

Parent Binder

Who: Parents/guardians involved with Children's Services Division (CSD).

What: The binder has important information about services, resources, court, etc.

Where: From your social worker or at the Parent Orientation.

When: Once you are involved with CSD.

Why: There will be a lot of things to keep track of. This binder designed is to help you stay organized:

1. Write down services, meetings, and court dates.
2. A place to keep important phone numbers and addresses.
3. Put all of your court reports, meeting logs, certificates, etc., in one place.
4. A place to look for resources and services: Each section is divided by city.
 - a. Parent education classes
 - b. Mental and physical health
 - c. Community support groups
 - d. Substance dependency
 - e. Housing
 - f. Money and food
 - g. Transportation

Parent Binder

My Case Number: _____

Social Worker: _____ Phone: _____

Attorney: _____ Phone: _____

Child and Family Team Facilitator: _____ Phone: _____

Foster Family Agency: _____ Phone: _____

Section 1:	Calendar
Section 2:	Visitation
Section 3:	Court
Section 4:	Case Plan
Section 5:	Parent Education
Section 6:	Mental and Physical Health
Section 7:	Drug Testing
Section 8:	Community Support Groups: Attendance logs and meeting schedules
Section 9:	Substance Abuse
Section 10:	Housing
Section 11:	Money and Food
Section 12:	Transportation
Section 13:	Child and Family Team (CFT) Meetings and Resource Family Approval (RFA)
Section 14:	Helpful Tips
Section 15:	Forms

Calendar

Who: Parents/guardians involved with Children's Services Division (CSD).

What: To help you keep track of when and where you need to be. You can write the date, time, and location of your meetings, visits, court dates, services, etc.

Where: Visits, parenting classes, substance abuse classes, community support meetings, court dates, meetings with your social worker, etc.

When: Your social worker will let you know what services you will be doing.

Why: You will be asked to go to a lot of different classes and it is important that you do not miss them.

August 2019

August 2019							September 2019						
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SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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September 2019

September 2019							October 2019						
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October 2019

October 2019							November 2019						
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November 2019

November 2019							December 2019						
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December 2019

December 2019

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January 2020

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January 2020

January 2020

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April 2020

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May 2020

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August 2020

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November 2020

November 2020

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December 2020

December 2020

January 2021

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SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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27	28	29	30	31	Jan 1, 21	2

Visitation

Who: Parents, guardians, children, siblings, family, and people important to the child (ren).

What: There are three kinds of visits: supervised, monitored, and unsupervised.

Where: Your social worker/ staff person will talk to you about where the visits will be.

When: The days and times will be up to the social worker.

Why: The visits are for you and your child (ren) to spend time together, show your social worker that you can keep your child (ren) safe, show what you learned from classes, and that you are able to meet your child (ren)'s needs.

Visit Supervision Levels

	Supervised	Monitored	Unsupervised
Who	Parents, guardians, family, and people close to the child (ren).	Parents, guardians, family, and people close to the child (ren).	Parents, guardians, family, and people close to the child (ren).
What	Person visiting will have a staff member with them at all times.	Person visiting will have a staff member check in with the visit at the beginning, middle, and end.	No staff member will be at the visit.
When	Depends on your family's situation and it is up to the social worker.	More visits, up to several days/hours during the week. It is up to the social worker.	Up to seven days per week, and more hours. It is up to the social worker. May include overnight visits.
Where	Children's Services Division (CSD), visitation center, and other (up to the social worker.) Strict.	Children's Services Division (CSD), visitation center, and other (up to the social worker.) Less strict.	Children's Services Division (CSD), visitation center, home, and other (up to the social worker). Little restriction.
Why	To see how you are with your child (ren). There may be worries about the parent's ability to keep the child (ren) safe.	To see the parent use skills learned, more trust that the parent can keep the child (ren) safe. Still need to check in for safety.	Trust that the parent can visit without concerns.
How	<ul style="list-style-type: none"> -Parent is not showing behavior changes, or ability to keep the child (ren) safe. -Parent is not showing behavior changes identified in the Case Plan objectives. -Parent is unable to protect the child (ren). -Parent does not know what is age appropriate for the child (ren). 	<ul style="list-style-type: none"> -Parent shows some behavioral changes in parenting ability, and keeping the child (ren) safe. -Parent shows that they are learning, and using skills during the visits. -Still some concerns about safety, conflict and/or parenting. 	<ul style="list-style-type: none"> -Parent shows positive behaviors changes in parenting ability, and keeping the child (ren) safe. -Parent uses skills learned. -Child (ren) safe in the parent's care. -Child's needs are met. -Age appropriate.

Frequently Asked Questions: Visitation

1. How do I schedule a visit?
 - a. Call/meet with your social worker/staff person and ask to set up visits.
2. How many visits per week do I get?
 - a. This is up to your social worker.
3. What do I do if I have to cancel a visit?
 - a. Call your social worker/staff person who sets up the visits and tell them.
4. What if I cannot get a hold of anyone to cancel my visit?
 - a. Call Children's Services reception (Oroville: 530-538-7883 or Chico: 530-898-3614) and ask for someone to help you.
5. Why do I need to tell someone I cannot go to a visit?
 - a. It lets the people involved with your visit know if changes need to be made. It can be hard on your child (ren) when they think they will see you and you are not at the visit.
 - b. If there is a good reason why you cannot go to the visit, you might be able to change the visit date/time (up to social worker).
 - c. It shows you can be responsible.
6. How do I get more visits?
 - a. Call/meet with your social worker and ask them what they need to see you do, so you can get more visits.
 - b. Call your attorney.
 - c. Meet your case plan objectives and show positive behavioral changes over time.
7. What do I do if I am going to be late to my visit?
 - a. As soon as you know you will be late, call the social worker/staff person who sets up your visits.
 - b. If you cannot get a hold of them, call Children's Services reception (Oroville: 530-538-7883 or Chico: 530-898-3614) and ask for the "Duty" social worker, who can help you.
8. What do I do during the visits?
 - a. It depends on the age of your child (ren), level of supervision, how long your visit is, and where your visits are. You can read books, do puzzles, play games, draw, use the play yard, etc.
9. Can I bring snacks to the visits?
 - a. Yes. Healthy snacks are okay, unless your social worker/staff person says no.



**BUTTE COUNTY DEPARTMENT OF EMPLOYMENT
AND SOCIAL SERVICES
CHILDREN'S SERVICES DIVISION**

Guidelines for Unsupervised Visits

The purpose of visitation while a child is placed out of the parent's home is to maintain contact, bonding, and to develop a safe parent-child relationship while reunification services are being provided and until reunification takes place.

To make sure that your child(ren) are kept safe, and visitation can continue to increase and remain unsupervised please abide by the following guidelines:

- Arrive to your visitation at the scheduled time. Call in advance and obtain Social Worker permission if you will be late. A visit is cancelled fifteen minutes after it is scheduled to start unless you have called to make other arrangements.
- Please have your child(ren) returned at the end of the visit as scheduled. Failure to do so may result in the need to restrict future visitation.
- During visits, do not discuss what is happening in your case with the child (i.e. don't ask them what they have said or why they have said it). Do not make promises about when the child(ren) will come home or what will happen when they do. If your child is asking a lot of questions about these things, ask the Social worker to assist you in answering your child(ren)'s questions.
- Please have all people who will be at the visit approved in advance by the Social Worker.
- Do not expose your child(ren) to alcohol or drug use during a visit.
- Do not engage in domestic violence during visits, including verbal or physical conflicts.
- Follow all other requests of the Social Worker.

Visitation is a very important part of your reunification plan and increased visitation is dependent on your dedication to the other aspects of your reunification plan.

I have read the above visitation plan and guidelines for unsupervised visitation and agree to abide by the terms set forth.

Parent/Guardian/Relative Signature

Date

VISITATION PLAN: UNSUPERVISED

The following plan for visitation between _____
and _____
Shall be in effect from _____ to _____ and shall be reviewed and updated (monthly) by _____

I. Location

- Parent's home Relative's home (specify): _____
 Other (specify): _____

II. Frequency

Visitation will be: _____ Hours of visitation will be from _____ to _____

III. To increase the frequency and/or duration of visitation, the following must occur:

- Recommendation of therapist.
 Completion of criminal proceedings.
 Completion of evaluation.
 Obtaining adequate visitation facility.
 Other (specify): _____

IV. If visitation is not overnight, the following must occur before overnight visits can take place:

- Parent/guardian/relative must demonstrate the ability _____
To provide safe visitation by demonstrating _____
 Parent/guardian/relative must have a suitable visitation facility.
 Psychological evaluation of parent/guardian/relative must be completed.
 Other (specify): _____

V. Conditions

- A. Transportation to be provided by: _____
- B. Parent/Guardian/Relative will follow the terms and conditions of the attached "Guidelines for Unsupervised Visits"
- C. Other conditions:
- _____
- _____
- _____
- _____



**BUTTE COUNTY DEPARTMENT OF EMPLOYMENT
AND SOCIAL SERVICES
CHILDREN'S SERVICES DIVISION**

GUIDELINES FOR SUPERVISED/MONITORED VISITS

The purpose of a supervised visit between the parent, guardian or relative and child is to ensure the following:

PURPOSE:

- Promote and maintain the relationship between the parent and child (ren) during the family's time of separation.
- Provide a setting where the child is free to have an enjoyable experience with the parent.
- Ensure the child is emotionally and physically safe when visiting the parent, before, during and after the visit.
- Ensure the parent is learning and applying new skills, and demonstrating the ability to recognize and consistently meet their children's needs.
- Provide the social worker with information about the parent-child relationship and progress in visits.

DO:

- Arrive for visits on time or call the social worker or front desk if you are going to be late.
- Call at least two hours ahead of time if you must cancel your visit in order to help reduce the amount of disappointment your child may experience waiting for your arrival.
- Get permission before bringing other people or gifts.
- Follow the guidelines and rules for your visits.
- Obtain permission from your Social Worker prior to using a cell phone or camera during visits.
- Be respectful toward the person taking care of your child, the social worker, and other professionals.
- Give your child your full attention during the visit.
- Use encouraging statements with your child (examples: "You did a good job," "Wow, you are learning new things," "I am proud of you.")
- Be open to any feelings your child may share.
- Talk about your child's activities and things that happened at school.
- Plan to meet your child's needs, i.e., food, activities, restroom breaks, etc.
- Plan time at the end of the visit to help your child clean up the room.
- Help your child say goodbye, until next time.

SUGGESTED ACTIVITIES:

- Bring a healthy snack.
- Plan an activity; bring a special toy, puzzle or a game to play.
- Bring a book to share.
- Draw or color pictures together.

DON'T:

- Whisper or take the child out of the sight of the person supervising your visit.
- Demand or coerce physical contact with the child.
- Talk about the specifics of your case without the social worker present to help you and the child with the conversation.
- Come to the visit if you have been using alcohol or drugs.
- Be more than fifteen minutes late or the visit will be cancelled.
- Smoke cigarettes, use vapor cigarettes, or use chewing tobacco during the visit at the Children's Services office.
- Bring drugs or weapons.
- Use profanity or corporal punishment.
- Bring anyone to a visit who has not been authorized by the Social Worker to attend the visit.

MONITORED VISITS:

Sometimes visits can be monitored rather than supervised. That means that there will be a monitor checking in on the visit from time to time, but not present for the entire visit. All of the guidelines listed above will apply, except having to stay in sight of the person supervising the visit. Ask the person monitoring the visit for assistance if needed.

PHONE CONTACT:

Monitored phone contact may be arranged by the Social Worker as a form of visitation. In those cases it is important to not talk with your child about the specifics of your case and to not use drugs or alcohol prior to the phone contact.

NOTE:

- If you are unable to provide a visit that keeps the child physically and emotionally safe, the visit will be ended immediately to protect the child's emotional and physical well being. If a visit is ended early, you should contact your Social Worker to talk about what happened and how to make the next visit safe for your child.
- If at any time during visits the child's safety or well-being is jeopardized Children's Services may implement a more restricted visitation plan.

I have read the above visitation plan and guideline for supervised visitation and agree to abide by the terms set forth.

Parent/Guardian/Relative Signature

Date

VISITATION PLAN: SUPERVISED/MONITORED

The following plan for visitation between:

_____ (children) and _____
_____ (parent/guardian/relative) shall be in effect

From _____ to _____
and shall be reviewed and updated not later than (monthly) _____

I. Reason for Supervised/Monitored Visitation:

- Physical/sexual abuse victim visiting alleged perpetrator.
- Non-believing, non-offending parent, guardian or relative.
- Child is a potential witness.
- Parent/guardian/relative's lack of sobriety may place the child in danger.
- Parent/guardian/relative does not have suitable visitation facility.
- Evaluation of parent/child/relative has not been completed.
- Other. Specify: _____

II. Visitation will be supervised/monitored until the following occur:

- Recommendation of therapist.
- Completion of criminal proceedings.
- Parent/guardian/relative demonstrates the ability to provide safe visits per case plan.
- Completion of evaluation.
- Obtaining adequate visitation facility.
- Other. Specify: _____

III. Conditions:

A. Visits to be supervised/monitored by:

B. Parent/Guardian/Relative will follow the terms and conditions of the foregoing, **“Guidelines for Supervised Visits.”**

C. Other Conditions: _____

IV. Location:

- C.S.D. office Foster Home Parent's Home FFA office Relatives home
- Monitored Visitation Site SAFE visitation Site Other. Specify: _____

V. Frequency:

Visitation will be: (How often?) Days: _____ Times : _____

VI. Current visitation level:

Level one (supervised) Level Two (Monitored) Level Three (lightly monitored; check in at beginning and end of visit only) Level Four (unsupervised)

D. What does the parent and/or child (ren) need to demonstrate for visitation to move to the next level?

Parent/Guardian/Relative Signature

Date

Social Worker Signature

Date

Social Service aide Signature

Date

Social Worker Supervisor Signature

Date

Visitation Contact Log

Case Name:
Date and Location of Visit:
Visit started: <input type="checkbox"/> On time <input type="checkbox"/> Less than 15 minutes late <input type="checkbox"/> More than 15 minutes late <input type="checkbox"/> No-show
Visit Supervisor/Monitor:
Level of Supervision: <input type="checkbox"/> Supervised <input type="checkbox"/> Monitored <input type="checkbox"/> Lightly Monitored
CSD Social Worker:

Participants:	
Adults:	Children:

