



Family Services

618 COMMERCIAL ST.
EMPORIA, KS 66801



Foster & Adoptive Parent Home Study Services



REQUEST FOR PROPOSAL (RFP)
TECHNICAL PROPOSAL

STATE OF NEBRASKA STATE
PURCHASING BUREAU
1526 K ST. STE. 130
LINCOLN, NE 68508

RFP NUMBER 6126 Z1

OPENING DATE:
SEPTEMBER 18, 2019
2:00 PM.

Nebraska Foster and Adoptive Parent Home Study Services

Tab

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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:	TFI Family Services, Inc.
Bidder Address:	P.O. Box 2224, Emporia KS 66801
Contact Person and Title:	Patricia Long, Chief of Staff
Email Address:	plong@tfifamily.org
Telephone Number (Office)	785-670-6287
Telephone Number (Cellular)	785-289-3019
Fax Number:	785-271-6572

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:	TFI Family Services, Inc.
Bidder Address:	P.O. Box 2224, Emporia KS 66801
Contact Person & Title	Patricia Long, Chief of Staff
Email Address	plong@tfifamily.org
Telephone Number (Office)	785-670-6287
Telephone Number (Cellular)	785-289-3019
Fax Number:	785-271-6572

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 workplace.

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

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

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

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

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

FIRM	TFI Family Services, Inc.
COMPLETE ADDRESS:	618 Commercial, PO Box 2224, Emporia KS 66801
TELEPHONE NUMBER:	785-670-6288
FAX NUMBER	785-271-6572
DATE	9/10/19
SIGNATURE	
TYPED NAME & TITLE OF SIGNER:	Michael Patrick, CEO

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:
MP			

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:
MP			

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:
MP			

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:
MD			

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:
MP			

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:
MP			

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:
		X <i>MP</i>	The last paragraph should be: "The State's failure to make payment due to a lack of appropriation shall not be a breach, and the Contractor shall retain all available statutory remedies and protections."

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:

MP			
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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:
MP			

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:
MP			

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:
<i>MP</i>			

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:
<i>MP</i>			

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:
MP			

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:
MP			

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:
MP			

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 RFP Response (Initial)	NOTES/COMMENTS:
MP			

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:
<i>mp</i>			

The contract may be terminated as follows:

- I. 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:
MP			

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:
		<i>MP</i>	<p>The 4th paragraph provides that “by-name personnel commitments” shall not be changed without the prior written approval from the state. TFI respectfully recommends this paragraph be deleted.</p> <p>The 8th paragraph- “The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.” TFI requests the paragraph be limited to “...any Contractor or subcontractor employee whose conduct is in conflict with the Contractor’s duties under the Contract.”</p>

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:
MP			

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

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

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

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

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska

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

D. COOPERATION WITH OTHER CONTRACTORS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>MP</i>			

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:
<i>MP</i>			

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:
MP			

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:
MP			

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

2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

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

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

language found hereinafter. The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Medical Payments	\$10,000 any one person
Damage to Rented Premises (Fire)	\$50,000 each occurrence
Contractual	Included
Independent Contractors	Included
Abuse & Molestation	Included
<i>If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.</i>	
WORKER'S COMPENSATION	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	\$1,000,000 per occurrence
COMMERCIAL CRIME	
Crime/Employee Dishonesty Including 3rd Party Fidelity	\$100,000

CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	\$2,000,000
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
“Workers’ Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska.”	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
“Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured.”	

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

3. EVIDENCE OF COVERAGE

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

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

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

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

4. DEVIATIONS

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for

Workers' Compensation, and the type of automobile coverage carried by the Contractor.

H. ANTITRUST

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

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:
MP			

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	NOTES/COMMENTS:

		(Initial)	
<i>MP</i>			

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:
<i>MP</i>			

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:
<i>MP</i>			

Contractor certifies it maintains a drug free workplace 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 RFP Response (Initial)	NOTES/COMMENTS:
		MP	TFI requests the second sentence be deleted, as the State has all statutory and other contractual remedies available.

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:
MP			

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.

U. INSPECTION AND APPROVAL

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

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.

V. PAYMENT

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

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.

W. 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).

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

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

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

Y. 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:
		<i>MP</i>	In the second paragraph, last sentence, TFI is asked to agree to correct "...any material weaknesses or condition found as a result of the audit." At a minimum the word "condition" should be defined as a "condition which does not comply with the Contract."

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.

V. PROJECT DESCRIPTION AND SCOPE OF WORK

A. PROJECT OVERVIEW

The primary purpose of a Home Study is to ensure that each child is placed in a suitable, safe home environment, and the individuals can meet all the needs of the children. TFI Family Services, Inc. (TFI) understands the Home Study is a screening of the home and life of the prospective foster or adoptive parent(s). The Home Study Writer gathers information from the individual(s) on whom they are writing the Home Study. This information may include but not be limited to family background, current family composition, self-awareness, family health, motivation to provide foster care, ability to meet the needs of the child(ren), informal supports, and employment.

The Home Study will be completed prior to a home becoming a licensed foster family and an adoptive Home Study must be completed prior to an adoption being finalized. All background checks of household members must be completed prior to licensing. There are times that the Department of Health and Human Services (DHHS), Division of Children and Family Services (CFS), may place a child with a relative, or a kinship placement prior to the home becoming licensed. Kinship placement is defined as someone who has a significant relationship with the child prior to the child being removed and becoming a state ward.

In an emergency, DHHS is able to place a child in a kinship or relative home after conducting background checks on the individuals in the household. A Home Study must be completed on the relative/kinship home within forty-five (45) days of placement of the child to ensure the home is safe and suitable for the child(ren) to remain there. The primary purpose of a Home Study is to ensure that each child is placed in a suitable, safe home environment, and the individuals are able to meet all the needs of the child(ren). After placement occurs, the individuals must have FBI/State patrol checks completed, and a Home Study must be completed within forty-five (45) days of placement to verify if the home and the individuals are safe and suitable for the child(ren) to remain in that placement.

B. PROJECT ENVIRONMENT

Below are the estimated numbers of home studies completed in each of the five Service Areas in the past year by DHHS staff.

1. 240 in Western Service Area;
2. 102 in Central Service Area;
3. 105 in Southeastern Service Area;
4. 50 in Northern Service Area; and
5. 134 in the Eastern Service Area.

Estimated number of Optional Foster Care Home Studies to Renew License:

1. 30 in the Western Service Area;
2. 10 in Central Service Area;
3. 10 in Southeaster Service Area;

4. 5 in Northern Service Area; and,
5. 5 in Eastern Service area.

The number of home studies that will be contracted out may vary year to year. DHHS reserves the right to complete a Home Study internally.

TFI proposes providing Home Study services to all the Service Areas. TFI understands the geography and rural nature of the State of Nebraska and the volume of Home Study requests. TFI understands DHHS has the right to complete a Home Study internally. TFI stands ready to complete Foster Care Home Studies and renewals in compliance with state licensing and regulatory requirements.

C. PROJECT REQUIREMENTS

TFI will meet the following requirements:

1. TFI is a licensed child placing agency in the State of Nebraska. A copy is attached to this proposal.
2. TFI is accredited through the Council on Accreditation (COA). A copy is attached to this proposal.
3. TFI will provide services to all the counties in each Service Area.

D. SCOPE OF WORK

1. A Home Study will be completed on every home that is providing foster care to a child. TFI staff will complete the Home Study prior to a home becoming licensed as a resource/foster family or within forty-five (45) days of a child being placed in that home if they are a relative or kinship placement.
2. TFI staff will complete an Adoptive Home Study prior to an individual(s) being approved to move forward with finalization of an adoption.
3. TFI staff will conduct a Renewal Foster Care Home Study on licensed Foster Care parents every two (2) years. DHHS may refer Renewal Foster Care Home Studies to the Contractor. TFI agrees to this option. Renewal Foster Care Home Studies is included as an optional service on the TFI Cost Proposal.
4. TFI staff will provide a written Home Study on the family or individual(s) which are referred by the DHHS Resource Development Administrator, Supervisor or designee. A Home Study may be referred to TFI for the following situations:
 - a. A family or individual(s) is being considered for placement of Nebraska State Wards;
 - b. A family or individual(s) is being considered for placement of State Wards of another state through the Interstate Compact on the Placement of Children (ICPC);
 - c. The individual(s) are becoming a licensed resource/foster parent who will be supported by DHHS; and

- d. The DHHS Foster Home is preparing to adopt a child from foster care and an adoption Home Study is needed.
5. TFI staff will respond to DHHS within one (1) business day of receiving the referral to confirm receipt and acceptance or denial of referral.
6. TFI staff will complete the Home Study within forty-five (45) calendar days of receiving the referral and submit to DHHS staff who made the referral. This timeframe applies for a Foster Care Home Study and an Adoption Home Study.
7. A minimum of two (2) in-home visits will be made and documented in the Home Study. All members of the household will be interviewed. Additional home visits may be needed.
8. TFI staff will include a clear recommendation in the final Home Study to license or not license the individual(s) as foster parents.
9. TFI staff will not recommend the licensing of one person and not the other in a Home Study if they are married. TFI staff understand the dynamics of adoption and agree it is a lifelong commitment. We will assess the family and make a clear recommendation if the individual(s) are able to meet the needs of the child(ren) and make a lifelong commitment.
10. TFI staff will utilize the Foster Care Home Study guidebook and Foster Care Home Study template which is approved by DHHS for use statewide. Attached is the TFI guidebook and template for DHHS review and approval. TFI staff understand that DHHS reserves the right to revise the final guidebook(s) and template(s) that will be utilized statewide for all Home Studies.
11. TFI staff will utilize the Adoption Home Study guidebook and Adoption Home Study template which is approved by DHHS to utilize statewide. DHHS may request that TFI submit proposed revisions to the Adoption Home Study guidebook and Adoption Home Study template, which may be incorporated into said documents. TFI understands that DHHS reserves the right to revise the final guidebook(s) and template(s) that will be utilized statewide for all Home Studies.
12. TFI will conduct background checks on any employees, interns, volunteers, or subcontractors, including any previous names used. The background checks must include, at a minimum: National Sex Offender Registry maintained by the Department of Justice, Nebraska Child Abuse and Neglect Central Register, Nebraska Adult Abuse and Neglect Central Registry, Nebraska State Patrol Criminal Background Check, Nebraska Department of Motor Vehicles Check for License Point Status. The Contractor agrees to perform out of state background checks on all newly hired employees, interns, volunteers and subcontractors who do not reside in Nebraska or have resided in Nebraska for less than two (2) years. TFI agrees to require employees, interns, volunteers, or subcontractors to immediately

notify TFI if the individual has been arrested or convicted of a crime during his or her time of employment. If a criminal history background check results in a record with convictions being identified, other than convictions of minor traffic violations, e.g. speed limit violations, or traffic signal laws, TFI will notify the DHHS Contract Manager of the employee's name, job function and description of the record of conviction. A record is defined as a Record of Arrest and Prosecution (RAP) sheet for individuals.

13. TFI staff completing the Home Study will have at a minimum a bachelor's degree in a human service-related field; or a bachelor's degree in a related field with experience delivering foster care or adoption related services.

E. PERFORMANCE MEASURES AND REMEDIES

The following measure will be applied in this contract to ensure the Contractor provides effective outcomes:

1. TFI will be compliant with the timeframes defined in Section V.D. at a rate of at least ninety percent (90%).
2. DHHS will measure these timeframes no more than quarterly.
3. If TFI fails to meet the measure defined in Section V.E.1, DHHS may enforce the following remedies:
 - a. First instance: TFI must submit a Corrective Action Plan for review and approval to DHHS within thirty (30) business days of the request. If DHHS requires revisions to the Corrective Action Plan, the contractor will be notified by DHHS within ten (10) business days.
 - b. Second instance: No new referrals will be made to TFI for a period of one (1) month. TFI will submit a revised Corrective Action Plan for review and approval to DHHS within thirty (30) business days of the request. DHHS will notify TFI within ten (10) business days if the State requires revisions to the Corrective Action Plan.

F. DEPARTMENT OF HEALTH AND HUMAN SERVICES DELIVERABLE REQUIREMENTS

1. DHHS will pay TFI upon approval of a Home Study based on the rates provided on the Cost Proposal. If there are multiple Contractors in a region where a Home Study is to be conducted, DHHS shall make the initial referral to the Contractor with the lowest cost. If a referral is declined, DHHS will make a referral to the Contractor with the next lowest cost, until all available Contractors in said region have been contacted.

TFI accepts the referral and payment process. DHHS will pay TFI upon approval of a Home Study based on the Cost Proposal. If there are multiple contractors, the State will

refer to the contractor with the lowest cost. If the referral is declined, DHHS will make a referral to the contractor with the next lowest cost.

2. DHHS must review all deliverables submitted by TFI. DHHS must approve a deliverable submitted by TFI to determine if it is of enough quality and meets the requirements in Section V.D. DHHS will not disburse payment for a deliverable until the deliverable is approved.

TFI agrees the Contractor will not be paid until DHHS determines and approves the Home Study meets the requirements and is a quality product.

3. DHHS will define the time period that TFI will have to correct the defects identified by DHHS and re-submit the rejected deliverable. Any corrections or improvements requested by DHHS are not changes in scope of this Agreement. If a rejected deliverable requires more than two (2) corrections, DHHS may permanently reject the deliverable and deny payment for the deliverable. Nothing in this section limits any other remedies available to DHHS under this Agreement or at law.

TFI will correct any deficiencies requested by DHHS in a timely manner. TFI understands a deliverable may be rejected with non-payment if corrections are required more than two times.

