147,116	52,944	(45,541)	47,069	3,904		205,492	(205,492)	(205,492)		
<b>TOTALS</b>	<b>6,191,534</b>	<b>1,836,789</b>	<b>1,127,872</b>	<b>1,430,063</b>	<b>164,368</b>	<b>774,021</b>	<b>11,524,647</b>	<b>1,638,922</b>	<b>1,638,922</b>	<b>13,163,569</b>	<b>12,352,365</b>

See accompanying notes to financial statements.

CEDARS YOUTH SERVICES  
STATEMENT OF CASH FLOWS  
YEARS ENDED JUNE 30, 2018 AND 2017

	2018	2017
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	<u>(201,295)</u>	<u>393,444</u>
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation	88,484	88,011
Loss (gain) on sale of assets	1,496	(3,250)
Changes in assets and liabilities:		
Decrease (increase) in assets:		
Accounts receivable	74,031	42,817
Grants receivable	(156,491)	36,660
Prepaid expenses	775	(7,194)
Receivable - Foundation	197,954	(404,854)
Increase (decrease) in liabilities:		
Accounts payable	(25,812)	82,446
Wages and payroll taxes accrued	(1,298)	12,334
Vacation accrued	121,021	9,912
Custodial fund liability	(3,150)	2,700
Deferred revenues	(105,387)	114,672
Unfunded liability for postemployment benefits	(98,104)	(52,712)
Refundable reimbursement	968	10,197
Total adjustments	<u>94,487</u>	<u>(68,261)</u>
Net cash provided by (used in) operating activities	<u>(106,808)</u>	<u>325,183</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of fixed assets	(91,281)	(102,960)
Sale of fixed assets	<u>830</u>	<u>48,241</u>
Net cash used in investing activities	<u>(90,451)</u>	<u>(54,719)</u>
NET INCREASE (DECREASE) IN CASH	(197,259)	270,464
CASH, beginning of year	<u>410,160</u>	<u>139,696</u>
CASH, end of year	<u>212,901</u>	<u>410,160</u>

See accompanying notes to financial statements.

CEDARS YOUTH SERVICES  
NOTES TO FINANCIAL STATEMENTS

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization and Nature of Activities

CEDARS Youth Services (CYS) is a not-for-profit corporation structured as a human service organization with a mission to help children and youth achieve safety, stability and enduring family relationships. CEDARS founding and enduring priority is safety for children and youth who have experienced, or are vulnerable to, abuse, neglect and/or homelessness.

CEDARS Youth Services works to provide the highest quality care based on individual need, not financial ability. CEDARS is accredited by the Council on Accreditation (COA), National Association for the Education of Young Children (NAEYC), and is a gold member of the Better Business Bureau and is a partner of the United Way. CEDARS Youth Services serves a diverse population of children through programs within the following service areas: Out of Home and Emergency Services, Early Childhood and School Age Programs, Family Solutions, Juvenile Justice, Evaluation, and Management Contract.

Basis of Accounting

The financial statements of the Organization have been prepared on the accrual basis of accounting.

Financial Statement Presentation

Financial statement presentation follows the recommendations of the FASB ASC 958-205, *Financial Statements of Not-for-Profit Organizations*. Under this standard, 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. A description of the three net asset categories utilized by the Organization follows:

Unrestricted Net Assets

Revenues are reported as increases in unrestricted net assets unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in unrestricted net assets. Gains or losses on investments and any other assets or liabilities are reported as increases in unrestricted net assets unless their use is limited by donor stipulation or by laws.

Temporarily Restricted Net Assets

Temporarily restricted net assets include gifts for which donor-imposed restrictions have not been met, trust activity, deferred gifts, and pledges receivable for which the ultimate purpose of the proceeds is not permanently restricted or determined.

CEDARS YOUTH SERVICES  
NOTES TO FINANCIAL STATEMENTS

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Financial Statement Presentation (Continued)

Permanently Restricted Net Assets

Permanently restricted net assets include gifts, trusts, and pledges receivable which require by donor restriction that the corpus be invested in perpetuity and only the income be made available for program operations in accordance with donor. There are no permanently restricted net assets as of June 30, 2018 and 2017.

Contributions

The Organization utilizes FASB ASC 958-605, *Not-for-Profit Entities Revenue Recognition*. This standard requires that unconditional promises to give (pledges) be recorded as receivables and revenues and requires the Organization to distinguish between contributions received for each net asset category in accordance with donor-imposed restrictions. Conditional promises to give are recognized only when the conditions on which they depend are substantially met and the promises become unconditional.

Contributed Materials and Services

The Organization records various types of in-kind contributions. Contributed services are recognized at fair market value if the services received (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. Contributions of tangible assets are recognized at fair market value when received. The amounts reflected in the accompanying financial statements as in-kind contributions are offset by like amounts included in expenses or additions to property and equipment.

Volunteers

Many individuals volunteer their time and perform a variety of tasks that assist the Organization with its operations. The volunteer hours have not been recorded in the financial statements since those services do not meet the criteria for recognition.

Cash and Cash Equivalents

For purposes of the statements of cash flows, the Organization considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents. There were no cash equivalents as of June 30, 2018.

CEDARS YOUTH SERVICES  
NOTES TO FINANCIAL STATEMENTS

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Accounts Receivable

The Organization uses the allowance method to account for uncollectible accounts receivable.

Property and Equipment

Property and equipment are stated at cost, if purchased, or fair value, if donated. Major expenditures for property and those which substantially increase useful lives are capitalized. Maintenance, repairs, and minor renewals are expensed as incurred. When assets are retired or otherwise disposed of, their costs and related accumulated depreciation are removed from the accounts and resulting gains or losses are included in income.

Depreciation

The Organization provides for depreciation of property and equipment using annual rates which are sufficient to amortize the cost of depreciable assets using the straight-line method over their estimated useful lives, which range from 2 to 40 years.

Depreciation in the amounts of \$88,484 and \$88,011 was charged to fixed assets for the years ended June 30, 2018 and 2017, respectively.

Compensated Absences

Employees' vacation benefits are recognized in the period earned.

Income Taxes

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. However, income from certain activities not directly related to the Organization's tax-exempt purpose is subject to taxation as unrelated business income. In addition, the Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private foundation under Section 509(a)(2).

CEDARS YOUTH SERVICES  
NOTES TO FINANCIAL STATEMENTS

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Taxes (Continued)

The Organization utilizes the provisions of FASB ASC 740-10, *Accounting for Uncertain Tax Positions*. The Organization continually evaluates expiring statutes of limitations, audits, proposed settlements, changes in tax law, and new authoritative rulings. The Organization believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that would be material to the financial statements.

Advertising

Advertising expenses of the Organization are expensed as incurred.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been reported on a functional basis in the statement of functional expenses.

Comparative Totals

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2017, from which the summarized information was derived.

Reclassification

In certain instances, figures for the prior year have been reclassified to place them on a basis comparable with the current year.

NOTE 2. CONCENTRATION OF CREDIT RISK

The Organization has deposits in financial institutions subject to the \$250,000 limit insured by the Federal Deposit Insurance Corporation (FDIC). At June 30, 2018 and 2017, there were no deposits in excess of the insurance provided by FDIC.

Financial instruments which potentially subject the Organization to concentrations of credit risk consist primarily of trade receivables with a variety of customers. The Organization generally does not require collateral from its customers. Such credit risk is considered by management to be limited due to the Organization's broad customer base and its customers' financial resources.

CEDARS YOUTH SERVICES  
NOTES TO FINANCIAL STATEMENTS

NOTE 3. FIXED ASSETS

The major classes of fixed assets in service at June 30, 2018 and 2017, are as follows:

	2018	2017
Land	13,798	13,798
Building	80,879	90,990
Playground	4,298	4,298
Equipment	827,371	745,950
Vehicles	<u>335,264</u>	<u>350,423</u>
	1,261,610	1,205,459
Less accumulated depreciation	<u>1,022,383</u>	<u>966,703</u>
Net fixed assets	<u>239,227</u>	<u>238,756</u>

NOTE 4. NET ASSETS

Reserve for Operations

The Board approved that annually the change in unrestricted net fixed assets be transferred (charged) to a reserve to fund future operations.

The balance in this reserve was \$239,227 and \$238,756 at June 30, 2018 and 2017.

NOTE 5. RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following as of June 30, 2018 and 2017:

	2018	2017
Contributions for specific projects	<u>286,538</u>	<u>21,510</u>

NOTE 6. RELATED PARTIES

CEDARS Youth Services is affiliated with The CEDARS Home for Children Foundation, Inc. The agreement with the Foundation provides for the appointment of the Board of Directors of CEDARS Youth Services by the Board of Trustees of the Foundation. The Foundation also provides financial support for CEDARS Youth Services. Financial support provided to CEDARS Youth Services, by the Foundation, totaled \$1,118,224 and \$1,072,359 for the years ended June 30, 2018 and 2017.

The Foundation was indebted to CEDARS Youth Services in the amount of \$1,416,769 and \$1,614,723 at June 30, 2018 and 2017, respectively.

CEDARS YOUTH SERVICES  
NOTES TO FINANCIAL STATEMENTS

NOTE 6. RELATED PARTIES (Continued)

CEDARS Youth Services also provides management services for the Foundation and receives fees for these services under a contractual agreement. Revenue of \$774,021 and \$828,317 was recognized under this arrangement for the years ended June 30, 2018 and 2017.

CEDARS Youth Services leases building space from the Foundation. During the next year, the minimum annual rentals are \$54,543.

NOTE 7. EMPLOYEE BENEFIT PLAN

CEDARS Youth Services has implemented 401(k) and 403(b) defined contribution pension plans, which cover all employees who have completed one year of service and attained age 21. The Organization makes contributions equal to 5% of each eligible employee's gross salary. The Organization made contributions to the plans totaling \$219,307 and \$194,420 during the years ended June 30, 2018 and 2017.

The CEDARS Home for Children Foundation, Inc., and CEDARS Youth Services are participating in supplemental executive retirement agreements which have been classified as defined benefit plans. The Organizations have adopted the requirements of FASB-ASC 715-20, *Employers' Accounting for Defined Benefit Pension and Other Postretirement Plans*, effective with the year ended June 30, 2009. FASB-ASC 715-20 requires the Organization to recognize the funded status of a defined benefit plan. Information regarding the Plan as of June 30, 2018 and 2017, is summarized as follows:

Pension Plan obligations and funded status:

	2018	2017
Projected benefit obligation	(1,378,270)	(1,300,255)
Plan assets at fair value	<u>828,557</u>	<u>652,438</u>
Net unfunded liability for postemployment benefits	<u>(549,713)</u>	<u>(647,817)</u>

Due to the nature of the supplemental executive retirement agreements, there is no current obligation until certain criteria are met. Additionally, there are no employer or participant contributions to the Plan, and no benefits paid in the current year.

Amounts recognized in the statement of financial position consist of:

	2018	2017
Unfunded liability for postemployment benefits	<u>549,713</u>	<u>647,817</u>

CEDARS YOUTH SERVICES  
NOTES TO FINANCIAL STATEMENTS

NOTE 7. EMPLOYEE BENEFIT PLAN (Continued)

Amounts recognized in the statement of activities consist of:

	2018	2017
Net gain	(57,139)	(61,606)
Net periodic pension cost	<u>78,015</u>	<u>73,600</u>
 Expense recognized	 <u>20,876</u>	 <u>11,994</u>

The projected benefit obligation is calculated using a discount rate of 6 percent and the length of time until the participants reach the age of retirement. Plan assets are held in the form of mutual fund investments. No benefits are expected to be paid in the next five years.

The Organization's overall investment strategy for the Plan's assets is to invest in mutual funds with a mix of approximately 74 percent equity funds and 26 percent bond funds.

Fair values of the Plan's assets at June 30, 2018, by asset class are as follows:

	Total	Level 1	Level 2	Level 3
Bond funds	240,282	240,282		
U.S. mutual funds	<u>588,275</u>	<u>588,275</u>	_____	_____
 Totals	 <u>828,557</u>	 <u>828,557</u>	 <u>_____</u>	 <u>_____</u>

NOTE 8. ECONOMIC DEPENDENCY

CEDARS Youth Services received \$7,555,345 or 65.31% of its service revenues during the year ended June 30, 2018, from the State of Nebraska, either through the Nebraska Department of Health and Human Services or the Probation Office. If this major funding source was lost, CEDARS Youth Services could not continue the level of services currently provided for that program.

NOTE 9. SUBSEQUENT EVENTS

In preparing the financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through September 20, 2018, the date the financial statements were available to be issued.