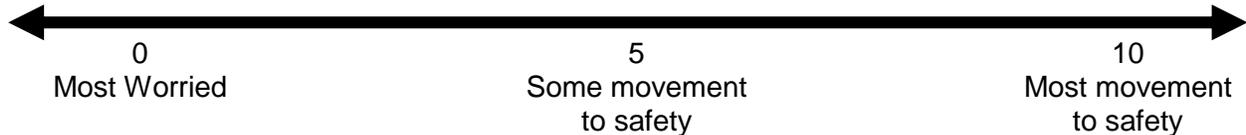
Visit Observations
<i>(Focus on the parent's behavior and the impact on the children. Avoid jargon.)</i>
Describe how the children and adults responded to each other at the start of the visit:
Describe your observations of behaviors and interactions during the visit:
Describe how the children and adults responded to each other at the end of the visit:
Describe any safety concerns you may have had regarding the visit:
Describe any strengths you observed during the visit:

Visitation Contact Log

Quality of Visit
Demonstrated acts of protection/supportive behaviors toward the child.
<input type="checkbox"/> Strong <input type="checkbox"/> Adequate <input type="checkbox"/> Limited <input type="checkbox"/> Destructive
Behavior noted:
Reinforced appropriate roles and boundaries.
<input type="checkbox"/> Strong <input type="checkbox"/> Adequate <input type="checkbox"/> Limited <input type="checkbox"/> Destructive
Behavior noted:
Recognized and responded appropriately to child's behaviors and cues.
<input type="checkbox"/> Strong <input type="checkbox"/> Adequate <input type="checkbox"/> Limited <input type="checkbox"/> Destructive
Behavior noted:
Identified and responded to the child's physical and emotional needs.
<input type="checkbox"/> Strong <input type="checkbox"/> Adequate <input type="checkbox"/> Limited <input type="checkbox"/> Destructive
Behavior noted:
Demonstrated effective limit-setting and discipline strategies.
<input type="checkbox"/> Strong <input type="checkbox"/> Adequate <input type="checkbox"/> Limited <input type="checkbox"/> Destructive
Behavior noted:
Focused on the child and demonstrated empathy to child.
<input type="checkbox"/> Strong <input type="checkbox"/> Adequate <input type="checkbox"/> Limited <input type="checkbox"/> Destructive
Behavior noted:
Demonstrated interest in the child's activities.
<input type="checkbox"/> Strong <input type="checkbox"/> Adequate <input type="checkbox"/> Limited <input type="checkbox"/> Destructive
Behavior noted:

Progress towards the Safety Goal:

On a scale of 0 to 10, with 10 being the most that could happen, 5 being the least that could happen that would still leave us feeling like there was movement towards the safety goal, and 0 being what we are most worried about, how did the visit go?



What did the parents do during the visit to get to that number?
What could happen next time so that number could go up by one?
Your ideas:
Parent/youth/family network ideas:

Court

Who: Families involved with Children's Services Division (CSD).

What: There are different types of court hearings:

1. Detention: the child (ren) was/were detained by Children's Services.
2. Jurisdiction: the court needs more information about the situation.
3. Disposition: services are/are not offered to the parent(s) and a case plan is ordered.
4. Review: check-in with the court about the family's situation.
5. Contested: someone disagrees with CSD, and the judge will review more information before making a decision.

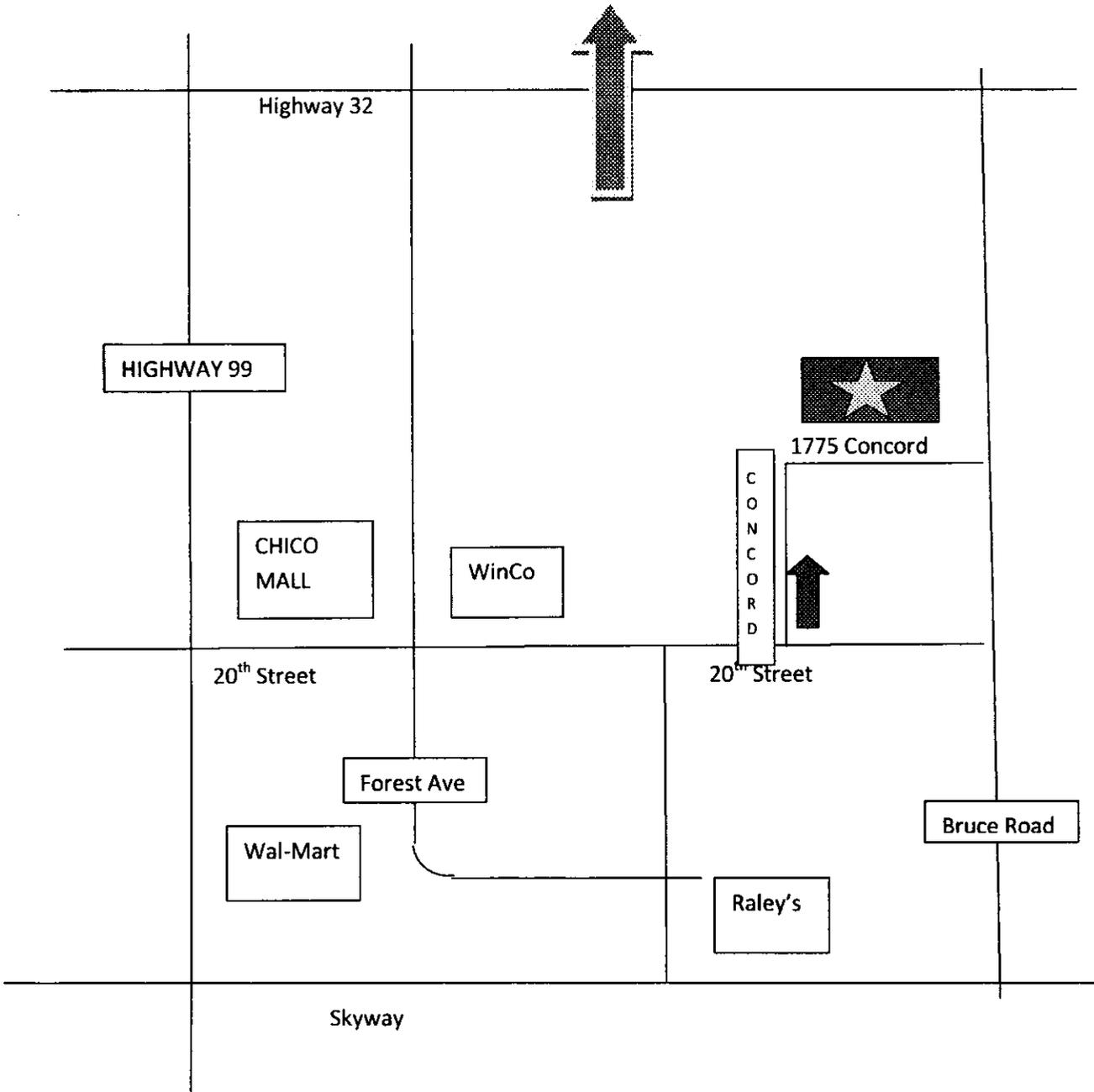
Where: Chico Courthouse- 1775 Concord Ave, Chico, CA 95928.

- (530) 532-7002.

When: The times and dates are different, so your social worker, attorney, and/or Court will tell you.

Why: To help parents/guardians make better decisions to keep your child (ren) safe.

New Chico Courthouse



1775 Concord Avenue

Court Hearings

- 1. Detention Hearing:** If your child was removed from your home (also called a detention), this will be your first court date.
 - a. You will get an attorney.
 - b. You will get a paper called a “**Petition**,” with A-1, B-1, for example, which is the allegations the social worker thinks are going on with your family.
 - c. The judge can make three decisions:
 - i. Schedule a new hearing date so the judge can obtain more information.
 - ii. Send the child home, and another hearing is scheduled.
 - iii. The child stays out of the home, and another hearing is scheduled.
- 2. Jurisdictional Hearing:** The judge will decide if the Petition is true or not.
 - a. The judge can make these decisions:
 - i. Decide the allegations are true, and your child will become a **dependent of the Court**. This means the Court is allowed to make decisions about your child’s care.
 - ii. Decide the allegations are not true, and the case is dismissed.
 - b. If the judge says the allegations are true, a new hearing will be scheduled.
- 3. Dispositional Hearing:** The social worker will write a report about you and your family’s situation, and write out what you need to do to show you can protect your child.
 - a. The Court will decide:
 - i. Where your child should live (called **placement**).
 - ii. When, where, and how you can visit your child.
 - iii. What services might help you make your child safer.
 - b. The judge can make these decisions:
 - i. The child remains a dependent of the Court.
 - ii. Encourage you to go to services, either with your child in your home (**Family Maintenance**), or out of the home (**Family Reunification**).
 1. For children under the age of three, the parent only has six months of services.
 - iii. Not offer you the chance to do services, (bypass) which your social worker will have talked to you about.
- 4. Status Review Hearing:** About six months after your last court hearing, you will go to Court for a hearing where the judge can find out if you have done services, learned and showed what you learned, as well as visited the child (ren).
 - a. The judge will decide:
 - i. If it is safe for the child to be returned home, and continue to do services (Family Maintenance). Or not safe yet, and give you more time to do services, while the child (ren) stays out of the home (Family Reunification).
 1. A new hearing will be set in about six months for review.
 2. Dismiss the case.
 - ii. The parent was not successful, and services will no longer be offered.
 1. A new hearing will be set, to decide where the child (ren) will live long-term.

Legal Definitions

- 1. Bypass:** Legal reasons for not offering services to the parent (s).
- 2. Case Plan:** Papers that have what services and changes the parent (s) need to do and show, in order to have the child (ren) returned home.
- 3. Dependent of the Court:** The child (ren) are under the supervision of the Juvenile Court. The parent still has their parental rights.
- 4. Detaining Social Worker:** The social worker who was involved with removing the child (ren) from the home.
- 5. Family Maintenance:** Services are offered to the parent (s), while the child is in the home.
- 6. Family Reunification:** Services are offered to the parent (s), while the child is out of the home.
- 7. Ongoing Social Worker:** The social worker who will work with the family during the open Children's Services Division (CSD) case.
- 8. Petition:** Legal paper that says what the social worker thinks put your child (ren) at risk or harm.
- 9. Placement:** Where the child (ren) lives when they are not with their parent (s). This may be in foster care, a group home, with relatives, with friends, and/or family members.

SOME IMPORTANT THINGS FOR YOU TO REMEMBER:

1. The social worker cannot give you legal advice but will explain procedures.



2. If you have additional questions about the process, please ask your lawyer or the judge.

3. You must tell the court and the social worker where your mail should be sent so you will receive all the important documents about your child. If you change your mailing address, you must tell your social worker immediately.

Additional Information:

Some important telephone numbers:

Social worker: _____

Juvenile court: _____

Lawyer: _____

The date of my next hearing is:



_____ County
JUVENILE COURT

**THE DEPENDENCY COURT:
HOW IT WORKS**





One of the goals of the dependency court is to have the matter regarding your child resolved as quickly as possible. We need your help and cooperation to do that. The court has become involved with you and your child because certain things have happened in your life that led to this involvement; you will be required to follow specific steps to

end court involvement. You must follow these steps within certain time limits. The steps and the time limits will be explained to you.

If your child becomes a dependent of the court, that means that the court will make orders for you, for your child, and for the social worker, so that your child will be protected. In most cases, you will have an opportunity to end court involvement.

As a court dependent:

1. The court may allow your child to reside in your home under court supervision; or
2. The court may place your child outside of your home.

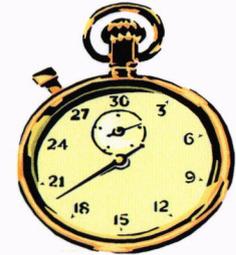
If, during the time your child is a dependent of the court, reunification services are not ordered, or reunification efforts fail, your child could be adopted.

The specific reasons you are in court are stated in the petition and in other papers you may have received.

PLEASE READ THE PETITION CAREFULLY.

6. How does the court make a permanent plan for my child?

- a. If the court decides that your child will not be returned to you and another plan for the child is required, the court **MUST** set a hearing within four months to decide what should happen to your child.
- b. At that hearing, the court has only three choices, in the following order of preference:
 - (1) To terminate your parental rights and order the child placed for adoption ("Terminating your parental rights" means that legally you are no longer the child's parent);
 - (2) To appoint a legal guardian for your child; or
 - (3) To place your child in long-term foster care.



If a relative adopts your child, you, the adoptive parent(s), and the child may agree to postadoption contact between you and your child. Your lawyer can explain this "Kinship Adoption Agreement" to you if adoption by a relative is the permanent plan.



- c. If your child was **under three years old** when he or she was first removed from your care, and you have not participated regularly in court ordered treatment, or if you have not contacted or visited your child for the last six months, the court can end services. If a brother or sister of the child under three was also removed, services may end for that child also.
- d. If your child was **over three years old**, and the child is not returned to you after six months, the court can order services for six more months.



- e. Services to reunify your child with you will end after 12 months unless the court decides there is a **substantial probability** that your child can be returned to you by the end of 18 months from the time the police officer or social worker took your child away.

- f. If services are ended, the court will set a hearing to make a permanent plan for the child.

In order for the court to consider returning your child to you, you must follow the orders of the court without delay.

BECAUSE if the court orders a hearing for a permanent plan, your child will not be returned to you and there will be NO more assistance by the social worker or the court to help you reunify with your child.

1. Do I need a lawyer?

You have the right to have a lawyer represent you in court, and the first court hearing in your case may be postponed for a short time so that you may hire one. If you cannot afford a lawyer, the court may appoint one for you. You may have to repay the court for the costs of your lawyer according to your ability to pay.



2. Will anyone else have a lawyer?

The county counsel may be representing the social worker and the court may also appoint a lawyer to represent your child. The lawyer's job is to represent the interests of your child. A Court Appointed Special Advocate, called a CASA volunteer, may also be appointed by the court to assist your child.

3. What will happen at the first hearing?



- a. If your child has been taken away from you, at the first court hearing the judge will decide whether your child will be returned to you until the next court hearing, or whether your child will remain away from you.
- b. Be sure to tell the social worker or your lawyer about any of the child's relatives who might be able to care for your child until the next hearing (or longer) if your child is not returned to you at the first hearing.

- c. In most cases you will be able to have visits with your child if the child is not returned to you.