G. BIDDER REQUIREMENTS

1.	<p>Describe the plan to recruit, train, and supervise staff who are knowledgeable about the unique needs of foster and adoptive children and families.</p> <p>Bidder Response: TFI's Human Resource Department will recruit staff who are knowledgeable about the unique needs of foster and adoptive children and families by advertising for open positions in a variety of ways to include job search websites, social media as well as reaching out to local colleges and universities with social service degree programs for help recruiting qualified applicants. TFI may also utilize recruitment or hiring bonuses to recruit in hard to hire areas as needed. Once hired, staff will be supervised by a professional who is knowledgeable in the field and has experience working with children and families in the foster care and adoption field. Staff will have required training prior to beginning work with clients and annually. Staff will have at least monthly supervision of cases and a Supervisor will review and sign off on the home studies written by staff they are assigned to. The purpose of this will be for Supervisors to be aware of the strengths and needs of the family and to be aware of and help provide guidance on the recommendations section as needed.</p>
2.	<p>Describe bidder's approach to maintaining confidentiality of families and demonstrate the ability to ensure adequate data collection, management and reporting. Describe how bidder will comply with confidentiality requirements and collaboration with DHHS.</p>

	<p>Bidder Response: TFI's confidentiality policy will be reviewed with all families and each family will sign off on the agreement. The Home Study will include a note about the family reviewing and agreeing to the confidentiality policy. TFI maintains a database of families and youth assigned and referred by DHHS. Only authorized staff have access to the database and any information is only shared on a need to know basis with the appropriate releases in place. TFI staff will collaborate with DHHS to provide information on families and youth referred as needed to ensure services will be provided as outlined in the contract.</p>
3.	<p>Describe how bidder will meet the timeframes specified in sections V.D.</p> <p>Bidder response: All referrals for Home Study assignment will be sent to TFI through TFI's Intake and Admissions Department. The Intake and Admissions Department is staffed 24/7 and referrals will be accepted or denied within one (1) business day of referral. Home Studies for relative and kinship homes will be completed within forty-five (45) days of placement. TFI uses a database to track when foster home license renewals are due and the TFI Supervisor will be responsible for ensuring that each TFI supported home has a Home Study completed for renewal and submitted to DHHS at least thirty (30) days prior to the family's license expiration date. For Adoptive Home Studies, TFI will have a Home Study completed or updated prior to the adoption being finalized. An Adoptive Home Study that is referred by DHHS will be completed within forty-five (45) days of the Adoption Home Study referral being made to TFI.</p>
4.	<p>Identify and describe the questions that will be asked of the family or individual during the Home Study process for foster care placement.</p> <p>Bidder response: TFI staff will utilize the DHHS approved Home Study Guidebook and Template. Families will be provided with a self-study questionnaire to fill out which will be collected by the Worker assigned to complete the Home Study. The Worker will review the questionnaire and interview the family in order to better understand the information provided on the questionnaire. There may be follow up questions asked for further understanding and assessment in order for the worker to make an informed decision about whether or not to recommend the family for foster care placements. The guidebook will include questions regarding the family background of each parent as well as who is in the current family household. It will ask about parenting/discipline styles and beliefs, how each parent was raised and has raised their own children if applicable. There will be questions about the home and neighborhood environment, access to resources, financial stability, experience with grief/loss/trauma of their own and how they dealt with and addressed it over time. Families will be asked about their hobbies and interests and how they see those things being impacted by the addition of children through foster care. In addition families will be asked about their motivation to foster/adopt children, their self-awareness, physical and</p>

	<p>behavioral health, any criminal history, ability to meet the child’s social, emotional, educational and physical healthcare needs, their family and individual support systems, employment, education and military background, current living arrangements and description of the home and transportation. Families will also be asked to provide reference contact information and TFI staff will request references on each family and include the reference information given in the Home Study document in a way that identifies how long the reference has known the family and the strengths/needs identified by the reference.</p>
5.	<p>Identify and describe the questions that will be asked of the family or individual during the adoption Home Study process.</p> <p>Bidder response: In addition to the questions that will be asked of families completing a Home Study for the purpose of foster care, additional questions will be asked of families needing a home study for the purpose of adoption. It is important to explore with the family the difference in providing temporary care versus making a lifelong commitment. If the family has been providing care for the children they are interested in adopting, information about the child/ren will be included in the Home Study as well to include how the child/ren has adjusted to the family and the family’s ability to meet the needs and identify strengths of the child/ren in their home. They will also be asked what their plan will be for providing care for the child if something were to happen to the parent or parents in the family. They will be required to have a back-up care plan in place for such a circumstance.</p>
6.	<p>Identify how bidder will discuss the 7 Core Issues of Adoption with the family or individual when writing an Adoption Home Study: Loss, Rejection, Guilt and Shame, Grief, Identity, Intimacy, and Mastery/control.</p> <p>Bidder response: TFI’s Supervisor will ensure staff providing Adoptive Home Study services are trained on the 7 Core Issues of Adoption prior to being assigned an Adoption Home Study. Staff will assess the Core Issues of Adoption as part of the Home Study process with the family. TFI staff will provide training and guidance to the families around the topic and make referrals for resources, information and support. Information about how the family has processed these issues and worked with the children in care if applicable, will be included in the Home Study document/assessment. TFI staff will help the family understand the dynamics of adoption can play out for years to come and what they can do for guidance and support as adoption is a lifelong process for the child and the family.</p>
7.	<p>Describe how the Home Study will include information about the family or individual(s) criminal history including but not limited to all background checks as required per 395 NAC Chapter 3 https://sos.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-395/Chapter-03.pdf</p>

	<p>Bidder response: TFI will ensure that all applicants have all the required background checks and clearances completed prior to approving a Home Study. This includes:</p> <ol style="list-style-type: none"> 1. State Central Register or Registry of child protection for any State in which the applicant has lived within the past five (5) years (if age 13 or older); 2. Adult Protective Services Central Registry (if age 13 or older); 3. Appropriate local law enforcement agency (if age 18 or older); 4. Sex Offenders Registry for any state in which the applicant has lived within the past five (5) years (if age 18 or older); 5. State-level criminal history (if age 18 or older); and 6. Fingerprint-based National Criminal History Check with the Identification Division of the Federal Bureau of Investigation (if age 18 or older). <p>All results of the background checks will be documented in the Home Study addendum. If the background checks indicate a Central Registry 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.</p>																																										
8.	<p>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.</p> <table border="1" data-bbox="326 1003 1432 1388"> <thead> <tr> <th>Methodology used to determine base cost</th> <th>ESA</th> <th>NSA</th> <th>SESA</th> <th>CSA</th> <th>WSA</th> </tr> <tr> <td></td> <td>Activity Based</td> <td>Activity Based</td> <td>Activity Based</td> <td>Activity Based</td> <td>Activity Based</td> </tr> </thead> <tbody> <tr> <td>Personnel</td> <td>54%</td> <td>45%</td> <td>51%</td> <td>43%</td> <td>42%</td> </tr> <tr> <td>Taxes and Fringe Benefits</td> <td>19%</td> <td>16%</td> <td>17%</td> <td>15%</td> <td>15%</td> </tr> <tr> <td>Travel costs</td> <td>7%</td> <td>20%</td> <td>12%</td> <td>24%</td> <td>25%</td> </tr> <tr> <td>Office costs</td> <td>12%</td> <td>10%</td> <td>11%</td> <td>9%</td> <td>9%</td> </tr> <tr> <td>Indirect costs</td> <td>9%</td> <td>9%</td> <td>9%</td> <td>9%</td> <td>9%</td> </tr> </tbody> </table> <p>Bidder response: TFI used Activity-based budgeting to establish the “per Home Study” cost. The size of each service area was a factor in calculating travel costs and the time needed for travel.</p>	Methodology used to determine base cost	ESA	NSA	SESA	CSA	WSA		Activity Based	Personnel	54%	45%	51%	43%	42%	Taxes and Fringe Benefits	19%	16%	17%	15%	15%	Travel costs	7%	20%	12%	24%	25%	Office costs	12%	10%	11%	9%	9%	Indirect costs	9%	9%	9%	9%	9%				
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H. DELIVERABLES
Please see Cost Proposal

VI. PROPOSAL INSTRUCTIONS
A. PROPOSAL SUBMISSION
1. CORPORATE OVERVIEW

a. BIDDER IDENTIFICATION AND INFORMATION

TFI Family Services, Inc. (TFI) is a private, not-for-profit organization granted 501(c)(3) status by the Internal Revenue Service headquartered at 618 Commercial P.O. Box 2224, Emporia, KS 66801.

TFI was first organized in 1965 as a rural day camp for youth in Kansas as The Farm, Inc. The agency has since grown into a multi-state child welfare, behavioral health and administrative support organization providing a broad array of services to children and families in multiple states and changed its name to TFI Family Services, Inc. on January 2, 2009.

b. FINANCIAL STATEMENTS

TFI Family Services Inc. (TFI) has been accredited by the Council on Accreditation (COA) since February of 2000 and most recently re-accredited in 2016. TFI has child placing agency licenses in current good standing in five (5) states and is a member of foster care and/or provider associations in each of those states. TFI Family Services, Inc. serves as the parent company to a broad array of social service and support agencies including:

- Pathway Family Services LLC providing psychiatric residential treatment, outpatient behavioral health services and independent living services;
- TFI Family Connections LLC providing foster care services as part of the privatized regional Bridge contract in Oklahoma;
- Mainstream Nonprofit Solutions, Inc. (MNS) with a membership of 112 and providing administrative support services in six (6) states to 56 members, and
- Texas Family Initiative LLC providing foster care services, recruitment, retention and support in Texas and as the lead partner and Single Source Continuum Contractor (SSCC) in Region 2 Texas.

TFI has operated under the governance of a volunteer Board of Directors since 1965. The oversight provided by this seven (7) member body is enhanced through four (4) committees – Board of Directors Executive, Program Quality Improvement, Finance/Audit, and Compensation. Inherent in the organizational mission of “Devoted to the Strength of Family” is the belief that every community can have responsive and effective resources available for children and families during their time of need. This vision is obtainable with the proper structure and coordination of services within communities and through collaboration of service providers.

The Board of Directors provides effective leadership, support and guidance to the Agency. Through their wide range of skills, abilities, professions, ages, race,

gender, etc., they recognize and exercise the appropriate complementary role to assure the soundness of the overall operations of the Agency. As one of the main means of providing a framework for the Agency's overall direction, the Board of Directors, working jointly with the Chief Executive Officer, will develop and evaluate corporate policies. Additionally, the Board of Directors is responsible for guiding Agency development and services and for assuring the Agency's accountability to the communities served, including fiscal responsibility. Richard T. Wright is the agency's Chief Financial Officer and is located in Emporia, Kansas at the address above. Mr. Wright's phone number is 620-208-1825. TFI banks with Core First Bank and Trust, contact is Gary Gifford at 3035 SW Topeka Blvd., Topeka, Kansas 66611. Mr. Gifford's phone number is 785-267-8419.

Attached to this proposal is TFI's most recent audited financial reports and statements.

c. CHANGE IN OWNERSHIP

TFI does not anticipate a change in ownership or control of the company during the next twelve (12) months following the proposal due date. If awarded a contract and there was a change in ownership or control, TFI will notify the state.

d. OFFICE LOCATION

TFI currently has an office located at 2314 Central Ave., Suite 4, PO Box 2251, Kearney Nebraska 68848. Phone: (308) 293-1698. TFI will allow staff to office from home depending on the service area and location of residence.

e. RELATIONSHIPS WITH THE STATE

TFI has had contracts with the State of Nebraska since September 1, 2012. In the last five (5) years, TFI has had the following contracts with the State of Nebraska:

- i. Child Welfare Services Contract to provide Agency Support Respite Care, Family Support Service and Parenting Time Supervised Visitation since July 1, 2013.
- ii. Agency Supported Foster Care Subgrant (ASFC) Foster Care Title IV-E 93.65 since July 1, 2014.

f. BIDDER'S EMPLOYEE RELATIONS TO THE STATE

There is no one named in the proposal who was an employee of the State of Nebraska within the past twelve (12) months. No such relationship exists. Therefore, there is no conflict of interest.

g. **CONTRACT PERFORMANCE**

TFI has not had a contract terminated for default in the past five (5) years.

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

TFI Family Services, Inc. is a leading child welfare agency providing experience, compassion, quality services and care. Our strength as an organization is that we do what is best for children and families. TFI continues to create new resources and develop innovative solutions as we work to meet the needs of families and children.

The mission of TFI is "Devoted to the Strength of Family" which incorporates the following values:

- **Integrity** – We do the right thing. We conduct our business with transparency, honesty and the highest standards of professional behavior and ethics.
- **Child Safety** – We believe every child should have a childhood where they are nurtured body, mind and soul; are safe, protected and loved; and have hopes, dreams and opportunities.
- **Acceptance** – We acknowledge and honor the fundamental value and dignity of all individuals. We pledge ourselves to creating and maintaining an environment that respects diverse traditions, faiths, cultures and experiences.
- **Leadership** – We have confidence that everyone can make a difference today and contribute to where we go in the future.
- **Family** – We honor family as each person defines it.
- **Quality** – We commit to excellence through evidenced based practices and innovative service delivery.

TFI will serve as the primary grantee for this project. The agency provides a continuum of care to meet each child and family's individual needs through behavioral health and child welfare services which supports our agency mission. Our agency serves over 2,400 children each year through our foster care services and employs staff who are experienced in providing services to children and families in a variety of roles.

TFI has extensive experience and success managing large-scale child welfare contracts and programs of similar scope and size to that proposed by the solicitation. We have in-depth experience providing services in communities with limited service capacity such as rural and frontier areas as well as seeking out and securing resources for those clients. Our agency has the expertise to develop new services and the ability to collaborate with others to fill service gaps.

TFI has over 50 years of experience in providing child welfare services including foster care services, group home care, case management, independent living, psychiatric residential treatment services, behavioral health, adoption services, visitation services, and aftercare services. Specialized therapeutic interventions include Trust Based Relational Interventions, Positive Behavior Interventions & Supports, and Trauma Focused Cognitive Behavioral Treatment. Treatment also includes psychiatric services, including medication management, play therapy, biofeedback therapy, and psychological testing. We take pride in using a trauma-informed, strengths-based, client centered philosophy to care.

TFI's Projects similar to this RFP in size, scope, and complexity.			
Name	Time period	Responsibilities	Reference
<p>Visitation and Exchange Centers awarded by the Kansas Attorney General's Office</p> <p>TFI is the prime contractor</p>	2013-current	<p>This is a community service grant. TFI provides safe and quality supervised visitation and exchange services for non-custodial parents and their children. TFI operates three locations in Kansas (Topeka, Lawrence and Wichita). The goal is to provide a safe neutral environment for children and parents to have supervised visitation or monitored exchanges free from parental violence and conflict.</p>	<p>Marlene Ibarra LBSW, MSW Child Advocacy Center of Sedgwick County, 1211 S. Emporia, Wichita, KS 67211</p> <p>MIbarra@cacsckansas.org 316-660-9444</p>
<p>Facilitation and Coordination of State of Kansas Youth Advisory Council and four Regional Councils</p> <p>TFI is the prime contractor</p>	2016-Current	<p>The scope of work is achieved through providing opportunities to young people in the IL Program to develop leadership and life skills. TFI assists the State of Kansas in administering its IL Program by providing the opportunity for State of Kansas Youth Advisory Council and four (4) Regional Councils and their members to advise DCF of the needs and interests of youth in the custody of the State. TFI facilitates the coordination of the Councils and works closely with the youth ages 14 up to the age of 23, case managers, DCF, and community providers. TFI serves approximately 120 youth per year on the Councils.</p>	<p>Sarah Mays, LMSW Shawnee County Court Services, Third Judicial District 200 SE 7th St. Topeka, KS 66603</p> <p>sarahmays@shawnecourt.org 785-251-6333</p>

<p>Texas Foster Care Services</p> <p>Texas Family Initiative LLC an entity in the TFI Family Services, Inc. group of companies is the prime contractor</p>	<p>2014- Current</p>	<p>TFI Family Services, Inc and Texas Family Initiative LLC provide foster care services, including recruitment, retention and support of foster/adopt families in Texas. Texas Family Initiative is a current provider with DFPS and a contractor with Our Community Our Kids, the Region 3b Single Source Continuum Care contractor providing foster care, recruitment, retention and support services throughout North Central Texas. We have established a local presence throughout North Central Texas including community partnerships with staff who are familiar with local resources. We serve North Central Texas in four (4) office locations including; Denton, Lubbock, Wichita Falls, and Abilene.</p>	<p>Hector Ortiz CPS Regional Director Regions 1 & 2</p> <p>325-260-3220 (cell)</p> <p>325-691-8206 (office)</p> <p>Hector.Ortiz@dfps.state.tx.us</p>
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In 2018, TFI was awarded a State contract through Kansas DCF to provide case management and foster care services in Areas 4 and 8, which is southeast and southcentral Kansas. Transition is underway, and implementation begins October 1, 2019. TFI will serve approximately 1,700 children annually.

In 2018, DFPS awarded Texas Family Initiative LLC, under the program name 2INgage, the Single Source Continuum of Care contract to provide placement and case management to children in foster care in Region 2 Texas. Texas uses a staged approach, Stage I for placement services is complete and 2INgage will begin Stage II for case management services by July 1, 2020. 2INgage currently serves 780 children and will serve an additional 750 in Stage II.

TFI maintains a solid history of monitoring, trending and reporting contractual and regulatory outcomes. Our agency embraces a data-driven culture to assess and evaluate the performance of our programs and contracts, ensuring we are providing the highest quality and most efficient services possible.

i. SUMMARY OF BIDDER’S PROPOSED PERSONNEL/MANAGEMENT APPROACH

The following Personnel will be assigned to this project:

Name and Title	Function
Pamela Richardson LMSW, VP of Foster Care and Adoption Services	Oversees the administration and management of TFI Family Services, Inc. foster care programs and services offered in Kansas, Oklahoma, Nebraska, and Texas. Provides direct supervision to the Director.
Anne Reicheneker LMSW Director of Kansas Foster Care and Adoption	Oversees the day-to-day programming of the Foster Care and Adoption Home Study program in Kansas and Nebraska. Responsible for the development of policies and procedures relating to home studies and renewals including goals and outcomes. Works with oversight agencies and community partners. Provides direct supervision to the Foster Care Supervisor.
Foster Care Supervisor	Supervises Foster Care and Adoption Home Study writers in Kansas and Nebraska. Provides clinical and administrative expertise to staff assigned to the program. Monitors contract compliance and coordinates with the Quality Improvement Department on the status of contract requirements.
Foster Care and Adoption Home Study Writer	Responsible for conducting Home Studies for Foster Care and Adoption. Individuals completing the Home Study must have at a minimum a bachelor's degree in a human service-related field; or a Bachelor's Degree in a related field with experience delivering foster care or adoption related services.