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ACCOMPANYING INFORMATION

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CEDARS YOUTH SERVICES  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
YEAR ENDED JUNE 30, 2018

Federal Grantor/Pass-Through Grantor/ Program or Cluster Title	Pass-Through Entity Identifying Number	Federal CFDA Number	Federal Expenditures
<u>U.S. Department of Health and Human Services</u>			
Transitional Living Program		93.550	101,850
Basic Center Grant		93.623	180,549
Street Outreach Program		93.557	188,795
			<u>471,194</u>
Pass-Through Program From:			
Nebraska Department of Health and Human Services			
Child Care and Development Block Grant	G1601NECCDF	93.575	57,000
Foster Care - Title IV-E	1501NEFOST	93.658	224,614
			<u>281,614</u>
Total U.S. Department of Health and Human Services			<u>752,808</u>
<u>U.S. Department of Housing and Urban Development</u>			
Supportive Housing Program		14.235	110,143
Pass-Through Programs From:			
City of Lincoln Urban Development	NHAP 2017-18	14.231	<u>3,958</u>
Total U.S. Department of Housing and Urban Development			<u>114,101</u>
<u>U.S. Department of Agriculture</u>			
Pass-Through Programs From:			
Nebraska Department of Education			
Child and Adult Care Food Program	55-0901	10.558	93,740
National School Lunch Program	55-0901	10.555	13,221
Nebraska Department of Health and Human Services			
Commodities Program	470551975	10.555	<u>14,720</u>
Total U.S. Department of Agriculture			<u>121,681</u>

CEDARS YOUTH SERVICES  
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
 YEAR ENDED JUNE 30, 2018

Federal Grantor/Pass-Through Grantor/ Program or Cluster Title	Pass-Through Entity Identifying Number	Federal CFDA Number	Federal Expenditures
<u>U.S. Department of Education</u>			
Pass-Through Programs From:			
Lincoln Public Schools			
Title I	None	84.010	31,391
21st Century - CLC	1670436	84.287	<u>64,595</u>
Total U.S. Department of Education			<u>95,986</u>
TOTAL EXPENDITURES OF FEDERAL AWARDS			<u>1,084,576</u>

The accompanying notes are an integral part of this schedule.

CEDARS YOUTH SERVICES  
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
YEAR ENDED JUNE 30, 2018

NOTE 1. BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activity of CEDARS Youth Services under programs of the federal government for the year ended June 30, 2018. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of CEDARS Youth Services, it is not intended to and does not present the financial position, changes in net assets, or cash flows of CEDARS Youth Services.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

NOTE 3. SUBRECIPIENTS

Of the federal expenditures presented in the schedule, CEDARS Youth Services provided no federal awards to subrecipients.

NOTE 4. INDIRECT COST RATE

CEDARS Youth Services has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

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CEDARS YOUTH SERVICES  
SCHEDULE OF ACTIVITIES - UNITED WAY AND JBC FUNDED PROGRAMS  
YEAR ENDED JUNE 30, 2018

	Wrap Around	Healthy Families PSP	Emergency Shelter	Early Childhood Development Centers	Community Learning Centers	Street Outreach	Total
<b>REVENUES</b>							
Contributions	17,010	3,811	39,203	51,308	125,572	7,802	244,706
Fees and grants from governmental agencies		101,816	1,107,557	830,034	182,490	162,708	2,384,605
Local and national foundations	1,000	10,000	52,650		3,086	650	67,386
Program service fees			3,637	277,736	49,128		330,501
United Way Fund (Allocation)	70,000	24,000	33,000	169,500	70,000	5,000	371,500
United Way donor designation				30,585			30,585
Combined federal campaign				1,367			1,367
City/County Joint Budget Committee			242,225				242,225
Miscellaneous revenue				1,708	200		1,908
<b>Total revenues</b>	<b>88,010</b>	<b>139,627</b>	<b>1,478,272</b>	<b>1,362,238</b>	<b>430,476</b>	<b>176,160</b>	<b>3,674,783</b>
<b>EXPENSES</b>							
Salaries, employee benefits, and payroll taxes	98,202	107,257	1,098,514	1,185,418	289,884	128,792	2,908,067
Professional fees	1,579	1,488	4,250	4,315	24,495	172	36,299
Office expense (including food)	5,352	15,060	51,540	69,162	26,156	11,925	179,195
Occupancy	2,273	2,259	112,960	84,742	4,112	27,071	233,417
Equipment rental and maintenance	1,170	790	4,261	4,417	3,467	575	14,680
Depreciation/equipment	489	295	20,730	7,937	4,037	4,952	38,440
Printing and publications	2	2	305	217	78	11	615
Travel, conferences, conventions, and trainings	6,792	3,798	30,899	25,613	16,871	13,165	97,138
Specific assistance to individuals	430	5,761	62,928	57,283	12,605	11,200	150,207
Membership dues	187		494	1,434	100	692	2,907

CEDARS YOUTH SERVICES  
 SCHEDULE OF ACTIVITIES - UNITED WAY AND JBC FUNDED PROGRAMS  
 YEAR ENDED JUNE 30, 2018

	Wrap Around	Healthy Families PSP	Emergency Shelter	Early Childhood Development Centers	Community Learning Centers	Street Outreach	Total
EXPENSES (Continued)							
Insurance	271	277	9,279	5,856	1,183	722	17,588
Miscellaneous expense	9	6	4,470	5,148	2,257	285	12,175
Total expenses	<u>116,756</u>	<u>136,993</u>	<u>1,400,630</u>	<u>1,451,542</u>	<u>385,245</u>	<u>199,562</u>	<u>3,690,728</u>
REVENUES OVER (UNDER) EXPENSES	<u>(28,746)</u>	<u>2,634</u>	<u>77,642</u>	<u>(89,304)</u>	<u>45,231</u>	<u>(23,402)</u>	<u>(15,945)</u>
Supplemental information:							
Administrative fees (which are prorated by line item and included in total expense)	<u>16,740</u>	<u>17,124</u>	<u>189,120</u>	<u>230,184</u>	<u>52,740</u>	<u>3,288</u>	<u>509,196</u>
Total program expense without administrative fees	<u>100,016</u>	<u>119,869</u>	<u>1,211,510</u>	<u>1,221,358</u>	<u>332,505</u>	<u>196,274</u>	<u>3,181,532</u>

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Programs included in above	PIP	HFA (PSP)	CEDARS Emergency Shelter	ECDCs at: Carol Yoakum Northbridge	Clinton Hartley	Street Outreach
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**DANA F. COLE  
& COMPANY<sup>LLP</sup>**  
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER  
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS  
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN  
ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors  
CEDARS Youth Services  
Lincoln, Nebraska

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of CEDARS Youth Services (a nonprofit organization), which comprise the statement of financial position as of June 30, 2018, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated September 20, 2018.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered CEDARS Youth Services' internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of CEDARS Youth Services' internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

## Compliance and Other Matters

As part of obtaining reasonable assurance about whether CEDARS Youth Services' financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

## Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Dana J Cole + Company, LLP

Lincoln, Nebraska  
September 20, 2018



**DANA F. COLE  
& COMPANY LLP**  
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR  
PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE  
REQUIRED BY THE UNIFORM GUIDANCE

To the Board of Directors  
CEDARS Youth Services  
Lincoln, Nebraska

**Report on Compliance for Each Major Federal Program**

We have audited CEDARS Youth Services' compliance with the types of compliance requirements described in the OMB Compliance Supplement that could have a direct and material effect on each of CEDARS Youth Services' major federal programs for the year ended June 30, 2018. CEDARS Youth Services' major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

***Management's Responsibility***

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

***Auditors' Responsibility***

Our responsibility is to express an opinion on compliance for each of CEDARS Youth Services' major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part (CFR) 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about CEDARS Youth Services' compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of CEDARS Youth Services' compliance.

***Opinion on Each Major Federal Program***

In our opinion, CEDARS Youth Services complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2018.

## Report on Internal Control over Compliance

Management of CEDARS Youth Services is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered CEDARS Youth Services' internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of CEDARS Youth Services' internal control over compliance.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Dana F Cole + Company, LLP

Lincoln, Nebraska  
September 20, 2018

CEDARS YOUTH SERVICES  
 SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
 YEAR ENDED JUNE 30, 2018

SECTION I. SUMMARY OF AUDITORS' RESULTS

Financial Statements

Type of auditors' report issued: Unmodified

Internal control over financial reporting:

Material weakness identified: \_\_\_ Yes X No

Significant deficiencies identified that are not considered to be material weaknesses: \_\_\_ Yes X None reported

Noncompliance matter to the financial statements disclosed: \_\_\_ Yes X No

Federal Awards

Internal control over major programs:

Material weakness identified: \_\_\_ Yes X No

Significant deficiencies identified that are not considered to be material weaknesses: \_\_\_ Yes X None reported

Type of auditors' report issued on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR Section 200.516(a): \_\_\_ Yes X No

Identification of Programs audited as Major Programs:

Foster Care - Title IV-E	93,658
Supportive Housing Program	14,235
Basic Center Grant	93,623

Dollar threshold used to distinguish between type A and type B programs: \$750,000

Auditee qualified as a low-risk auditee: \_\_\_ Yes X No

CEDARS YOUTH SERVICES  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
YEAR ENDED JUNE 30, 2018

SECTION II. FINANCIAL STATEMENT FINDING

None reported.

SECTION III. FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

None reported.

**CEDARS YOUTH SERVICES  
PRIOR AUDIT FINDINGS AND RECOMMENDATIONS**

There were no prior year audit findings and recommendations that required resolution by CEDARS Youth Services for the year ended June 30, 2017.

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# MEGAN HARRIS

## Personal info

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**Address:**

5851 N 23rd St., Lincoln, NE  
68521

## Skills

### Leadership Development



### Program Development and Expansion



### Conflict Resolution



### Strategic Implementation



### Extensive Supervisory Experience



### Public Speaking



### Communication



## Professional Summary

Highly-ethical, qualified senior-level professional armed with experience in developing and executing strategic plans to lead organizations business development, financial growth, and long-term sustainability. Extensive experience in leadership development, crisis intervention, and community relations. Superb ability to succeed in challenging, high-pressure, deadline-driven environments.

## Employment history

### Program Director, CEDARS Youth Service. Lincoln, NE

Jul. 2014 – Present

- Supervise a team of assistant supervisors and direct care workers providing services to clients.
- Evaluate the work of staff to ensure that programs are of appropriate quality and that resources are used effectively.
- Interpret and communicate agency procedures and policies to staff.
- Establish and oversee administrative procedures to meet objectives set by boards of directors or senior leadership.
- Plan and administer budgets for programs.
- Participate in the determination of organizational policies regarding such issues as participant eligibility, program requirements, and program benefits.
- Confer with board members, organization officials, or staff members to discuss issues, coordinate activities, or resolve problems.
- Prepare and maintain personnel records and program manuals.
- Research and analyze community needs to determine program directions and goals.
- Lead director of programs expanding into new territories of Nebraska
- Develop or advise on social policy and assist in community development.
- Speak to community groups to explain and interpret agency purposes, programs, and policies.

### Youth Tracker/Mentor, CEDARS Youth Services. Lincoln, NE

May. 2007 – Jun. 2014

- Serve as liaisons between students, homes, schools, family services, child guidance clinics, courts, protective services, and referral sources, to help youth who are facing adversity
- Maintain case history records and prepare reports.
- Consult with parents, teachers, and other school personnel to determine causes of behaviors such as truancy and delinquency, and to implement solutions.
- Develop and review service plans in consultation with clients.
- Visit and mentor youth in their home, school, or community.
- Advocate for clients to resolve crises.

### Customer Service Representative, Menards Inc.. Lincoln, Nebraska

Jun. 2004 – Aug. 2007

- Confer with customers in person to provide information about products or services and enter special orders.
- Demonstrate or explain products, methods, or services to persuade customers to purchase products or use services.
- Keep areas neat while working and return items to correct locations following demonstrations.
- Sell products being promoted and keep records of sales.
- Set up and arrange displays to attract the attention of prospective customers.
- Suggest specific product purchases to meet customers' needs.
- Work as part of a team.

**Juvenile Justice Intervention Specialist, CEDARS Youth Services. Lincoln, NE**  
Mar. 2006 – May, 2007

- Maintain case history records and prepare reports.
- Provide concrete information for youth in locating or applying for community resources for services such as job placement, food handlers permits, drivers licensing exams, and tutoring.
- Consult with parents, teachers, and referral sources
- Develop and maintain service plans in consultation with youth.
- Lead psychoeducational groups relating to mental health, job readiness skills, risks of substance abuse, life and independent living skills.