4. What happens then?

- a. You have a right to have a trial where the judge will decide whether the statements in the petition are true.
- b. If there is to be a trial, a date will be set for that trial.
- c. Whether your child is with you or not, if you admit that all or part of the statements in the petition are true, or allow the judge to make a decision based on the reports presented, there will not be a trial on those issues.

The social worker will prepare a report for the court, based on an investigation that will include talking to you and to others. The report will include recommendations about where your child should be living for the next six months (when the next court hearing will be held) and what you and others can do to help solve the problems that brought you and your child into court.

If the judge decides that the statements in the petition are true, the judge will probably make your child a dependent child of the court, which means that your control over your child will be limited and the child may be removed from your custody.

There will be a case plan that will be worked out by you and the social worker; this plan will be presented to the court. The court will *probably* order that all or part of the case plan be carried out. The case plan may include such things as the following:

- a. Parenting classes
- b. Individual counseling
- c. Family counseling
- d. Treatment for abuse of alcohol and other drugs



- e. Special programs and classes
- f. Visitation with your child

If your child is removed from your custody and there is a case plan ordered, the social worker will be required to include in the case plan: (1) services to help you reunify with your child and (2) services to achieve legal permanence for your child should reunification fail. Legal permanence may include adoption or appointment of a legal guardian.



If, at any time after your child is removed from you, you decide that you are not interested in reunifying with your child, you can talk with your social worker. You should also talk with your lawyer, who can explain your right to (1) waive reunification services, (2) relinquish your parental rights, and (3) assist in the development of a permanent plan for your child.

5. What do I need to do then?

- a. The social worker and others will be required to assist you to obtain the services listed in your case plan.

It is important that you get started on your case plan as soon as possible. Following the case plan, within the required time lines, is the key to reunification with your child.



- b. The court will review your case at least every six months. At the first review hearing, the court will consider whether court dependency for your child is still required and, if your child has been removed from your home, whether your child may be returned home.

Why was my child taken from me?

Someone made a report about your child's safety. To protect your child, a police officer or social worker has:

- Taken your child out of your home, and
- Asked the court to get involved in this case to protect your child.

Where is my child now?

Your child may be at a temporary foster home or shelter in this county. To find out more about what is happening with your child, call the social worker for this case:

Social Worker:

Phone:

E-mail:

Will my child be returned to me soon?

It depends. A social worker will review your home situation and decide how best to keep your child safe.

If your child is not returned home before you go to court, your child may be sent temporarily to stay with:

- Your child's other legal parent (if you do not live together),
- A relative or extended family member, or
- A foster parent.

Do I have the right to try to get my child back?

Yes. You have the right to:

- A lawyer. (The court will give you one if you cannot afford one.)
- Take part in all court hearings about your child.
- Have an interpreter in court if you do not speak English well.
- Refuse to answer questions that could lead to criminal charges against you.

Tell your lawyer if you have questions about your rights or about what happens in court.

Does my child have rights, too?

Yes. Your child has the same rights that you have. Your child will have a different lawyer who will:

- Tell the court what the child wants, and
- Ask the court to do what is best for the child.

Can my child be placed with relatives?

Yes. You **must** give the social worker names and contact information for your child's other legal parent and relatives who may be able to care for your child. The social worker will contact them to see if their home is available and safe for your child.

How will I know when to go to court?

You will get a *Notice* with the time, date, and location of the court hearing.

Important! The court and the social worker will mail you many important documents. If your mailing address changes, tell your social worker right away.

What to expect

1. After your child is taken from your home, a social worker has **2 full working days** to decide if your child is safe with you. If the social worker thinks your child is **not** safe with you, she or he will:
 - Take a *Petition* to a special court for children (Juvenile Court), and
 - Ask the court to be in charge of your child's care, custody, and supervision.

Important! Read the *Petition*. It lists the reasons (*allegations*) your child is not safe in your home. If you do not understand it, ask your lawyer.
2. The court has **1 full working day** to hold a **detention hearing**. This hearing will decide:
 - To return the child to you right away, or
 - Where the child will stay for now and how you can visit him or her.
3. The next hearing will be within **15 working days** unless the judge decides more time is needed. It's called a **jurisdictional hearing**. That's when the judge will look more closely at your child's situation and decide if any allegation in the *Petition* is true.
 - If the judge decides none of them is true, your child will be returned to you.
 - If the judge believes any allegation *is* true, your child may become the **court's dependent**.

If your child becomes the court's dependent

There will be another hearing (called a **dispositional hearing**), when the judge will decide:

- Where your child should live,
- When, where, and how you can visit your child, and
- What must be done to take care of the problems that caused your child to be taken out of the home. (This is called a *reunification plan*.)

This hearing may be at the same time as the jurisdictional hearing. If you or your child disagrees with the judge's decision, you may ask an appeals court to review the judge's decision.

Questions? Talk to your lawyer, and learn more about cases like yours at: courts.ca.gov/selfhelp-childabuse

Case Plan

Who: Parents/guardians, and child (ren) involved with Children's Services Division (CSD).

What: A piece of paper that tells you what you need to do and the changes you need to make to get your child (ren) back in your care. This means going to services, learning, and showing you can keep your child (ren) safe.

Where: At the Dispositional hearing (usually the 2nd or 3rd court hearing), the judge will order you to follow the case plan.

When: You will have a case plan while you are involved with CSD. You will work with your social worker to create your Case Plan objectives/services.

Why: To help you know what you need to do.

Helpful Tips:

- Read your case plan!
- There are two parts to read: Objective and Services.
- If you do not understand or agree with your case plan, meet with your social worker and/or attorney.

Parent Education Services

- **National Parent Helpline:** Emotional support, listening, and referrals to parenting resources and support.
 - 855-427-2736
 - www.nationalparenthelpline.org

Chico:

- **Center for Healthy Communities:** CalFresh information, and nutrition education.
 - 25 Main St., Suites 101 & 201, Chico, CA 95929
 - (530) 898-5323
- **FOCUS:** Families of Children Under Stress: support-based program for families and/or caregivers of children with special needs. Share triumphs, frustrations, and fears with other parents who have been there. During group session, the kids participate in an integrated recreational program.
 - Arc Pavilion: 2040 Park Ave, Chico, CA 95928
 - Held the 2nd and 4th Tuesday of each month.
 -
- **Four Winds Indian Education Center:** After school programs, GED preparation, cultural classes, and health and prevention education.
 - **Cultural Class:** Thursdays, 6:00pm-9:00pm. Open to students 12 years or older and must be accompanied by an adult.
 - **Young Men's Group:** Mondays, 5:00pm-8:00pm, starting in August, educate youth in developing critical thinking and problem-solving skills, ages 13-17.
 - 2345 Fair St., Chico, CA 95928
 - 530-895-4212
- **Northern Valley Catholic Social Services (NVCSS):** Father's Group, Thursdays, 12 week group, call for the schedule.
 - 3432 Esplanade, Chico, CA 95973
 - 530-354-1600, ext. 2111
- **Northern Valley Catholic Social Services (NVCSS) - Nurturing Parenting Group:** A free group where parents can come together and share their experiences and challenges with each other and gain new parenting skills. The group follows the Nurturing Parenting curriculum.
 1. John McManus Elementary School
 - 988 East Ave., Chico, CA 95926
 - 530-345-1600 ext. 2111
 - Tuesday: 10:00 am, Spanish language group.
 - Tuesday: 1:30 pm, Hmong language group.
 - Friday: Nurturing Parenting, 8:30 am.

2. La Vista Verde
 - 1666 Vista Verde Ave., Chico, CA 95928
 - 530-345-1600 ext. 2111
 - Tuesday: 10:00 am, Spanish language group.
 - Tuesday: 1:30 pm, Hmong language group.
 - Friday: Adult Group – 10:00 am-11:00 am
 - Last Friday of every month: Nurturing Parenting, 6:00 pm.
3. Chico Location #2
 - 1517 East Lasson Ave., Chico, CA 95926
 - 530-345-1600 ext. 2111
 - Tuesday: 10:00 am, Spanish language group.
 - Tuesday: 1:30 pm, Hmong language group.
- **Northern Valley Indian Health (NVIH) - Prenatal- Better Babies:** women who are pregnant and have Medi-Cal insurance, or women who are income eligible but do not have Medi-Cal yet. Supportive services are available from early pregnancy until the baby is eight (8) weeks old. The baby's father and other family members are included if desired. Includes private appointments, health education, nutritional information, individual support, classes on birthing, breastfeeding, and baby care.
 - 500 Cohasset Rd., Chico, CA 95926
 - 530-433-2500, option 6 or
 - 530-894-5585
- **Car Seat Class:** Butte County Public Health. Registration begins on the FIRST day of the month PRIOR to the class date. Classes fill quickly and space is limited. Call for the address.
 - July 10, 2019, 9:00am-11:00am.
 - September 11, 2019, 9:00am-11:00am.
 - 1-800-339-2941

Butte College Foster/Kinship Parent Education Program: FREE

Location: Butte College Skyway Center- 2480 Notre Dame Blvd., Chico, CA 95928

To sign up for a class: call 530-897-6235, or go to the website: www.butte.edu/fosterkinship/

- **Nurturing Parenting Two Day Intensive:**
 - 2 day class, 9:00 am-4:00 pm, 1 hour lunch
 - June 22, 2018 and June 23, 2018
- **Nurtured Heart Approach:**
 - Thursdays from 6:00 pm-9:00 pm
 - July 5, 2018 through August 9, 2018
- **Nurtured Heart Approach:**
 - 2 day class, 9:00 am-4:00 pm, 1 hour lunch
 - July 14, 2018 and July 21, 2018

Biggs:

- **Northern Valley Catholic Social Services (NVCSS) - Nurturing Parenting Group:** A free group where parents can come together and share their experiences and challenges with each other and gain new parenting skills. The group follows the Nurturing Parenting curriculum.
 - 300 B. St., Gridley, CA 95948 - Library
 - 530-345-1600 ext. 2134
 - Tuesday: 10:00 am, Spanish language group.
 - Tuesday: 1:30 pm, Hmong language group.
 - Last Tuesday of each month: Nurturing Parent, 5:30 pm.

Gridley:

- **Gridley Community Center:** Food distribution, WIC, parenting classes, etc.
 - 200 East Spruce St., Gridley, CA 95948
 - 530-538-7534

Oroville:

- **African American Family Cultural Center:** Free workshops, parenting support, and help with connecting to community resources.
 - 3300 Spencer Ave., Oroville, CA 95966
 - 530-532-1205
 - **Circle of Healing Parenting Class:** A free class for teen and adult parents, to learn parenting skills. This is an eight (8) week class and dinner is included. Tuesdays from 5:30 pm-7:00pm.
 - **Sisterhood Group:** Women 18 years and older, every 2nd and 4th Tuesday of the month. 6:00 pm-7:00 pm.
 - **Brotherhood Group:** Men 18 years and older, Thursdays 5:00 pm-6:30 pm.
- **Butte Baby Steps:** For women under the age of 29, who are pregnant or just gave birth. Home visits, positive parenting, and more.
 - 2185 Baldwin Ave., Oroville, CA 95965
 - 530-538-8221
- **Car Seat Class:** Butte County Public Health. Registration begins on the FIRST day of the month PRIOR to the class date. Classes fill quickly and space is limited. Call for the address.
 - August 7, 2019, 9:00am-11:00am.
 - 1-800-339-2941
- **Feather River Tribal Health:** Provides one-on-one parenting classes on positive parenting and positive parenting of teens. No fee for Native American clients, \$40 for Non-Native American clients.

- 2145 5th Ave., Oroville, CA 95965
- 530-534-5394
- **Hmong Cultural Center:** Tu Tus Menyuum: Raising the Child, for families with children 0-5 years old.
 - 1940 Feather River Blvd., Ste H., Oroville, CA 95965
 - 530-534-7474
- **Oroville Adult Education Center:** Academic and vocational training for all ages.
 - 2750 Mitchell Ave., Oroville, CA 95966
 - 530-538-5350
- **Public Health Low Cost Car Seats:** Free 2 hour class.
 - 1-800-339-2941

**Northern Valley Catholic Social Services (NVCSS): Butte College
Foster/Kinship Parent Education Program: FREE**

Location: NVCSS- 2185 Baldwin Ave., Oroville, CA 95966

To sign up for a class: call 530-897-6235, or go to the website: www.butte.edu/fosterkinship/

Online Parenting Videos/Information

Online Services

- **Kidsinthehouse:** An online video library of parenting and parenting advice. It contains over 8,000 videos from 450 experts.

Website: <https://www.kidsinthehouse.com/>

- **AdoptUSKids:** A national project of the US Children’s Bureau that provides tools and resources to support child welfare systems and connects children in foster care with families.

Website: <https://www.adoptuskids.org/>

- **Children Welfare Information Gateway - Resources for Foster Parents and Caregivers:** Provides resources for foster parents, relative/kinship caregivers.

Website: <https://www.childwelfare.gov/fostercaremonth/resources/caregivers/>

- **Fostering Perspectives:** A website that provides resources and a forum for child welfare professionals, foster, kinship, and adoptive parents.

Website: <http://fosteringperspectives.org/>

- **Center for Parent Information & Resources – Resources Especially for Foster and Adoptive Families:** Provide useful resources and advices for parents, including foster parents, of children with disabilities.

Website: <http://www.parentcenterhub.org/fosteradoptive/>

- **Foster Club:** A national network for young people in foster care. You will find stories shared by foster youths, supportive adult message board, and more.

Website: <https://www.fosterclub.com/>

- **DailyStrength - Foster Care Support Group:** A support group for foster parents to ask questions, share experiences, and to meet other foster parents.

Website: <https://www.dailystrength.org/group/foster-care>

- **National Alliance on Mental Illness:** Though not created specifically for foster parents, this is a resourceful website that provides information on various mental illnesses, from ADHD to bipolar disorder to schizophrenia. It details warning signs of mental illnesses, conditions of different illnesses, medications and treatments.