When DHHS has an identified family to refer for a Home Study service, DHHS may contact TFI's Care Management Department (CMD). The CMD designee will forward the Home Study request to the Foster Care Supervisor. The Foster Care Supervisor will assign a Foster Care and Adoption Home Study Writer for all Home Studies for any family based on appropriate location to the Writer. The Foster Care Supervisor will inform CMD of the worker assigned within one (1) working day of request from CMD. CMD will communicate that assignment to DHHS.

For all requested Home Studies by DHHS, TFI will complete all requested Home Studies within forty-five (45) days of assignment. TFI will complete a minimum of two (2) home visits or more to ensure the Writer has assessed the family

thoroughly. Once the Home Study has been completed, the Home Study will be reviewed by the family to ensure there are no errors. The Writer will then submit the Home Study for review to the Foster Care Supervisor. Upon successful review and approval, the Writer will sign, obtain the family's signature, and submit to DHHS.

Resumes and job descriptions for the positions assigned to this project are included with the proposal.

j. SUBCONTRACTORS

TFI does not intend to use subcontractors for this project. If TFI decides to use subcontractors for this project, they will be submitted to DHHS and approved by DHHS prior to completing a Home Study.

2. TECHNICAL APPROACH

TFI has included the following documents under Tab 2 – Attachments:

1. Copy of Nebraska Child Placing Agency License
2. Copy of Council on Accreditation Certificate
3. Draft Foster Home Assessment Guidebook
4. Draft Foster Parent Readiness Assessment
5. Draft Adoption Readiness Guidebook
6. Draft Adoption Readiness Assessment

Bidder Requirements are included in Section V. - Project Description and Scope of Work, under subsection G. – Bidder Requirements.



TFI FAMILY SERVICES, INC.

**NEBRASKA FOSTER HOME ASSESSMENT
GUIDEBOOK**

THE NEBRASKA FOSTER HOME ASSESSMENT GUIDE IS A STEP BY STEP HANDBOOK TO ASSIST ASSESSORS DOCUMENT ALL FACETS OF THE PRE-SERVICE TO LICENSURE PROCESS:

• **DESCRIBE THE RESOURCES AVAILABLE IN THE COMMUNITY**

When assessing foster home resources in the community, it is important to ascertain all mental health access, medical and dental, as well as educational access that will meet the needs of the child. It is also important to discuss with the parents the importance of the Multiethnic Placement Act (MEPA) and the Indian Child Welfare Act (ICWA), as it relates to placement matching in their home.

• **HOME SCHOOLING PROGRAMS**

If the Parent currently provides home schooling for their biological children; would the foster parent be opposed to sending their foster children to a public school? Biological Parents and DHHS are the legal custodians of the children and ultimately determine where the children attend school.

• **CHILDREN RESIDING IN THE HOME (Complete for each child in the home)**

- Describe child's general personality. Describe the types of activities the child enjoys (i.e., music, sports, reading). Indicate child's general activity level and any special talents.
- Describe child's educational situation - school attended or home education program, grade, days per week in school, any special learning challenges the child may have, and any special educational program in which child participates. Describe child's functioning in school academically, behaviorally and socially (Include both positive and negative aspects).
- Discuss the child's physical health. Does the child have any significant or ongoing health issues or take any prescription medication on a regular basis? Does the child have any physical limitations or challenges?
- Describe any developmental delays this child may have, and how this impacts the daily life of the family.
- Describe the child's feelings about another child entering the home, sharing his/her parent(s), space, toys, attention. Is this child excited, unhappy, and interested in the prospect? How realistic are the child's expectations?
- Describe how the child was prepared for their parents to foster? Did they attend TIPS-MAPP? What ongoing process is occurring to ensure the child is still prepared for other kids to come into the home? Do they read books about it together? Do the kids talk about adding siblings? Are they involved in the matching process? How did the assessor help prepare the child?
- Discuss the likely impact of fostering on this child. Describe how activities now shared between child and one or both parents in the home will be affected. Discuss how birth order/role changes are likely to impact this child and any special considerations that will need to be made to assure this child's needs continue to be adequately met.

• **ADULT CHILDREN OF THE PARENT(S)**

(Complete for each adult child of the Parent, including adults who may also live in the home)

- Describe the adult child's perspective on their upbringing, childhood, family life.
- Describe the adult child's current relationship with the Parent(s). Discuss how often they have contact, what type of contact, etc.
- Describe how this relationship will be impacted by foster care. What role will the adult child play in the foster child's life? Will they be involved in family activities? Will they be a support to the

Parents and able to assist with foster children?

- **NON-PARENT ADULTS IN THE HOME**

(Complete for each adult member of the household who is not a Parent, including any adult children who may live in the home)

- Describe the individual's general personality. Discuss why this person resides in the household and the relationship between this person and Parent #1 or Parent #2.
- Briefly describe the individual's education and employment history. Describe the individual's health, noting any recurring health problems or physical limitations as well as any mental health issues. Note any past or present issues with drug or alcohol abuse.
- The law requires a criminal records check be conducted for any person 10 years old or older who live in the foster home. Does Parent or individual report that this adult has a history of criminal behavior and is the home prepared to keep the individual from the home per regulatory standards?
- Describe how the individual feels about a child or children coming into the home and how he/she perceives the child or children will fit into the family. Describe what this individual's relationship/responsibilities will include regarding foster children in the home.

- **SUMMARIZE PARENT'S PERSONAL HISTORY**

- List full legal name, date and place of birth.
- Give family of origin information. (Description of parents, siblings, and significant others including past and present relationship with these people).
- What methods of discipline or punishment was Parent exposed to as a child? What methods does Parent feel were most effective? Least effective?
- How did Parent achieve emancipation?
- How does Parent describe their sexual development? (i.e. exposure, puberty, understanding of)
- Explore Parent's education. What were challenges and successes?
- Explore Parent's employment and work life experience. What have been challenges? Successes?
- What does Parent consider significant events in their life thus far?
- Discuss previous marriages/significant relationships? Is there ongoing contact? Were children involved (discuss child support and visitation issues)? What were lessons learned?
- Discuss any fertility issues. Where is Parent in grief process regarding these issues (this includes single Parents who may be childless)?
- Discuss history of health problems, either with Parent or in extended family, including alcohol or drug abuse. Discuss mental health history.
- Discuss any history of criminal behavior.
- Discuss Parent's use of leisure time. What are Parent's hobbies, talents, interests?
- Discuss goals for the future: educational, career, and/or relationships.

- **DESCRIBE EVIDENCE OF PERSONAL AND EMOTIONAL MATURITY**

- Give examples of Parent's ability or inability to delay gratification. Describe instances where Parent may have felt unappreciated. How did they handle those situations?
- Discuss a time when the Parent felt frustrated or rejected. How did they handle it and what was the outcome?
- How is conflict managed in the family? Is Parent able to realistically identify their own strengths and vulnerabilities?
- How does Parent express feelings, especially anger?

- **DESCRIBE PARENT’S COPING SKILLS AND HISTORY OF STRESS MANAGEMENT**

- Include description and examples of how Parent handles grief and loss. Is Parent able to see humor in stressful situations?
- Is Parent flexible? Do they usually have a back-up plan?
- When confronted with an “impossible” task does this person: dig in and work harder? Ignore the situation? Ask for help?
- How does the Parent know when they are getting stressed out, what are the indicators? What do they do to take care of themselves?

- **DESCRIBE PARENT’S STABILITY AND QUALITY OF INTERPERSONAL RELATIONSHIPS**

- Give examples of strengths or vulnerabilities in this area. Is stability reflected in family history and current relationships?
- Who does the Parent rely on for support when they need anything? How long have they known them and what kind of support have they helped the Parent with in the past?
- Does this person have long term or close friendships, or primarily remain to himself, with associates rather than friends?

- **DESCRIBE THE LEVEL OF OPENNESS PARENT HAS IN RELATIONSHIPS**

- Describe boundary issues as well as general openness or rigidity to new ideas or accepting help. Has the Parent ever used community resources to help solve a problem? How do they feel about getting help from outside their immediate or extended family?
- Is this person able to be flexible in their roles when the situation calls for it? Does Parent acknowledge and appreciate individual differences between people?
- What challenges does the Parent anticipate in the extended family with integrating foster children with other grandchildren, nieces, nephews, cousins, etc.

- **DESCRIBE PARENT’S ABILITY TO EMPATHIZE WITH OTHERS**

- Give example(s) of instances where this has been a strength or caused problems in Parent’s life. Give your impression of Parent’s ability to correctly interpret verbal, non-verbal and behavioral cues. Can they tell when people in their family are upset?
- Describe Parent’s ability to verbalize what another person is feeling. Are they able to visualize themselves in the child’s or birth parent’s place without being judgmental?

- **DESCRIBE PARENT’S MOTIVATION TO ADOPT**

- What is the reason and interest in foster parenting? Why now?
- What is their understanding of foster care?
- What are their expectations? What do they think it will be like?
- How many children are they interested in fostering?
- What kind of child or children do the Parents feel prepared to parent? Age, race, sex, special needs, etc. What type of child are they not willing to parent?

- **DESCRIBE PARENT'S OWNERSHIP OF PARENTING CHILDREN NOT BORN TO THEM**

- Does Parent understand how fostering children not born to them impacts birth families?
- Are they able to verbalize their feelings about fostering "another person's birth child?" What worries them about parenting another person's child?
- Do they show evidence of an ability to internalize their rights and responsibilities?

- **DESCRIBE EVIDENCE OF PARENT'S ABILITY TO MAKE AND HONOR COMMITMENTS**

- Give examples of Parent's ability or inability to maintain long-term relationships and to keep promises/commitments even when Parent's quality of life may seem adversely affected.
- Is Parent able to realistically anticipate child's future needs and problems? Are they capable of meeting long term needs of children in care? For adoptive Parents, are they willing to continue the parenting role into the child's adulthood?
- Describe something the Parent has made a lifelong commitment to. Are there times the Parent wanted to give up? What was the outcome?

- **DESCRIBE PARENT'S PARENTING SKILLS AND ABILITIES**

- Describe the Parent's parenting style. Describe the nature and extent of previous experience with child supervision and parenting. Does Parent enjoy parenting activities? What about parenting gives them satisfaction? Frustration?
- Describe Parent's knowledge of various parenting skills/techniques and their experience with practical application of these. If Parent has children, do they parent them all exactly the same way?
- How do they/would they handle sibling issues such as jealousy, fighting, and competition? What concerns do they have in integrating foster children with their biological children?
- Describe Parent's ability to help children develop confidence and positive self-esteem.

- **DESCRIBE PARENT'S ABILITY AND WILLINGNESS TO TAKE A HANDS ON APPROACH TO PARENTING**

- Cite evidence that Parent will or will not be able to take an active role (vs. passive role) and model appropriate behaviors for the child.
- Can they use concrete behavior management techniques as well as strategies of a more cognitive nature?

- **RELATIONSHIP BETWEEN PARENT 1 AND PARENT 2**

- Discuss how relationship began and length of relationship. How has the relationship changed over time? Describe roles within the relationship. Discuss common interests and goals. Are there areas of difference or discord?
- Discuss the stability of the relationship. Have there been separations? Has counseling been used? If so, did Parent feel it was useful?
- Discuss difficulties faced in this relationship, such as financial problems, in-law issues, parenting conflicts or infertility.
- Discuss how relationship has impacted (or will impact) parenting. How (will) parenting decisions be made? What do (will) parenting roles look like? How flexible are parenting roles?

- Whose initial idea was it to foster? Discuss compatibility/differences in motivation, commitment and energy level toward adoptive plan.
 - Discuss how this relationship will likely be impacted by providing foster care?
- **SUPPORT SYSTEM**
 - Describe and discuss the family's support system. Include both informal and formal resources - family, friends, church, counselor, club, support group, etc. Include historical and current supports and also who the family plans to use for support in the future.
 - Who do they go to for advice? Who will provide child care if needed? Who will provide respite care?
 - What are the reported opinions of extended family and close friends regarding the Parent's intent to foster?
- **RELIGIOUS AFFILIATION AND/OR SPIRITUAL BELIEFS**
 - Outline each Parent's religious/spiritual situation. If there are two Parents, comment on compatibility of beliefs and/or methods used to address differences.
 - Discuss impact of religious/spiritual beliefs on family's day-to-day life. Discuss church or synagogue attendance, religious traditions, family rituals, etc.
 - What are the beliefs of extended family members, as they relate to the Parent's family and prospective adoptive children (for example, will extended family expect certain religious rituals or activities for child?)
 - How do Parent(s) intend to meet a child's religious needs? How will conflicts be resolved if the child entering the home has differing religious heritage or practices/beliefs? Is there flexibility in being able to meet the child's needs if they are different from the family regarding religion?
- **FAMILY FINANCES**
 - Foster Family Budget.
 - Discuss the family's overall financial situation. Is current income sufficient to meet the basic needs of the household? How will the placement of a child or children affect the family financially? Is the family realistic regarding changes that may have to occur in this area?
 - How are the family's financial decisions made?
 - What types of paid leave or flexibility does the foster parents' schedule allow for emergencies and the appointments that foster children may have?
 - Obtain a current detailed budget and recent tax forms. Provide supporting documents as requested i.e. pay stubs.
- **ATTITUDES AND BELIEFS REGARDING ADOPTION ISSUES**
 - Discuss each Parent's attitude toward birth parents who a) are unmarried, b) abused their child, c) neglected their child, d) are unable to care for their child due to parent's physical or intellectual limitations, e) are unable to care for their child due to parental abuse of drugs or alcohol, f) are unable to care for a specific child due to the child's special needs, and/or g) chooses not to parent the child for other reasons.
 - Describe Parent's ability and/or willingness to have contact with birth parents or other relatives. Describe the type/frequency of contact with which the Parent would be comfortable. Could the Parent support the child being allowed ongoing contact with birth siblings; with grandparents or other extended family; with birth parents? Discuss levels/conditions of openness.

- Discuss Parent's attitude toward previous caregivers or significant others, such as previous foster parents, teachers or therapists. Is Parent supportive of child remaining in contact with previous caregivers or significant others? Discuss levels/conditions of openness.
 - Describe foster parent's understanding of the separation and loss that children go through in the child welfare system. Discuss Parent's plan to help children cope with these issues.
 - Consider the type of child the Foster Parent is willing to consider. How does the Parent imagine that child fitting into the home? What challenges do they anticipate?
 - What does Parent expect from the agency to help them be successful?
- **SUMMARY OF COLLATERAL CONTACTS AND INFORMATION**
 - Summarize references including attempts to obtain references from all other agencies or organizations for which the Parent has provided care and/or supervision of children, be it paid or voluntary.
 - Has Parent ever applied to foster before? To whom and when did they apply? What was the outcome? Did the previous agency have any concerns? How does the family feel about their experience? What did they learn/gain from this experience?
 - Has Parent ever received services from a social services agency? If yes, provide details.
- **FAMILY STRENGTHS AND NEEDS**
 - List below strengths and needs that have been identified and discussed by the agency and the family.
 - Describe the plan developed with the Parent(s) to build on their strengths and to address their needs. Include such things as skill development and education.
 - Briefly (in 1-2 paragraphs) give a summary of this family and their readiness to adopt
 - Describe if something should happen to both parents who will care for the child?