## Education

**Doane University, Lincoln, Nebraska**  
Master of Arts, Counseling, May, 2015

**Doane University, Lincoln, Nebraska**  
Bachelor of Arts, Human Relations, Dec. 2009

**Southeast Community College, Lincoln, Nebraska**  
Associate of Arts, Human Services, Mar. 2007

## Affiliations

Family Focused Treatment Association (FFTA) Chapter Vice Chair  
Family Focused Treatment Association National Conference Committee Chair  
Nebraska Department of Children and Family Services Administrative Process Workgroup Co-lead  
Nebraska Department of Children and Family Services Placement Disruption Workgroup-Provider Representative  
Nebraska Department of Health and Human Services Administrative Process Improvement-Provider Representative  
Council on Accreditation Agency (COA) accredited agency  
Family First Prevention and Services Act-Kinship Navigation Workgroup representative  
United Way Speakers Bureau  
CEDARS Speakers Bureau

## Training

CPR and First Aid Certified  
Reasonable and Prudent Parenting  
Human Trafficking  
Risking Connections-Trainer and Champion  
Trauma Informed Parenting for Safety and Permanence Model Approach to Partnership in Parenting (TIPS-MAPP)-Trainer  
Safety and Risk Management  
Darkness to Light  
Mindfulness and Meditation

**Megan Harris References:**

**Tricia Monzon**

*Mental Health Practitioner and Owner of Origins Health*

Phone: 402-429-1425

Email: [tmonzon@originshealth.org](mailto:tmonzon@originshealth.org)

**Jill Wertz**

*Lincoln Public School Counselor*

Phone: 402-890-2009

email: [jill.wertz@lps.org](mailto:jill.wertz@lps.org)

**Cindy Ryman Yost**

*Grant Development Director*

Phone: 402-730-9275

email: [rymanyost@me.com](mailto:rymanyost@me.com)



## **Kara Warnke**

(H) 402-369-1395 | [karahoeman@yahoo.com](mailto:karahoeman@yahoo.com) | 1709 SW 21<sup>ST</sup> St. Lincoln, NE 68522

### **SUMMARY**

Dedicated Foster Care Assistant Program Director with 10 years of experience working in the Human Services field and over 2 years of supervisory experience. Trained to teach the Trauma Informed Partnering for Safety and Permanency-Model Approach to Partnership in Parenting to prospective foster parents. Creating opportunities to further develop staff and foster parents by helping them understand and apply the Risking Connection curriculum in working with foster youth.

### **SKILLS**

- Organization, time management, prioritizing and decision making
- Extensive experience in understanding and applying licensing regulations and compliance
- Dependable, flexible, focused and multi-task oriented
- Training and development of foster care staff and foster parents
- Understand and apply the Seven Core Issues of Adoption when reviewing adoptive home studies

### **EXPERIENCE**

Assistant Program Director, CEDARS Youth Services, October 2014-Current

- Supervise foster care specialist staff to ensure their compliance with client contacts, case documentation and overall case management
- Supervise staff whom license and train current or prospective foster parents
- Review and provide feedback on the adequacy of foster and adoptive home studies
- Review and provide feedback on the adequacy of documents and files
- Train foster parents in Trauma Informed Partnering for Safety and Permanence-Model Approach to Partnership in Parenting
- Train foster parents in Risking Connection, a Trauma Informed based approach
- Train Kinship foster parents in Caring For Our Own
- Complete 15 continuing educational hours per year, 5 of which include Trauma Informed Care
- CPR/First Aid Certified
- Car Seat safety trained

Child and Family Services Specialist, Department of Health and Human Services, April 2013-October 2014

- Investigated reports of child abuse and/or neglect
- Gathered collateral information from internal and external parties

- Collaborated with a team of legal attorneys, school personnel, family members, therapists and other mental health providers
- Managed a caseload and advocated for client rights
- Evaluated and addressed individual client needs and concerns

Mental Health Security Specialist, Lincoln Regional Center, October 2011-April 2013

- Provided mental health support to mentally ill adult women and men
- Prompted safe and socially acceptable replacement behaviors in order to build a repertoire of communication, social interaction and problem-solving skills
- Worked with nurses and other clinical staff to process patients and direct to appropriate departments
- Documented observations and client contact

Direct Support Staff, NorthStar, September 2009-October 2011

- Supported and built caring relationships with patients with developmental and cognitive disorders
- Created and reviewed treatment plans for each client
- Charted and recorded information in client files
- Administered medication to each client
- Quickly responded to crisis situations when severe behavioral issues arose
- Taught clients independent living and daily life skills

## **EDUCATION AND TRAINING**

Bachelor of Science in Human Services in Counseling, Wayne State College, Wayne, NE 2011

Risking Connection and Foster Care Train-the-Trainer, 2018

Trauma Informed Partnering for Safety and Permanence: A Part of Model Approach to Partnerships in Parenting, 2017

## **REFERENCES**

Amara Madsen  
6601 Pioneers Blvd. Lincoln, NE 68506  
402-904-3253

Megan Harris  
1533 N 27<sup>th</sup> St. Lincoln, NE 68503  
402-437-8830

Susan Bogus  
1533 N 27<sup>th</sup> St. Lincoln, NE 68503  
402-904-3255

# AMY SCHLUETER

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2055 Connor Pl, Lincoln, NE 68505 • Home: (402)450-2474 • Cell: (402)450-2474 • aschlueter1978@yahoo.com

## Professional Summary

Highly motivated and hard working individual who would like to obtain a position which will offer a variety of challenges and responsibilities where my abilities and skills can be fully utilized.

## Skills

- Extensive experience working with licensing regulations and compliance of state issued contracts.
- Focused, dependable, multi-task oriented, flexible, positive, able to adapt to challenging and emergency situations, organized.
- Well developed skills in prioritizing, organization, decision making, time management, and verbal/written communication skills.
- Excellent personal motivation with a proven ability to build and work in a strong team concept, environment, or independently.

## Certifications

Certified Mandt Instructor. PS MAPP Trainer, Love and Logic Trainer, Risking Connections Trainer, Certified in CPR/First Aid. Extensive computer knowledge and skills.

## Work History

Family Resource Partner - Licensing Specialist, 10/2014 to Current  
CEDARS Youth Services – Lincoln, NE

- Responsible for the training and retention of foster parents within CEDARS.
- License foster parents through completion of training, home study, and other licensing regulations. Ensure that foster parents are compliant at the time of licensing and throughout their licensing period. This include abiding by all the requirements outlined in the contract between CEDARS and the State of Nebraska.
- Responsible for ensuring compliance with all state and federal regulations and that license requirements are followed.
- Have the ability to work with both internal and external teams and community partners. Maintain relationships with these partners in order to provide support and assistance to foster parents.
- Document complete and accurate client information according to the agencies policies and procedures. Maintain accurate and timely documentation for program records.

Social Worker, 10/2013 to 10/2014

Lincoln Medical Education Partnership – Lincoln, NE

- Advocate for families by connecting them with resources, offering parent education, meeting basic food needs and offering support for those struggling with substance use.
- Help families meet their basic need for housing or help them apply for state benefits, find child care or secure transportation to work or appointments.
- Place a high priority on making sure families can access medical services for everyone in their family including children, pregnant moms of any age and the adults. Help them find a medical home and help those without insurance access the medications they need.

Foster Care Assistant Program Manager, 11/2012 to 10/2013

CEDARS Youth Services – Lincoln, NE

- Daily supervision of Foster Care Family Resource Partners and assist in day to day operations of foster care program. This includes following licensing standards set forth by the State of Nebraska.
- Recruitment of new potential foster homes in the Southeast Service Area of Nebraska.
- Document and assure that all foster parents are current on trainings.
- On call supervisor every third week. Assist with support and placement of children into foster homes. Carry a small caseload of foster children and carry out Family Resource Partner duties with them.

Foster Care Family Resource Partner, 06/2009 to 11/2012

#### CEDARS Youth Services – Lincoln, NE

- Responsible for daily, crisis and on-call support of foster homes.
- Provide in home support for foster homes at least monthly or more as needed. Assist with placement of youth in emergency or respite care.
- Assist with recruitment of foster families.
- Assist with training of foster parents.
- Be an advocate for foster and biological families in the foster care system.

#### Visitation Assistant Program Manager, 07/2008 to 06/2009

#### CEDARS Youth Services – Lincoln, NE

- Receive new referrals from caseworkers requesting services. Abide by regulations in the state contract with CEDARS to provide services for families.
- Coordinate visitation schedules between staff, biological families, foster families, and other team members. Case management, including releases and consents, guidelines for visitation, documentation summaries, etc.
- Crisis intervention, including being on-call for visitation program but also for In Home Safety Program within the agency. Attend meetings within the community.
- Maintain positive contact with members of the service care team. This includes HHS Protection and Safety Workers, biological parents and other vital family members, foster parents, Therapists, Psychiatrists, School officials, GAL workers, visitation workers, etc.

#### Emergency Shelter Assistant Program Manager, 01/2006 to 07/2008

#### Cedars Youth Services – Lincoln, NE

- Hire, train, supervise and evaluate part-time and full-time staff.
- Case Management, including writing and evaluating service plans, scheduling and attending needed and required appointments, family meetings, and generally overseeing progress of individual cases.
- Education and advocacy for private families and state ward clients
- Crisis intervention
- Attend meetings within the community. This would include but is not limited to weekly HHS shelter care meetings, family mediation meetings, team meetings, school re-entry and IEP meetings.

#### Youth Specialist III, 01/2003 to 01/2006

#### Cedars Youth Services – Lincoln, NE

- Provide leadership for a team of program staff. Also, responsible for assigning and overseeing tasks for team members
- Case Management for private families and state ward clients
- Document complete and accurate client information, intake and discharge procedures, and other needed paperwork
- Medication Manager Responsibilities included re-ordering and distributing medications to clients, verifying medical information for all clients, supervising medication administration by shelter staff, medication destruction
- Direct care of clients. This included monitoring daily routines and activities. Transportation to and from school, appointments, visits, etc. Daily care for all clients.

#### Youth Specialist II, 05/2001 to 01/2003

#### Cedars Youth Services – Lincoln, NE

- Work with members of team to create safe, supportive and culturally sensitive environment
- Help meet the day-to-day needs of the clients in our care. This included following routines for meals, hygiene, laundry, and other direct services
- Complete daily documentation, incident reports, intake and discharge paperwork
- Provide crisis intervention to clients and their families

## Education

Bachelor of Arts: Social Work, May 2001

Chadron State College - Chadron, NE

Courses at Chadron State College included:

- General graduation requirements
- Required courses for Bachelor of Arts in Social Work
- Limited Criminal Justice courses
- Several courses in Family and Child Development

## References

Michaela Young  
4720 Randolph St, Lincoln, NE 68510  
402-580-0945

Ruthi Thompson  
4720 Randolph St, Lincoln, NE 68510  
402-429-0336

Amanda Adams  
1720 West Mulberry Lincoln, NE 68522  
402-575-0423



# Nicole Wurtele

Cell: (308)380-2916 • nicole\_mead@hotmail.com

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## Objective

Experienced individual in social services looking to seek an opportunity to expand my knowledge and expertise by furthering my education in School Counseling.

## Education

**UNIVERSITY OF NEBRASKA LINCOLN: Lincoln, NE**

Major: Child Youth and Family Studies

Minor: Psychology

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## Work Experience

**CEDARS YOUTH SERVICES: Lincoln, NE**

**Family Resource Partner, July 2013-January 2015; May 2016-January 2017; August 2017-present**

- Support foster parents and foster youth living in the home by providing support, resources, tools and knowledge when dealing with children that have experienced trauma.
- Have an understanding of how trauma affects a child's development; how building and maintaining strong, positive relationships with children and youth may impact their behavior; and how what behaviors they express are often times symptoms of their past trauma experiences.
- Trained in a variety of different types of trauma informed care such as the Risking Connection Model.
- Document contact with foster parents, youth, biological parents, caseworkers, and other service providers.
- Work collaboratively with team members to build and maintain a plan for the youth and family based on the child and family's strengths and needs.
- Attend court hearings, home visits, school meetings, and team meetings.
- Work with individuals from different cultures and socioeconomic statuses.
- TIPPS-MAPP Trainer (Trauma Informed Partnering For Safety and Permanence: A Part of Model Approach to Partnerships in Parenting)
- License foster homes by completing all of the necessary documents and requirements.
- Write initial, renewal, and adoption home studies based off of information provided by the family.
- Recommend families to be licensed foster parents based on their participation in class, interactions at home visits, and information they provide about themselves.
- Manage training hours for foster homes, give them resources to help with training hours, and guide them through their licensing.

**CEDARS YOUTH SERVICES: Lincoln, NE**

**Assistant Program Manager-Family Support Services, January 2017-August 2017**

- Supervise multiple staff by holding supervision and staff meetings.
- Providing staff with support and resources to effectively do their job.
- Train new staff on job duties and program policies.
- Review staff documentation and timesheets.
- Manage staff schedules.
- Accept and decline referrals based on the availability of staff.

**BETTER LIVING COUNSELING SERVICES: Lincoln, NE**

**Family Support/Visitation Specialist, September 2011-July 2012; March 2013-July 2013**

- Supervised contact with biological parents and their children who were Wards of the State.
- Document what occurred during the visit.
- Communicate with team members regarding progress of the case.
- Transport children to and from visits.
- Provide Drug testing for parents.
- Provide family support to the family by helping them identify resources, services, knowledge on parenting skills, etc.