Website: <https://www.nami.org/>

- **John Burton Foundation**

Website: <http://www.jbaforyouth.org/>

Tips for Baby Development

BIRTH-3 MONTHS

- Help baby's motor development by engaging in Tummy Time every day
- Give baby plenty of cuddle time and body massages
- Encourage baby's responses by presenting objects with bright colors and faces
- Talk to baby every day to show that language is used to communicate

4-6 MONTHS

- Encourage baby to practice Tummy Time, roll over, and reach for objects while playing
- Offer toys that allow two-handed exploration and play
- Talk to baby to encourage language development, baby may begin to babble
- Communicate with baby; imitate baby's noises and praise them when they imitate yours

7-9 MONTHS

- Place toys in front of baby to encourage movement
- Play cause and effect games like peek-a-boo
- Name and describe objects for baby during everyday activities
- Introduce "junior" and soft foods around 8 months

10-12 MONTHS

- Place cushions on floor to encourage baby to crawl over and between
- While baby is standing at sofa set a toy slightly out of reach to encourage walking using furniture as support
- Use picture books to work on communication and bonding
- Encourage two-way communication by responding to baby's giggles and coos

13-15 MONTHS

- Provide push and pull toys for baby to use as they learn how to walk
- Encourage baby to stack blocks and then knock them down
- Establish consistency with routines like mealtimes and bedtimes
- Sing, play music for, and read to your child regularly
- Ask your child questions to help stimulate decision making process



About Pathways.org

The mission of Pathways.org, since 1985, is to empower parents and health professionals with FREE tools and resources to maximize a child's motor, sensory, and communication development. The Pathways.org Medical Roundtable is instrumental in achieving this mission through strategic and supportive direction.

Pathways.org Medical Roundtable

Co-Chairmen

Michael E. Msall, MD, FAAP, FAACPDM and John F. Sarwark, MD, FAAP, FAACPDM, FAAOS

Committee

Suzann K. Campbell, PT, PhD, FAPTA, FAACPDM
 Laura L. Deon, MD
 Deborah Gaebler-Spira, MD, FAAP, FAACPDM
 Karen R. Judy, MD, FAAP

Amy Becker Manion, PhD, RN, CPNP
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 Rosemary White-Traut, PhD, RN, FAAN
 Nina Aliprandi, MA, Parent
 Shirley Welsh Ryan



Pathways.org empowers parents and health professionals with FREE tools and resources to maximize a child's motor, sensory, and communication development.



800-955-CHILD (2445)
friends@pathways.org
www.pathways.org



This message endorsed by the American Academy of Pediatrics, the National Association of Pediatric Nurse Practitioners, American College of Osteopathic Pediatricians and Pediatric Section of the American Physical Therapy Association.

Pathways.org is a 501(c)(3) not-for-profit organization.

• ASSURE THE BEST • Baby's Physical Development



FREE tools to maximize child development

Pathways.org is a 501(c)(3) not-for-profit organization.

What Every Parent Should Know

Pathways.org's *unique chart* allows you to track your child's physical, play, and speech development. Remember to *trust your instincts*. You know your child best. If you feel your baby is developing at a different pace, seek help.

Early Detection is the Best Prevention!

Important Parent Ideas:

- Keep a **notebook** of your concerns and observations.
- Review **this chart** and check the signs you see in your baby.**
- Share your concerns**, this chart, and your **notebook** with your **child's doctor or health provider**.

**It is okay to check boxes in both areas of Typical Development and Signs To Watch For columns.



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BY **3** MONTHS

BY **6** MONTHS

BY **9** MONTHS

BY **12** MONTHS

BY **15** MONTHS

TYPICAL DEVELOPMENT*

- Sucks and swallows well during feeding
- Quiets or smiles in response to sound or voice
- Coos and smiles
- Turns head towards sound or voice

- Begins to use consonant sounds in babbling, e.g. "da, da, da"
- Uses babbling to get attention
- Begins to eat cereals and pureed foods

- Uses increased variety of sounds and syllable combinations in babbling
- Looks at familiar objects and people when named
- Begins to eat thicker pureed and mashed table foods

- Meaningfully uses "mama" or "dada"
- Responds to simple directions, e.g. "come here"
- Produces long strings of gibberish (jargoning) in social communication
- Begins to use an open cup

- May use 5 - 10 words
- Imitates simple words and actions
- Understands 50 words
- Increases variety of coarsely chopped table foods

TYPICAL PLAY DEVELOPMENT*

- While lying on their back...*
- Visually tracks a moving toy from side to side
 - Attempts to reach for a toy held above their chest
 - Keeps head centered to watch faces or toys

- While lying on their back...*
- Reaches for toys while on their tummy
 - Transfers a toy from one hand to the other
 - Reaches both hands to play with feet

- In a high chair, holds and drinks from a bottle
- Explores and examines an object using both hands and mouth
- Turns several pages of a chunky (board) book at once
- In simple play imitates others

- Finger feeds self
- Releases objects into a container with large opening
- Uses thumb and pointer finger to pick up tiny objects

- Stacks two objects or blocks
- Helps with getting dressed/undressed
- Holds and drinks from a cup

TYPICAL PHYSICAL DEVELOPMENT*

- While lying on their tummy...*
- Pushes up on arms
 - Lifts and holds head up

- Uses hands to support self while sitting
- Rolls from back to tummy and tummy to back
- While standing with support, accepts entire weight with legs

- Sits and reaches for toys without falling
- Moves from tummy or back into sitting
- Starts to move with alternate leg and arm movement e.g. creeping, crawling

- Pulls to stand and cruises along furniture
- Stands alone and takes several independent steps

- Walks independently and seldom falls
- Squats to pick up toy

SIGNS TO WATCH FOR IN PHYSICAL DEVELOPMENT*

- Difficulty lifting head
- Stiff legs with little or no movement
- Pushes back with head
- Keeps hands fisted and lacks arm movement

- Rounded back
- Unable to lift head up
- Poor head control
- Difficult to bring arms forward to reach out
- Arches back and stiffens legs
- Arms held back
- Stiff legs

- Uses one hand predominately
- Rounded back
- Poor use of arms in sitting
- Difficulty crawling
- Uses only one side of body to move
- Inability to straighten back
- Cannot take weight on legs

- Difficulty getting to stand because of stiff legs and pointed toes
- Only uses arms to pull up to standing
- Sits with weight to one side
- Strongly flexed or stiffly extended arms
- Needs to use hand to maintain sitting

- Unable to take steps independently
- Poor standing balance, falls frequently
- Walks on toes

*Remember to correct your child's age for prematurity.

Pathways.org is a 501(c)(3) not-for-profit organization.

Please visit www.Pathways.org to find more FREE resources on child development.

Mental Health Services

- **Centers for Disease Control & Prevention:** Get information on treating and managing symptoms of anxiety and depression.
 - www.cdc.gov/childrensmentalhealth/depression.html.
- **Crisis Intervention Toll Free Line:**
 - 800-334-6622
- **Crisis Text Line:** If you need help, text “LISTEN” to 741741
- **Local Crisis Intervention Line:**
 - 530-891-2810
- **Northern Valley Talk Line:**
 - 855-582-5554
- **Rape Crisis Line:**
 - 530-342-7273

Chico:

- **Brislain Learning Center:** Assessment, evaluation, diagnosis of learning, and attention disorders. Marriage, family, and child counseling.
 - 2545 Ceanothus Ave., Ste. 130, Chico, CA 95973
 - 530-342-2567 x4
- **Butte County Behavioral Health:** Counseling, assessment, diagnosis, and treatment for mental illness, substance dependency, and/or dual diagnosis treatment.
 - 592 Rio Lindo Ave., Chico, CA 95926
 - 530-891-2775
- **Butte County Behavioral Health Chico Community Counseling Center:** Counseling.
 - 109 Parmac Rd., Ste. 1, Chico, CA 95926
 - 530-891-2945
- **California Work Opportunity and Responsibility to Kids (CalWorks):** Counseling and treatment services for mental illness or substance dependency challenges; that prevent people from being able to work.
 - 560 Cohasset Ave., Chico, CA 95926
 - 530-891-2784
- **Catalyst Domestic Violence Services:** Support groups, counseling, restraining orders, and more.
 - 330 Wall St., Suite 50, Chico, CA 95928
 - 530-343-7711
 - Crisis Help: 1-800-895-8476
- **Counseling Solutions:** Counseling.
 - 130 Yellowstone Dr., Suite 110, Chico, CA 95973
 - 530-879-5991

- **Far Northern Regional Center:** Provides services to infants and toddlers who are showing a delay in their development. Referrals for individuals with developmental disabilities and their families.
 - 1377 East Lassen Ave, Chico, CA 95973
 - 530-895-8633
- **Iversen Wellness and Recovery Center:** Provides various activities and levels of participation groups, support groups, assistance with work, develop skills, etc.
 - 492 Rio Lindo Ave., Chico, CA 95926
 - 530-879-3311
- **Northern Valley Catholic Social Services (NVCSS):** Low-cost or free counseling and support services. Mother's Well Program and counseling for women who have challenges after birth, such as anxiety.
 - 10 Independence Circle, Chico, CA 95973
 - 530-345-1600
- **Northern Valley Catholic Social Services (NVCSS) Adult Group:** Provides a free mutual support group, focusing on a variety of mental illness and wellness topics. Topics include personal and emotional improvement, communication skills and parenting support.
 - 1290 Notre Dame Bld., Chico, CA 95926
 - 530-345-1600 ext. 2111
 - Wednesdays, 10:00 am-11:00 am
 - Group offered in Spanish
- **Northern Valley Indian Health:** Mental illness services.
 - 845 E. East Ave., Chico, CA 95926
 - 530-896-9400, option 7
- **Northern CA Therapy Services:** Counseling, substance dependency, and domestic violence. Accepts Medicare, Medi-Cal.
 - 1453 Downer St., Ste A, Chico, CA 95973
 - 530-809-2620
- **Rape Crisis Intervention Center and Prevention:** Free counseling.
 - 2889 Cohasset Rd. #2, Chico, CA 95973
 - 530-891-1331
- **Shalom Free Clinic:** Mental and behavioral health counseling.
 - 1010 Mangrove Ave., Suite D, Chico, CA 95926
 - 530-342-2445
- **Stonewall Alliance Center:** Outreach to LGBT*Q+ youth and young adults. Provides information, education, support in prevention of suicide, and suicide risk.
 - 358 East 6th St., Chico, CA 95928
 - 530-893-3336
- **Support, Employment, Assistance, Recovery, Consumer Housing (SEARCH):** For people who are homeless or at risk of homelessness due to mental illness. Will get mental illness services, linked to the Housing Authority of Butte County, Department of Rehabilitation, and more.

- 560 Cohasset Ave., Chico, CA 95926
- 530-891-2784
- **The Growing Place:** Counseling center for mental illness education, life coaching, etc.
 - 1074 East Ave., Suite A-4, Chico, CA 95926
 - 530-588-0448
- **Victor Community Support Services:** Programs and support for children, youth, young adults, and families.
 - 1360 East Lassen Ave., Chico, CA 95973
 - 530-267-1700

Gridley:

- **Gridley Community Counseling Center:** Counseling, assessment, diagnosis, and treatment for mental illness, substance dependency, and/or dual diagnosis treatment.
 - 995 Spruce St., Gridley, CA 95948
 - 530-846-7305
- **Northern Valley Catholic Social Services (NVCSS):** Low-cost or free counseling and support services.
 - 996 Spruce St. #A, Gridley, CA 95948
 - 530-846-6175
- **Northern Valley Catholic Social Services (NVCSS) Adult Group:** Provides a free mutual support group, focusing on a variety of mental illness and wellness topics. Topics include personal and emotional improvement, communication skills and parenting support.
 - 1560 Hazel St., Gridley, CA 95948
 - 530-345-1600 ext. 2111
 - Tuesdays, 10:00 am-11:00 am
 - Group offered in Spanish

Oroville:

- **African American Family & Cultural Center:** Provides a free support group for those who are experiencing grief, loss, anger, and bereavement of any type.
 - 3300 Spencer Ave., Oroville, CA 95966
 - 530-532-1205
 - Call for a schedule.
- **Butte County Behavioral Health:** Counseling, assessment, diagnosis, and treatment for mental illness, substance dependency, and/or dual diagnosis treatment.
 - 18 County Center Dr., Oroville, CA 95965
 - 530-538-7705
- **California Work Opportunity and Responsibility to Kids (CalWorks):** Counseling and treatment services for mental illness or substance dependency challenges; that prevent people from being able to work.
 - 2430 Bird St., Oroville, CA 95965

- 530-538-7277
- **Catalyst Domestic Violence Services:** Support groups, counseling, restraining orders, and more.
 - 1931 Arlin Rhine Memorial Dr., Oroville, CA 95965
 - 530-532-6427
 - Crisis Help: 1-800-895-8476
- **Feather River Tribal Health:** Counseling and anger management, must be registered. The co-ed anger management course is for six (6) weeks. No fee for Native American clients, \$40 for Non-Native American clients.
 - 2145 5th Ave., Oroville, CA 95965
 - 530-534-5394
- **Northern Valley Catholic Social Services (NVCSS):** Low-cost or free counseling and support services.
 - 2185 Baldwin Ave, Oroville, CA 95966
 - 530-538-8221
- **Support, Employment, Assistance, Recovery, Consumer Housing (SEARCH):** For people who are homeless or at risk of homelessness due to mental illness. Will get mental illness services, linked to the Housing Authority of Butte County, Department of Rehabilitation, and more.
 - 18 County Center Dr., Oroville, CA 95965
 - 530-538-7705

Physical Health Services

- **AMPLA Health:** Medical, dental, and mental illness services. Accepts Medi-Cal and Medicare.
 - Health Center Locations:
 - **CHICO** – 680 Cohasset Rd., Chico, CA 95926, 530-342-4395
 - **GRIDLEY** – 520 Kentucky St., Gridley, CA 95948, 530-846-6231
 - **OROVILLE** – 2800 Lincoln Blvd., Oroville, CA 95966, 530-534-7500
 - Dental Clinic Locations:
 - **OROVILLE** – 2800 Lincoln Blvd., Oroville, 95966 530-533-6484
 - **CHICO** – 236 W. East Ave, Ste. H, Chico, 95926 530-342-6065
- **Butte County Public Health:** Free family planning services, immunizations, etc.
 - **Chico Clinic:** 695 Oleander Ave., Chico, CA 95926, 530-879-3665
 - **Oroville Clinic:** 78 Table Mountain Blvd., Oroville, CA 95965, 530-538-7341
- **California Dental Association:** Dental information for families and individuals in the “Public Resources” section online.
 - 1-800-232-7645

- www.sda.org
- **Medi-Cal:**
 - **Chico:** 2445 Carmichael Dr., Chico, CA 95928, 530-895-4364
 - **Oroville:** 78 Table Mountain Blvd., Oroville, CA 95965, 530-538-7301
- **Medicare Access for Infant and Mothers Program:** Low-cost insurance program for pregnant women who do not qualify for Medi-Cal and do not have private insurance.
 - 1-800-433-2611
 - www.aim.ca.gov

Chico:

- **Access Dental:** Offers discounted services for those without insurance.
 - 1010 Mangrove Ave., Suites A/A, Chico, CA 95926
 - 530-342-7500
 - www.accessdental.com
- **AMPLA Health Chico Dental:** Offers a sliding scale program for people without insurance.
 - 236 W. East Ave., Ste. H, Chico, CA 95926
 - 530-342-6065
 - www.amplahealth.org
- **Better Babies Nursing, Inc. A Prenatal Center:** Prenatal support services for women eligible for Medi-Cal: pregnancy test, prenatal vitamins, nutrition, health education, breastfeeding, and parenting classes.
 - 572 Rio Lindo Ave., Ste. 207, Chico, CA 95926
 - 530-894-5585
- **Birthright:** 24-hour hotline, pregnancy tests, doctor appointments, baby clothing, maternity clothes, transportation, and counseling.
 - 778 East Ave., #D, Chico, CA 95973
 - 530-345-9711 or 1-800-550-4900
- **California Health Collaborative:** Breast and cervical cancer screening referrals for low-income and/or uninsured.
 - 25 Jan Court #130, Chico, CA 95928
 - 530-345-2483
- **Chico Pediatric Dentistry:** For children, infants through age 12 (accepts new patients to age 11). Also serves youth, teens, and adults with special needs.
 - 2775 Esplanade, Chico, CA 95973
 - 530-893-4044
 - www.chicopediatricdentistry.com
- **Children's Health Center NVIH:** Healthcare services for community members.
 - 277 Cohasset Rd., Chico, CA 95926
 - 530-712-1440
- **CSU Chico Gender & Sexuality Equity Center:** Women and LGBT*Q+ resource information, referrals, and free birth control.