TFI FAMILY SERVICES, INC. FOSTER PARENT READINESS ASSESSMENT

1. Original 2. Update/Addendum

Agency	Assessor (licensed professional)	Phone #	Email Address	Date		
Parent 1 Name First Middle Last (Maiden)	Applying to foster <input type="checkbox"/>	Email Address				
		Cell Phone #				
		Work Phone #				
Parent 2 Name First Middle Last (Maiden)	Applying to foster <input type="checkbox"/>	Email Address				
		Cell Phone #				
		Work Phone #				
Street Address		City	State	Zip Code	County	
Home Phone #		Fax #				
HOUSEHOLD MEMBERS (Add another sheet if necessary)						
Name	Parent 1	Parent 2	Household Member	Household Member	Household Member	Household Member



TFI FAMILY SERVICES, INC. FOSTER PARENT READINESS ASSESSMENT

Relationship to Parent 1						
Date of Birth/Age						
Race*						
Ethnic Background*						
What Languages are spoken in the home						
School Grade Completed						
Social Security Numbers						
Area of Specialized Education (if Applicable)			Notes:			
Marital Status (if Currently Married, Date of Marriage)						
Employer or Source of Income						
How Many Years With This Employer						
Occupation						



TFI FAMILY SERVICES, INC. FOSTER PARENT READINESS ASSESSMENT

Days/Hours of Work (In Normal Week)			
Driver's License Number			

DESCRIPTION OF HOME AS IT PERTAINS TO ADOPTION OF CHILDREN	
FLOORS APPROVED FOR SLEEPING	<input type="checkbox"/> First Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> Third Floor <input type="checkbox"/> Basement

SLEEPING ARRANGEMENTS *If family will obtain crib at the time an infant is placed in the home, please indicate that below			
BEDROOM #	FLOOR/LEVEL	OCCUPANT(S)	TYPE OF BED(S): crib*, toddler bed, twin, full, bunk, etc. (If bunk, indicate upper-U, or lower-L)
1			
2			
3			
4			
5			
6			



TFI FAMILY SERVICES, INC. FOSTER PARENT READINESS ASSESSMENT

Briefly describe family's home. Please use the following as a guide. What type of structure is the home? Is it a single family home, two family, mobile or apartment, etc.? What type of construction is the home? How many levels are there? How many rooms are there? Does the home have a basement? Is the basement finished? Is there an exit from the basement? Describe general atmosphere. Describe furnishings, housekeeping, etc.

Outside Space *Check all that apply*

Patio
 Hot Tub
 Fenced Yard
 Detached Garage
 Play Equipment
 Porch
 Deck
 Shed/Barn
 Attached Garage
 Pool/Pond/Lake
 Fenced and Locked Gate
 Handicapped Accessible
 Other Specify

Comments on safety issues in areas outside of the home.

Does any family member smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	For Adopt ONLY: Is smoking allowed IN the house? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there pets in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, List/Describe

Do pets meet local safety requirements (vaccinations, vicious animal restrictions, etc.)? Yes No

Are there guns in the home? Yes No

If there are guns in the home, how are they stored?

How are all medications stored?

What resources are available in the community that meet the needs of the child(ren) that may be placed in the home; such as, medical facilities, counseling agencies, schools, colleges, places of worship, theaters, museums, and recreational opportunities?

Name of school district where home is located

Children placed in the home would	Elementary School	
	Address	



TFI FAMILY SERVICES, INC. FOSTER PARENT READINESS ASSESSMENT

attend the following schools	Middle School	
	Address	
	High School	
	Address	
Is any child currently residing in the home homeschooled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is the home school registered with the State Board of Education? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does Parent plan to home school any child that will be placed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, permission for home education must be approved by DHHS. If Parent plans to home school any child or children that will be placed, please give a description of the home school program.		

Does Parent operate a business from the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the business for child care, adult day care or a rooming house? <input type="checkbox"/> Yes <input type="checkbox"/> No
If other than child care, adult day care or rooming house, describe type of business
If applicable, describe impact of home business on Foster/Adopt plan (hours of operation, flexibility, etc.)

TRANSPORTATION		
Vehicles		
<input type="checkbox"/> One Car <input type="checkbox"/> Two Cars <input type="checkbox"/> Truck/SUV <input type="checkbox"/> Van <input type="checkbox"/> Recreation Vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other (specify)		
Are vehicles in operable condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain		
Was proof of insurance provided for all operational vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company	Policy #
Does family have infant car seat(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Obtain	Does family have toddler car seat(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Obtain <input type="checkbox"/> Not Applicable	
Is the residence on a city bus line? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, distance to nearest bus stop	
Describe alternative transportation plan if family does not own an operating vehicle or live on a bus line		



TFI FAMILY SERVICES, INC. FOSTER PARENT READINESS ASSESSMENT

MILITARY HISTORY (For any household member with military history)				
Name	Branch	Date Entered	Date Discharged	Type of Discharge
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other
Explain if other than honorable discharge				

CRIMINAL HISTORY OF HOUSEHOLD MEMBERS OR CAREGIVERS					
Does any adult household member have a criminal history? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:					
Name	Offense	City and State	Convicted? If yes, date of conviction?	Sentence	On probation? Date of release from probation?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date
Has any household member been arrested and/or convicted for operating a vehicle under the influence of alcohol or drugs?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following for each incident:					
Name	City and State	Convicted? If yes, date of conviction?	Sentence	License Suspended or Revoked?	On probation? Date of release from probation?



TFI FAMILY SERVICES, INC. FOSTER PARENT READINESS ASSESSMENT

		<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date	<input type="checkbox"/> Yes <input type="checkbox"/> No Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date	<input type="checkbox"/> Yes <input type="checkbox"/> No Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date	<input type="checkbox"/> Yes <input type="checkbox"/> No Date
Has any minor in the household been adjudicated as a juvenile delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:					
Name	Offense	City and State	Approximate Date of Adjudication	Sentence	On probation? Date of release from probation?
					<input type="checkbox"/> Yes <input type="checkbox"/> No Date
					<input type="checkbox"/> Yes <input type="checkbox"/> No Date
Assessor's discussion and evaluation of all offenses, arrests, convictions, and adjudications listed above					

Residential History <i>(For last 10 years)</i>	Parent 1	Parent 2
Date moved to current address		
Previous address (city/state)		
Date moved to this address		
Previous address (city/state)		
Date moved to this address		



TFI FAMILY SERVICES, INC. FOSTER PARENT READINESS ASSESSMENT

Previous address (city/state)		
Date moved to this address		
Employment History (For last 10 years)		
Current employer		
Job title/occupation		
Date employment began		
Previous employer		
Job title		
Dates of employment		
Previous employer		
Job title		
Dates of employment		
Previous Marriage/Relationship History		
Previous marriage/significant relationship to		
Date of marriage/relationship began		
Date of separation		
Date of legal termination		
Previous marriage/significant relationship to		
Date of marriage/relationship began		
Date of separation		
Date of legal termination		

ADDITIONAL TRAINING COMPLETED						
	Date(s)	Location	Name of Training / Topic(s) Covered	# of Hours	How Delivered	Name of Trainer



TFI FAMILY SERVICES, INC. FOSTER PARENT READINESS ASSESSMENT

Parent 1					

Parent 2					

CHILD(REN) RESIDING IN THE HOME			
Name	Relationship to Parent 1	Relationship to Parent 2	Date Entered Household



**TFI FAMILY SERVICES, INC.
FOSTER PARENT READINESS ASSESSMENT**

If any child listed above is not a permanent member of the household, please note child's name and when (date) they may be leaving.

Describe each child's characteristics, including physical description, personality, educational situation and health. Describe child's attitude toward foster care, how were they prepared (i.e. TIPS-MAPP, books, ongoing preparation) and how such placements are likely to impact the child. Describe how the worker has helped to prepare the child.

CHILD(REN) NOT RESIDING IN THE HOME

Name	Relationship to Parent 1	Relationship to Parent 2	Date Left Household and Reason

If Parent's children live outside the home or only visit, discuss why children are not present, other parties involved, how this situation is now handled and how the situation will be impacted by foster care or adoption. Describe each child's characteristics, including physical description, personality, educational situation and health. Describe child's attitude toward family's decision to foster, how they were prepared (i.e. TIPPS-MAPP, books, ongoing preparation) and how such placements are likely to impact the child. Describe how the worker has helped to prepare the child(ren).

TFI FAMILY SERVICES, INC. FOSTER PARENT READINESS ASSESSMENT

ADULT CHILDREN OF THE PARENT(S)
(If adult children live in the home, please also complete the section below regarding their role as a household member)
For Parent's adult children, discuss each adult child's perspective on their childhood, their current relationship with the Parent(s), how they feel about the Parents choosing to foster, and how this relationship will be impacted by the addition of foster children.

NON-PARENT ADULTS IN THE HOME				
(Complete for each non-Parent adult member of the household)				
Name	Relationship to Parent(s)	Date entered household	Permanent household member? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date they may leave the home
Please describe this adult's general characteristics, including why he/she is living in the household and what his/her role will be regarding fostering child(ren).				

NARRATIVE
<p>Categories 1-12 should be fully explored for each Parent. Use as much space as needed for each category, adding more sheets if needed. When there are two Parents, the assessor has the option of:</p> <p style="margin-left: 40px;">A) Completing Categories 1-12 for Parent #1, then completing Categories 1-12 for Parent #2, OR</p> <p style="margin-left: 40px;">B) Under each of the 12 categories, give information about both Parents.</p> <p>(For option B, please make sure each person remains distinct, that you assess each Parent as an individual, as well as part of a parenting team.)</p>
12) Describe each parent's general personality.
2) Summarize Parent's personal history.



TFI FAMILY SERVICES, INC. FOSTER PARENT READINESS ASSESSMENT

NARRATIVE
3) Describe Parent's personal and emotional maturity.
4) Describe Parent's coping skills and history of stress management.
5) Describe whether Parent(s) have experienced childhood trauma. If yes, what steps have they taken to address.
6) Describe Parent's stability and quality of interpersonal relationships.
7) Describe the level of openness Parent has in relationships.
8) Describe Parent's ability to empathize with others.
9) Describe Parent's motivation to adopt.
10) Describe Parent's ownership of parenting children not born to them.
11) Describe Parent's ability to make and honor commitments.
12) Describe Parent's parenting skills and abilities.
13) Describe Parent's ability and willingness to take a "hands on" approach to parenting.
?



TFI FAMILY SERVICES, INC. FOSTER PARENT READINESS ASSESSMENT

NARRATIVE

RELATIONSHIP BETWEEN PARENT #1 AND PARENT #2 (Or, for single Parent, relationship with significant other, if applicable)
If Parent #1 is involved in a relationship with a spouse or domestic partner, or if the Parent is significantly involved with another adult, describe the nature of the relationship between these persons. Describe the communication styles used, how decisions are made and conflicts are resolved. Summarize the stability of the relationship, as well as the impact fostering will have on the relationship.

PARENT(S) SUPPORT SYSTEM (may choose to attach an ecomap here)
Describe Parent's current support system and supports available in the community. Describe how /fostering impacts and is impacted by these supports? Include child care plans and arrangements if they are known at the time of the assessment or available resources.

RELIGIOUS AFFILIATION AND/OR SPIRITUAL BELIEFS
Describe Parent's spiritual beliefs, values, and practices, and how these will impact fostering and be impacted by fostering a child or children..

FAMILY FINANCES
Attach the FosterFamily Budget. Summarize Parent's financial situation, their ability to meet the basic needs of the household, and how the family is able to support their own separately from foster care reimbursement..



TFI FAMILY SERVICES, INC. FOSTER PARENT READINESS ASSESSMENT

ATTITUDES AND BELIEFS REGARDING FOSTER CARE
Describe the Parent's ability to meet the special challenges of foster care, including birth parent issues, issues related to commitment and teamwork and his/her ability to work within the guidelines of the child welfare system. Is the parent able to work in partnership with the birth parent and provide support to the child?.

SUMMARY OF COLLATERAL CONTACTS AND INFORMATION
Summarize all references, including information from other agencies and professionals if applicable..

ADDITIONAL ASSESSOR OBSERVATIONS
Briefly describe any additional observations about this family's situation not captured in other areas if applicable.

FAMILY STRENGTHS AND NEEDS	
List below strengths and needs that have been identified and discussed by the agency and the family.	
Strengths	Needs
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
Describe the plan developed with the Parent(s) to build on their strengths and to address their needs. Include such things as skill development and education.	
Briefly (in 1-2 paragraphs) give a summary of this family and their readiness to foster.	



TFI FAMILY SERVICES, INC. FOSTER PARENT READINESS ASSESSMENT

Describe if something should happen to both parents who will care for the child (ren)?
--

ASSESSOR VISITS WITH PARENT(S) AND HOUSEHOLD MEMBERS					
Date of visit	Location	Name(s) of those present	Date of visit	Location	Name(s) of those present

ASSESSMENT PROCESS CHECKLIST		
(Please note that this is a general checklist. Assessments will vary in requirements depending on the circumstances and agency specific policies.)		
Date Parent Attended Information/Orientation Meeting (if applicable)		
Date of Initial Assessor Contact		
Date Application Received by Agency		
Date Parent Completed MAPP Training (copy of certificate)		
Date Verified Marriage (if applicable)	How verified	
Date Verified Divorce(s) (if applicable)	How verified	
Date Budget Received	Date All Supporting Financial Documents Received:	
Date Well Water Test Completed (if using well water)	Date Alternative Water Plan Submitted/Approved:	
Date Reference #1 Received	Name	Address
Date Reference #2 Received	Name	Address
Date Reference #3 Received	Name	Address



TFI FAMILY SERVICES, INC. FOSTER PARENT READINESS ASSESSMENT

Date Reference #4 Received (optional)	Name	Address
Date Adult Child References Received		
Date KBI Checks Received (annually)		Date FBI Checks Received:
Date CANIS Received (annually)		Date Abuse/Neglect Checks From Other States Received, if required:
Date All Medical Statements Received (medications)		Date of Annual Health Examination by Primary Care Physician:
Date Additional Medical Reports Received, if requested:		
Do any of the above listed verifications contain information that would disqualify either Parent for the program for which they applied? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain		
Do any of the above listed verifications contain information that would cause limitations/restrictions regarding the care of a foster or adopted child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain		
<input type="checkbox"/> Check this box if assessment was not initiated within 30 days (of TIPS-MAPP Completion) and explain why.		
<input type="checkbox"/> Check this box if assessment was not completed within 180 days (of TIPS-MAPP Completion) and explain why.		