**REFERENCES:**

Amy Schlueter  
1533 N 27<sup>th</sup> St.  
Lincoln, NE 68503  
402-802-8238

Kara Warnke  
1533 N 27<sup>th</sup> St.  
Lincoln, NE 68503  
402-904-3267

Rebecca Ayala  
4211 Locust St.  
Lincoln, NE 68516  
402-208-8262

## **Lindsey Harms**

2707 Scott St. Beatrice, NE 68310

402.300.0063

latkins@nebrwesleyan.edu

### **EDUCATION**

Nebraska Wesleyan University, Lincoln, NE  
Bachelor of Sciences in Social Work

May 2017

- Member of Phi Alpha Honor Society
- Member of Alpha Sigma Lambda Honor Society

Southeast Community College, Lincoln, NE  
Associate of Applied Science in Human Services

December 2014

### **SKILLS**

- Great organizational, multitask oriented, and time efficient skills
- Active listener and effective communicator
- Adaptable, dependable, team player
- Strong knowledge of computer skills
- Trained in Risking Connections
- Complete 15 hours of ongoing training per year, 5 of which are trauma-informed

### **CERTIFICATIONS**

Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting (TIPS-MAPP) Trainer, Darkness to Light Trainer, Certified in CPR/First Aid

### **RELEVANT WORK EXPERIENCE**

CEDARS, Lincoln, NE

May 2017 – Current

*Family Resource Partner*

- Co-lead TIPS-MAPP, evaluate prospective foster parents, and assist them in understanding the foster care system and process
- Facilitate Darkness to Light training for foster parents and staff
- License foster parents after completion of training and home study. Ensure foster parents are compliant at the time of licensing by meeting the requirements of CEDARS and the State of Nebraska
- Complete home studies for approved homes by policy dictated timelines and make recommendations of suitability for kinship placements based on interviews and collecting information on the foster home
- Receive probation referrals and assess the safety and suitability of the placement for probation youth
- Demonstrate competence in trauma-informed care by using skills from Risking Connections and help foster parents apply the skills with foster youth
- Draft and submit individual monthly reports and complete timely documentation
- Observe and effectively document home visits, team meetings, and court hearings
- Monitor foster homes. Identify and assess youth and family needs and advocate for necessary services to be provided

### **OTHER RELEVANT EXPERIENCE**

KVC, Lincoln, NE

October 2014 – December 2014

*Practicum Student*

- Gathered community resource information and organized a community resource manual for employees to utilize
- Advocated for clients by connecting them with necessary resources

Child Advocacy Center, Lincoln, NE

April 2014 – September 2014

*Practicum Student*

- Prepared summaries for court after viewing forensic interviews
- Created daily summary reports of the child abuse/neglect intakes and organized them on a excel spreadsheet by counties
- Assisted with receptionist duties when needed

**People's City Mission, Lincoln, NE**

January 2014 – March 2014

*Practicum Student*

- Co-developed and facilitated life skills and job readiness lessons to the residents
- Assisted the residents in completing housing applications and job applications that resulted in them getting employment

## **References**

**Kara Warnke**

1533 N 27<sup>th</sup> St. Lincoln, NE 68503

402-904-3267

**Susie Bogus**

1533 N 27<sup>th</sup> St. Lincoln, NE 68503

402-904-3255

**Kim Bowen**

300 S. 48<sup>th</sup> St. Lincoln, NE 68508

402-436-1489

# **Elizabeth Burnham**

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**8005 Upton Grey Ln. Lincoln, NE 68516**

**Phone Number: (816) 699-0190**

**Email: [eburnham@cedarskids.org](mailto:eburnham@cedarskids.org)**

## **Education:**

**Associates in Art Degree-Maple Woods Community College, Kansas City, MO**

**Graduated with honors-May 2008**

**3.78/4.0 GPA**

**Bachelors in Social Work-Park University, Parkville, MO**

**Graduated Summa Cum Laude-May 2010**

**4.0 GPA**

**Dean's List 2009 and 2010**

**Member of Phi Alpha Honor Society**

## **Work Experience:**

**CEDARS Youth Services-Lincoln, NE**

**August 2015-Present**

**Family Resource Partner-**

**Support licensed and relative foster parents by connecting them with resources, providing education, and setting up services. This also includes developing a connection with the youth and helping the foster parents recognize how trauma affects a youth's behaviors.**

**Advocate for foster children by attending court hearings, team meetings, and other meetings relevant to their case in order to be aware of the case and provide input to pertinent parties regarding what may be in the best interest of the youth based on my observations and interactions with the youth.**

**Provide foster care licensing services including writing home studies and completing licensing paperwork. I work specifically with relative foster homes and kinship foster homes in completing the licensing process to include assessing for safety and appropriateness of the placement and also assessing for any identified needs to help make the placement successful.**

**Facilitate trainings for foster parents and staff including Darkness to Light Stewards of Children, and the Seven Core Issues of Adoption**

**Participate in regular job trainings including Risking Connections, Safe with You, CPR/First Aid in trauma-informed care trainings.**

**Nebraska Department of Health and Human Services-Lincoln, NE**

**May 2014-August 2015**

#### **Child and Family Services Specialist**

- **Provide ongoing case management services to families involved in the Juvenile Court System including assessing for safety of children, identifying any needed services, and completing referrals to ensure that needs are met for the youth.**
- **Complete assessments on all families to determine safety and risk factors**
- **Complete monthly home visits with children, families, and providers to assess for safety and needs as well as build a connection with the family.**
- **Attend all court hearings related to the cases and testify at court hearings**

#### **Nebraska Families Collaborative-Omaha, NE**

**December 2012-May 2014**

##### **Family Permanency Specialist**

- **Maintain caseload of 15-20 families with children who have been removed from the home or have court involvement**
- **Complete all assessments related to the cases**
- **Complete monthly visits with children, families, and providers**
- **Appear at all court hearings related to the case**

#### **Wyandot Center (PACES)-Kansas City, KS**

**April 2012-November 2012**

##### **Case Manager**

- **Manage case load of 15-20 children who have been diagnosed as severely emotionally disturbed**
- **Conduct weekly visits with children to work on goals related to their diagnosis**
- **Develop case plan and complete all assessments required**
- **Document all contacts with the children as well as all assessments**

#### **Family Support Division (Missouri Department of Social Services)-Liberty, MO**

**March 2011-March 2012**

##### **Eligibility Specialist**

- **Determine eligibility for all assistance programs offered by the state such as food stamps, Medicaid, child care assistance, and temporary assistance**
- **Conduct interviews with applicants for all assistance programs**
- **Assist applicants with all steps of the eligibility process**
- **Advocate for clients by providing community resources and linking them with organizations based on their individual circumstances**

**References:**

**Carrie Domgard-Friend and former baby-sitter**  
6851 Laurent Circle  
Lincoln, NE 68526  
(402) 840-8855

**Kayla Hunt-Friend**  
8210 Joshua Dr.  
Lincoln, NE 68507  
(402) 630-3510

**Brittany Rosas-Former supervisor**  
1915 Atlas Ave.  
Lincoln, NE 68521  
(308) 216-0817





**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:
			

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:
RB			

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:
RB			

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:
TRB			

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:
TRB			

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:
TRB			

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:
TRB			

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:
TRB			

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:
TRB			

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:
RB			

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:
RB			

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:
RB			

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:
RB			

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:
RB			

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:
RB			

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:
RB			

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:
RB			

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:
RB			

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:
JAR			

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:
RB			

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/materiel/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:
RB			

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:
RB			

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:
RB			

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:
RB			

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.

<b>REQUIRED INSURANCE COVERAGE</b>	
<b>COMMERCIAL GENERAL LIABILITY</b>	
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>	
<b>WORKER'S COMPENSATION</b>	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
<b>COMMERCIAL AUTOMOBILE LIABILITY</b>	
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
<b>UMBRELLA/EXCESS LIABILITY</b>	
Over Primary Insurance	\$1,000,000 per occurrence
<b>COMMERCIAL CRIME</b>	
Crime/Employee Dishonesty Including 3rd Party Fidelity	\$100,000
<b>CYBER LIABILITY</b>	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	\$2,000,000
<b>MANDATORY COI SUBROGATION WAIVER LANGUAGE</b>	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
<b>MANDATORY COI LIABILITY WAIVER LANGUAGE</b>	
"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. 3<sup>rd</sup> 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:
RB			

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:
RB			

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:
RB			

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://nitc.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:
RB			

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:
RB			

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:
RB			

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:
TRB			

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:
RB			

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:
RB			

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:
TRB			

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) calender 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 end equitable compensation for any authorized work which has been satisfactorily completed es 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:
TRB			

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.





# Home Study Guidebook



This guide has been developed to provide guidance including the general types of questions and information that needs to be gathered in the development of a home study.

Department of Health & Human Services

**DHHS**

N E B R A S K A

## I. PERTINENT INFORMATION

Ensure every part in this section has been completed.

## II. HOME STUDY OUTLINE / GUIDE

Many of the sections present information that should be included in the form of a question that the author of the home study would ask.

### 1. Family Background

In this section please include the following information regarding the applicant: Where is your birthplace (city and state), who is your family of origin (names, ages and current location) to include parents, siblings. Describe the quality of relationships between family members (past and present). Include description of relationship between parents/primary caregivers. How would you describe your childhood? Describe all tribal heritages, affiliations, memberships, enrollments or registrations. What is your religion and willingness to accept foster children of other religions, including how they will ensure foster children of a different religion get to religious services? How would you describe your parents' parenting style? Would you describe your parent(s)/caregivers as nurturing? What type of discipline did your parent(s)/caregivers use? What were the family rules? Who enforced the family rules? Were consequences used? Please explain what types of consequences were used during childhood and how you feel about the consequences used. Were there any childhood/adolescent experiences that you would describe as traumatic? Explain any history of mental health disorders or substance abuse with any family member of origin and impact on you as child/adult. How were these dynamics managed and addressed by the family? Was professional help sought?

### 2. Current Family Composition

In this section please include the following information regarding the applicant: Who are your current family members and/or significant others (name, ages and relationship to the applicant). Describe the quality of relationships between family members and significant others in your life. Describe the applicant's significant relationships/marital history. Give dates of marriage(s) and divorce(s). If divorced, describe circumstances of the divorce(s). (For adoptive home study, copies of current marriage certificate and all divorce decrees need to be in the file.) If not currently in a marriage, is the applicant involved in any relationship that might affect a child? Describe how applicant makes decisions and resolves differences. If applicable, describe the applicant's present relationship with ex-partners. How would the applicant feel, and what would s/he do, if the child becomes a disruptive influence on his/her marriage/relationship? Has the applicant ever been separated from his/her present partner? What were the reasons and how were they resolved?

### 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 and school adjustment. 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 their current relationship with the applicant. Describe any behaviors of the child/ren in the home that may affect a child placed in that home. If the applicant/s has/have minor children who are not living with them, please explain why. What is the applicant/s on-going contact with these children? Have any of the applicant/s children been involved with the juvenile court

system? How do the applicant/s children (including adult children) feel about having additional children brought into the home? Has the applicant ever experienced the death of a child? If so, what were the circumstances?

#### **OTHER ADULTS LIVING IN THE HOME:**

Identify any other persons living in the home or on the property. Will they be involved in the parenting, care taking and/or supervision of the child? Will they have any responsibility for transporting children? (If so, verify that they have a valid driver's license and insurance). All background checks need to be completed on any other adult living in the home and the results need to be documented in this section.

Consultation Point needs to occur with Supervisor to determine what other questions need to be addressed in this section.

#### **3. Self-Awareness**

In this section please include the following information regarding the applicant: How would you describe yourself? Who did you consider your family when you were growing up? How did you feel about your parents 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 did you feel closest to and why? Why do you think there isn't this same feeling with the other parent? Did you have any significant relationships with adults outside of your parents? Why were they important to you? How does your childhood impact your adult life and choices? How will your culture impact your ability provide foster care? How will the child's culture impact your ability to provide foster care? What coping strategies do you use when experiencing stress? How would a child/adolescent know you are stressed? What would that look like? What coping strategies do you use when experiencing frustration? How do you express anger? How would a child know you are angry? What would that look like? How do you manage conflict? How do you manage/express grief? What fears or worries do you have with providing foster care? What fears or worries do you have with the child's behavior? 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? What concerns do you have about caring for children? What are your family's interests, hobbies?

#### **4. Physical and Behavioral Health**

In this section please include the following information regarding the applicant: Describe the overall physical health of you and your family members. Describe any conditions any family member is receiving for on-going medical care from a physician. Describe any substance use (alcohol and non-prescribed drug use) by each family member to include substance of choice, frequency of consumption. Has anyone told you or a family member that drinking is a problem or that you drink too much? Does anyone in the family have history of substance abuse? Are you or is anyone in the family 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. Describe the current use of tobacco products by all family members. Do you have any concerns about your physical ability to provide care for a child? Is anyone in the family currently receiving treatment for a major mental health disorder? Is the individual compliant with their recovery plan? Describe any history of domestic violence. 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? Is there any domestic violence issues within the extended family that

could pose a threat to a child placed in the home? Describe any criminal history. What was the outcome?

### 5. Parenting

In this section please include the following information regarding the applicant: Share your beliefs about how children should be disciplined? Describe how you parent and discipline style? Do you think the age of the child influences the type of discipline a parent should use? How much of your current parenting style did you learn from your parents? 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)? What are the major similarities between your parenting style and the other adult(s) parenting style (who live in the home)? What are the major differences? How would you describe someone who is an effective/successful parent? Does the discipline you use when you are angry look different from the discipline you use when you are not angry, describe? Do you believe physical discipline is an effective way to change/manage behaviors? Under what circumstances? How has your childhood impacted your parenting as an adult? How does any previous trauma you have experienced influence your parenting? What fears/worries do you have about parenting? How much parenting experience do you have? Describe any CPS history your family has experienced.

Questions for Home Study Renewals (*only*): How would you describe the foster care experience, how has providing foster care been so far? Was it what you expected? Describe any challenges and joys you have experienced in providing foster care? Have you had and placement holds or had any allegations? Describe any continued contact you have with former foster children? Do you think you have been successful?