- 400 W. 1st St., Chico, CA 95929, BMU 005
- 530-898-5724
- **La Leche League of Chico:** Information and support for pregnant and breastfeeding women, phone counseling, and monthly meetings. Call for meeting times.
 - 530-487-4109
 - www.llusa.org
- **Northern Valley Indian Health:** Offers sliding scale for those without insurance.
 - 845 W. East Ave, Chico, CA 95926
 - 530-896-9400
 - www.nvih.org
- **Northern Valley Indian Health Mobile Dental Unit:** Serves pregnant women and children ages 0-6. Mobile dental clinic comes to regular Butte County locations every 3-4 months. Accepts all insurances and a sliding scale.
 - Locations: Chico, Chapman Elementary School, and Chico Children's Center
 - 530-520-6913
- **Opt for Healthy Living:** Helps children, families, and individuals who may be struggling with weight challenges, how to eat healthy, or be active. Services: individual and family sessions with a nutrition educator, cooking demos/classes, and food budgeting class (every 3rd Thursday of the month). Free or reduced cost of services available who have CalFresh, WIC, Free or Reduced School Lunch, Commodities, or SSI).
 - 25 Main St., Ste. 101, Chico, CA 95929
 - 530-345-9749
 - www.csuchico.edu/cnap/opt/
- **Planned Parenthood of Chico:** Pregnancy tests, birth control, STD testing, treatment, and vaccines, abortions up to 14th week, LGBT*Q+ services, PAP tests, Vasectomy, Dysplasia exams, HIV/AIDS testing, and women's health.
 - 3100 Cohasset Rd., Chico, CA 95973
 - 530-342-8367
 - M/W/F: 8:30 am- 6:00 pm, T: 7:30 am- 5:00 pm, F: 8:30 am- 5:00 pm
- **Stonewall Alliance of Chico:** information/referral for LGBT*Q+ individuals, families, and friends (teens, adults). Support groups and free HIV testing (Tues: 4:00 pm- 6:00 pm & Sat: 10:00 am- 12:00 pm).
 - 358 East 6th St., Chico, CA 95928
 - 530-893-3336
 - www.stonewallchico.org
 - Mon: 12:00 pm- 6:00 pm, Tues: 12:00 pm- 4:00 pm, Wed-Fri: 12:00 pm- 6:00 pm
- **Western Dental:** Offers payment plans for those without insurance.
 - 2471 Cohasset Rd., Ste. 170, Chico, CA 95926
 - 530-961-9288
 - www.westerndental.com
- **Women's Health Specialists:** Pregnancy tests, annual exams, abortion, birth control, STD test, colonoscopy, breast exams, cervical cancer screening, and men's health services.

- 1469 Humboldt Rd., Ste. 200, Chico, CA 95928
- 530-891-1911
- Women's Health Advice Line: 9:00 am- 5:00 pm
- **Women's Resource Clinic:** All services are free. Pregnancy tests, support, consultation, education, and mobile medical clinic.
 - 115 W. 2nd Ave., Chico, CA 95926
 - Mon -Thurs: 10:00 am- 5:00 pm, Fri: 10:00 am- 1:00 pm
 - 530-897-6101
 - www.womensrecource

Gridley:

- **Gridley Community Counseling Center:** Counseling, assessment, diagnosis, treatment for mental illness, substance dependency, and/or dual diagnosis treatment.
 - 995 Spruce St., Gridley, CA 95948
 - 530-846-7305

Oroville:

- **Caring for Women:** No cost services include: pregnancy tests, education on parenting, adoption, abortion, maternity clothes, diapers, baby clothes, and other baby essentials as available.
 - 2362 Lincoln St., Oroville, CA 95966
 - 530-533-8388
 - Hotline: 530-532-9362
- **Hmong Cultural Center:** Reproductive health and access to family planning services. Provides culturally competent reproductive health prevention education to individuals and families.
 - 1940 Feather River Blvd., Suite H., Oroville, CA 95965
 - 530-534-7474

Drug Testing

Who: Parents/guardians may be asked to drug test by your social worker.

What: You will give a urine sample for the drug test. If you do not drug test when you are asked, it will count as a positive drug test.

Where: Butte County Probation

1. Oroville Probation: 42 County Center Dr. Oroville, CA 95965, (530) 538-7661.
2. Chico Probation: 1370 Ridgewood Dr. Chico, CA 95973, (530) 879-7555.

When: You may be asked to drug test at any time, and/or randomly.

1. Random drug testing: Monday through Friday, you will call the drug testing line and listen for your number that was given to you. If you hear your number, you have to drug test that day.
2. Oroville Drug Testing Line: 530-538-3727
3. Chico Drug Testing Line: 530-879-3662
4. **Why:** To show you are active in your recovery through drug testing. This can show you are making changes in your life to care for your child (ren).

Frequently Asked Questions: Drug Testing

1. What do I do if I was prescribed a medication that might cause a positive drug test?
 - a. Tell your social worker and show them your prescription.
 - b. You can tell your doctor you are in recovery and ask if there are other options.
2. What do I do if the drug testing line has not been updated?
 - a. Call your social worker and let them know.
 - b. If they are not available, call Children's Services Division (CSD) reception (Oroville: 530-538-7883 or Chico: 530-898- 3614) and ask for the "Duty" social worker, who can help you.
3. What if I cannot pee?
 - a. Drink water before you drug test. Try to drug test early in the day, so if this happens, you have time to return later.
4. Should I drug test even if I know it will be positive?
 - a. Yes, because it shows you are trying to do services. If you do not go, which is a failure to appear (FTA), it will count as a positive drug test.
 - b. You can tell your social worker you will be positive and fill out a drug use admission form.
5. What do I do if I forget to call the drug testing line?
 - a. Let your social worker know.
6. If I do not have an ID, how do I drug test?
 - a. A CSD staff member can go with you to Probation to identify you.

Community Support Groups

Berry Creek:

- **Tuesday:**
 - **Chain of Grace (AA):** 7:00 pm-8:00 pm, 60 Whispering Chapel Ln., Berry Creek, CA 95916
- **Thursday:**
 - **Primary Purpose Chain of Grace (AA):** 6:00 pm-7:00 pm, 60 Whispering Chapel Ln., Berry Creek, CA 95916

Biggs:

- **Wednesday:**
 - **Biggs Group (AA):** 7:00 pm-8:00 pm, 5th St. & C St., Biggs, CA 95648
- **Saturday:**
 - **Biggs Group (AA):** Saturdays, 8:00 am-9:00 am, 5th St. & C St., Biggs, CA 95648

Chico:

- **Sunday:**
 - **Chico Central (AA):** 6:30 am-7:30 am, 1102 Mangrove, Chico, CA 95926
 - **11 Step Meditation (AA):** 8:00 am-9:00 am, 1102 Mangrove, Chico, CA 95926
 - **Chico Central (AA):** 12:00 pm-1:30 pm, 1102 Mangrove, Chico, CA 95926
 - **Chico NA:** 12:00 pm-1:00 pm, 2234 Park Ave., Chico, CA 95928
 - **Just for Today Study (NA):** 12:00 pm, 255 East 20th St., Unit C, Chico, CA 95928
 - **Women in Recovery (AA):** 2:00 pm-3:00 pm, 1102 Mangrove, Chico, CA 95926
 - **Al-Anon:** 3:00 pm, 295 E. Washington Ave., Chico, CA 95926 Room 5
 - **Serenity Sunday Afternoon AFG (Al-Anon):** 3:00 pm-4:30 pm, 295 E. Washington Ave, Chico, CA 95926
 - **Chico Bilingual Spanish/English (NA):** 4:00 pm-5:00 pm, 2234 Park Ave., Chico, CA 95928
 - **Speaker (NA):** 4:00 pm, 255 East 20th St., Unit C, Chico, CA 95928
 - **English and Spanish**
 - **Sunday Night 12 & 12 (AA):** 7:00 pm-8:00 pm, 1289 Filbert Ave., Chico, CA 95926
 - **Speaker (NA):** 7:00 pm, 255 East 20th St., Unit C, Chico, CA 95928
 - **“Shipwrecked” (AA):** 7:00 pm-8:00 pm, 1102 Mangrove, Chico, CA 95926
 - **New Life (AA):** 7:00 pm-8:00 pm, 285 E. 5th St., Chico, CA 95928
 - **Chico NA:** 7:00 pm-8:00 pm, 2234 Park Ave., Chico, CA 95928
- **Monday:**
 - **Chico Central (AA):** 6:30 am-7:30 am, 1102 Mangrove, Chico, CA 95926
 - **Chico Central (AA):** 8:00 am-9:00 am, 1102 Mangrove, Chico, CA 95926

- **Chico Central (AA):** 12:00 pm-1:30 pm, 1102 Mangrove, Chico, CA 95926
- **Chico NA (NA):** 12:00 pm-1:00 pm, 2234 Park Ave., Chico, CA 95928
- **Just for Today Study (NA):** 12:00 pm, 255 East 20th St., Unit C, Chico, CA 95928
- **Chico Central (AA):** 3:30 pm-4:30 pm, 1102 Mangrove, Chico, CA 95926
- **Women's Discussion (NA):** 5:00 pm, 850 Palmetto Ave., Chico, CA 95926
- **Chico Central (AA):** 5:30 pm-6:30 pm, 1102 Mangrove, Chico, CA 95926
- **LGBTQ Candlelight Topic Discussion (NA):** 6:00 pm, 1289 Filbert Ave., Chico, CA 95926
- **Welcome Back (AA):** 7:00 pm-8:00 pm, 667 E. 1st Ave., Chico, CA 95926
- **Chico NA:** 7:00 pm-8:00 pm, 2234 Park Ave, Chico, CA 95928
- **Big Book Study (AA):** 7:00 pm-8:00 pm, 1102 Mangrove, Chico, CA 95926
- **Monday Night Study AFG (Al-Anon):** 7:00 pm-8:30 pm, 1184 East Ave., Chico, CA 95926
- **Al-Anon:** 7:00 pm, 1184 East Ave., Chico, CA 95926
- **Clean Slate (AA):** 7:00 pm-8:00 pm, 208 West First St., Chico, CA 95928, Room 210
- **Big Book Study (AA):** 7:00 pm-8:00 pm, 1102 Mangrove, Chico CA, 95926
- **Tuesday:**
 - **Chico Central (AA):** 6:30 am-7:30 am, 1102 Mangrove, Chico, CA 95926
 - **Chico Central (AA):** 8:00 am-9:00 am, 1102 Mangrove, Chico, CA 95926
 - **Women's Meeting (AA):** 9:30 am-10:30 am, 1102 Mangrove, Chico, CA 95926
 - **Chico NA:** 12:00 pm-1:00 pm, 2234 Park Ave., Chico, CA 95928
 - **Chico Central (AA):** 12:00 pm-1:30 pm, 1102 Mangrove, Chico, CA 95926
 - **Just for Today Study (NA):** 12:00 pm, 255 East 20th St., Unit C, Chico, CA 95928
 - **Spin the Square (AA):** 3:30 pm-4:30 pm, 1102 Mangrove, Chico, CA 95926
 - **Chico Central (AA):** 5:30 pm-6:30 pm, 1102 Mangrove, Chico, CA 95926
 - **Men's Meeting (NA):** 5:30 pm-6:30 pm, 2234 Park Ave., Chico, CA 95928
 - **Big Book Study (AA):** 5:30 pm-6:30 pm, 285 East Ave., Chico, CA 95926
 - **Chico Bidwell Group (NA):** 6:00 pm-7:00 pm, 1095 East Ave., Chico, CA 95926
 - **Format Varies (NA):** 6:00 pm, 1095 East Ave., Chico, CA 95926
 - **Beginners Meeting (Al-Anon):** 6:30 pm-7:30 pm, First Tuesday of the month, 2341 Floral Ave., Chico, CA 95926, Room B-1
 - **Chico NA:** 7:00 pm-8:00 pm, 2234 Park Ave., Chico, CA 95928
 - **Speaker (NA):** 7:00 pm, 255 East 20th St., Unit C, Chico, CA 95928
 - **Beginner's Meeting:** 7:00 pm-8:00 pm, 101 Silver Dollar Way, Chico, CA 95928
 - **Big Book Study (AA):** 7:00 pm-8:00 pm, 295 E. Washington Ave., Chico, CA 95926
 - **Chico Central (AA):** 7:00 pm-8:00 pm, 1102 Mangrove, Chico, CA 95926
 - **Chico Tuesday Night Meeting (CoDA):** 7:00 pm-8:00 pm, 1289 Filbert Ave., Chico, CA 95926
 - **Tuesday Night AFG (Al-Anon):** 7:15 pm-8:30 pm, 2341 Floral Ave., Chico, CA 95926
 - **Candlelight (AA):** 8:00 pm-9:00 pm, 667 E. 1st Ave., Chico, CA 95926, Room 8