DISPOSITION OF ADOPTION APPLICATION	
<input type="checkbox"/>	Foster Care Assessment denied. Reasons
<input type="checkbox"/>	Foster Care Assessment approved for Parent #1 <input type="checkbox"/> and Parent #2 <input type="checkbox"/> . If not approved for both, please explain reason.
Summarize child or type of child for which approval is granted (include age, gender, number of children and acceptable characteristics)	
SIGNATURES	
Assessor Signature (licensed professional)	Date



TFI FAMILY SERVICES, INC. FOSTER PARENT READINESS ASSESSMENT

Supervisor Signature		Date
PARENT(S) SIGNATURES		
Parent 1		Date
Parent 2		Date

Note For each change, an addendum must be added to the narrative describing the change and indicating the caregiver(s) approved of the change.			
CHANGE TO APPROVED USAGE OF HOME		Use either one of the boxes below, but do not use both	
Subsequent Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box <input type="checkbox"/> and enter number
Assessor Name (licensed professional)		Assessor Signature (licensed professional)	
Supervisor Name		Supervisor Signature	
CHANGE TO APPROVED USAGE OF HOME		Use either one of the boxes below, but do not use both	
Subsequent Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box <input type="checkbox"/> and enter number
Assessor Name (licensed professional)		Assessor Signature (licensed professional)	
Supervisor Name		Supervisor Signature	



TFI FAMILY SERVICES, INC. FOSTER PARENT READINESS ASSESSMENT

CHANGE TO APPROVED USAGE OF HOME			Use either one of the boxes below, but do not use both	
Subsequent Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box <input type="checkbox"/> and enter number	
Assessor Name (licensed professional)		Assessor Signature (licensed professional)		Date
Supervisor Name		Supervisor Signature		Date
CHANGE TO APPROVED USAGE OF HOME			Use either one of the boxes below, but do not use both	
Subsequent Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box <input type="checkbox"/> and enter number	
Assessor Name (licensed professional)		Assessor Signature (licensed professional)		Date
Supervisor Name		Supervisor Signature		Date
CHANGE TO APPROVED USAGE OF HOME			Use either one of the boxes below, but do not use both	
Subsequent Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box <input type="checkbox"/> and enter number	
Assessor Name (licensed professional)		Assessor Signature (licensed professional)		Date
Supervisor Name		Supervisor Signature		Date
CHANGE TO APPROVED USAGE OF HOME			Use either one of the boxes below, but do not use both	
Subsequent Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box <input type="checkbox"/> and enter number	
Assessor Name (licensed professional)		Assessor Signature (licensed professional)		Date
Supervisor Name		Supervisor Signature		Date



**TFI FAMILY SERVICES, INC.
FOSTER PARENT READINESS ASSESSMENT**

Assessor Name (licensed professional)	Assessor Signature (licensed professional)	Date
Supervisor Name	Supervisor Signature	Date



TFI FAMILY SERVICES, INC.

NEBRASKA ADOPTION READINESS GUIDEBOOK

THE NEBRASKA ADOPTION READINESS GUIDE IS A STEP BY STEP HANDBOOK TO ASSIST ASSESSORS DOCUMENT ALL FACETS OF THE ADOPTIVE FAMILY PROCESS:

• **DESCRIBE THE RESOURCES AVAILABLE IN THE COMMUNITY**

Due to federal requirements the family assessment/homestudy shall not reference the racial or ethnic composition of the neighborhood, the demographics of the neighborhood, and/or the presence or lack of presence of a significant number of persons of a particular race, color, or national origin in the neighborhood. The homestudy should, however, reference the general resources available in the community, such as medical facilities, counseling agencies, schools, colleges, places of worship, theaters, museums, and recreational opportunities.

• **HOME SCHOOLING PROGRAMS**

If the Parent currently provides home schooling for children living in the home or plans to provide home schooling for any child that will be placed, discuss the home school program and curriculum and the child's educational progress. Indicate whether the home school program has been registered with the State Board of Education. Discuss the level of flexibility the adoptive parent has regarding home schooling, as DHHS has the right to require a child to attend public school prior to finalization, and the child may be better served by attending public school.

• **CHILDREN RESIDING IN THE HOME (Complete for each child in the home)**

- Describe child's general personality. Describe the types of activities the child enjoys (i.e., music, sports, reading). Indicate child's general activity level and any special talents.
- Describe child's educational situation - school attended or home education program, grade, days per week in school, any special learning challenges the child may have, and any special educational program in which child participates. Describe child's functioning in school academically, behaviorally and socially (Include both positive and negative aspects).
- Discuss the child's physical health. Does the child have any significant or ongoing health issues or take any prescription medication on a regular basis? Does the child have any physical limitations or challenges?
- Describe any developmental delays this child may have, and how this impacts the daily life of the family.
- Describe the child's feelings about another child entering the home, sharing his/her parent(s), space, toys, attention. Is this child excited, unhappy, and interested in the prospect? How realistic are the child's expectations?
- Describe how the child was prepared for adoption? Did they attend TIPS-MAPP? What ongoing process is occurring to ensure the child is still prepared for other kids to come into the home? Do they read books about it together? Do the kids talk about adding siblings? Are they involved in the matching process? How did the assessor help prepare the child?
- Discuss the likely impact of adoption on this child. Describe how activities now shared between child and one or both parents in the home will be affected. Discuss how birth order/role changes are likely to impact this child and any special considerations that will need to be made to assure this child's needs continue to be adequately met.

• **ADULT CHILDREN OF THE PARENT(S)
(Complete for each adult child of the Parent, including adults who may also live in the home)**

- Describe the adult child's perspective on their upbringing, childhood, family life.
 - Describe the adult child's current relationship with the Parent(s). Discuss how often they have contact, what type of contact, etc.
 - Describe how this relationship will be impacted by adoption. What role will the adult child play in the adopted child's life? Will they be involved in family activities? Will they be a support to the Parents and able to assist with adopted children?
- **NON-PARENT ADULTS IN THE HOME**
(Complete for each adult member of the household who is not a Parent, including any adult children who may live in the home)
 - Describe the individual's general personality. Discuss why this person resides in the household and the relationship between this person and Parent #1 or Parent #2.
 - Briefly describe the individual's education and employment history. Describe the individual's health, noting any recurring health problems or physical limitations as well as any mental health issues. Note any past or present issues with drug or alcohol abuse.
 - The law requires a criminal records check be conducted for any person 10 years old or older who live in the adoptive home. Does Parent or individual report that this adult has a history of criminal behavior? If so, describe. Is there any indication or evidence that this individual has ever hurt a child?
 - Describe how the individual feels about a child or children coming into the home and how he/she perceives the child or children will fit into the family. Describe what this individual's relationship/responsibilities will include regarding adopt children in the home.
- **SUMMARIZE PARENT'S PERSONAL HISTORY**
 - List full legal name, date and place of birth.
 - Give family of origin information. (Description of parents, siblings, and significant others including past and present relationship with these people).
 - What methods of discipline or punishment was Parent exposed to as a child? What methods does Parent feel were most effective? Least effective?
 - How did Parent achieve emancipation?
 - How does Parent describe their sexual development? (i.e. exposure, puberty, understanding of)
 - Explore Parent's education. What were challenges and successes?
 - Explore Parent's employment and work life experience. What have been challenges? Successes?
 - What does Parent consider significant events in their life thus far?
 - Discuss previous marriages/significant relationships? Is there ongoing contact? Were children involved (discuss child support and visitation issues)? What were lessons learned?
 - Discuss any fertility issues. Where is Parent in grief process regarding these issues (this includes single Parents who may be childless)?
 - Discuss history of health problems, either with Parent or in extended family, including alcohol or drug abuse. Discuss mental health history.
 - Discuss any history of criminal behavior.
 - Discuss Parent's use of leisure time. What are Parent's hobbies, talents, interests?
 - Discuss goals for the future: educational, career, and/or relationships.
- **DESCRIBE EVIDENCE OF PERSONAL AND EMOTIONAL MATURITY**
 - Give examples of Parent's ability or inability to delay gratification. Describe instances where Parent may have felt unappreciated. How did they handle those situations?
 - Discuss a time when the Parent felt frustrated or rejected. How did they handle it and what was the

- outcome?
 - How is conflict managed in the family? Is Parent able to realistically identify their own strengths and vulnerabilities?
 - How does Parent express feelings, especially anger?
- **DESCRIBE PARENT'S COPING SKILLS AND HISTORY OF STRESS MANAGEMENT**
 - Include description and examples of how Parent handles grief and loss. Is Parent able to see humor in stressful situations?
 - Is Parent flexible? Do they usually have a back-up plan?
 - When confronted with an "impossible" task does this person: dig in and work harder? Ignore the situation? Ask for help?
 - How does the Parent know when they are getting stressed out, what are the indicators? What do they do to take care of themselves?
- **DESCRIBE PARENT'S STABILITY AND QUALITY OF INTERPERSONAL RELATIONSHIPS**
 - Give examples of strengths or vulnerabilities in this area. Is stability reflected in family history and current relationships?
 - Who does the Parent rely on for support when they need anything? How long have they known them and what kind of support have they helped the Parent with in the past?
 - Does this person have long term or close friendships, or primarily remain to himself, with associates rather than friends?
- **DESCRIBE THE LEVEL OF OPENNESS PARENT HAS IN RELATIONSHIPS**
 - Describe boundary issues as well as general openness or rigidity to new ideas or accepting help. Has the Parent ever used community resources to help solve a problem? How do they feel about getting help from outside their immediate or extended family?
 - Is this person able to be flexible in their roles when the situation calls for it? Does Parent acknowledge and appreciate individual differences between people?
 - What challenges does the Parent anticipate in the extended family with integrating adopted children with other grandchildren, nieces, nephews, cousins, etc.
- **DESCRIBE PARENT'S ABILITY TO EMPATHIZE WITH OTHERS**
 - Give example(s) of instances where this has been a strength or caused problems in Parent's life. Give your impression of Parent's ability to correctly interpret verbal, non-verbal and behavioral cues. Can they tell when people in their family are upset?
 - Describe Parent's ability to verbalize what another person is feeling. Are they able to visualize themselves in the child's or birth parent's place without being judgmental?
- **DESCRIBE PARENT'S MOTIVATION TO ADOPT**
 - What is the reason and interest in adoption? Why now?
 - What is their understanding of adoption?
 - What are their expectations? What do they think it will be like?
 - How many children are they interested in adopting?
 - What kind of child or children do the Parents feel prepared to parent? Age, race, sex, special needs,

etc. What type of child are they not willing to parent?

- **DESCRIBE PARENT'S OWNERSHIP OF PARENTING CHILDREN NOT BORN TO THEM**

- Does Parent understand how parenting children not born to them impacts adoptive families?
- Are they able to verbalize their feelings about parenting "another person's birth child?" What worries them about parenting another person's child?
- Do they show evidence of an ability to internalize their rights and responsibilities?

- **DESCRIBE EVIDENCE OF PARENT'S ABILITY TO MAKE AND HONOR COMMITMENT**

- Give examples of Parent's ability or inability to maintain long-term relationships and to keep promises/commitments even when Parent's quality of life may seem adversely affected.
- Is Parent able to realistically anticipate child's future needs and problems? Are they capable of meeting long term needs of children in care? For adoptive Parents, are they willing to continue the parenting role into the child's adulthood?
- Describe something the Parent has made a lifelong commitment to. Are there times the Parent wanted to give up? What was the outcome?

- **DESCRIBE PARENT'S PARENTING SKILLS AND ABILITIES**

- Describe the Parent's parenting style. Describe the nature and extent of previous experience with child supervision and parenting. Does Parent enjoy parenting activities? What about parenting gives them satisfaction? Frustration?
- Describe Parent's knowledge of various parenting skills/techniques and their experience with practical application of these. If Parent has children, do they parent them all exactly the same way?
- How do they/would they handle sibling issues such as jealousy, fighting, and competition? What concerns do they have in integrating adopted children with their biological children?
- Describe Parent's ability to help children develop confidence and positive self-esteem.

- **DESCRIBE PARENT'S ABILITY AND WILLINGNESS TO TAKE A HANDS ON APPROACH TO PARENTING**

- Cite evidence that Parent will or will not be able to take an active role (vs. passive role) and model appropriate behaviors for the child.
- Can they use concrete behavior management techniques as well as strategies of a more cognitive nature?

- **RELATIONSHIP BETWEEN PARENT 1 AND PARENT 2**

- Discuss how relationship began and length of relationship. How has the relationship changed over time? Describe roles within the relationship. Discuss common interests and goals. Are there areas of difference or discord?
- Discuss the stability of the relationship. Have there been separations? Has counseling been used? If so, did Parent feel it was useful?
- Discuss difficulties faced in this relationship, such as financial problems, in-law issues, parenting conflicts or infertility.

- Discuss how relationship has impacted (or will impact) parenting. How (will) parenting decisions be made? What do (will) parenting roles look like? How flexible are parenting roles?
 - Whose initial idea was it to adopt? Discuss compatibility/differences in motivation, commitment and energy level toward adoptive plan.
 - Discuss how this relationship will likely be impacted by providing adopting?
- **SUPPORT SYSTEM**
 - Describe and discuss the family's support system. Include both informal and formal resources - family, friends, church, counselor, club, support group, etc. Include historical and current supports and also who the family plans to use for support in the future.
 - Who do they go to for advice? Who will provide child care if needed? Who will provide respite care?
 - What are the reported opinions of extended family and close friends regarding the Parent's intent to adopt?
 - In case the Parents are unable to care for any adopted children, who would be responsible for the children long-term? Is this the same plan as the biological children?
- **RELIGIOUS AFFILIATION AND/OR SPIRITUAL BELIEFS**
 - Outline each Parent's religious/spiritual situation. If there are two Parents, comment on compatibility of beliefs and/or methods used to address differences.
 - Discuss impact of religious/spiritual beliefs on family's day-to-day life. Discuss church or synagogue attendance, religious traditions, family rituals, etc.
 - What are the beliefs of extended family members, as they relate to the Parent's family and prospective adoptive children (for example, will extended family expect certain religious rituals or activities for child?)
 - How do Parent(s) intend to meet a child's religious needs? How will conflicts be resolved if the child entering the home has differing religious heritage or practices/beliefs? Is there flexibility in being able to meet the child's needs if they are different from the family regarding religion?
- **FAMILY FINANCES**
 - Adoptive Family Budget.
 - Discuss the family's overall financial situation. Is current income sufficient to meet the basic needs of the household? How will the placement of a child or children affect the family financially? Is the family realistic regarding changes that may have to occur in this area?
 - If applicable, has family been informed of possible adoption subsidies available? If applicable, has family been informed of the availability and uses of a medical card? Does family appear to understand these programs?
 - How are the family's financial decisions made?
 - When will the adopted child be eligible for coverage on the family's health insurance?
 - What types of paid leave or other benefits does the Parent(s)'s employer(s) offer regarding adoption?
 - Obtain a current detailed budget and recent tax forms. Provide supporting documents as requested i.e. pay stubs.
- **ATTITUDES AND BELIEFS REGARDING ADOPTION ISSUES**
 - Discuss each Parent's attitude toward birth parents who a) are unmarried, b) abused their child, c)

neglected their child, d) are unable to care for their child due to parent's physical or intellectual limitations, e) are unable to care for their child due to parental abuse of drugs or alcohol, f) are unable to care for a specific child due to the child's special needs, and/or g) chooses not to parent the child for other reasons.

- Describe Parent's ability and/or willingness to have contact with birth parents or other relatives. Describe the type/frequency of contact with which the Parent would be comfortable. Could the Parent support the child being allowed ongoing contact with birth siblings; with grandparents or other extended family; with birth parents? Discuss levels/conditions of openness.
- Discuss Parent's attitude toward previous caregivers or significant others, such as previous foster parents, teachers or therapists. Is Parent supportive of child remaining in contact with previous caregivers or significant others? Discuss levels/conditions of openness.
- Describe adoptive parent's understanding of the separation and loss that children go through in the child welfare system. Discuss Parent's plan to help children cope with these issues.
- Consider the type of child the adoptive Parent is willing to consider. How does the Parent imagine that child fitting into the home? What challenges do they anticipate?
- What does Parent expect from the agency to help them be successful?
- How does the Parent plan to talk to the child about their past and about adoption? Include attitudes regarding access to and use of Lifebook and/or other items that connect the child with their biological roots and placement history.
- If ongoing direct or indirect contact with birth family does not occur, how will adoptive Parent feel if child searches for birth relatives as an adult? What if the child chooses not to search?

- **SUMMARY OF COLLATERAL CONTACTS AND INFORMATION**

- Summarize references including attempts to obtain references from all other agencies or organizations for which the Parent has provided care and/or supervision of children, be it paid or voluntary.
- Has Parent ever applied to adopt before? To whom and when did they apply? What was the outcome? Attach previous assessment forms/reports as needed. How does the family feel about their experience? What did they learn/gain from this experience?
- Has Parent ever received services from a social services agency? If yes, provide details.

- **FAMILY STRENGTHS AND NEEDS**

- List below strengths and needs that have been identified and discussed by the agency and the family.
- Describe the plan developed with the Parent(s) to build on their strengths and to address their needs. Include such things as skill development and education.
- Briefly (in 1-2 paragraphs) give a summary of this family and their readiness to adopt
- Describe if something should happen to both parents who will care for the child?