PLEASE REVIEW THE DHHS DISCIPLINE POLICY with ALL ADULTS LIVING IN THE HOME. THE DISCIPLINE POLICY IS SIGNED and DATED BY ALL ADULTS LIVING IN THE HOME. THE PRIMARY CARETAKING ADULTS HAVE A COPY OF THE DISCIPLINE POLICY. ENSURE THE SIGNED POLICY IS ATTACHED TO THE HOME STUDY.

### 6. Motivation to Foster/Adopt Child(ren)

In this section please include the following information regarding the applicant: What is your motivation for exploring foster care /adoption? Are there any infertility issues? How are you coping? How will you work to maintain the child's relationships with other significant people in their life, i.e. birth parents, siblings, teachers, friends, tribal representatives, other foster parents? Describe the applicant's skills and ability to parent a special needs child? Do you know about the Federal guidelines for parenting time and how will you support those guidelines? Describe your understanding of the Agency and service providers involved and assesses your willingness to cooperate with Agency representatives and service providers. Have there been any past issues? How would you support a child's need to remain connected to their birth family and extended family? Will your family support an open adoption? Describe your interest in caring for American Indian or Alaska Native children, keeping children connected to safe and appropriate extended family and their tribes.

## 7. Ability to Meet the Child's Social, Emotional, Educational and Physical Healthcare Needs:

### A. Child's Social Development:

In this section please include the following information regarding the applicant: 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? How would you go about supporting a child's social development? How would you learn about the social needs of a child? Describe your interest in caring for American Indian or Alaska Native children, keeping children connected to safe and appropriate extended family and their tribes. 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 cultures be incorporated into the family if an American Indian or Alaska Native child is in the home?

### B. Child's Emotional Development:

In this section please include the following information regarding the applicant: 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? How would you support a child's emotional development? How would you learn about the emotional needs of a child?

### C. Educational Needs:

In this section please include the following information regarding the applicant: 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. For American Indian or Alaska Native children, how will they be educated about their tribes, cultures and rights? What role can you play with helping a child experience academic success? How might you become informed about a child's educational needs? How can you partner with the child's school? School(s) that the child(ren) in the home attend and the school that the foster/adopted child will attend. If applicable, special education services available to students in the identified school(s).

## 8. Support Systems

In this section please include the following information regarding the applicant: Who do you consider to be your primary source of support? Please identify your family's formal and informal supports. Are you comfortable reaching out to those who can provide support? How often are those who provide support to you available? On average, how often do you reach out to those who provide you support? How do you generally go about solving problems?

## 9. Employment, Education and Military

In this section please include the following information regarding each applicant: What is the highest level of education/grade level you completed, include: High School attended? College attended? Was a Degree Obtained? Who is your employer; length of time with employer, nature of work, # of hours worked each week and work schedule. Describe your previous work history if with current employer < 3 years; do you have vacation and sick time

available? Who will provide child care while you are at work? Are you currently or formerly with the military? Include: how many years, rank, discharge status, deployment eligible?

Household Information

1. Current Living Arrangements/Description of Home

In this section please include the following information regarding the applicants' current living arrangements: Describe the home environment. (For example, is it chaotic, peaceful, busy, organized, warm and welcoming, etc.?) Include a description of the home, including the number of rooms, the sleeping arrangements, is the home handicapped accessible and the housekeeping standards. Describe the neighborhood. Is the home in a rural, urban or other setting? Describe the community resources available, including medical, counseling, educational services. Describe the cultural diversity of the community. How does the applicant think a child of a different race would be treated within the community? 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 (check the inside of outbuildings. Are there safety issues in the home, or surrounding neighborhood, that would affect children? Are there any hazards? For example a wood stove, electric fences, pools, water?) What is the safety plan? Are there weapons in the home? If so, how and where are they stored? Are there medications in the home? Where are they stored? Describe all pets. How do they interact with children? Does the applicant/s have any dietary preferences? (i.e. Vegetarian, Kosher, etc.)

2. Transportation

In this section please include the following information: List each vehicle used by the family including the make/model/year and number of working seatbelts. Who is your insurance carrier(s)? Do you have car seats? Have the car seats been installed properly? How do you know the car seats are installed properly? Were the car seats installed by a trained installer? Include: who/when/where? Does your family need information on community resources to assist with proper car seat installation? Will others be assisting you with transporting children? Explain responsibility of primary caretakers to ensure car seats are used and properly installed.

3. Finances

In this section please include the following information regarding the applicant: Gather the following financial information to assess and understand that the applicant has the ability to financially support a foster child/adoptive child.

A. Income:

	Applicant/Caregiver Name	Applicant/Caregiver Name
Current Gross Income		
Current Net Income		
Social Security		
Child Support		
Alimony		
Disability		
Unemployment		
Veteran's Benefits		

Workman's Comp  
Pension  
Assets  
Additional Income

B. Forms of Assistance:  NA

SNAP-food stamps  
WIC  
General Assistance  
Other

C. Household Expenses/Monthly:

Housing (Rent / Mortgage)  
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,  
and entertainment)  
Child Care  
Other

### III. REFERENCES

References must be obtained for each applicant according to policy and/or regulation. This section of the home study must include the identified strengths and areas of concerns as reported by the references.

The information reported in the references must be taken into consideration when conducting your evaluation and making your recommendation. If three positive references are unable to be obtained, a supervisor staffing is required and the outcome documented with the recommendation.

### IV. MEDICAL REPORT OF APPLICANTS

Each applicant must submit a signed Health Information Report (HIR), unless the applicants are kin or relative and not licensable.

Part "A" of the Health Information Report must be completed by all adult applicants and adults in the household who are/will be caretakers for children in placement.

Part "B" of the Health Information Report must be completed when the applicant is taking most 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

## V. EVALUATION

The evaluation section is a critical component of the home study. In this section the home study evaluator must provide his/her analysis of all the information gathered to draw conclusions that identify the family's strengths, needs and recommendations.

## VI. RECOMMENDATION

Ensure a recommendation of approval or disapproval has been provided, along with a supporting summative statement for the recommendation.

Indicate the types of children the applicant(s) are willing to foster or adopt. This section is not applicable if the kin is not licensable.

## VII. SIGNATURES

Ensure all signatures have been obtained on the home study.

## VIII. HOME STUDY ADDENDUM

Applicants 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)

Adult/Child Abuse/Neglect Register checks must be completed on each applicant in any other states they have lived within the past 5 years.

If there are any other adults age 18 or over living in this home, complete the background checks and clearances for them as well. 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.

Document the results of those additional checks and clearances in the same format as the applicant information.

If the background checks indicate a central register/y finding, felony conviction, sex offender registry finding, or any other criminal history record per policy an approval status form is required before the home study can be approved.

**I. DEMOGRAPHIC INFORMATION:**

**APPLICANT/CAREGIVER #1:**

Date of Birth:	Social Security Number:
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Tribal Affiliations:

Address (Street and/or Mailing):

City:	State:	Zip:	County:
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Telephone Number - Home/Cellular	Telephone Number - Work
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Email Address:

**APPLICANT/CAREGIVER 2:**

Date of Birth:	Social Security Number:
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Tribal Affiliations:

Address (Street or Mailing):

Email Address:

**II. HOME STUDY:**

Purpose of Home Study:

<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	<input type="checkbox"/> Adoptive	

Home Study Completed By - Name:	Date Home Study Completed:
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Credentials:

<input type="checkbox"/> Bachelor of Arts	<input type="checkbox"/> Master of Arts	<input type="checkbox"/> Doctorate Degree	<input type="checkbox"/> Bachelor of Science
<input type="checkbox"/> Master of Science	<input type="checkbox"/> Licensed Mental Health Practitioner	<input type="checkbox"/> Bachelor of Social Work	
<input type="checkbox"/> Master of Social Work	<input type="checkbox"/> High School/GED + Required Experience	<input type="checkbox"/> Associates	

Agency Name:

Address:	Phone Number:
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City:	State:	Zip:
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Email Address:

Date of Referral:	Referral Source:
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**CHILD INFORMATION:**

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Not Applicable

Child's Name

Date of Birth:

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Child's Current Placement:

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Child's Relationship to Foster Parent: (if placement is completed prior to home study completion, provide circumstances. If caregivers are American Indian or Alaska Native identify who is a member or eligible for membership in a federally recognized tribe, identify which tribe and attach copies of tribal documents):

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Anticipated Placement Date:

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**CONTACTS**

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Prior Contacts with Studies Completed:

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

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Foster Parent Pre-Service Training Completed:

Yes     No    Date:

If Applicable, Foster Parent Training Waived

Yes     No

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Other Training:

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**III. HOME STUDY (See instructions in Home Study Guidebook)**

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**APPLICANT/CAREGIVER NAME:**

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1. Family Background:

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2. Self-Awareness:

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3. Employment, Education and Military:

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4. Criminal History and Law Enforcement Contact:

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**APPLICANT/CAREGIVER NAME:**

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1. Family Background:

---

2. Self-Awareness

---

3. Employment, Education and Military:

---

4. Criminal History and Law Enforcement Contact:

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**Both Applicants (if more than one applicant):**

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5. Current Family Composition:

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6. Parenting:

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7. Physical and Behavioral Health

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8. Motivation to Foster/Adopt Child(ren)

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

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10. Support Systems:

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**IV. HOUSEHOLD INFORMATION:**

1. Current Living Arrangements:

2. Transportation:

3. Finances - In this section please include the following information regarding the applicant: Gather the following financial information to assess and understand that the applicant has the ability to financially support a foster child/ adoptive child.

**A. Income:**

Income	Applicant/Caregiver Name:	Applicant/Caregiver Name:
Gross Income	\$	\$
Current Net Income	\$	\$
Social Security	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Disability	\$	\$
Unemployment	\$	\$
Veteran's Benefits	\$	\$
Workman's Compensation	\$	\$
Pension	\$	\$
Additional Income	\$	\$
Assets (Property, (Stocks, Bonds, etc.,))	\$	\$
Totals	\$	\$

**B. Forms of Assistance:**     NA

SNAP	\$
WIC	\$
General Assistance	\$
Total	\$

**C. Household Expenses Monthly:**

Housing (Rent/Mortgage)	\$
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)	\$
Child Care	\$
Other	\$
Total	\$

**V. NUMBER OF REFERENCES CONTACTED**

Applicants/Caregivers Names:

Number of References Received:

Summary of Strengths/Concerns Identified:

**VI. MEDICAL REPORT OF APPLICANTS**

Applicant/Caregiver Name:

A. Signed Health Information Report is Present in the Permanent File:

Yes    No    Not Applicable (if approved home or relative is not licensable, do not complete A, B, C below)

1. If yes, the date it was signed by the applicant:

2. General statement of health: (overall health, activity level, list of medications (purpose of the medication)

3. 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 is Present in the Permanent File:

Yes    No    Not Applicable (if approved home or relative is not licensable, do not complete A, B, C below)

1. If yes, the date it was signed by the applicant:

2. General statement of health: (overall health, activity level, list of medications (purpose of the medication)

3. Identification of any condition which may be expected to affect parenting ability (mental health, substance abuse, diagnosis)

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**VII. EVALUATION**

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A. Strengths of Foster Family:

B. Needs of Foster Family (training, services, or supports needed):

C. Recommendations for Foster Family:

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**VIII. RECOMMENDATIONS**

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A. Statement of approval or disapproval for the placement of children in this home: (If a relative or kinship home, identify support(s) necessary to ensure the child(ren)'s safety, permanance and well-being).

B. Type of child to be considered for placement: (Not applicable if kin is not licensable)

1. Age Range:

2. Gender:

3. Physical Handicap:

4. Emotional Handicap:

5. Learning Disability:

6. Intellectual Disability:

7. Child in Need of Placement with Siblings:

8. Medical Risk:

9. Child in Need of Openness in Adoption:

10. Legal Risk:

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**VIII. SIGNATURES**

Completed By (Printed Name)

Date:

Signature:

Date:

Supervisor (Printed Name)

Date:

Signature:

Title:

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**HOME STUDY ADDENDUM**

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**REGISTER, LAW ENFORCEMENT CHECKS AND CLEARANCE**

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**Applicant/Caregiver Name:**

National Criminal History Check (Finger Prints/Nebraska State Patrol) Results:

Date Completed:

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Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check Results (nebraska Data Exchange Network (NDEN):	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 Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:

**REGISTER/ CHECKS**

Other States Applicant lived in within the Past 5 Years

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

<b>Applicant Name/Caregiver:</b>	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Sex Offender Registry Results:	Date Completed:
<b>Applicant Name/Caregiver:</b>	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Sex Offender Registry Results:	Date Completed:
<b>Applicant Name/Caregiver:</b>	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Sex Offender Registry Results:	Date Completed:
<b>Applicant Name/Caregiver:</b>	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Sex Offender Registry Results:	Date Completed:
<b>REGISTRY, LAW ENFORCEMENT CHECKS AND CLEARANCE for Other Household Members Age 18 and Over</b>	
<b>Household Member Name:</b>	
National Criminal History Check (Finger Prints) and Nebraska State Patrol Check 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:

**Household Member Name:**

National Criminal History Check (Finger Prints) and Nebraska State Patrol Check 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:

**REGISTER/Y CHECKS for Other Household Members Age 13 - 17**

**Household Member Name:**

Nebraska Child Abuse/Neglect Central Register Results:

Date Completed:

Nebraska Adult Abuse/Neglect Central Registry:

Date Completed:

**Household Member Name:**

Nebraska Child Abuse/Neglect Central Register Results:

Date Completed:

Nebraska Adult Abuse/Neglect Central Registry:

Date Completed:

**Household Member Name:**

Nebraska Child Abuse/Neglect Central Register Results:

Date Completed:

Nebraska Adult Abuse/Neglect Central Registry:

Date Completed:

**Household Member Name:**

Nebraska Child Abuse/Neglect Central Register Results:

Date Completed:

Nebraska Adult Abuse/Neglect Central Registry:

Date Completed:



## Home Study Questions Asked

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### **APPLICANT/CAREGIVER NAME:**

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#### **A. Family Background:**

Where is your birthplace (city and state), who is your family of origin (names, ages and current location) to include parents, siblings.

