CFS Title IV-E Prevention Program
Children & Family Services (CFS) Program
Social Services Department
The Klamath Tribes Administration

Purpose

The Family First Prevention Services Act (FFPSA) was signed into federal law as a part of Public Law 115-123 to enhance support services for families to help children remain in-home. FFPSA provides funds for prevention services to include:

- Evidence-based mental health programs
- Substance abuse prevention and treatment
- In-home parent skill-based programs
- Kinship navigator programs
- Tribal best practices

Eligibility

The following eligibility criteria is consistent with the "CFS Title IV-E Prevention Plan" as approved by the Klamath Tribal Council on 1/12/2022. For a family or individual to be eligible for prevention services through the Klamath Tribes CFS Title IV-E Prevention Program, the following categories must be met:

1) Must be a Klamath Child or have a Klamath Child within the household
2) Must be a resident within State of Oregon
3) Must meet one of the following categories
    - Child meeting definition of "Candidacy for Foster Care," or
    - Parent/caregiver of a candidate for foster care
4) Individual or family participation in the Program is voluntary
5) Individual or family will engage in services identified within their case plan at a minimum of 50% monthly participation rate
6) Every twelve (12) consecutive months of participation in the Program, the individual or family must complete redetermination for services
7) Should an individual or family withdrawal participation in the Program, or fail to meet Program case plan participation rate, the case plan will close within 30 days and a new redetermination for services must be met before being able to re-enter the Program

Overview of Services

Prevention services include: Motivational Interviewing (MI) case planning, Family Spirit case planning, Family Unity case planning, Positive Indian Parenting (PIP) classes, Fatherhood is Scared, Motherhood is Sacred classes, Horse Program, Tribal Best Practices, and emergency support services.

Submit Packet To:

Madeline Hutchinson, CFS Family Advocate
CFS Program, Social Services Department
The Klamath Tribes
madeline.hutchinson@klamathtribes.com
PO Box 436, Chiloquin, OR 97624
Fax: (541) 783-7783, Attn: Madeline

HOUSEHOLD COMPOSITION

Head of Household

Full Legal Name _____ Nickname _____

Previous Name _____ DOB _____

Physical Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Phone # _____ Email _____

Federally Recognized Tribe _____ Enrollment #_____

Household Member Names	Date of Birth	SSN #	Relationship to Head of Household	Klamath Tribes Enrollment #

ELIGIBILITY SCREENING

In order to be eligible for prevention services, you must be considered a "candidate for foster care" and/or identify has having one or more family stressors. The CFS Program is committed to ensuring children remain in-home.

Candidate for Foster Care

Mark one or more boxes for any situation applicable to your household:

☐ Children are at risk of voluntary placement in child welfare system

☐ Children are identified in a "closed at screening" or inactive CPS assessment, with one or more family stressors within last 60 days

☐ Children are identified in an active CPS assessment with one or more family stressors

☐ Guardian is requesting post-guardianship or adoption assistance

☐ Child whose adoption or guardianship arrangement is at risk of disruption or dissolution

☐ Children who have been reunified with their families, are at risk of re-entry into foster care

☐ Children of young adults who are transitioning out of foster care

☐ A youth in foster care who is pregnant or parenting

☐ Minors or adults who at any time, while eighteen years of age or younger, were affected by child welfare intervention at any stage including open case (in-home or out-of-home placement), guardianship, or adoption

Family Stressors

Mark an "X" for risk factor contributing to family stressor in your household:

☐ Parent/caregiver alcohol misuse

☐ Parent/caregiver drug use

☐ Domestic violence

☐ Parent/caregiver involvement with Law Enforcement Agencies

☐ Parent/caregiver at risk of incarceration, currently incarcerated, or under post-release supervision

☐ Family financial distress; lacking sufficient income to meet basic needs

☐ Inadequate housing or housing instability

☐ Lack of reliable, safe, and affordable childcare or heavy childcare responsibilities

☐ Lack of appropriate child supervision

☐ Lack of parenting skills, knowledge, or experience

☐ Lack of parent support system or extended family involvement

☐ Parent/caregiver mental illness

☐ Parent/caregiver significant or prolonged depression and/or anxiety with attempts or thoughts of suicide

☐ Child developmental disability

☐ Child mental illness where parent/caregiver is struggling to adequately care for child, or where illness is untreated

☐ Child truancy; unexplained absences from school that exceed ten (10) school days in one month

☐ Child delinquency; engaging in criminal activities, substance use, at risk of incarceration, currently incarcerated, probation supervision, or involvement with LEA

☐ Another stressor _____

SELECTION OF PREVENTION SERVICES

Select services requested for your household.

Service Selection	Who wants to participate?	Why would it be helpful?
Motivational Interviewing (MI) Case Planning		
Family Spirit Case Planning		
Family Unity Case Planning		
Positive Indian Parenting (PIP) Classes		
Fatherhood is Scared, Motherhood is Sacred Classes		
Horse Program		
Tribal Best Practices ☐ Sweat Lodge ☐ Prayer Circles and smudge ☐ First Foods Gathering ☐ First Medicines Gathering ☐ Talking Circles ☐ Cultural crafts or activities ☐ Relationship building with extended relatives ☐ Round Dance ☐ Pow Wow club ☐ Language lessons/materials ☐ Materials of tribal history, culture, traditional stories ☐ Trips to important places ☐ Referral to Tribal Behavioral and Mental Health Services		
Other _____ _____ _____ _____		