TFI FAMILY SERVICES, INC. ADOPTION READINESS ASSESSMENT

1. Original 2. Update/Addendum

Agency	Assessor (licensed professional)	Phone #	Email Address	Date		
Parent 1 Name First Middle Last (Maiden)	Applying to adopt <input type="checkbox"/>	Email Address				
		Cell Phone #				
		Work Phone #				
Parent 2 Name First Middle Last (Maiden)	Applying to <input type="checkbox"/>	Email Address				
		Cell Phone #				
		Work Phone #				
Street Address		City	State	Zip Code	County	
Home Phone #		Fax #				
HOUSEHOLD MEMBERS (Add another sheet if necessary)						
Name	Parent 1	Parent 2	Household Member	Household Member	Household Member	Household Member

TFI FAMILY SERVICES, INC. ADOPTION READINESS ASSESSMENT

Relationship to Parent 1						
Date of Birth/Age						
Race*						
Ethnic Background*						
What Languages are spoken in the home						
School Grade Completed						
Social Security Numbers						
Area of Specialized Education (If Applicable)			Notes:			
Marital Status (if Currently Married, Date of Marriage)						
Employer or Source of Income						
How Many Years With This Employer						
Occupation						

TFI FAMILY SERVICES, INC. ADOPTION READINESS ASSESSMENT

Days/Hours of Work (In Normal Week)			
Driver's License Number			

DESCRIPTION OF HOME AS IT PERTAINS TO ADOPTION OF CHILDREN	
FLOORS APPROVED FOR SLEEPING	<input type="checkbox"/> First Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> Third Floor <input type="checkbox"/> Basement

SLEEPING ARRANGEMENTS *If family will obtain crib at the time an infant is placed in the home, please indicate that below			
BEDROOM #	FLOOR/LEVEL	OCCUPANT(S)	TYPE OF BED(S): crib*, toddler bed, twin, full, bunk, etc. (If bunk, indicate upper-U, or lower-L)
1			
2			
3			
4			
5			
6			



TFI FAMILY SERVICES, INC. ADOPTION READINESS ASSESSMENT

attend the following schools	Middle School	
	Address	
	High School	
	Address	
Is any child currently residing in the home homeschooled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is the home school registered with the State Board of Education? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does Parent plan to home school any child that will be placed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, permission for home education must be approved by DHHS. If Parent plans to home school any child or children that will be placed, please give a description of the home school program.		

Does Parent operate a business from the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the business for child care, adult day care or a rooming house? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If other than child care, adult day care or rooming house, describe type of business		
If applicable, describe impact of home business on Foster/Adopt plan (hours of operation, flexibility, etc.)		
TRANSPORTATION		
Vehicles <input type="checkbox"/> One Car <input type="checkbox"/> Two Cars <input type="checkbox"/> Truck/SUV <input type="checkbox"/> Van <input type="checkbox"/> Recreation Vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other (specify)		
Are vehicles in operable condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain		
Was proof of insurance provided for all operational vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company	Policy #
Does family have infant car seat(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Obtain	Does family have toddler car seat(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Obtain <input type="checkbox"/> Not Applicable	
Is the residence on a city bus line? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, distance to nearest bus stop	
Describe alternative transportation plan if family does not own an operating vehicle or live on a bus line		



TFI FAMILY SERVICES, INC. ADOPTION READINESS ASSESSMENT

MILITARY HISTORY (For any household member with military history)				
Name	Branch	Date Entered	Date Discharged	Type of Discharge
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other
				<input type="checkbox"/> Honorable <input type="checkbox"/> Other
Explain if other than honorable discharge				

CRIMINAL HISTORY OF HOUSEHOLD MEMBERS OR CAREGIVERS					
Does any adult household member have a criminal history? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:					
Name	Offense	City and State	Convicted? If yes, date of conviction?	Sentence	On probation? Date of release from probation?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date
Has any household member been arrested and/or convicted for operating a vehicle under the influence of alcohol or drugs?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following for each incident:					
Name	City and State	Convicted? If yes, date of conviction?	Sentence	License Suspended or Revoked?	On probation? Date of release from probation?



TFI FAMILY SERVICES, INC. ADOPTION READINESS ASSESSMENT

		<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date	<input type="checkbox"/> Yes <input type="checkbox"/> No Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date	<input type="checkbox"/> Yes <input type="checkbox"/> No Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date		<input type="checkbox"/> Yes <input type="checkbox"/> No Date	<input type="checkbox"/> Yes <input type="checkbox"/> No Date
Has any minor in the household been adjudicated as a juvenile delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:					
Name	Offense	City and State	Approximate Date of Adjudication	Sentence	On probation? Date of release from probation?
					<input type="checkbox"/> Yes <input type="checkbox"/> No Date
					<input type="checkbox"/> Yes <input type="checkbox"/> No Date
Assessor's discussion and evaluation of all offenses, arrests, convictions, and adjudications listed above					

Residential History (For last 10 years)	Parent 1	Parent 2
Date moved to current address		
Previous address (city/state)		
Date moved to this address		
Previous address (city/state)		
Date moved to this address		



TFI FAMILY SERVICES, INC. ADOPTION READINESS ASSESSMENT

Previous address (city/state)		
Date moved to this address		
Employment History (For last 10 years)		
Current employer		
Job title/occupation		
Date employment began		
Previous employer		
Job title		
Dates of employment		
Previous employer		
Job title		
Dates of employment		
Previous Marriage/Relationship History		
Previous marriage/significant relationship to		
Date of marriage/relationship began		
Date of separation		
Date of legal termination		
Previous marriage/significant relationship to		
Date of marriage/relationship began		
Date of separation		
Date of legal termination		

ADDITIONAL TRAINING COMPLETED						
	Date(s)	Location	Name of Training / Topic(s) Covered	# of Hours	How Delivered	Name of Trainer



TFI FAMILY SERVICES, INC. ADOPTION READINESS ASSESSMENT

Parent 1					

Parent 2					

CHILD(REN) RESIDING IN THE HOME			
Name	Relationship to Parent 1	Relationship to Parent 2	Date Entered Household



TFI FAMILY SERVICES, INC. ADOPTION READINESS ASSESSMENT

If any child listed above is not a permanent member of the household, please note child's name and when (date) they may be leaving.

Describe each child's characteristics, including physical description, personality, educational situation and health. Describe child's attitude toward adoption plan, how were they prepared (i.e. TIPS-MAPP, books, ongoing preparation) and how such placements are likely to impact the child. Describe how the worker has helped to prepare the child.

CHILD(REN) NOT RESIDING IN THE HOME

Name	Relationship to Parent 1	Relationship to Parent 2	Date Left Household and Reason

If Parent's children live outside the home or only visit, discuss why children are not present, other parties involved, how this situation is now handled and how the situation will be impacted by adoption. Describe each child's characteristics, including physical description, personality, educational situation and health. Describe child's attitude toward family's decision to adopt, how they were prepared (i.e. TIPS-MAPP, books, ongoing preparation) and how such placements are likely to impact the child. Describe how the worker has helped to prepare the child(ren).

TFI FAMILY SERVICES, INC. ADOPTION READINESS ASSESSMENT

ADULT CHILDREN OF THE PARENT(S)
(If adult children live in the home, please also complete the section below regarding their role as a household member)
For Parent's adult children, discuss each adult child's perspective on their childhood, their current relationship with the Parent(s), how they feel about the Parents choosing to adopt, and how this relationship will be impacted by the addition of adopted children.

NON-PARENT ADULTS IN THE HOME				
(Complete for each non-Parent adult member of the household)				
Name	Relationship to Parent(s)	Date entered household	Permanent household member? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date they may leave the home
Please describe this adult's general characteristics, including why he/she is living in the household and what his/her role will be regarding foster/adopt child(ren).				

NARRATIVE
Categories 1-12 should be fully explored for each Parent. Use as much space as needed for each category, adding more sheets if needed. When there are two Parents, the assessor has the option of:
<ul style="list-style-type: none"> A) Completing Categories 1-12 for Parent #1, then completing Categories 1-12 for Parent #2, OR B) Under each of the 12 categories, give information about both Parents.
(For option B, please make sure each person remains distinct, that you assess each Parent as an individual, as well as part of a parenting team.)
12) Describe each parent's general personality.
2) Summarize Parent's personal history.



TFI FAMILY SERVICES, INC. ADOPTION READINESS ASSESSMENT

NARRATIVE
3) Describe Parent's personal and emotional maturity.
4) Describe Parent's coping skills and history of stress management.
5) Describe whether Parent(s) have experienced childhood trauma. If yes, what steps have they taken to address.
6) Describe Parent's stability and quality of interpersonal relationships.
7) Describe the level of openness Parent has in relationships.
8) Describe Parent's ability to empathize with others.
9) Describe Parent's motivation to adopt.
10) Describe Parent's ownership of parenting children not born to them.
11) Describe Parent's ability to make and honor commitments.
12) Describe Parent's parenting skills and abilities.
13) Describe Parent's ability and willingness to take a "hands on" approach to parenting.
14) Have you ever had an adoptive placement that did not finalize?



TFI FAMILY SERVICES, INC. ADOPTION READINESS ASSESSMENT

NARRATIVE

15) Have you ever had an adoption that has disrupted or dissolved?

RELATIONSHIP BETWEEN PARENT #1 AND PARENT #2

(Or, for single Parent, relationship with significant other, if applicable)

If Parent #1 is involved in a relationship with a spouse or domestic partner, or if the Parent is significantly involved with another adult, describe the nature of the relationship between these persons. Describe the communication styles used, how decisions are made and conflicts are resolved. Summarize the stability of the relationship, as well as the impact adoption will have on the relationship.

PARENT(S) SUPPORT SYSTEM

(may choose to attach an ecomap here)

Describe Parent's current support system and supports available in the community. Describe how adoptive placement impacts and is impacted by these supports? Include child care plans and arrangements if they are known at the time of the assessment or available resources.

RELIGIOUS AFFILIATION AND/OR SPIRITUAL BELIEFS

Describe Parent's spiritual beliefs, values, and practices, and how these will impact the adopt plan and be impacted by the adopt plan.

FAMILY FINANCES

Attach the Adopt Family Budget. Summarize Parent's financial situation, their ability to meet the basic needs of the household, and how this will be impacted by adoption.



TFI FAMILY SERVICES, INC. ADOPTION READINESS ASSESSMENT

ATTITUDES AND BELIEFS REGARDING ADOPTION ISSUES
Describe the Parent's ability to meet the special challenges of adoption, including birth parent issues, issues related to commitment and teamwork and his/her ability to work within the guidelines of the child welfare system. If the parent is being recommended for treatment or medically fragile foster care, document how they meet the requirements for the program.

SUMMARY OF COLLATERAL CONTACTS AND INFORMATION
Summarize all references, including information from other agencies and organizations with which parent has had contact with children (including other foster care or adoption agencies).

ADDITIONAL ASSESSOR OBSERVATIONS
Briefly describe any additional observations about this family's situation not captured in other areas, including the current/continued role as foster parents, if applicable.

FAMILY STRENGTHS AND NEEDS	
List below strengths and needs that have been identified and discussed by the agency and the family.	
Strengths	Needs
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
Describe the plan developed with the Parent(s) to build on their strengths and to address their needs. Include such things as skill development and education.	



TFI FAMILY SERVICES, INC. ADOPTION READINESS ASSESSMENT

Briefly (in 1-2 paragraphs) give a summary of this family and their readiness to adopt.
Describe if something should happen to both parents who will care for the child (ren)?

ASSESSOR VISITS WITH PARENT(S) AND HOUSEHOLD MEMBERS					
Date of visit	Location	Name(s) of those present	Date of visit	Location	Name(s) of those present

ASSESSMENT PROCESS CHECKLIST		
(Please note that this is a general checklist. Assessments will vary in requirements depending on the circumstances and agency specific policies.)		
Date Parent Attended Information/Orientation Meeting (if applicable)		
Date of Initial Assessor Contact		
Date Application Received by Agency		
Date Parent Completed MAPP Training (copy of certificate)		
Date Verified Marriage (if applicable)	How verified	
Date Verified Divorce(s) (if applicable)	How verified	
Date Budget Received	Date All Supporting Financial Documents Received:	
Date Well Water Test Completed (if using well water)	Date Alternative Water Plan Submitted/Approved:	
Date Reference #1 Received	Name	Address
Date Reference #2 Received	Name	Address



TFI FAMILY SERVICES, INC. ADOPTION READINESS ASSESSMENT

Date Reference #3 Received	Name	Address
Date Reference #4 Received (optional)	Name	Address
Date Adult Child References Received		
Date KBI Checks Received (annually)		Date FBI Checks Received:
Date CANIS Received (annually)	Date Abuse/Neglect Checks From Other States Received, if required:	
Date All Medical Statements Received (medications)	Date of Annual Health Examination by Primary Care Physician:	
Date Additional Medical Reports Received, if requested:		
Do any of the above listed verifications contain information that would disqualify either Parent for the program for which they applied?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain		
Do any of the above listed verifications contain information that would cause limitations/restrictions regarding the care of a foster or adopted child?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain		
<input type="checkbox"/> Check this box if assessment was not initiated within 30 days (of TIPS-MAPP Completion) and explain why.		
<input type="checkbox"/> Check this box if assessment was not completed within 180 days (of TIPS-MAPP Completion) and explain why.		

DISPOSITION OF ADOPTION APPLICATION
<input type="checkbox"/> Adoption application denied. Reasons
<input type="checkbox"/> Adoption application approved for Parent #1 <input type="checkbox"/> and Parent #2 <input type="checkbox"/> . If not approved for both, please explain reason.
Summarize child or type of child for which approval is granted (include age, gender, number of children and acceptable characteristics)
SIGNATURES



TFI FAMILY SERVICES, INC. ADOPTION READINESS ASSESSMENT

Assessor Signature (licensed professional)		Date
Supervisor Signature		Date
PARENT(S) SIGNATURES		
Parent 1		Date
Parent 2		Date

Note For each change, an addendum must be added to the narrative describing the change and indicating the caregiver(s) approved of the change.

CHANGE TO APPROVED USAGE OF HOME		Use either one of the boxes below, but do not use both	
Subsequent Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box <input type="checkbox"/> and enter number
Assessor Name (licensed professional)		Assessor Signature (licensed professional)	
Date		Date	
Supervisor Name		Supervisor Signature	
Date		Date	
CHANGE TO APPROVED USAGE OF HOME		Use either one of the boxes below, but do not use both	
Subsequent Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box <input type="checkbox"/> and enter number
Assessor Name (licensed professional)		Assessor Signature (licensed professional)	
Date		Date	



TFI FAMILY SERVICES, INC. ADOPTION READINESS ASSESSMENT

Supervisor Name		Supervisor Signature		Date
CHANGE TO APPROVED USAGE OF HOME			Use either one of the boxes below, but do not use both	
Subsequent Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box <input type="checkbox"/> and enter number	
Assessor Name (licensed professional)		Assessor Signature (licensed professional)		Date
Supervisor Name		Supervisor Signature		Date
CHANGE TO APPROVED USAGE OF HOME			Use either one of the boxes below, but do not use both	
Subsequent Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box <input type="checkbox"/> and enter number	
Assessor Name (licensed professional)		Assessor Signature (licensed professional)		Date
Supervisor Name		Supervisor Signature		Date
CHANGE TO APPROVED USAGE OF HOME			Use either one of the boxes below, but do not use both	
Subsequent Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box <input type="checkbox"/> and enter number	
Assessor Name (licensed professional)		Assessor Signature (licensed professional)		Date
Supervisor Name		Supervisor Signature		Date
CHANGE TO APPROVED USAGE OF HOME			Use either one of the boxes below, but do not use both	



**TFI FAMILY SERVICES, INC.
ADOPTION READINESS ASSESSMENT**

Subsequent Determination Date	Age Range From To	Place Number Before Gender M F	If home can accept either gender, check box <input type="checkbox"/> and enter number
Assessor Name (licensed professional)		Assessor Signature (licensed professional)	Date
Supervisor Name		Supervisor Signature	Date

State of Nebraska

Department of Health and Human Services
Division of Public Health

TFI Family Services, Inc.