Describe the quality of relationships between family members (past and present). Include description of relationship between parents/primary caregivers.

How would you describe your childhood?

Describe all tribal heritages, affiliations, memberships, enrollments or registrations.

What is your religion and willingness to accept foster children of other religions, including how they will ensure foster children of a different religion get to religious services?

How would you describe your parents' parenting style?

Would you describe your parent(s)/caregivers as nurturing?

What type of discipline did your parent(s)/caregivers use?

What were the family rules?

Who enforced the family rules?

Were consequences used?

Please explain what types of consequences were used during childhood and how you feel about the consequences used.

Were there any childhood/adolescent experiences that you would describe as traumatic?

Explain any history of mental health disorders or substance abuse with any family member of origin and impact on you as child/adult. How were these dynamics managed and addressed by the family? Was professional help sought?

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**B. Self-Awareness:**

How would you describe yourself?

Who did you consider your family when you were growing up?

How did you feel about your parents 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 did you feel closest to and why? Why do you think there isn't this same feeling with the other parent?

Did you have any significant relationships with adults outside of your parents? Why were they important to you?

How does your childhood impact your adult life and choices?

How will your culture impact your ability provide foster care?

How will the child's culture impact your ability to provide foster care?

What coping strategies do you use when experiencing stress?

How would a child/adolescent know you are stressed? What would that look like?

What coping strategies do you use when experiencing frustration?

How do you express anger? How would a child know you are angry? What would that look like?

How do you manage conflict?

How do you manage/express grief?

What fears or worries do you have with providing foster care?

What fears or worries do you have with the child's behavior?

Who would you talk to about your fears and worries regarding foster care /adoption?

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Do you feel you are prepared for the responsibility of caring for children?

What concerns do you have about caring for children?

What are your family's interests, hobbies?

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**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?

Who is your employer;

length of time with employer,

nature of work,

# of hours worked each week and work schedule.

Describe your previous work history if with current employer < 3 years;

Do you have vacation and sick time available?

Who will provide child care while you are at work?

Are you currently or formerly with the military? Include: how many years, rank, discharge status, deployment eligible?

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**D. Criminal History and Law Enforcement Contact:**

Describe any history of domestic violence.

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?

Is there any domestic violence issues within the extended family that could pose a threat to a child placed in the home?

Describe any criminal history. What was the outcome?

Include all information from background check results.

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**BOTH APPLICANTS (if more than one applicant):**

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**E. Current Family Composition:**

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Who are your current family members and/or significant others (name, ages and relationship to the applicant).

Describe the quality of relationships between family members and significant others in your life.

Describe the applicant's significant relationships/marital history. Give dates of marriage(s) and divorce(s). If divorced, describe circumstances of the divorce(s).

(For adoptive home study, copies of current marriage certificate and all divorce decrees need to be in the file.)

If not currently in a marriage, is the applicant involved in any relationship that might affect a child?

Describe how applicant makes decisions and resolves differences.

If applicable, describe the applicant's present relationship with ex-partners.

How would the applicant feel, and what would s/he do, if the child becomes a disruptive influence on his/her marriage/relationship?

Has the applicant ever been separated from his/her present partner? What were the reasons and how were they resolved?

#### 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 and school adjustment.

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 their current relationship with the applicant.

Describe any behaviors of the child/ren in the home that may affect a child placed in that home.

If the applicant/s has/have minor children who are not living with them, please explain why. What is the applicant/s on-going contact with these children?

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Have any of the applicant/s children been involved with the juvenile court system?

How do the applicant/s children (including adult children) feel about having additional children brought into the home?

Has the applicant ever experienced the death of a child? If so, what were the circumstances?

**OTHER ADULTS LIVING IN THE HOME:**

Identify any other persons living in the home or on the property.

Will they be involved in the parenting, care taking and/or supervision of the child?

Will they have any responsibility for transporting children? (If so, verify that they have a valid driver's license and insurance).

All background checks need to be completed on any other adult living in the home and the results need to be documented in this section.

Consultation Point needs to occur with Supervisor to determine what other questions need to be addressed in this section.

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**F. Parenting:**

Share your beliefs about how children should be disciplined?

Describe how you parent and discipline style?

Do you think the age of the child influences the type of discipline a parent should use?

How much of your current parenting style did you learn from your parents?

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)?

What are the major similarities between your parenting style and the other adult(s) parenting style (who live in the home)?

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What are the major differences?

How would you describe someone who is an effective/successful parent?

Does the discipline you use when you are angry look different from the discipline you use when you are not angry, describe?

Do you believe physical discipline is an effective way to change/manage behaviors? Under what circumstances?

How has your childhood impacted your parenting as an adult?

How does any previous trauma you have experienced influence your parenting? What fears/worries do you have about parenting?

How much parenting experience do you have?

Describe any CPS history your family has experienced.

Questions for Home Study (Renewals only): How would you describe the foster care experience, how has providing foster care been so far? Was it what you expected?

Describe any challenges and joys you have experienced in providing foster care?

Have you had and placement holds or had any allegations?

Describe any continued contact you have with former foster children?

Do you think you have been successful?

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**G. Physical and Behavioral Health:**

Describe the overall physical health of you and your family members.

Describe any conditions any family member is receiving for on-going medical care from a physician.

Describe any substance use (alcohol and non-prescribed drug use) by each family member to include substance of choice, frequency of consumption.

Has anyone told you or a family member that drinking is a problem or that you drink too much?

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Does anyone in the family have history of substance abuse?

Are you or is anyone in the family 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.

Describe the current use of tobacco products by all family members.

Do you have any concerns about your physical ability to provide care for a child?

Is anyone in the family currently receiving treatment for a major mental health disorder?

Is the individual compliant with their recovery plan?

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**H. Motivation to Foster/Adopt Child(ren):**

What is your motivation for exploring foster care /adoption?

Are there any infertility issues?

How are you coping?

How will you work to maintain the child's relationships with other significant people in their life, i.e. birth parents, siblings, teachers, friends, tribal representatives, other foster parents?

Describe the applicant's skills and ability to parent a special needs child?

Do you know about the Federal guidelines for parenting time and how will you support those guidelines?

Describe your understanding of the Agency and service providers involved and assesses your willingness to cooperate with Agency representatives and service providers.

Have there been any past issues?

How would you support a child's need to remain connected to their birth family and extended family?

Will your family support an open adoption?

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Describe your interest in caring for American Indian or Alaska Native children, keeping children connected to safe and appropriate extended family and their tribes.

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

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?

How would you go about supporting a child's social development?

How would you learn about the social needs of a child?

Describe your interest in caring for American Indian or Alaska Native children, keeping children connected to safe and appropriate extended family and their tribes.

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 cultures be incorporated into the family if an American Indian or Alaska Native child is in the home?

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?

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. For American Indian or Alaska Native children, how will they be educated about their tribes, cultures and rights?

What role can you play with helping a child experience academic success?

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How might you become informed about a child's educational needs?

How can you partner with the child's school?

School(s) that the child(ren) in the home attend and the school that the foster/adopted child will attend.

If applicable, special education services available to students in the identified school(s).

How would you learn about the emotional needs of a child?

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**J. Support Systems:**

Who do you consider to be your primary source of support?

Please identify your family's formal and informal supports.

Are you comfortable reaching out to those who can provide support?

How often are those who provide support to you available?

On average, how often do you reach out to those who provide you support?

How do you generally go about solving problems?

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**IV. HOUSEHOLD INFORMATION**

**A. Current Living Arrangements:**

Describe the home environment. (For example, is it chaotic, peaceful, busy, organized, warm and welcoming, etc.?)

Include a description of the home, including the number of rooms, the sleeping arrangements, is the home handicapped accessible and the housekeeping standards.

Describe the neighborhood. Is the home in a rural, urban or other setting?

Describe the community resources available, including medical, counseling, educational services.

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Describe the cultural diversity of the community.

How does the applicant think a child of a different race would be treated within the community?

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 (check the inside of outbuildings).

Are there safety issues in the home, or surrounding neighborhood, that would affect children?

Are there any hazards?

Trash

Fire plan

Tornado Plan

ER

For example a wood stove, electric fences, pools, water?) What is the safety plan?

Are there weapons in the home? If so, how and where are they stored?

Are there medications in the home? Where are they stored?

Describe all pets. How do they interact with children?

Does the applicant/s have any dietary preferences? (i.e. Vegetarian, Kosher, etc.)

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**B. Transportation:**

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

Who is your insurance carrier(s)?

Do you have car seats?

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Have the car seats been installed properly?

How do you know the car seats are installed properly?

Were the car seats installed by a trained installer? Include: who/when/where?

Does your family need information on community resources to assist with proper car seat installation?

Will others be assisting you with transporting children?

Explain responsibility of primary caretakers to ensure car seats are used and properly installed.

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### Adoption Home Study Questions

Describe child to be adopted including age, grade level (what daycare/preschool do they go to?), academic performance, special needs, personality, likes/dislikes, health, responsibilities in the home and school adjustment.

Any diagnoses (medically, behaviorally, etc.)? IEP? If so, why?

Are they on any medications? If so what? For what reason?

Children's Tribal Affiliations: If child has tribal affiliation(s), describe the relationships with the child's tribe(s), including participation in cultural activities. What is the child's cultural plan? This should be implemented by CFS if you don't have one.

How does your family, your kids, etc. feel about adding the child permanently to the family?

Does the child know they are being adopted? If so, what are their feelings? What do they say about it?

What are your plans with the adoption? Open? Closed? What kind of contact with family do you plan?

What is your motivation to adopt?

Have you ever wavered on the idea of adoption? If so, how are you working through it?

What tells you now that you are ready to adopt?

What supports will you utilize after the adoption if CEDARS will no longer be involved? (respite, transportation, etc)

Describe the child's social development, and what you are doing specific to their needs to learn and address their social development

Describe the child's emotional development, and what you are doing specific to their needs to learn and address their emotional development

Describe the child's educational development, and what you are doing specific to their needs to learn and address their educational development

What are you doing to incorporate the child's culture in your home? Foods, music, art, activities, etc.?

What specific strengths do you have from working with the child and the adoption?

**FOSTER/ADOPTIVE HOME SELF-STUDY**  
 (Each Applicant/Caregiver needs to complete this form)

<b><u>Section 1: Personal and Contact Information</u></b>			
<b>Applicant Full Name:</b>		<b>Other Names (maiden, previous married and aliases):</b>	
<b>Birthdate</b>	<b>Race</b>	<b>Soc. Sec. #</b>	<b>Email address:</b>
<b>Address-physical and/or mailing:</b>			
<b>City/State</b>		<b>Zip Code</b>	
<b>Directions to your home:</b>			
<b>Home #</b>		<b>Work #</b>	
<b>Cell #</b>			

<b><u>Section 2: Family Background</u></b>					
<b>Father's Name:</b>	<b>Age:</b>	<b>Marital Status:</b>	<b># of Children:</b>	<b>Occupation:</b>	<b>City &amp; State Residing In:</b>
<b>Mother's Name:</b>	<b>Age:</b>	<b>Marital Status:</b>	<b># of Children:</b>	<b>Occupation:</b>	<b>City &amp; State Residing In:</b>
<b>Step-Mother's Name:</b>	<b>Age:</b>	<b>Marital Status:</b>	<b># of Children:</b>	<b>Occupation:</b>	<b>City &amp; State Reside In:</b>
<b>Step-Father's Name:</b>	<b>Age:</b>	<b>Marital Status:</b>	<b># of Children:</b>	<b>Occupation:</b>	<b>City &amp; State Reside In:</b>

<b>All Persons Now Living in Your Home (Related, Adopted or Others)</b>							
<b>Name</b>	<b>Family Role</b>	<b>Race</b>	<b>Age</b>	<b>Birth Date</b>	<b>Social Security #</b>	<b>Gender</b>	<b>Relation to children placed</b>

**POSTNATAL/CHILD HOME SELF-STUDY**  
(This form will be completed by the child and the parent)

Parent's Name: \_\_\_\_\_  
Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Date: \_\_\_\_\_

**Family**

Relationship with parent: \_\_\_\_\_

**Child**

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

**Childhood Experiences**

Description of your relationship with your other family members: (this would include past and present relationships with siblings)

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Describe your childhood:

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Describe any positive or negative childhood/adolescent experiences that impacted you?