REFERRAL SELECTION

1) Does everyone in your household have social security cards?	Yes ☐	No ☐
2) Does anyone need identification?	Yes ☐	No ☐
3) Do you receive SNAP or Commodities Food assistance?	Yes ☐	No ☐
4) Do you receive TANF assistance?	Yes ☐	No ☐
5) Do you have enough food the entire month?	Yes ☐	No ☐
6) Do you need help planning nutritious meals?	Yes ☐	No ☐
7) Do you know how to prepare and cook nutritious meals?	Yes ☐	No ☐
8) Would you like food pantry schedule for your area?	Yes ☐	No ☐
9) Do you need information for additional food assistance in your area?	Yes ☐	No ☐
10) Do you receive assistance through HUD or the Tribes Housing Dept?	Yes ☐	No ☐
11) Do you need assistance applying to HUD or Tribal Housing Programs?	Yes ☐	No ☐
12) Is your home safe and sanitary?	Yes ☐	No ☐
13) Do you have struggle to keep your utilities on?	Yes ☐	No ☐
14) Would you like the energy assistance provider in your area?	Yes ☐	No ☐
15) Do you know how to create and manage a household budget?	Yes ☐	No ☐
16) Do you have an emergency savings?	Yes ☐	No ☐
17) Would you take budgeting classes?	Yes ☐	No ☐
18) Would you like information regarding saving techniques?	Yes ☐	No ☐
19) Do you have reliable transportation?	Yes ☐	No ☐
20) If you own a vehicle, are vehicle repairs needed?	Yes ☐	No ☐
21) Do you or someone in your household need assistance getting a driver's license?	Yes ☐	No ☐
22) Does someone have a suspended or revoked driver's license?	Yes ☐	No ☐
23) Do you have a savings or means to get the license reinstated?	Yes ☐	No ☐
24) Do you have auto insurance?	Yes ☐	No ☐
25) Do you have medical needs?	Yes ☐	No ☐
26) Do you need help clothing your children?	Yes ☐	No ☐
27) Do you or someone in your household need referral for mental health?	Yes ☐	No ☐
28) Do you or someone in your household struggle with substance abuse?	Yes ☐	No ☐
29) Do you or someone in your household struggle with suicidal thoughts?	Yes ☐	No ☐
30) Are you or someone in your household in stages of grief and loss?	Yes ☐	No ☐
31) Is anyone in your household on probation or parole?	Yes ☐	No ☐

32)	Does anyone owe court fees or fines, supervision fees, or other debt?	Yes ☐	No ☐
33)	Does anyone need to do community service work?	Yes ☐	No ☐
34)	Do you need assistance contacting approved agencies to begin community service work?	Yes ☐	No ☐
35)	Would you or someone in your household like to own a small business, new vehicle or home?	Yes ☐	No ☐
36)	Does anyone need help gaining employment?	Yes ☐	No ☐
37)	Do you or someone in your household need help applying for Social Security benefits?	Yes ☐	No ☐
38)	Would you or someone in your household like to attend Job Corps or other vocational training program?	Yes ☐	No ☐
39)	Would you or someone in your household like to attend college?	Yes ☐	No ☐
40)	Do you need help with applying for Financial Aid?	Yes ☐	No ☐
41)	Do you need help applying for Grants and Scholarships?	Yes ☐	No ☐
42)	Do you need help gaining custody with any of your children?	Yes ☐	No ☐
43)	Does anyone in your household need assessment and/or treatment services?	Yes ☐	No ☐
44)	Do you have safe and reliable child care?	Yes ☐	No ☐
45)	Would you like tribal-specific parenting classes?	Yes ☐	No ☐
46)	Do you have a strong support network?	Yes ☐	No ☐
47)	In the last year, has any child ran away from home?	Yes ☐	No ☐
48)	Do any adults in the home have traumatic childhood experiences?	Yes ☐	No ☐
49)	Is there history of any abuse involving any individuals in the home?	Yes ☐	No ☐
50)	Does anyone in the household need a mentor or life coach?	Yes ☐	No ☐

Use the space below if there are additional supports needed:

_____

_____

_____

_____

What would it look like for your family to be self-sufficient and thriving?

_____

_____

_____

_____

EMERGENCY CONTACTS

PRIMARY

Full Legal Name _____ Relationship to you _____

Physical Address _____
Street City State Zip Code

Home Phone # _____ Cell Phone # _____

SECONDARY

Full Legal Name _____ Relationship to you _____

Physical Address _____
Street City State Zip Code

Home Phone # _____ Cell Phone # _____

ACKNOWLEGMENT

Initial to acknowledge the following:

_____ I acknowledge that my participation is the CFS Title IV-E Prevention Program is voluntary.

_____ I acknowledge that I will be expected to maintain a 50% monthly participation rate.

_____ I acknowledge that I may withdrawal participation in the Program at any time.

_____ I acknowledge that should I withdrawal or fail to maintain eligibility, my case plan will close within 30 days.

_____ I acknowledge that if my case plan closes for any reason, I must submit a new intake packet. Once a new intake packet is submitted, I must wait for a new redetermination for services must be met before I am able to re-enter the Program.

By signing below, I verify that the information I have provided is true and accurate. I am voluntarily participating in the CFS Prevention Program. My eligibility for the Program is valid for 12-months from my acceptance into the Program.

Head of Household Print Name _____

Head of Household Signature _____ Date _____

If only the Klamath Tribal child is participating in the Program, child must also sign below.

Print Child's Name _____

Child's Signature _____ Date _____