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 **Foster Care & Adoption** located at: **2314 Central Ave STE 4 Kearney NE 68848**

TFI Family Services, Inc. is hereby issued License No. **CPA038** which is effective from **07/26/2018** and will expire on **07/25/2020**

Given under the name and Seal of the Department of Health and Human Services Division of Public Health of the State of Nebraska at Lincoln on **July 30, 2019.**



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

435174



COUNCIL ON ACCREDITATION

Attests That

**TFI Family Services, Inc.
Emporia, KS**

Is

ACCREDITED

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

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CONSOLIDATED FINANCIAL STATEMENTS AND REPORT
OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
TFI FAMILY SERVICES, INC. AND AFFILIATES
JUNE 30, 2018

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Board of Directors
TFI Family Services, Inc. and Affiliates

We have audited the accompanying consolidated financial statements of TFI Family Services, Inc. and Affiliates, which comprise the consolidated statement of financial position as of June 30, 2018, and the related consolidated statement of activities, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of TFI Family Services, Inc. and Affiliates, as of June 30, 2018, and the change in their net assets and their cash flow for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Wendling Mae Nelson & Johnson 22c

Topeka, Kansas
December 19, 2018

TFI FAMILY SERVICES, INC. AND AFFILIATES
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
June 30, 2018

ASSETS

CURRENT ASSETS	
Cash and cash equivalents	\$ 3,783,051
Certificates of deposit	863,314
Accounts receivable, less allowance for doubtful accounts of \$115,000	2,486,216
Other receivables	50,000
Prepaid expenses	<u>101,706</u>
Total current assets	<u>7,284,287</u>
PROPERTY AND EQUIPMENT	
Buildings and land	10,075,791
Equipment	<u>5,538,560</u>
	15,614,351
Less: Accumulated depreciation	<u>7,686,636</u>
Net property and equipment	<u>7,927,715</u>
OTHER ASSETS	
Investments	6,144,386
Other assets	<u>20,339</u>
	<u>6,164,725</u>
Total assets	<u>\$ 21,376,727</u>

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES	
Current maturities of long-term debt	\$ 196,331
Accounts payable and accrued liabilities	839,697
Wages payable	395,365
Payroll taxes payable	<u>22,740</u>
Total current liabilities	<u>1,454,133</u>
LONG-TERM DEBT, net of current maturities	<u>1,429,087</u>
Total liabilities	<u>2,883,220</u>
NET ASSETS	
Unrestricted	18,485,548
Temporarily restricted	<u>7,959</u>
Total net assets	<u>18,493,507</u>
Total liabilities and net assets	<u>\$ 21,376,727</u>

The accompanying notes are an integral part of this statement.

TFI FAMILY SERVICES, INC. AND AFFILIATES
CONSOLIDATED STATEMENT OF ACTIVITIES
Year ended June 30, 2018

Changes in unrestricted net assets	
Revenues, gains, and other support	
Revenue	
Program	\$ 19,938,172
Grant	269,276
Other	109,737
Interest income	131,573
Investment gains	90,801
Donations	29,177
Equity in earnings of unconsolidated subsidiary	222,708
Adjustment for change in entity	<u>757,864</u>
Total revenues, gains, and other support	<u>21,549,308</u>
Program expenses	
Foster Care	12,737,019
Independent living	294,710
Psychiatric Residential Treatment Facility	3,609,439
Grant	<u>316,971</u>
Total program expenses	<u>16,958,139</u>
Administrative and support expenses	<u>3,039,917</u>
Total expenses	<u>19,998,056</u>
Change in unrestricted net assets	<u>1,551,252</u>
Change in net assets	1,551,252
Net assets at beginning of year	<u>16,942,255</u>
Net assets at end of year	<u>\$ 18,493,507</u>

The accompanying notes are an integral part of this statement.

TFI FAMILY SERVICES, INC. AND AFFILIATES
CONSOLIDATED STATEMENT OF CASH FLOWS
Year ended June 30, 2018

Cash flows from operating activities	\$ 1,551,252
Change in net assets	
Adjustments to reconcile change in net assets to net cash provided by operating activities	
Depreciation	288,158
Gain on sale of property and equipment	(16,787)
Bad debt expense	63,217
Equity in earnings of unconsolidated subsidiary	(222,708)
Forfeiture of investment by partner	(757,864)
Changes in	
Accounts receivable	(711,453)
Prepaid expenses	(12,990)
Other assets	16,139
Accounts payable and accrued liabilities	(72,142)
Wages and payroll taxes payable	<u>20,482</u>
Net cash provided by operating activities	<u>145,304</u>
Cash flows from investing activities	
Acquisition of property and equipment	(139,396)
Proceeds from sale of equipment	16,787
Net proceeds from maturities of certificates of deposit	2,029,516
Cash of Nonprofit Solutions, Inc. at date of consolidation	840,050
Increase in investments	<u>(2,355,157)</u>
Net cash provided by investing activities	<u>391,800</u>
Cash flows from financing activities	
Principal payments on long-term debt	<u>(185,617)</u>
Net cash used by financing activities	<u>(185,617)</u>
Net change in cash and cash equivalents	351,487
Cash and cash equivalents at beginning of year	<u>3,431,564</u>
Cash and cash equivalents at end of year	<u>\$ 3,783,051</u>

The accompanying notes are an integral part of this statement.

TFI FAMILY SERVICES, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
June 30, 2018

NOTE A - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT
ACCOUNTING POLICIES

1. Nature of the operations and consolidation

The consolidated financial statements of TFI Family Services, Inc. and Affiliates (the Organization) include the accounts of TFI Family Services, Inc. (Family) and its affiliates: Pathway Family Services LLC (Pathway); TFI Family Connections LLC (Connections); Texas Family Initiative LLC (Texas); Kansas Family and Children, Inc. (KS F&C); KYDS, Inc. (KYDS). Nonprofit Solutions, Inc. (NSI), and Texas NP-Solutions, LLC (Texas-NP) assets, liabilities, and net assets are included in the consolidated statement of net position on June 30, 2018, the date in which they became wholly-owned by TFI. All material intercompany balances have been eliminated in consolidation.

Family is a not-for-profit health agency exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. It has been classified as an organization that is not a private foundation under Section 509(a)(2) of the Internal Revenue Code and qualifies for the 50-percent charitable contributions deduction for individual donors. Family provides a wide spectrum of youth services in Kansas, including foster care programs and attendant care programs.

Pathway is a not-for-profit corporation and an affiliate of Family. Pathway provides family living experience along with supervision, structure, and guidance for children in need of care.

Connections is a not-for-profit corporation and an affiliate of Family. Connections provides foster care programs in Oklahoma.

Texas is a not-for-profit corporation and an affiliate of Family. Texas provides foster care programs in Texas.

KS F&C and KYDS are for-profit corporations and affiliates of Family. KS F&C and KYDS were formed to engage in any act or activity for which corporations may be organized under Kansas General Corporation Code.

NSI is a not-for profit corporation organized to provide administrative services to enable nonprofits and small businesses to focus on their clients' needs. TFI Family Services, Inc. and affiliates partnered with EmberHope, Inc. and affiliates (EH) to create an Administrative Services Organization (ASO) to reduce the cost of support services for each agency. Effective January 1, 2014, TFI Community Services, Inc., was transformed into an ASO and the agency's name was changed to Nonprofit Solutions, Inc. NSI was controlled equally by TFI and EH, the supported organizations, until June 30, 2018, at which time it became controlled by TFI. As an ASO, the Organization provides the following services to both TFI and EH: administrative, accounting, financial, human resources, information technology, intake and admissions, data, marketing, software, training, legal and performance improvement, and other similar services.

Texas-NP is a Texas Limited Liability Company organized to provide administrative services for nonprofits and businesses in Texas. The company is 100 percent controlled by NSI.

TFI FAMILY SERVICES, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
June 30, 2018

NOTE A - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT
ACCOUNTING POLICIES - Continued

2. Financial statement presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Accounting Standards Codification (ASC 958), *Financial Statements of Not-for-Profit Organizations*. Under ASC 958, the Organization is required to report information regarding its financial position and activities according to three classes of net assets based on donor restrictions: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. The Board of Directors may designate a portion of unrestricted net assets for specific purposes. All funds, of which, the Board of Directors has discretionary control, have been included within unrestricted net assets.

3. Basis of accounting

The financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Revenues and expenses are recognized and recorded when earned or incurred.

4. Cash and cash equivalents

The Organization considers all cash, money market, and highly-liquid debt instruments purchased with initial maturities of three months or less to be cash equivalents.

5. Allowance for doubtful accounts

Accounts receivable represent amounts due from customers and granting agencies. Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Organization analyzes its past history and reviews individual accounts to estimate the appropriate allowance for doubtful accounts.

6. Property and equipment

Property and equipment are stated at cost. Depreciation is computed on a straight-line basis over the estimated useful lives of the assets. The estimated useful lives range from three to seven years for equipment and forty years for buildings and material improvements. Purchases under \$2,500 are expensed. Management annually reviews fixed assets to determine whether carrying values have been impaired. As of June 30, 2018, no impairment has been recognized. Depreciation expense was \$288,158 for the year ended June 30, 2018.

7. Fair value of financial instruments

The Organization applies the provisions of ASC topic 820 "Fair Value Measurements and Disclosures" (ASC 820) for their financial and nonfinancial assets and liabilities which the Organization has recognized or disclosed at fair value on a nonrecurring basis. This topic, which defines fair value as

TFI FAMILY SERVICES, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2018

NOTE A - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT
ACCOUNTING POLICIES - Continued

the price that would be received to sell an asset or paid to transfer a liability in an ordinary transaction between market participants at the measurement date, establishes a framework for measuring fair value in accordance with accounting principles generally accepted in the United States of America and expands disclosures about fair value measurements for financial assets and liabilities. This topic also establishes a three-level fair value hierarchy that prioritizes the inputs used to measure fair value.

The three levels of input used to measure fair value are as follows:

- Level 1 - Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 - Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the assets or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value hierarchy gives the highest priority to quoted prices (Level 1) and lowest priority to unobservable inputs (Level 3).

8. Revenue recognition

The organizations provided foster care placement and family care programs based on contracted rates with participating organizations. Revenue is recognized at the time services have been provided. Revenue from programs is recorded as unrestricted revenue.

9. Allocated expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the consolidated financial statements. Expenses by function have been allocated among program and supporting services classifications on the basis of the number of employees and participants and on estimates made by the Organization's management.

10. Donated material and services

The Organization records the value of donated goods or services when there is an objective basis available to measure their value. Donated materials and equipment are reflected as contributions in the accompanying statements at their estimated values at date of receipt. No amounts have been reflected in the statements for donated services as no objective basis is available to measure the value of such services.

TFI FAMILY SERVICES, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2018

NOTE A - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT
ACCOUNTING POLICIES - Continued

11. Use of estimates

The preparation of financial statements in conformity 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 revenue and expenses during the reporting period. Actual results could differ from those estimates.

12. Advertising

Advertising expense is charged to operations in the year incurred. During the year ended June 30, 2018, \$54,293 was expensed to operations.

13. Income taxes

Family, Pathway, Connections, Texas, NSI, and Texas-NP are not-for-profit organizations and are generally exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Income from unrelated activities is subject to income tax under the Internal Revenue Code. KS F&C and KYDS are subject to federal and state income taxes and accounts for income taxes using the asset and liability approach for financial accounting reporting.

The Organization's present accounting policy for the evaluation of uncertain tax positions is to review those positions on an annual basis. A liability would be recorded in the financial statements during the period which, based on all available evidence, management believes it is more likely than not that the tax position would not be sustained upon examination by taxing authorities and the liability would be incurred by the Organization. The Organization did not have any material uncertain tax positions as of June 30, 2018.

The Organization files income tax returns in the U.S. Federal and Kansas jurisdictions. The Organization is generally no longer subject to federal and state income tax examinations by taxing authorities for years before 2015. There are currently no examinations of the Organization's income tax returns in progress.

14. Subsequent events

Management has evaluated subsequent events through the date of the independent certified public accountant's report, which is the date the financial statements were available to be issued.

NOTE B - CASH

The Organization maintains cash and interest-bearing deposits with banking institutions. Such balances are insured by the Federal Deposit Insurance Corporation; however balances may occasionally exceed the insured amount. As of June 30, 2018, balances exceed the insured amount by approximately \$471,000.

TFI FAMILY SERVICES, INC. AND AFFILIATES
 NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
 June 30, 2018

NOTE C - ACCOUNTS RECEIVABLE AND CONCENTRATION OF CREDIT RISK

Accounts receivable at June 30, 2018, is represented by:

Kaw Valley	20%
St. Francis	23
Managed Care Organizations	36
Oklahoma DHS	8
Texas DFPS	4
Other	<u>9</u>
	<u>100%</u>

NOTE D - PURCHASES OF SERVICE CONTRACT

Family, Connections, and Texas provides foster care and youth services throughout the state of Kansas, Oklahoma, Nebraska, and Texas. Family is a fee for services agency.

These programs receive revenue from the following sources for the year ended June 30, 2018:

Kaw Valley	25%
St. Francis	26
Managed Care Organizations	22
Oklahoma DHS	12
Texas DFPS	3
OCOK	3
Other	<u>9</u>
	<u>100%</u>

Pathway operates a Psychiatric Residential Treatment Facility (PRTF) and a program called Teens Reaching Adult Independent Living (TRAIL) which provides onsite case management for supervised apartment living through a Transitional Living Program (TLP) and Community Integration Program (CIP).

These programs receive revenue from the following sources for the year ended June 30, 2018:

	<u>PRTF</u>	<u>TRAIL</u>	<u>Foster Care</u>
Managed Care Organizations	85%	-%	-%
St. Francis	-	3	-
Kaw Valley	-	3	2
Washington	4	2	-
Other	<u>1</u>	-	-
	<u>90%</u>	<u>8%</u>	<u>2%</u>

TFI FAMILY SERVICES, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
June 30, 2018

NOTE E - INVESTMENTS

The Company's investments are comprised of equities, mutual funds, certificates of deposit, corporate bonds, and U.S. Government and Agency bonds, all of which are classified as trading securities and are carried at their estimated fair value. The estimated fair value of the equities and mutual funds is based on the quoted market prices of the securities at June 30, 2018. The estimated fair value of corporate bonds, U.S. Government and Agency bonds, and certificates of deposit is based on the quoted prices for similar assets in active markets at June 30, 2018. Net realized and unrealized gains and losses on trading securities are presented as investment income (loss) on the consolidated statement of activities and are included in net earnings.

Fair value of the equities and mutual funds were estimated using Level 1 valuation methods as defined by ASC "Fair Value," whereby the valuation methodology used was unadjusted quoted prices for identical assets in active markets. The fair value of certificate of deposits, corporate bonds, and U.S. Government and Agency securities were estimated using Level 2 valuation methods as defined by ASC 820 "Fair Value," whereby the valuation methodology used quoted market prices for similar assets in active markets.

The composition of investments is as follows at June 30, 2018:

	<u>Level 1</u>	<u>Level 2</u>
Equities	\$ 143,417	\$ -
Mutual funds		
Fixed income	1,535,105	-
International	605,464	-
Equity	2,374,760	-
Exchange traded	58,846	-
Alternative	123,193	-
U.S. Government and Agency Securities	-	443,801
Certificate of deposits	-	196,734
Corporate bonds	-	657,426
	<u> </u>	<u> </u>
Total	<u>\$ 4,840,785</u>	<u>\$ 1,297,961</u>

NOTE F - LEASES

Family, Connections, and Texas have entered into various operating leases for building and equipment. Future minimum rentals at June 30, 2018, for the leases with a stated term are as follows:

2019	\$ 146,116
2020	73,574
2021	<u>38,432</u>
Total	<u>\$ 258,122</u>

The Organization had total rental expense of \$207,870 for 2018.