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Describe how your parents nurtured you while growing up:

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Describe how your parents disciplined you while growing up:

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What were the family rules in your home while growing up?

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Who enforced the family rules in your home?

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What family traditions did you grow up with that you still keep today? \_\_\_\_\_

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Are there new traditions? Please describe: \_\_\_\_\_

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Please complete the following information about the emotional health of your family by circling "Yes" or "No" under each heading for each item.

### Family Emotional/Mental Health History

Description:	Self:		Father:		Mother:		Father's Side:		Mother's Side:		Brothers/Sisters:		Spouse:		Children	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Mental Problems	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Mental health counseling	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Psychiatric Hospitalization	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Medication for Mental Health Problems	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Suicide Attempts	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Alcohol Abuse	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Use/Abuse of Illegal Drugs	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Misuse/Addiction to Prescription Medication	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Legal Problems	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Jail/Prison	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Inappropriate Sexual Behavior/Treatment	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Please Describe any "Yes" answers from the table above: \_\_\_\_\_

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Significant life experiences (such as death, moving to another home, birth of siblings, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How old were you when you left home? \_\_\_\_\_ Why did you leave? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested, charged or convicted of a crime in any state, other than a minor traffic violation?  
(This includes all misdemeanor offenses)

\_\_\_\_ Yes \_\_\_\_ No If "Yes", explain in detail, giving nature of the offense, dates, outcome, etc.

\_\_\_\_\_  
\_\_\_\_\_

**Section #3 Current Family Composition**  
**Marital Status/Significant Other (Partnership) Status**

**State your marital status:**

\_\_\_\_ Single  
\_\_\_\_ Widowed  
\_\_\_\_ Separated -- How Long? \_\_\_\_\_

Married -- Date of current marriage \_\_\_\_\_  
Divorced\*\* Date of Divorce \_\_\_\_\_  
Living Together, Not Married -- Number of Years \_\_\_\_\_

Describe the level of involvement your significant other will have in the care taking of a child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you meet your spouse or significant other? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How long have you known each other? \_\_\_\_\_

Describe the happiest time in your marriage/relationship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe what you like most about your spouse/significant other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What has been the most difficult time in your marriage/relationship? Please describe:

\_\_\_\_\_  
\_\_\_\_\_

**Previous Marriages/Relationships**

Have you ever been married prior to your current marriage?  Yes  No

Please give name(s) of ex-spouses or partners, dates of marriage, divorces/death and reason for divorce.

Name:	Date of Relationship:	Date of Divorce/Death:	Reason for Divorce:	Child(ren) born to union:

Please describe your current relationship with your ex-spouse/partner(s):

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**Section #4 Children**

**(Include all children both in the home and outside of the home. Also include information about the child(ren) to be placed)**

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
School Attending: \_\_\_\_\_  
Grade level: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
City/State Residing: \_\_\_\_\_  
Describe child's personality \_\_\_\_\_  
Does this child have special needs (medical, physical, emotional)? \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
School attending: \_\_\_\_\_  
Grade level: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
City/State Residing: \_\_\_\_\_  
Describe child's personality \_\_\_\_\_  
Does this child have special needs? \_\_\_\_\_ If yes please describe: \_\_\_\_\_

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
School attending: \_\_\_\_\_  
Grade level: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
City/State Residing: \_\_\_\_\_  
Describe child's personality \_\_\_\_\_  
Does this child have special needs? \_\_\_\_\_ If yes please describe: \_\_\_\_\_

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
School attending: \_\_\_\_\_  
Grade level: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
City/State Residing: \_\_\_\_\_  
Describe child's personality \_\_\_\_\_  
Does this child have special needs? \_\_\_\_\_ If yes please describe: \_\_\_\_\_

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
School attending: \_\_\_\_\_  
Grade level: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
City/State Residing: \_\_\_\_\_  
Describe child's personality \_\_\_\_\_  
Does this child have special needs? \_\_\_\_ If yes please describe: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
School attending: \_\_\_\_\_  
Grade level: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
City/State Residing: \_\_\_\_\_  
Describe child's personality \_\_\_\_\_  
Does this child have special needs? \_\_\_\_ If yes please describe: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
School attending: \_\_\_\_\_  
Grade level: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
City/State Residing: \_\_\_\_\_  
Describe child's personality \_\_\_\_\_  
Does this child have special needs? \_\_\_\_ If yes please describe: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
School attending: \_\_\_\_\_  
Grade level: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
City/State Residing: \_\_\_\_\_  
Describe child's personality \_\_\_\_\_  
Does this child have special needs? \_\_\_\_ If yes please describe: \_\_\_\_\_  
\_\_\_\_\_

Describe your relationship with your adult children not living at home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you help a foster child fit into your family and still help them feel good about who he or she is? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any behaviors of child(ren) in the home that may affect a child placed in your home:

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Describe and/or list activities/hobbies your children are interested in? \_\_\_\_\_

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Do you have any children that have been involved with the juvenile court system? If so please explain circumstances: \_\_\_\_\_

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Please describe how your children/adult children feel about having additional children in the home: \_\_\_\_\_

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### **Section #5 Current Living Arrangements**

Provide a general description of your home. *(The style of the home, number of bedrooms, bathrooms, smoke alarms, areas for play, handicapped accessible); and (any potential safety hazards in or around your home- ie. swimming pool, electric fences, farm equipment)*

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Describe your neighborhood where you reside: (is the home in a rural, urban or other setting)

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Describe any areas for children to play?(encouraging growth and development)

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List the sleeping arrangements for all household members: (Including the child(ren) placed with you): \_\_\_\_\_

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Are there guns or weapons in the home? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where and how are they stored? (Where is the ammunition stored?)

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Where and how are medications stored in your home?

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Where and how are household cleaning supplies and other hazardous materials stored?

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Do you have animals in the home? Yes \_\_\_ No \_\_\_

If yes, what kind and are they up to date on immunizations? Also, what is their Name, Temperament, and are they Licensed?

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Please explain your fire escape plan and your natural disaster/tornado safety plan: \_\_\_\_\_

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**What resources and support systems are available for you and the child/ren?**

- 

Friends/Family \_\_\_\_\_

- School/Teacher: \_\_\_\_\_
- Church/Faith Based Groups \_\_\_\_\_
- Medical Practitioners \_\_\_\_\_
- Organizations/Other \_\_\_\_\_
- Training/Workshops \_\_\_\_\_

Have you ever reached out to your support system for help? If yes, describe the situation and how often this is needed. \_\_\_\_\_

What role does spirituality or religion play in your life? \_\_\_\_\_

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How difficult would it be for you to help a child continue in a religion different than your own? \_\_\_\_\_

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How would a child of a different race be accepted into your community?

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What is your relationship with your neighbors? \_\_\_\_\_

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**Section #6 Self-Awareness**

How would you describe your personality (ie: reserved, outgoing, loving?)

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List some strengths and weaknesses you have: (ie. what are you good at, or what would you change about yourself?)

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How did you feel about your parents and how did that change as you grew into adulthood?

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How did you feel about your siblings and how did that change as you grew into adulthood?

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Do you feel closer with one parent (if so, why do you think that is)?

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Please describe any significant relationships with adults outside of your parents while growing up:

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Describe how your childhood impacted your adult life and the choices you make:

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Describe how you express anger and frustration:

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How would a child know if you are angry? Please describe what that would look like:

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---

Please describe how you manage/express grief:

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Please identify and describe any fears or worries you have in providing foster care:

What fears or worries do you have in dealing with a child's behavior?

Do you feel prepared for the responsibility of caring for children? If no, explain

**Section #7 Physical & Behavioral Health**

Describe the overall physical health of you and your family members: (are any of your family members receiving on-going medical care and if so for what?)

Do you have any type of limitations due to a health related issue and if so how do you deal with it?

How often do you consume alcohol? \_\_\_\_\_ How much do you drink? \_\_\_\_\_

Have you been treated for, or are you currently being treated for substance abuse? (alcohol/drugs)  
If yes to either, explain what type, for how long?

Are you in recovery? Yes / No Date of sobriety? \_\_\_\_\_

Has anybody ever told you that you or a family member have a drinking problem or that you drink too much:

Describe the current use of tobacco products in your home:

Is there any current or history of domestic violence with you or your family: (if yes please describe)

Please describe any mental health conditions, past or present, with you and/or your family:

Describe any criminal history and the outcome of those charges: (use back of sheet if necessary)

**Section #8 Parenting**

Describe your parenting style and parenting experience:

What or who influenced your parenting style?

If you have children how would they describe your parenting style?

Have you ever been complimented or criticized for your parenting style (explain)

Please describe the characteristics of someone who you think is an effective/successful parent:

What expectations do you have of the children in your home, as they grow into adulthood?

How do you encourage or reinforce positive behaviors?

How do you discipline negative behaviors?

Please describe how you think the age of a child influences the type of discipline a parent should use?

Do you believe physical discipline is an effective way to change/manage behaviors? If yes, in what circumstances might you use it, and what would this look like?

Please describe the most challenging part of having a foster child or relative child in your home:

What does nurturing mean to you, and how would you nurture a child in your care?

### ***Section #9 Motivation to Foster/Adopt Child(ren)***

What is your motivation to explore foster care/adoption: (please note if you have infertility issues)

What is your understanding of an "open adoption"?

Describe how would you support an open adoption?

What expectations do you have of a child placed in your home? List at least three.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Bringing a child into your home will create many changes. Please list at least three changes that will or have occurred in the transitioning of a child(ren) into your home:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

If you are known to the child/ren placed or to be placed in your home what is the relationship to the

child/ren?  
 \_\_\_\_\_  
 \_\_\_\_\_

How would you parent a special needs child if placed in your home? \_\_\_\_\_  
 \_\_\_\_\_

How would you support a child's need to remain connected to their birth and extended family:  
 \_\_\_\_\_  
 \_\_\_\_\_

How will you work to maintain a child's relationship with other significant people in their lives:  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have an understanding of the Agency and Service Providers that work with DHHS:  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you willing to fully cooperate with DHHS and Agency service providers? If no, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

What is your interest in caring for American Indian or Native children? *(Please disregard this question if this home study is for a relative or child specific placement)*  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section #10**  
**Ability to Meet the Child's Social, Emotional and Educational Needs**  
*If this is for a child specific or relative placement please answer the following with the child in mind. (use back of page to finish answers if more room is needed)*

**Social Development** refers to a child's process of learning to interact with others. A parent/caretaker's job is to help their children develop socially. Please share some of your ideas about how you would approach the following to help children living with you:

1. Gain skills of communication: \_\_\_\_\_  
 \_\_\_\_\_
2. Understanding the impact of their actions: \_\_\_\_\_  
 \_\_\_\_\_
3. Develop friendships: \_\_\_\_\_  
 \_\_\_\_\_
4. Handle conflicts between children: \_\_\_\_\_  
 \_\_\_\_\_
5. Deal with a defiant child: \_\_\_\_\_  
 \_\_\_\_\_

What does being a role model to a child mean to you? \_\_\_\_\_  
 \_\_\_\_\_

**Emotional Development** refers to the child's ability to identify and understand their own feelings and 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.

As a child's parent/caretaker, how would you:

1. Help a child identify and understand their feelings in a given situation? \_\_\_\_\_
2. Help a child develop empathy for another child or others? \_\_\_\_\_
3. Help a child build good relationships with friends and family? \_\_\_\_\_
4. Explain how you would learn of the emotional needs of a child placed with you. \_\_\_\_\_

Children are traumatized in various ways when they come into the foster care system. They may have experienced painful situations in their previous home or birth home such physical, emotional, or sexual abuse. These types of things traumatize a child, which physically changes their brain and the way they see the world around them. Share how you would deal with the following:

1. A child wakes in the night terrified from a bad dream. \_\_\_\_\_
2. A child is fearful and shuts down. The child will not share with you what is bothering them. How would you respond to such a child? \_\_\_\_\_
3. A child acts out in a defiant way after visits with parents. What do you think is happening internally with this child? \_\_\_\_\_
  - a. What is your plan for dealing with these behaviors? \_\_\_\_\_
4. What other measures would you take to help a traumatized child? \_\_\_\_\_

**Educational Development** refers to a child's need for positive and stable educational experiences, and the ability for these experiences to meet the unique learning needs of the child. As a foster parent, it will be your job to encourage the educational development of any child placed with you.

1. How important are grades and school performance to you? \_\_\_\_\_
2. What would you do if a child was struggling in school? \_\_\_\_\_
3. What role do you see yourself playing in your foster child's educational development? \_\_\_\_\_
4. Describe ways you can partner with the school on your foster child's behalf: \_\_\_\_\_
5. Please identify the schools in your area where a foster child might attend, and that you are willing to transport to: \_\_\_\_\_

**Cultural Development** applies to children of a different ethnic culture such as Asian, Native American, and Sudanese to name a few examples. This section is for those who will become licensed foster parents. If you are only a relative foster home for a child (ren) related to you, you may skip this section.