- **Wednesday:**
 - **Chico Central (AA):** 6:30 am-7:30 am, 1102 Mangrove, Chico, CA 95926
 - **Chico Central (AA):** 8:00 am-9:00 am, 1102 Mangrove, Chico, CA 95926
 - **Back to Basics AFG (Al-Anon):** 9:00 am-10:00 am, 295 E. Washington Ave., Chico, CA 95926, Room 5
 - **Women's Book Study (AA):** 10:00 am-11:00 am, 208 W. 1st St., Chico, CA 95928
 - Child care is provided.
 - **Chico NA:** 12:00 pm-1:00 pm, 2234 Park Ave., Chico, CA 95928
 - **Just for Today Study (NA):** 12:00 pm, 255 East 20th St., Unit C, Chico, CA 95928
 - **Chico Central (AA):** 12:00 pm-1:30 pm, 1102 Mangrove, Chico, CA 95926
 - **Popsicle Stick (AA):** 3:30 pm-4:30 pm, 1102 Mangrove, Chico, CA 95926
 - **Chico Central (AA):** 5:30 pm-6:30 pm, 1102 Mangrove, Chico, CA 95926
 - **Nurturing Women (AA):** 5:30 pm-6:30 pm, 285 E. 5th St., Chico CA, 95928
 - **Chico NA (NA):** 6:00 pm-7:00 pm, 2234 Park Ave., Chico, CA 95928
 - **Women Literature Study (NA):** 6:00 pm, 255 East 20th St., Unit C, Chico, CA 95928
 - **Al-Anon:** 6:00 pm-7:00 pm, 3 Marvin Circle, Chico, CA 95926
 - **Chico NA (NA):** 7:30 pm-8:30 pm, 2234 Park Ave., Chico, CA 95928
 - **Basic Text Topic Discussion (NA):** 7:30 pm, 255 East 20th St., Unit C, Chico, CA 95928
 - **Big Book Study (AA):** 7:00 pm-8:00 pm, 1102 Mangrove, Chico, CA 95926
- **Thursday:**
 - **Chico Central (AA):** 6:30 am-7:30 am, 1102 Mangrove, Chico, CA 95926
 - **Chico Central (AA):** 8:00 am-9:00 am, 1102 Mangrove, Chico, CA 95926
 - **Step Sisters (AA):** 10:00 am-11:00 am, 208 W. 1st St., Chico, CA 95928, 2nd floor
 - Free childcare
 - **Chico Central (AA):** 12:00 pm-1:30 pm, 1102 Mangrove, Chico, CA 95926
 - **Just for Today Study (NA):** 12:00 pm, 255 East 20th St., Unit C, Chico, CA 95928
 - **Chico NA:** 12:00 pm-1:00 pm, 2234 Park Ave., Chico, CA 95928
 - **Living Sober (AA):** 3:30 pm-4:30 pm, 1102 Mangrove, Chico, CA 95926
 - **Chico Central (AA):** 5:30 pm-6:30 pm, 1102 Mangrove, Chico, CA 95926
 - **Meditation (AA):** 5:30 pm-6:30 pm, 285 E. 5th St., Chico, CA 95928, enter on Flume
 - **Free to Be Me- LGBTQ Meeting (NA):** 6:00 pm-7:00 pm, 1289 Filbert Ave., Chico, CA 95926
 - **Al-Anon:** 6:00 pm-7:00 pm, 295 E. Washington Ave., Chico, CA 95926
 - **Chico NA (NA):** 7:00 pm-8:00 pm, 2234 Park Ave., Chico, CA 95928
 - **Podium Meeting (AA):** 7:00 pm-8:00 pm, 1102 Mangrove, Chico, CA 95926
 - **Candlelight Topic Discussion (NA):** 7:00 pm, 255 East 20th St., Unit C, Chico, CA 95928
 - **Experience Strength and Hope AFG (Al-Anon):** 7:15 pm-8:15 pm, 295 E. Washington Ave., Chico, CA 95926, Room 5
 - **Paradise Fireside (AA):** 7:30 pm-8:30 pm, 285 E. 5th St., Chico, CA 95928

- **Miracles (AA):** 8:00 pm-9:00 pm, 2341 Floral Ave., Chico, CA 95926
- **Serenity Cowboys (AA):** 8:00 pm-9:00 pm, 285 E. 5th St., Chico, CA 95928
- **Friday:**
 - **Chico Central (AA):** 6:30 am-7:30 am, 1102 Mangrove, Chico, CA 95926
 - **Chico Central (AA):** 8:00 am-9:00 am, 1102 Mangrove, Chico, CA 95926
 - **Chico NA:** 12:00 pm-1:00 pm, 2234 Park Ave., Chico, CA 95928
 - **Chico Central (AA):** 12:00 pm-1:30 pm, 1102 Mangrove, Chico, CA 95926
 - **Just for Today Study (NA):** 12:00 pm, 255 East 20th St., Unit C, Chico, CA 95928
 - **Living with Literature AFG (Al-Anon):** 1:30 pm-2:30 pm, 295 E. Washington Ave., Chico, CA 95926, Room 5
 - **12x12 Study (AA):** 3:30 pm-4:30 pm, 1102 Mangrove, Chico, CA 95926
 - **Chico Central (AA):** 5:30 pm-6:30 pm, 1102 Mangrove, Chico, CA 95926
 - **Chico Bidwell Group (NA):** 6:00 pm-7:00 pm, 1095 East Ave., Chico, CA 95926
 - **Chico Central- SPANISH:** 7:00 pm-8:00 pm, 1102 Mangrove, Chico, CA 95926
 - **Vintage AA:** 7:00 pm-8:00 pm, 2341 Floral Ave., Chico, CA 95926
 - **Young People's (AA):** 7:00 pm-8:00 pm, 285 E. 5th St., Chico, CA 95928
 - **Group Chico SPANISH (AA):** 7:00 pm-8:00 pm, 1102 Mangrove, Chico, CA 95926
 - **Living Clean Study (NA):** 7:30 pm, 255 East 20th St., Unit C, Chico, CA 95928
 - **Paradise Candlelight (AA):** 8:00 pm-9:00 pm, 285 E. 5th St., Chico, CA 95928
- **Saturday:**
 - **Chico Central (AA):** 6:30 am-7:30 am, 1102 Mangrove, Chico, CA 95926
 - **Chico Central (AA):** 8:00 am-9:00 am, 1102 Mangrove, Chico, CA 95926
 - **Men's Meeting (AA):** 9:30 am-10:30 am, 1102 Mangrove, Chico, CA 95926
 - **11th Step (AA):** 10:30 am-11:30 am, 2341 Floral Ave., Chico, CA 95926
 - **Paradise Sober Sisters (AA):** 11:00 am-12:00 pm, 295 E. Washington Ave., Chico, CA 95926
 - **Chico Central (AA):** 12:00 pm-1:30 pm, 1102 Mangrove, Chico, CA 95926
 - **Just for Today Study (NA):** 12:00 pm, 255 East 20th St., Unit C, Chico, CA 95928
 - **Chico NA:** 12:00 pm-1:00 pm, 2234 Park Ave., Chico, CA 95928
 - **Women's Meeting (AA):** 2:00 pm-3:00 pm, 1102 Mangrove, Chico, CA 95926
 - **Women's Book Study (AA):** 3:30 pm-4:30 pm, 1102 Mangrove, Chico, CA 95926
 - **"Twisted Sisters" (AA):** 4:00 pm-5:00 pm, 1601 Hemlock St., Chico, CA 95928
 - **Chico Central (AA):** 5:30 pm-6:30 pm, 1102 Mangrove, Chico, CA 95926
 - **Saturday Night AFG (Al-Anon):** 6:30 pm-7:30 pm, 295 E. Washington Ave., Chico, CA 95926
 - **Al-Anon:** 6:30 pm-7:30 pm, 1161 East Ave., Chico, CA 95926
 - Turn into parking lot labeled 1163-1165
 - **Chico Central- SPANISH (AA):** 7:00 pm-8:00 pm, 1102 Mangrove, Chico, CA 95926
 - **It Works How and Why Study (NA):** 7:00 pm, 255 East 20th St., Unit C, Chico, CA 95928
 - **Chico NA:** 7:00 pm-8:00 pm, 2234 Park Ave., Chico, CA 95928

- **Group Chico SPANISH (AA):** 7:00 pm-8:00 pm, 1102 Mangrove, Chico, CA 95926
- **Sat Nite Live (AA):** 8:00 pm-9:00 pm, 285 E. 5th St., Chico, CA 95928

Concow:

- **Monday:**
 - **Concow Group (AA):** 7:00 pm-8:00 pm, 11666 Concow Rd., Concow CA, 95965

Durham:

- **Monday:**
 - **Monday Night (AA):** 7:30 pm-8:30 pm, 2404 Durham-Dayton Hwy, Durham, CA 95938
- **Thursday:**
 - **Thursday's Women (AA):** 7:00 pm-8:00 pm, 2404 Durham-Dayton Hwy, Durham, CA 95938
- **Saturday:**
 - **Durham Group (AA):** 10:00 am-11:00 am, 2404 Durham-Dayton Hwy, Durham, CA 95938

Forbestown:

- **Monday:**
 - **Forbestown Fellowship (AA):** 6:30 pm-7:30 pm, 19074 New York Flat Rd., Forbestown, CA 95941

Gridley:

- **Sunday:**
 - **Gridley Fellowship (AA):** 7:00 pm-8:00 pm, 441 Kentucky St., Gridley, CA 95948
 - **Un Nuevo Camino- SPANISH (AA):** 7:00 pm-8:00 pm, 1061 Hazel St., Gridley, CA 95948
 - **Gridley NA:** 7:00 pm-8:00 pm, 410 Jackson St., Gridley, CA 95948
- **Monday:**
 - **Gridley Fellowship (AA):** 7:00 pm-8:00 pm, 441 Kentucky St., Gridley, CA 95948
- **Tuesday:**
 - **Gridley Fellowship (AA):** 7:00 pm-8:00 pm, 441 Kentucky St., Gridley, CA 95948
- **Wednesday:**
 - **Gridley Women's (AA):** 7:00 pm-8:00 pm, 280 Haskel St., Gridley, CA 95948
 - **Gridley NA:** 7:00 pm-8:00 pm, 410 Jackson St., Gridley, CA 95948

- **Un Nuevo Camino- SPANISH (AA):** 7:00 pm-8:00 pm, 1061 Hazel St., Gridley, CA 95948
- **Thursday:**
 - **Gridley Women's (AA):** 7:00 pm-8:00 pm, 280 Haskel St., Gridley, CA 95948
 - **Gridley NA:** 7:00 pm-8:00 pm, 580 Washington St., Gridley, CA 95948
 - **Gridley Fellowship:** 7:00 pm-8:00 pm, 441 Kentucky St., Gridley, CA 95948
 - **Un Nuevo Camino- SPANISH (AA):** 7:00 pm-8:00 pm, 1061 Hazel St., Gridley, CA 95948
- **Friday:**
 - **Gridley Women's (AA):** 7:00 pm-8:00 pm, 280 Haskel St., Gridley, CA 95948
 - **Gridley Fellowship (AA):** 7:00 pm-8:00 pm, 441 Kentucky St., Gridley, CA 95948
 - **Gridley NA:** 7:00 pm-8:00 pm, 410 Jackson St., Gridley, CA 95948
- **Saturday:**
 - **Gridley NA:** 7:00 pm-8:00 pm, 410 Jackson St., Gridley, CA 95948
 - **Un Nuevo Camino- SPANISH (AA):** 7:00 pm-8:00 pm, 1061 Hazel St., Gridley, CA 95948

Magalia:

- **Sunday:**
 - **Simplicity is the Key (AA):** 10:00 am-11:00am, 13734 Old Skyway, Magalia, CA 95954
- **Monday:**
 - **By the Book (AA):** 7:00 pm-8:00 pm, 14098 Skyway, Magalia, CA 95954
- **Wednesday:**
 - **Newcomer's (AA):** 7:00 pm-8:00 pm, 14211 Wycliff Rd., Paradise, CA 95969
- **Thursday:**
 - **Al-Anon:** 6:00 pm-7:00 pm, 13734 Old Skyway, Magalia, CA 95954
 - **Noon Gratitude (AA):** 12:00 pm-1:00 pm, 14108 Racine Circle, Magalia, CA 95954
- **Friday:**
 - **Camp Fire Recovery Group (AA):** 7:30 pm-8:30 pm, 14098 Skyway, Magalia, CA 95954

Oroville:

- **Sunday:**
 - **New Beginnings (AA):** 9:00 am-10:00 am, Alano Club, 2471 Bird St., Oroville, CA 95965
 - **Lake Oroville Fellowship (AA):** 12:00 pm-1:00 pm, Alano Club, 2471 Bird St., Oroville, CA 95965
 - **Seven Day (NA):** 4:00 pm-5:00 pm, 3017 Myers St., Oroville, CA 95966
 - **Women's Meeting (AA):** 5:00 pm-6:00 pm, Alano Club, 2471 Bird St., Oroville, CA 95965