TFI FAMILY SERVICES, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
June 30, 2018

NOTE G - LINE OF CREDIT

Family has a line of credit dated November 7, 2017, for \$2,000,000. The line is secured by a certificate of deposit and matures in July 2018. There was no outstanding balance at June 30, 2018.

NOTE H - LONG-TERM DEBT

Long-term debt consisted of the following at June 30, 2018:

Variable rate mortgage to Capital City Bank, currently 5.625%, due in 108 payments of \$23,562.54 (including principal and interest), final payment of outstanding principal and interest due June 2025 collateralized by real estate located in Topeka and Wichita, Kansas	\$ 1,625,418
Less: Current portion	<u>196,331</u>
Total long-term debt	<u>\$ 1,429,087</u>

The aggregate maturities on the above debt are as follows for the years ending June 30:

2019	\$ 196,331
2020	207,664
2021	219,651
2022	232,330
2023	245,741
Thereafter	<u>523,701</u>
Total	<u>\$ 1,625,418</u>

Interest cost incurred and charged to expense on long-term debt was \$97,134 for the year ended June 30, 2018.

NOTE I - EMPLOYEE BENEFITS

Cafeteria Plan

A cafeteria plan exists which allows employees to annually elect to contribute a portion of their pre-tax compensation to a plan which will provide them health and life insurance, employee child care reimbursement, and medical reimbursements. The plan is voluntary. No employer contributions were made to the plan.

401(k) Plan

The Organization has a 401(k) plan for eligible employees. The Organization contributes 50 percent of an employee's contributions up to 5 percent of compensation. The Organization's contribution was \$27,066 for 2018.

TFI FAMILY SERVICES, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
June 30, 2018

NOTE I - EMPLOYEE BENEFITS - Continued

403(b) Plan

The Organization offers a 403(b) plan to employees. The employer does not contribute to the plan.

NOTE J - COMPENSATED ABSENCES

The Organization's policy on paid leave permits full-time employees to earn leave time based on their position and length of service. The paid leave must be used by the individual employee's employment anniversary date.

Any unused paid leave at the employment anniversary date is transferred into a sick leave reserve pool, which can only be used for illness-related leave after all current paid leave is exhausted. Upon termination of employment, no compensation is paid for the unused paid leave or the sick leave reserve pool.

NOTE K - SELF-INSURANCE RESERVE

NSI carried self-insurance health coverage for the year ended June 30, 2018. Employees of NSI, TFI and affiliates, and EH were included in the plan with NSI designated as the plan manager. At June 30, 2018, NSI met its aggregate stop-loss under its policy and had net assets designated for the funding of self-insurance claims totaling \$0.

NOTE L - TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consist of the Pritchett Music Fund. Monies are restricted to use for music lessons and instrument rental for foster kids in Crawford County, Kansas.

NOTE M - FUNDRAISING

The Organization held three special events in 2018, a Golf Tournament in Topeka, Kansas; Salsa De Mayo in Tulsa, Oklahoma; and, a Golf Ball drop. The funds associated with these events are used to enhance the lives of kids in foster care. The revenue generated from these events in 2018 is recorded in other income and was \$21,300. The expense to hold these events in 2018 is recorded in Administration and Support and was \$23,899.

NOTE N - CONTINGENCIES

Contracting agencies reserve the right to conduct additional audits of the Organization's programs which may result in modifications to amounts reported by the Organization. However, management does not believe such audits would result in any modifications that would be material to the Organization's financial position at June 30, 2018, and management does not believe that the amount will exceed the coverage by insurance.

TFI FAMILY SERVICES, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
June 30, 2018

NOTE N - CONTINGENCIES - Continued

The Organization is exposed to various risk of loss related to the services it provides; theft of, damage to, or destruction of assets; errors and omissions; injuries to employees; and natural disasters. The Organization purchases commercial insurance for these risks. There are known claims and incidents that have been asserted. These claims have been referred to the Organization's legal counsel and are in various stages of processing. No accrual for loss contingencies related to these items has been made in the financial statement as the amount of ultimate settlement, if any, cannot be reasonably estimated.

NOTE O - RELATED PARTIES

During the year ended June 30, 2018, TFI paid \$1,566,000 to NSI for services. As an ASO, NSI provides the following services to TFI: administrative, accounting, financial, human resources, information technology, intake and admissions, data, marketing, software, training, legal and performance improvement, and other similar services.

NOTE P - REPORTING ENTITY

Prior to June 30, 2018, the Organization had a 50-percent membership interest in NSI. Effective June 30, 2018, NSI became a single-member subsidiary through the other 50-percent member relinquishing its membership interest in NSI. The assets, liabilities, and net assets of NSI have been consolidated in these financial statements. The activity of NSI included in the statement of changes in net assets includes TFI's 50-percent interest through the date of the transaction.

Pamela R. Richardson

7980 243rd, Chanute, KS, 66720 

620-432-5098/620-212-1029 

prichardson@tfifamily.org 

To create value and national recognition of quality child welfare services by producing the best results for TFI Foster Care Services through hard work and positive contributions.

Skills

- Leadership
- Teamwork
- Resilience
- Creative
- Communication
- Willingness to learn
- Self-management
- Positive Attitude

Experience

07/01/19 – CURRENT

Foster Care and Adoption Vice President/ TFI Family Services, Inc. Kansas

- Currently supervise 4 Directors and provide programmatic oversight to the states of Kansas, Nebraska, Texas, and Oklahoma. | am responsible for the successful programming and outcome management of multiple states.
- Work with primary contractors in all states as well as the Vice President of admissions services to ensure a continuum of care and proper assessment of risk and safety of children placed in our foster homes.
- Attend all leadership and total quality improvement meetings within TFI with respect to compliance and review, supports and services to ensure TFI is operating to its full success for employees and foster homes.
- Conduct quarterly meetings with employees, supervisory meetings weekly and monthly staffing of children and families who may be at risk as well as programs that need improvement.
- I led TFI's Procedure Team Committee and Sub-Committee for 3 years
- Was given TFI's International Adoption Program and was responsible for providing all documentation, policies, and procedures for its successful Hague/IAAME reaccreditation scheduled in October 2018. | currently provide oversight to any social worker providing TFI home study services.

8/96 – 6/00

Educational Coordinator / Kaw Valley Residential Center, Pittsburg, Kansas

- As the education coordinator, I maintained diverse responsibilities. My main concentration; however, was advocacy of the 46 children which comprised the facility. I ensured that children

were receiving a quality education and further ensure that Kaw Valley utilized any resources in the community and assist children in their educational endeavors.

- Treatment plan team member that met 3 times weekly to assess different children and their socio-emotional needs as well as educational.
- Supervised tutors sponsored by the Yes Reading Program in order to provide roughly 30 hours of tutorial service per week to children in the facility.

Education

MAY, 2004

Master of Social Work / University of Kansas, Lawrence, Kansas

MAY, 1996

Bachelor of Arts, Sociology / Pittsburg State University, Pittsburg, Kansas

Anne Reicheneker, LMSW

OBJECTIVE To further my professional experience while utilizing my child welfare and leadership background.

EXPERIENCE 05/99 – Present TFI Family Services, Inc. Overland Park, KS

Director of Kansas and Nebraska Foster Care and Adoption Services (7/13 to present)

Resource Family Services Manager (10/2000 - 7/13)

- Responsible for managing multiple offices throughout the region to meet department outcomes
- Training and development of staff and supervisors in the region
- Working directly with senior management on management teams to review program efficiencies and functions
- Collaboration with multiple external agencies regarding service provision
- Experience with program expansion, fund raising and marketing of new programs
- Experience recruiting and training foster families and BSW and MSW practicum students

Resource Family Services Worker (1999-2000)

- Recruit, train, license and support foster families
- Manage a caseload of youth in agency sponsored foster homes
- Responsible for monitoring safety and well-being of youth in assigned foster homes

1997-1999 Kaw Valley Center Leavenworth, KS

Family Preservation Support Worker

- Worked in collaboration with a case manager and therapist to serve families in crisis to prevent children from entering foster care. Included working with a wide variety of clients with diverse family and individual needs.
- Provide case management, advocacy, anger management and social skills groups

EDUCATION

1997-1999 Masters of Social Welfare

University of Kansas, Edwards Campus, Overland Park, KS

- Esther Twente Scholarship Recipient
- LMSW License #4334

1997 Bachelor of Arts in Psychology

**Saint Mary College
Leavenworth, KS**

JOB DESCRIPTION
JOB TITLE: Foster Care Supervisor

DEPARTMENT: Foster Care and Adoption Services
REPORTS TO: Director, Foster Care and Adoption Services

I. POSITION PURPOSE

Supervises the Foster Care Workers assigned to the region. Promotes the well-being of children in the Foster Care and Adoption Program, participates in staff meetings and trainings and coordinates with staff from other agencies involved in providing foster care services. Performs the following duties directly or through subordinates.

II. NATURE AND SCOPE OF RESPONSIBILITIES include the following. Other duties may be assigned.

Supervises the Foster Care Workers assigned to the region. Provides administrative expertise as required.

Ensures the accuracy, content and completeness of child case/family files.

Participates in the planning, programming and budgeting of the Foster Care and Adoption Program.

Participates in the development of short, intermediate and long range plans and goals for the Foster Care and Adoption Program.

Participates in the development of Foster Care and Adoption Services Policies and Procedures.

Maintains a close working relationship with public and private agencies involved in providing foster care services and/or support.

Assists in organizing regional meetings. Conducts program orientation and on-the-job training of staff assigned to the region.

Assists in the recruitment, training and licensing of care providers.

Conducts home visits and attends case planning conferences when necessary, at required intervals.

Ensures 24 hour, on-call support is provided for regional care providers. Provides crisis intervention as required.

Coordinates community resources for the benefit of children served by the Foster Care and Adoption Services Program.

Coordinates with intake staff on the placement of CINC, JO and emergency placements in the region.

Ensures children are placed in properly trained and licensed homes.

Completes documentation and forwards reports containing descriptive, analytical and evaluative content.

Coordinates with the Agency's licensing and training staff to ensure regulatory compliance by care providers.

Coordinates with Agency program staff, and staff from external public and private agencies, on the delivery of services to children and families.

Develops and implements procedures and controls to promote accurate and timely information flow.

Will be required to drive personal or agency vehicle while transporting children or conducting agency business. Must possess a valid driver's license. Must meet agency underwriting standards while driving agency vehicles and/or transporting clients.

Refrains from assuming any duty that is unrelated to and/or interferes with the responsibilities of the position.

Provides regular supervision and professional development of Agency employees.

Advocates, promotes and practices cultural sensitivity and responsiveness in all day-to-day interactions.

Develops, promotes and practices teamwork in all activities.

SUPERVISION:

Carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring and training employees; planning, assigning and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

Directly supervises employees as denoted on the Agency Organizational Chart in accordance with federal, state and/or COA requirements.

III. EDUCATION, EXPERIENCE AND OTHER QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or

ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION AND/OR EXPERIENCE:

Master's degree in Social Work with two years experience in foster care services or the equivalent.

PRESENTATION SKILLS:

Ability to read, analyze and interpret common scientific and technical journals, financial reports and legal documents. Ability to respond to common inquiries or complaints from clients, care providers or regulatory agencies. Ability to effectively present information to employees, management and public groups.

FINANCIAL/COMPUTATIVE SKILLS:

Ability to work with mathematical concepts such as probability and statistical inference. Ability to apply concepts such as fractions, percentages, ratios and proportions to practical situations. Familiarity with computers and their capabilities.

ANALYTICAL ABILITY:

Ability to define problems, collect data, establish facts and draw valid conclusions. Ability to interpret an extensive variety of technical instructions in mathematical or diagram form & deal with abstract and concrete variables.

CERTIFICATES, LICENSES, REGISTRATIONS:

Licensed Master Social Worker

IV. PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to talk, hear, stand, sit and walk. The employee frequently is required to use hands and fingers; climb or balance; and stoop or kneel. The employee is required to be able to safely operate a motor vehicle and be able to obtain a license therefore.

The employee must frequently lift and/or move up to 10 pounds and occasionally lift and/or move up to 25 pounds. Specific vision abilities required by this job include close vision, distance vision and the ability to adjust focus.

V. WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations

may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee occasionally works in outside weather conditions.

The noise level in the work environment is usually moderate.

VI. PRINCIPAL ACCOUNTABILITIES

Supervises Foster Care Workers assigned to the region.

Promotes the well-being of children in the Foster Care and Adoption Services Program, participates in staff meetings and trainings and coordinates with staff from other agencies involved in providing foster care services.

JOB DESCRIPTION

JOB TITLE: Foster Care and Adoption Home Study Writer

DEPARTMENT: Nebraska Resource Family Services
REPORTS TO: Foster Care Supervisor

I. POSITION PURPOSE

Promotes the well-being of children in the Resource Family Services Program, participates in staff meetings and trainings and coordinates with staff from other agencies involved in providing foster care services. Performs the following duties directly.

II. NATURE AND SCOPE OF RESPONSIBILITIES include the following.

Responsible for completing Home Studies required for Foster Care and Adoption.

Responsible for conducting interviews with potential foster and adoptive families.

Responsible for written assessment of potential adoptive family including but not limited to the final home study.

Attends best interest staffing meeting.

Completion of home study updates for expiring or expired home studies.

Completes documentation and forwards reports containing descriptive, analytical and evaluative content.

Coordinates with the Agency's licensing and human resources staff to ensure regulatory compliance by care providers. Reviews and monitors current licensing standards with care providers.

Assists in the recruitment, training and licensing of care providers.

Attends case planning conferences at required intervals.

Coordinates community resources for the benefit of children served by the Resource Family Services Program.

Refrains from assuming any duty that is unrelated to and/or interferes with the responsibilities of the position.

Advocates, promotes and practices cultural sensitivity and responsiveness in all day-to-day interactions.

Develops, promotes and practices teamwork in all activities.

Other duties may be assigned.

SUPERVISION:

No direct supervisory responsibilities.

III. EDUCATION, EXPERIENCE AND OTHER QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION AND/OR EXPERIENCE:

Master's or Bachelor's degree in Social Work required.

PRESENTATION SKILLS:

Ability to read, analyze and interpret common scientific and technical journals, financial reports and legal documents.

Ability to respond to common inquiries or complaints from clients, care providers or regulatory agencies. Ability to effectively present information to management and public groups.

FINANCIAL/COMPUTATIVE SKILLS:

Ability to work with mathematical concepts such as probability and statistical inference.

Ability to apply concepts such as fractions, percentages, ratios and proportions to practical situations. Familiarity with computers and their capabilities.

ANALYTICAL ABILITY:

Ability to define problems, collect data, establish facts and draw valid conclusions.

Ability to interpret an extensive variety of technical instructions in mathematical or diagram form and deal with abstract and concrete variables.

CERTIFICATES, LICENSES, REGISTRATIONS:

Licensed Master/Bachelor Social Worker required.

IV. PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to talk, hear, stand, sit and walk. The employee frequently is required to use hands and fingers; climb or balance; and stoop or kneel. The employee is required to be able to safely operate a

motor vehicle and be able to obtain a license therefore.

The employee must frequently lift and/or move up to 10 pounds and occasionally lift and/or move up to 25 pounds.

Specific vision abilities required by this job include close vision, distance vision and the ability to adjust focus.

V. WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee occasionally works in outside weather conditions.

The noise level in the work environment is usually moderate.

VI. PRINCIPAL ACCOUNTABILITIES

Completes Home Studies for Foster Care and Adoption.

Promotes the well being of children in the Program.

Participates in staff meetings and training and coordinates with staff from other agencies involved in providing foster care services.