foster CARE concernS form

FOSTERING CHANGE: Alliance for NH Foster Parents ID: (for office use only)

Name (optional): Email address:

Foster Parent:  Yes years  No If no, please check all that apply:  Grandparent/guardian

Prospective foster parent  Step-parent  License expired  License revoked

Decided not to renew license  Other:

[Select Date] for today’s concerns.

Check here if you wish for the information you share to remain anonymous. The Alliance with not disclose your name, email address or any of your personal demographics without your permission. Please see disclaimer below.

Please check here to indicate that you have read the disclaimer below and that you understand that in order to maintain the confidentiality of foster children and their birth families you understand that you should not share any information that contains identifying information or specific demographics related to an on-going abuse/neglect case.

# Overview:

Please give a brief description of the issues you’ve experienced. Indicate if you have concerns about DCYF, CASA, the court process/reports, judges, parent aides, licensing agency, rules/guidelines, child safety/well-being, etc…

Click here to enter text.

## Categories: Check any of the following issues that may apply to your concerns.

**Foster care**

**Adoption**

**Foster to adopt**

**Unusual or sudden child(ren) removal(s)**

**Allegations**

**Child(ren) under 5 years old**

**Infant(s)**

**School-aged child(ren)**

**Adolescents**

**Given false information or mislead by:** Click here to enter text.

**Order to comply**

**Reunification**

**Refused adoption after TPR**

**Child(ren) in care for a total of over 12 months**

**Child(ren) in care for a total of over 24 months**

**Child(ren) returned to foster care post reunification or guardianship or OPLA**

**Foster care license revoked by:** Click here to enter text.

**Communication problems with:** Click here to enter text.

**Dismissed or ignored by:** Click here to enter text.

**Multiple placements**

**Child’s best interests**

**Mental health issues**

**Substance abuse issues**

**Safety**

**Other:** Click here to enter text.

## Please use this space to explain further about any of the issues you checked above:

Click here to enter text.

## Who have you expressed your concerns to? Please check all that apply.

* **CPSW**
* **Resource Worker**
* **Field Supervisor**
* **CPSW Supervisor**
* **CASA/GAL**
* **District Office Supervisor in:** Click here to enter text.
* **Foster Care Manager**
* **Private attorney**
* **NH Foster and Adoptive Association**
* **Director of DCYF (Mr. Joseph Ribsam)**
* **Associate Commissioner (Ms. Christine Tappan)**
* **Governor’s Office**
* **State Director of Citizen’s Services**
* **F.I.R.S.T. hotline: NHFAPA First Initial Response Support Team Representative:** Click here to enter text.
* **Other:** Click here to enter text.
* **Please include any information about how you have tried to bring your concerns to someone’s attention:** Click here to enter text.

## How do you hope the Alliance can help you? Click here to enter text.

**THANK YOU FOR YOUR FEEDBACK. TOGETHER WE CAN FOSTER CHANGE!**

**Instructions: Save document and email as an attachment to:** [**fosterchangenh@gmail.com**](mailto:fosterchangenh@gmail.com?subject=Completed%20Foster%20Parent%20Concern%20Form)

**Disclaimer:** The Alliance respects your privacy and will not share your personal information with anyone else without your permission. Information gathered is submitted to a database managed by the Alliance and each person is given an ID code to maintain anonymity, unless you give permission otherwise. The Fostering Change: Alliance for NH Foster Parents aims to support individuals who want to speak up and share their concerns in the hopes of fostering change for foster care and improving our child welfare system. We disclaim any liability or responsibility arising from any feedback or advice a foster parent mentor from the Alliance may give you. Please sure to double check any referenced laws, rules or regulations pertaining to your situation, as they may have been revised or eliminated.

The Alliance encourages all currently licensed foster parents to adhere to DCYF confidentiality statute *He-C 6446.25 Record Keeping and Confidentiality*, specifically: He-C 6446.25 (e) All identifying information, whether written, oral, imagery, or electronic, concerning the child in care, family of the child in care, or the circumstances of the child’s situation shall be kept confidential, and (g) Information about the safety of a child in care, the foster parents’ safety, and the appropriateness of the placement shall also be confidential. For more information, go to: <http://www.gencourt.state.nh.us/rules/state_agencies/he-c6400.html>