- **Lake Oroville Fellowship (AA):** 8:00 pm-9:00 pm, Alano Club, 2471 Bird St., Oroville, CA 95965
- **Monday:**
 - **New Beginnings (AA):** 6:30 am-7:30 am, Alano Club, 2471 Bird St., Oroville, CA 95965
 - **Lake Oroville Fellowship (AA):** 12:00 pm-1:00 pm, Alano Club, 2471 Bird St., Oroville, CA 95965
 - **First Step Meeting (NA):** 12:00 pm-1:00 pm, 3300 Spencer Ave., Oroville, CA 95966
 - **NA:** 12:00 pm, 2555 Baldwin Ave., Oroville, CA 95966
 - **Foothill NA:** 5:00 pm-6:00 pm, 10 Concordia Ln., Oroville, CA 95966
 - **Sisters in Sobriety (AA):** 5:30 pm-6:30 pm, Alano Club, 2471 Bird St., Oroville, CA 95965
 - **Unity AFG (Al-Anon):** 6:30 pm-7:30 pm, 1335 Myers St., Oroville, CA 95966
 - **Oroville Women's Meeting (NA):** 7:00 pm-8:00 pm, 1910 Feather Ave, Oroville, CA 95965
 - **Lake Oroville Fellowship (AA):** 8:00 pm-9:00 pm, Alano Club, 2471 Bird St., Oroville, CA 95965
- **Tuesday:**
 - **New Beginnings (AA):** 6:30 am-7:30 am, Alano Club, 2471 Bird St., Oroville, CA 95965
 - **Seven Day (NA):** 10:00 am-11:00 am, 3017 Myers St., Oroville, CA 95966
 - **Lake Oroville Fellowship (AA):** 12:00 pm-1:00 pm, Alano Club, 2471 Bird St., Oroville, CA 95965
 - **First Step Meeting (NA):** 12:00 pm-1:00 pm, 3300 Spencer Ave., Oroville, CA 95966
 - **Lake Oroville Fellowship (AA):** 8:00 pm-9:00 pm, Alano Club, 2471 Bird St., Oroville, CA 95965
- **Wednesday:**
 - **New Beginnings (AA):** 6:30 am-7:30 am, Alano Club, 2471 Bird St., Oroville, CA 95965
 - **Seven Day (NA):** 10:00 am-11:00 am, 3017 Myers St., Oroville, CA 95966
 - **Lake Oroville Fellowship (AA):** 12:00 pm-1:00 pm, Alano Club, 2471 Bird St., Oroville, CA 95965
 - **First Step Meeting (NA):** 12:00 pm-1:00 pm, 3300 Spencer Ave., Oroville, CA 95966
 - **Back to the Traditions (AA):** 12:00 pm-1:00 pm, 1321 Robinson St., Oroville, CA 95965
 - **NA:** 12:00 pm, 2555 Baldwin Ave., Oroville, CA 95966
 - **Foothill NA:** 5:00 pm-6:00 pm, 10 Concordia Ln., Oroville, CA 95966
 - **Sobriety Sisters (AA):** 5:30 pm-6:30 pm, 1321 Robinson St., Oroville, CA 95965
 - **Brother's in Sobriety (AA):** 5:30 pm-6:30 pm, Alano Club, 2471 Bird St., Oroville, CA 95965

- **Feather River Tribal Health (NA):** 7:00 pm, 2145 5th Ave., Oroville, CA 95965
- **Lake Oroville Fellowship (AA):** 8:00 pm-9:00 pm, Alano Club, 2471 Bird St., Oroville, CA 95965
- **Thursday:**
 - **New Beginnings (AA):** 6:30 am-7:30 am, Alano Club, 2471 Bird St., Oroville, CA 95965
 - **Seven Day (NA):** 10:00 am-11:00 am, 3017 Myers St., Oroville, CA 95966
 - **First Step Meeting (NA):** 12:00 pm-1:00 pm, 3300 Spencer Ave., Oroville, CA 95966
 - **Lake Oroville Fellowship (AA):** 12:00 pm-1:00 pm, Alano Club, 2471 Bird St., Oroville, CA 95965
 - **Back to the Traditions (AA):** 12:00 pm-1:00 pm, 1321 Robinson St., Oroville, CA 95965
 - **Feather River Fellowship (AA):** 5:30 pm-6:30 pm, Alano Club, 2471 Bird St., Oroville, CA 95965
 - **Lake Oroville Fellowship (AA):** 8:00 pm-9:00 pm, Alano Club, 2471 Bird St., Oroville, CA 95965
- **Friday:**
 - **New Beginnings (AA):** 6:30 am-7:30 am, Alano Club, 2471 Bird St., Oroville, CA 95965
 - **Seven Day (NA):** 10:00 am-11:00 am, 3017 Myers St., Oroville, CA 95966
 - **Lake Oroville Fellowship (AA):** 12:00 pm-1:00 pm, Alano Club, 2471 Bird St., Oroville, CA 95965
 - **First Step Meeting (NA):** 12:00 pm-1:00 pm, 3300 Spencer Ave., Oroville, CA 95966
 - **Back to the Traditions (AA):** 12:00 pm-1:00 pm, 1321 Robinson St., Oroville, CA 95965
 - **Foothill NA:** 5:00 pm-6:00 pm, 10 Concordia Ln., Oroville, CA 95966
 - **Lake Oroville Fellowship (AA):** 8:00 pm-9:00 pm, Alano Club, 2471 Bird St., Oroville, CA 95965
 - **Meeting After the Meeting (NA):** 9:30 pm-10:30 pm, 2471 Bird St., Oroville, CA 95965
- **Saturday:**
 - **Brother's in Sobriety (AA):** 9:00 am-10:00 am, Alano Club, 2471 Bird St., Oroville, CA 95965
 - **Lake Oroville Fellowship (AA):** 12:00 pm-1:00 pm, Alano Club, 2471 Bird St., Oroville, CA 95965
 - **Seven Day (NA):** 4:00 pm-5:00 pm, 3017 Myers St., Oroville, CA 95966
 - **Foothill NA:** 5:00 pm-6:00 pm, 10 Concordia Ln., Oroville, CA 95966
 - **Lake Oroville Fellowship (AA):** 8:00 pm-9:00 pm, Alano Club, 2471 Bird St., Oroville, CA 95965
 - **Living Clean Group (AA):** 8:00 pm-9:00 pm, 3855 Fallbrook Ave., Oroville, CA 95966

Palermo:

- **Monday:**
 - **Palermo NA:** 5:00 pm-6:00 pm, 7695 Melvina Ave., Palermo, CA 95968
- **Wednesday:**
 - **Palermo NA:** 5:00 pm-6:00 pm, 7695 Melvina Ave., Palermo, CA 95968
- **Friday:**
 - **Palermo NA:** 5:00 pm-6:00 pm, 7695 Melvina Ave., Palermo, CA 95968

Stonewall Alliance Center Support Groups

358 East 6th St., Chico, CA 95928

- **Trans* & Queer People of Color (TQPOC):** a discussion group where individuals who identify as LGBTQI+ and identify as people of color can come together and offer support for each other.
 - Meets on the 2nd and 4th Monday of each month, 6:00pm-8:00pm.
 - **Open and Alternative Relationships (OAR):** open to all individuals of any sexual or gender identity that are seeking support and community with individuals who are in a non-monogamous relationship.
 - Meets the 2nd and 4th Thursday of the month, 6:00pm-7:30pm.
 - **Stonewall Ally-Zone (A-Z):** peer support, information, and socializing for significant others, family, and friends of the LGBTQI+ Community. A-Z provides a safe space to ask questions and/or talk about issues, feelings and concerns relevant to the sexual and gender minority community from A to Z! \ul> - Meets the 1st and 3rd Monday of the month, 6:00pm.
 - Contact conner@stonewallchico.org for more information.
- **Beyond the Binary:** Provides a safe, welcoming space to discuss and share experiences, struggles, and victories related to Non-Binary and Gender Non-Conforming gender identities.
 - Meets the 1st Tuesday of the month, 6:30pm.
 - For more information, contact center@stonewallchico.org or call 530-893-3336.
- **Pre-Teen Gender Expansive Group:** A safe and supportive place for all youth 12 and under who identify as transgender, non-binary, gender-expansive, gender-nonconforming, or who are exploring their gender identity. If this is your pre-teen's first meeting, they need to be accompanied by a parent or legal guardian to sign consent.
 - If you would like to be a part of the group please contact Esperanza S. Hernandez MFTI at \ 530-636-0699, esperanza@stonewallchico.org, call the center at 530-893-3336, or email center@stonewallchico.org.
- **Trans* Teen Group:** A group for Trans* Identified Youth (ages 13-18) open and welcoming to anyone within the Trans* spectrum, no matter where people are at within their transition process, or if they chose to transition. A place to hang out, get to know

other teens in the community, get support, share experiences, and be involved. Youth help decide and choose the events and activities that will be offered through the group.

- Meets the 2nd and 4th Wednesday of each month, 6:30-8:00pm.
- **Parents of Trans* Youth Group:** Designed to coincide with the Trans Teen Group, although parental figures of all trans* people are welcome.
 - Meets the 2nd and 4th Wednesday of each month, 6:45pm-7:45pm.
- **The Stonewall Alliance Youth Young Adult Group (SAY YA!):** SAY YA! is an open group of young adults (ages 18-35), to be social, talk about LGBT*Q+ life in Chico, and plan events around town.
 - Meets the 1st and 3rd Wednesday of each month, 6:30pm-8:00pm
- **Stonewall Alliance Youth Teens (SAY):** The teen's group is a non-threatening, non-discriminatory, and safe outlet for teens (ages 13-17) to talk about issues surrounding sexuality. They are inclusive to all youth.
 - Meets every Thursday from 3:30pm-5:00pm.
- **Transgender Stonewall:** The trans* group is open to anyone that identifies on the transgender spectrum. Meetings are open to friends, family, partners, and allies.
 - Meets every Thursday at 6:00pm.
- **LGBT*QI+ Adult Group:** The adult group creates friendship and community through social activities, discussion, and other events. Meeting times and venues vary: happy hours, pot-lucks, events and more. Find them on Meetup.com or email center@stonewallchico.org for more information and specific event details.

Substance Dependency Services

Who: Parents/guardians who are dependent on drugs and/or alcohol. Your social worker and/or substance abuse counselor will tell you if you should go.

What: There are different programs that accept Medical, Medicaid, and payment plans.

1. Sober living environment (SLE): A place where people live together and are in recovery.
2. Residential treatment (Inpatient): You live there for 30 days or more for substance abuse treatment.
3. Outpatient treatment: You do substance abuse treatment, but do not live there.

Where: There are several locations in Butte County.

When: Your social worker and/or substance abuse counselor will tell you.

Why: Recovery will help show your social worker/court that you have made changes in your life that will help keep your child (ren) safe.

Substance Abuse Services

Inpatient/ Outpatient

Chico:

- **Aegis Medical Systems:** Outpatient services.
 - 590 Rio Lindo Ave., Chico, CA 95926
 - 530-345-3491
- **Butte County Behavioral Health:** Counseling, assessment, diagnosis, and treatment for mental health, substance abuse, and/or dual diagnosis treatment. Outpatient services.
 - 560 Cohasset Rd., Suite 165, Chico, CA 95926
 - 530-879-3950
- **California Work Opportunity and Responsibility to Kids (CalWorks):** Counseling and treatment services for mental health or substance abuse challenges; that prevent people from being able to work. Outpatient services.
 - 560 Cohasset Ave., Chico, CA 95926
 - 530-891-2784
- **Skyway House:** Women's inpatient services.
 - 40 Landing Circle, Chico, CA 95973
 - 530-342-3046
- **Skyway House Men's Residential:** Men's inpatient services.
 - 4133 CA-32, Chico, CA 95973
 - 530-893-3698

Gridley:

- **Butte County Alcohol and Drug Services:** Counseling, assessment, diagnosis, and treatment for mental health, substance abuse, and/or dual diagnosis treatment. Outpatient services.
 - 995 Spruce St., Gridley, CA 95948
 - 530-846-7305
- **Transformation House:** Inpatient services. Medicaid, Medicare, insurance, and financing.
 - 1151 French Ave., Gridley, CA 95948
 - 916-826-6448

Oroville:

- **Butte County Behavioral Health:** Counseling, assessment, diagnosis, and treatment for mental health, substance abuse, and/or dual diagnosis treatment. Outpatient services.
 - 2430 Bird St., Oroville, CA 95965
 - 530-538-7277

- **California Work Opportunity and Responsibility to Kids (CalWorks):** Counseling and treatment services for mental health or substance abuse challenges; that prevent people from being able to work. Outpatient services.
 - 2430 Bird St., Oroville, CA 95965
 - 530-538-7277
- **Cherokee House Recovery Services:** Accepts Medicaid, insurance, and if available, payment assistance. Inpatient and outpatient services
 - 1341 Lincoln St., Oroville, CA 95965
 - 530-534-8836 or 530-533-4697
- **Feather River Tribal Health:** Outpatient services.
 - 2145 5th Ave., Oroville, CA 95965
 - 530-534-5394
- **Lifeline Recovery Residential Treatment:** Inpatient treatment facility. Medicaid, Medicare, insurance, and financing.
 - 2661 Elgin St., Oroville, CA 95966
- **New Life Recovery Program:** FREE 13 month inpatient program, and outpatient program at a minimal fee for people who have a job. Transitional housing is available for outpatient clients and people who complete the program.
 - 2445 Oro Dam Blvd., Suite 2, Oroville, CA 95966
 - 530-533-9120
- **Oroville Rescue Mission:** Men, women, and children's shelter. Overnight beds, showers, breakfast/lunch/dinner, food boxes for families with children, Bible classes, church service. Also live-in drug and alcohol recovery program.
 - Men's Shelter: 4250 Lincoln Blvd., Oroville, CA 95966. 530-534-9541.
 - Women's Shelter: 4250 Lincoln Blvd., Oroville, CA 95966. 530-533-0351.
- **Stepping Stones:** Outpatient counseling, addiction treatment for women. Accepts Medicaid, insurance, self payment, income based sliding fee scale.
 - 2167 Montgomery St., Oroville, CA 95965
 - 530-538-7277
- **Solutions for Positive Choices:** Inpatient services. Medicaid, Medicare, insurance, and financing.
 - 1855 Myers St., Oroville, CA 95966
- **Tri-County Treatment:** Medicaid, Medicare, sliding fee scale based on income, and other factors, payment assistance when available. Outpatient and inpatient services.
 - 2740 Oro Dam Blvd., Suite C., Oroville, CA 95966
 - 530-533-5272

Housing Services

Who: Parents/guardians who do not have a home, want to find a different home, and/or want to move.

What: Children's Services does not provide housing. There are options:

1. Esplanade House: An apartment to help families eventually find a permanent home. The application is located in this section.
2. Torres Community Shelter: Homeless shelter for men, women, and families.
3. Oroville Rescue Mission: Women, men, and children's homeless shelter.
4. Housing Authority: Low-income housing, section 8, etc.
5. Butte County Eligibility: Housing programs.
6. Sabbath House: Homeless shelter for women and children.

Where: There are several locations in Butte County.

When: There are waiting lists for housing and it is best to start right away.

Why: A safe home is needed to make sure your child (ren) are safe.