1. Are you interested in caring for Native American children? \_\_\_Yes\_\_\_No  
 If yes, please describe how you will help a Native American child participate in their cultural activities:  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Are you willing to incorporate cultural activities into your own home environment with children of a different culture than yours? \_\_\_\_\_

3. How will you keep the child connected to his/her heritage/culture? \_\_\_\_\_

4. Are you a member of a tribe or ethnic group and if so, are you willing to share your culture with a child? Yes / No? If Yes, what tribe or ethnic group? And please give some examples of how you can share your culture with a child placed with you. \_\_\_\_\_  
 \_\_\_\_\_

5. Describe how having a child of a different culture would impact your family and your ability to provide care to that child: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section #11**  
**Education, Employment and Military**

List in chronological order, with the most recent first:

School/College Attended:	Location:	Date(s):	Studies/Diploma/Degree/Grade Completed:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any other certifications or accomplishments:

\_\_\_\_\_

\_\_\_\_\_

**Employment History**

Please list your employment history: Current or most recent first:

Employer Name:	City:	Position:	Dates:	Reason for Leaving:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What do you do in your current job? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What do you like about your current job? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are your current work hours/schedule (do you have flexibility if children have appts. etc.)?

Please describe your ability to use vacation and sick time at work and how much vacation and sick time is available: \_\_\_\_\_

Describe your future career goals if any: \_\_\_\_\_

Please describe your plan for child care while you work and how quickly can this child care be accessed if a child were to be placed with you on short notice? \_\_\_\_\_

What do you enjoy the most about your job? \_\_\_\_\_

Have you served in the Military?  Yes  No If "Yes", please list:

Which branch: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

If dishonorably discharged, please describe the circumstances leading to the discharge: \_\_\_\_\_

What is your deployment eligibility status, if any?

**\*IF MARRIED/PARTNERSHIP, AND FINANCES ARE COMBINED,  
YOU MAY COMPLETE ONLY ONE FINANCIAL SUMMARY**

Monthly Income	Applicant #1	Applicant #2	Monthly Totals
Monthly GROSS Income			
Monthly NET Income (Take-home pay)			
Social Security Income			
Child Support			
Alimony			
Disability Benefit per month			
Unemployment Benefit per month			
Veteran's Benefits/Pension Income			
Workman's Comp Benefits			
Additional Income			
<b>Total Monthly Income:</b>			
<b>Resources/Property - (Assets)</b>			
Savings Account			
Checking Account			
Investments (Money Market, Stocks, Bonds, Mutual Funds, etc.)			
IRA's			

Home Equity			
Child Support Received			
Food Stamps/SNAP:			
<b>Total Other Assets:</b>			
<b>Monthly Expenditures - (Liabilities)</b>			
Home Payment (Mortgage or Rent)			
Utilities-(electric, water, gas, garbage)			
Insurance (Health, Life, Disability, etc.)			
Telephone/Cell Phone/Cable TV			
Vehicle payments and insurance			
Living expense ( groceries, gasoline, entertainment, hobbies, clothing)			
Child Care			
Credit Card or Loan payments			
Medical expenses outstanding			
Child Support Paid			
Other (specify):			
<b>Total Expenses:</b>			

Have you ever declared/filed for bankruptcy?  Yes  No  
 Do you have any tax liens filed against you?  Yes  No If "Yes", please explain.

\_\_\_\_\_

What insurance plans do you have? (medical, dental, vision, life, Medicaid)

\_\_\_\_\_

Are you able to live within your budget? \_\_\_\_\_  
 Will you be able to financially provide for your family and the foster child for six to eight weeks until the first foster care maintenance payment is received? \_\_\_\_\_

\_\_\_\_\_

What would you do if an unusual expenditure would come up?

\_\_\_\_\_

**Section #12 Transportation**

List each vehicle used by family members: (please include model, year and # of seatbelts in each)

\_\_\_\_\_

Who is your car insurance carrier?

\_\_\_\_\_

Will other individuals be assisting with transporting children placed in your home (if yes, who)?

\_\_\_\_\_

Do you have car seats?	Yes/No
Do you know how to install car seats?	Yes/No
Do you need information on how to install car seats?	Yes/No

By signing this form, I agree to fully cooperate with DHHS and the agency service providers both during the home study and/or licensing process and in meeting the needs of foster children placed into my home.

---

Applicant Signature

Date



**Copy of Nebraska Child Placing Agency License**

**State of Nebraska**

Department of Health and Human Services  
Division of Public Health

**Cedars Youth Services**

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: 6601 Pioneers Blvd Ste 1 Lincoln NE 68506

Cedars Youth Services- Foster Care Program is hereby issued License No. CPAD46 which is effective from 01/31/2018 and will expire on 09/21/2019

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 April 1, 2019.



Bo Boreho, Interim Director  
Division of Public Health  
Department of Health and Human Services





**Copy of National Accreditation**



**COUNCIL ON ACCREDITATION**

*Attests That*

**CEDARS Youth Services  
Lincoln, NE**

*Is*

**ACCREDITED**

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

**Accredited Through**

**6/30/2022**





## BIDDER REQUIREMENTS

1. Describe the plan to recruit, train, and supervise sf who are knowledgeable about the unique needs of foster and adoptive children and families.

**Bidder Response:** CEDARS has an experienced team of four highly qualified licensing professionals who will assist in the work of this project. Should additional staff be required to manage additional home studies, CEDARS regular hiring process would be used. CEDARS Human Resource Recruitment Specialist works with Program Directors to create job postings that are shared on Indeed, at local career fairs and with career centers in the area, including colleges and universities. The Recruitment Specialist and Program Director then conduct interviews using the standardized interview scorecard and thorough reference and background checks are completed. A quality internship program at CEDARS has also created a pipeline for hiring staff who are a good fit for the organization.

CEDARS requires all new staff to complete an 80 hour new employee orientation, including job shadowing and the 15 hour trauma informed and responsive training, *Risking Connection*.

2. 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.

**Bidder Response:** Confidentiality of client information is a cornerstone of CEDARS' Client Rights. At no time is information about a family released without first obtaining a written consent. All client records are maintained in locked offices and on secure computers and databases. Records are stored at CEDARS for seven years and then destroyed. CEDARS has continuous quality improvement systems and processes in place to support performance management. The Continuous Quality Improvement department includes a qualified team of assigned skilled staff that assist in activities. Programs have access to key performance indicators on a regular basis and are expected to respond to these indicators. Key performance indicators (as identified in the logic model) include but are not limited to program inputs, key processes, and expected outcomes of the funded activities. In addition to ongoing key performance indicators, monthly reports are generated to compare actual outputs to the goals identified in our program plan. These numbers are reviewed by both the Service Director and the Program Director. The Continuous Quality Improvement Director meets with program staff and leadership on a quarterly basis to review all program outcomes and develop any necessary program improvement plans. This effective process for performance management couples timely data reports with corresponding action to improve. Moreover, semi-annual program reports include analysis of this information and comparisons with previous years' data. Ultimately, this information is used by



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	program staff during the annual planning and budgeting process for the program to develop program goals and a plan for the next year.
3.	Describe how bidder will meet the timeframes specified in sections V.D.  <b>Bidder Response:</b> Referrals will be reviewed daily by both the Foster Care Program Director and Foster Care Assistant Program Director. Within 24 hours, supervisors will assess the availability of completing the home study and will respond to the department with acceptance or denial. The Assistant Program Director oversees all licensing and home study work and maintains a tracking system to ensure all studies are completed and submitted on time. Home studies will be completed within 45 days. Regular check ins with staff and reminder emails are used.
4.	Identify and describe the questions that will be asked of the family or individual during the Home Study process for foster care placement.  <b>Bidder Response:</b> Please see attached document "Home Study Questions Asked." These questions are sorted by topic area and are discussed between the Licensing Specialist and the foster family during in-person meetings. Additional information is also provided by the family in the self-study document.
5.	Identify and describe the questions that will be asked of the family or individual during the adoption Home Study process.  <b>Bidder Response:</b> Please see attached document "Home Study Questions Asked" and "Adoption Home Study Questions" for a full listing of all questions. Questions are sorted by topic area and are discussed between the Licensing Specialist and the adoptive family during in person meetings. Additional information is also provided by the family in the self-study document.
6.	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.  <b>Bidder Response:</b> The Licensing Specialist meets with each potential adoptive family to introduce and discuss the 7 Core Issues of Adoption. This occurs during in person meetings during a home visit. A copy of the document used to facilitate this discussion is attached to this application.
7.	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 <a href="http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health%20and%20Human%20Services%20System/Title-395/Chapter-03.pdf">http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health and Human Services System/Title-395/Chapter-03.pdf</a> .

**Bidder Response:** CEDARS requires satisfactorily clear background checks through the state's Adult Protective Services and Child Protective Services registries (child abuse and neglect registry), the state and national Sexual Offender Registries, state and national criminal background checks through the FBI (fingerprint checks), State Patrol and a local law enforcement agency, Department of Motor Vehicles (driving record) and three documented reference checks. If a potential foster or adoptive family has not been a resident of Nebraska for at least two years, an out-of-state criminal history and out-of-state CPS and APS checks must also be conducted. Releases for background checks are completed by the applicant with assistance from the Licensing Specialist and they are then returned to the State of Nebraska for completion. There must also be cleared checks on all children in the home, consistent with current licensing regulations.

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
Wages, taxes and benefits	%	%	74%	%	%
Travel	%	%	6%	%	%
Background checks	%	%	6%	%	%
Cell phone and equipment expense			2%		
Human Resources, Accounting, Payroll, Technology, Training and Maintenance			12%		
Total	100 %	100 %	100 %	100 %	100 %



# Adoption



**CEDARS YOUTH SERVICES**



**Adoption**

# Lifelong Core Issues



- **Loss**
- **Rejection**
- **Guilt and shame**
- **Grief**
- **Identity**
- **Intimacy**
- **Mastery/control**

(Silverstein and Kaplan 1982)

# Vocabulary



## ● Triad members

- Adoptive parent
- Adopted person
- Birth parent

# Loss



- In adoption, this is not a single occurrence
- It is essential to recognize the loss and identify how it affects their lives
- Every member of adoption feels a loss at some point in the process
  - How the losses are resolved sets the tone for the rest of the process

# Rejection



- Even at young ages, this feeling of being “chosen” connects with the feeling of being “un-chosen”
- Adoptive parents may feel the birth parents reject their way of parenting
  - Leading to entitlement issues- “Was I meant to be a parent?”
  - May interpret adoptees behaviors as rejection
- Not just felt by the adoptees
  - Adoptive parents may feel their bodies rejected them if infertile

# Guilt/Shame



- Society's view of adoptive families
- Birth Parents may feel this way because of partaking in conception and being intimate or sexual
- These feelings are validated when secrecy is a part of the adoption
  - Adoptees feel as though their "being" caused the adoption
- Unconsciously feeling strong guilt/shame
  - Unplanned pregnancy, infertility, shame of being given up
  - Often remains unspoken

# Grief



- Grief may be apparent during subsequent losses or developmental transitions
- Youth may find it hard to grieve
  - Expected to feel certain ways
  - Adults block youth's expressions of pain/divert them
- Delayed Grief
  - Depression, acting out, substance use, aggressive behaviors
- Five Stages of Grief
  - Denial, Anger, Bargaining, Depression, Acceptance

# Grief



- Birthparents experience grief too
  - Birth mothers may deny the experience for up to ten years
- Adoptive parents feel grief throughout the child growing up
  - The adoptee can never fully fulfill their expectations

“As night follows day- grief follows loss.”

# Identity



- Defined by what one is or is not
- Loss can lead to confused identity or identity crises
- Role Confusion
  - Adoptive parents vs birthparents
- Lack of information for adoptees
  - Who am I? Why was I born? Was I an accident?
  - Adolescents seek out ways to belong in extreme ways

# Intimacy



- Loss, rejection, shame, grief may impede development of intimacy for all triad members
- Adoptees may not seem as “cuddly”
  - Way to avoid more losses is to avoid getting close/committing
  - Adopted adolescents sometimes feel a lifelong emptiness/longing for their birthmother
- Attachment issues
- Couple relationships harmed
  - Medical procedures, blaming
  - Birthparents feeling pain related to sex and intimacy, question ability to parent a child

# Mastery/Control



- **Alter's the course of life**
  - Additional hurdles in development, growth, self-actualization, evolution of self-control
- **All triad members forced to give up control**
- **Adoptive parents**
  - Feelings of helplessness, view selves as powerless, leads to laxity as parents or become overprotective and controlling
- **Adoptees**
  - No control over loss of birth family or choice of adoptive family
  - Adolescents may engage in power struggles, lack internalized self-control– may continue into adulthood

Processing questions:

# Processing questions:



- **List the losses, large and small, that you have experienced in adoption.**
- **Identify the feelings associated with these losses.**



# Processing questions:



- *What experiences in adoption have led to feelings of rejection?*
- *Do you ever see yourself rejecting others before they can reject you? When?*

# Processing questions:



- ***What guilt or shame do you feel about adoption? What feelings do you experience when you talk about adoption?***
- ***Identify your behaviors at each of the five stages of the grief process. Have you accepted your losses?***

# Processing questions:



- *How has adoption impacted your sense of who you are?*