Housing Services

Chico:

- **6th Street Transitional Housing Program:** Provides basic needs for homeless youth including transitional housing units.
 - 130 W. Sixth St., Chico, CA 95928
 - 530-894-8008
- **California Human Development Corporation:** One time rent help, job training, etc.
 - 1249 Mangrove Ave., Chico, California 95926
 - 530-899-0624
- **CATALYST Haven:** Temporary living for victims of domestic violence and children. Counseling services, case management, emergency food, and showers.
 - Location is confidential.
 - 530-343-7711 or 800-895-8476
- **City of Chico City Housing and Neighborhood Services:** Referrals to low income and affordable housing.
 - 411 Main St., 2nd Floor, Chico, CA 95928
 - 530-879-6300
- **Community Action Agency of Butte County:** Services, resources, and help with housing for families.
 - 181 East Shasta Ave., Chico, CA 95973
 - 530-712-2600
- **Community Housing Improvement Program:** Low income apartment rentals and credit counseling.
 - 1001 Willow St., Chico, CA 95928
 - 530-891-6931
- **Esplanade House:** Apartments for homeless families with children. Addiction recovery support, food, after-school programs, GED tutoring, job training, and laundry room.
 - 181 E. Shasta Ave., Chico, CA 95973
 - 530-891-2977
- **Housing Authority of the County of Butte:** Housing help for low income people, including Section 8.
 - 2039 Forest Ave., Chico, CA 95928
 - 530-895-4474
- **Jesus Center:** Two free meals each day Mon-Sat: Breakfast 7:30-8:30am, Dinner M-F 3:30-4:30pm and Saturdays 2:30-3:30pm. Men's showers available Mon-Sat 7am-9am. Women's showers Mon-Sat 1:30-3pm.
 - 1297 Park Ave., Chico, CA
 - 530- 345-2640
- **Orchard House:** 7 beds for homeless men in need of substance abuse recovery.
 - 642 W. 4th Ave., Chico, CA 95926

- 530-342-7692
- **Sabbath House:** Shelter for women and children who are homeless. Meals, food pantry, clothes, laundry, showers, mail and phone message services, barber, and computers. An alcohol and drug free shelter.
 - 1297 Park Ave., Chico, CA 95928
 - 530-899-9343
- **Support, Employment, Assistance, Recovery, Consumer Housing (SEARCH):** For people who are homeless or at risk of homelessness due to mental illness. Will get mental health services, linked to the Housing Authority of Butte County, Department of Rehabilitation, and more.
 - 560 Cohasset Ave., Chico, CA 95926
 - 530-891-2784
- **Torres Community Shelter:** A shelter for people who are homeless. Check-in is between 4:30-6:00 pm, drug and alcohol free, showers, evening meal, toiletries, showers, clothing vouchers to Independent Living Services, laundry, telephone message service, and mail receiving address.. Bus transportation provided to the Jesus Center at 7:15 am and 4:15 pm.
 - 101 Silver Dollar Way, Chico, CA 95928
 - 530-891-9048
- **Vector:** Housing and supportive services for homeless veterans, two meals a day.
 - 171 Rio Lindo Ave., Chico, CA 95926
 - 530-343-3040

Oroville:

- **Cherokee House Recovery Services:** Accepts Medicaid, insurance, and if available, payment assistance.
 - 1341 Lincoln St., Oroville, CA 95965
 - 530-534-8836 or 530-533-4697
- **Community Action Agency of Butte County:** Services, resources, and help with housing for families.
 - 2640 South 5th Ave., Ste. 1 & 2, Oroville, CA 95965
 - 530-712-2600
- **Oroville Housing Department:** Housing programs for income qualified families.
 - 1735 Montgomery St., Oroville, CA 95965
 - 530-538-2495
- **Oroville Hope Center:** Help with housing for homeless families and individuals.
 - 1950 Kitrick Ave., Suite A., Oroville, CA 95966
 - 530-538-8398
- **Oroville Rescue Mission:** Men, women, and children's shelter. Overnight beds, showers, breakfast/lunch/dinner, food boxes for families with children, Bible classes, church service. Also live-in drug and alcohol recovery program.
 - Men's Shelter: 4250 Lincoln Blvd., Oroville, CA 95966. 530-534-9541.

- Women's Shelter: 4250 Lincoln Blvd., Oroville, CA 95966. 530-533-0351.
- **Support, Employment, Assistance, Recovery, Consumer Housing (SEARCH):** For people who are homeless or at risk of homelessness due to mental illness. Will get mental health services, linked to the Housing Authority of Butte County, Department of Rehabilitation, and more.
 - 18 County Center Dr., Oroville, CA 95965
 - 530-538-7705



ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

DO I QUALIFY FOR CAA ESPLANADE HOUSE SERVICES?

Instructions: Please DO NOT turn in an application unless it is complete with the required documents attached (please see the other side of this form for the checklist of mandatory documents). If you do not possess a social security card, birth certificate, or CDL/CA ID, a dated document receipt from the qualifying agency may be used in place of the actual document, until you receive the document. Upon receipt of the document, it must be turned in to Esplanade House for your application to be considered complete. You will NOT be placed on the waitlist until it is determined that you meet the criteria for entry into the Esplanade House Program AND all of the mandatory documents are attached to your application. It is strongly advised that you also apply for low-income and other housing opportunities for which you may qualify. Thank you for your understanding and consideration. Revised 6/16/17

Your Family Must Meet ALL of the Following Criteria to be Placed on the Waitlist

- Head of Household must meet the definition and be verified as homeless;
Family must have children who are in their care, or will be returned to their care within 30-60 days, upon finding safe and supportive housing;
Children must be under the age of eighteen;
Dependents who will be turning 18 years old while in the Program must comply with the Program as an adult, or must exit the Program;
Income Limit: Annual income less than 50% of the Area Median Income (AMI) (Very Low Income);

Table with 9 columns: # People, 1, 2, 3, 4, 5, 6, 7, 8. Row 2: 50% AMI, \$21,200, \$24,200, \$27,250, \$30,250, \$32,700, \$35,100, \$37,550, \$39,950

- Adult(s) head of household must be at least 18 years old;
If an applicant is pregnant and her unborn baby is her only child in custody, she cannot be accepted into the Program until she has reached her third trimester; must provide verification of pregnancy;
Adult head of household must have full legal custody of child(ren) in the household;
Have 6 family members or fewer in total;
Must be clean and sober a minimum of 30 days prior to program entry
Have a social security card
U.S. Citizen or legal resident with eligibility to work and/or attend school

If it is determined that you are eligible for CAA Esplanade House Program services AND all mandatory documents have been attached to the application, you will be placed on the Waitlist. Please call CAA Esplanade House no less than once per month to check-in and update the Program on any new contact or other qualifying information. After 90 days without checking-in, the application will be purged from the Esplanade House Waitlist. CAA Esplanade House Applications are screened to determine eligibility. Applications may be accepted in person, through the mail, or by fax at (530) 895-1848.



Community Action Agency of Butte County, Inc.

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ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

MANDATORY DOCUMENTS TO SUBMIT WITH APPLICATION

(PLEASE DETACH AND KEEP AS A REFERENCE)

- Letter of reunification – From CSD or guardian stating extended visitation (with the goal of custody) will occur with your child(ren) 100% of the time within 30 to 60 days of entering the program.
- Homeless Verification (A letter from a third party confirming you are homeless)
- Birth Certificates for all family members
- Social Security Cards for all family members
- State Issued Driver's License or Identification Card
- Proof of Income: Passport to Service (proof of Cash-Aid), SSI/SSA/SSDI award letter, tribal benefits, etc. *If employed, you must provide three consecutive paystubs.*
- TB Test Results – Adults Only (Complete TB Test **after** you are called for an Interview)
 - (If you need a test, please call Public Health at 530-879-3665; Medi-Cal Accepted.)
- Citizenship status (if applicable)
- Proof of School Status – Adults Only (School Schedule) (if applicable)
- Work Schedule – Adults Only (if applicable)
- 1 Reference Letter (personal friend or provider you have been working with, such as Social Worker, Counselor, Drug Court, etc.)
- Proof of Pregnancy (if applicable)
- Proof of prescription medications to address mental health diagnosis or other disabilities (if applicable)

- ✓ **Please call ONCE PER MONTH to check on your application.**
- ✓ **Checking in more frequently than once per month WILL NOT result in speeding up the process of obtaining services.**
- ✓ **If you do not check in at least once every 90 days, you will be removed from wait list and you will have to reapply.**

To check on application, contact staff at (530) 712-2600 or EHouseGeneral@BUTTECAA.com.



ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH ADULT HOUSEHOLD MEMBER, INCLUDING INDIVIDUALS 17 YEARS OLD OR OLDER.

Please complete the entire application. Completing this application does not guarantee that you will be accepted into the Esplanade House Program. If you do not have a current telephone number listed, we will be unable to contact you. It is YOUR RESPONSIBILITY to alert us to any change in your contact information. Applicants are reviewed for program eligibility requirements including; homelessness, family composition, level of income, and disability status. Person ('s) meeting our program eligibility requirements are not discriminated against based on race, religion, age, familial status, disability, national origin, sex, or any other arbitrary basis.

Requests for reasonable accommodations are made at intake.

Dear Applicant,

Thank you for your interest in the Esplanade House Transitional Shelter Program. Esplanade House has 24 Transitional Units, where families may stay and participate in the program for up to eighteen months. Depending on their needs and strengths, they may be invited to participate in the Phase II Program. Due to the length of the program, and the amount of homeless families in the area, the waitlist period can last six months or longer. Esplanade House is a program. Families are required to participate in all groups and workshops as scheduled in their Family Action Plan. Families are required to pay 30% of their income for Participation Fees and 20% towards savings for future housing while in Phase I. Staff conducts random drug testing on residents and their visitors as Esplanade House has a no drugs or alcohol policy. There is also zero tolerance for violence or threats of violence towards anyone. It is important that all applicants understand these aspects of the program before applying.

- Do you understand that absolutely NO DRUGS OR ALCOHOL are allowed at Esplanade House? []Yes []No
Do you understand that if you can't live within a structured setting, get along with others and obey the rules and regulations, that you will be terminated from the Program? []Yes []No
Do you have the desire, ambition and drive to want to change your life and better yourself? []Yes []No

ADMISSION STATUS

You will only be contacted if you move forward in the intake process. If you are selected for an interview, you will receive a telephone call when there is an appropriately-sized unit available. You may check the status of your application no more than once a week and at least once every three months.

If you do not call within three months of applying, staff will assume you are no longer interested in the program and your application will be removed from the waitlist. It is YOUR RESPONSIBILITY to alert us to any change in your contact information. Thank you for your interest in Esplanade House. We look forward to reviewing your application as soon as possible.

My signature below certifies that all information on this application is true, and contains no willful falsifications or misrepresentations. All information provided is used by Community Action Agency of Butte County Inc., The Esplanade House to determine eligibility and is kept confidential. By signing below, I authorize Esplanade House to contact those listed on my application in order to obtain information deemed appropriate to consider my application for the Esplanade House Program.

I hereby acknowledge that the information below is true and correct. I am aware that falsification of this application and/or withholding information may be grounds for non-acceptance into the program and /or program termination. This information is confidential and shall be used for determining program eligibility as well as to identify applicant goals. Contact must be made within 90 days, or you will be taken off of the waitlist for services.

Print Name _____

Signature _____

Date ___ / ___ / _____



Community Action Agency of Butte County, Inc.

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ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

Esplanade House

Affirmative Marketing Policy

Community Action Agency of Butte County Inc. and Esplanade House follow Federal Fair Housing and Equal Opportunity Laws. We do not discriminate against any person on the basis of race, color, religion, age, familial status, disability, national origin, sex, or any other arbitrary basis.

Esplanade House Displays the Equal Opportunity logo and Fair Housing poster in an area that is accessible to the public. We also display these logos on housing information and marketing materials.

Applicants are reviewed for program eligibility requirements including; homelessness, family composition, and disability status. Persons meeting our program eligibility requirements are not discriminated against based on race, color, religion, age, familial status, disability, national origin, sex, or any other arbitrary basis. Applicants and referrals for our supportive housing program are acquired through targeted outreach with other social service agencies, community organizations, and religious organizations.



Community Action Agency of Butte County, Inc.

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ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION
REQUEST FOR REASONABLE ACCOMMODATION

Date of Request: ___/___/_____

Name of Applicant/Resident: First Middle Last

Street Address City ST Zip Code

Phone Number: ___ - ___ - _____

Name of the disabled household member who is requesting the accommodation:

First Middle Last

Describe the reasonable accommodation that you are requesting:

Three horizontal lines for describing the accommodation.

Please explain the reason you are requesting this accommodation and how it will provide you with equal opportunity to participate in Esplanade House programs:

Three horizontal lines for explaining the reason for the request.

We may need to ask you for further information to verify that your request is related to your disability and that a reasonable accommodation would provide you with equal opportunity to participate in Esplanade House programs.

If you need assistance with this form or have additional questions please contact your Esplanade House Case Manager.

Signature

Date

Signature

Date



ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION



Butte Countywide Homeless Continuum of Care

Homeless Management Information System (HMIS)

Participant Acknowledgement of and Authorization for Information Collection and Sharing with Partner Agencies

The _____ is a Partner Agency in the Butte County Homeless Management Information System (HMIS). The U.S. Department of Housing and Urban Development (HUD) requires participant's personal information be collected and entered into HMIS in order for Butte County to be eligible to receive HUD funding. HMIS and its Partner Agencies can then share client information electronically to collaborate more quickly and efficiently to provide comprehensive and coordinated services for the homeless and low-income households at risk of homelessness in Butte County.

As a participant in our program, the information you provide will be collected and entered into HMIS and shared with Partner Agencies to provide services to help you achieve your goals. However, only authorized staff of Partner Agencies will be able to see your information, and those staff members have signed agreements to maintain the confidentiality of your information. HMIS has many security protections to ensure confidentiality of participant information from all but authorized staff of HMIS and of Partner Agencies.

You may refuse to provide information about yourself, and you may cancel this authorization to share information at any time by written request. Please note, however, that refusing to share your information may impede your access to shelter or services from certain HUD-funded programs, if HMIS participation is a requirement of such programs.

This agency does not discriminate on the basis of race, ethnicity, religion, color, national origin, age, sex, familial status, source of income, sexual orientation, disability, marital status, ancestry, medical condition, or veteran status, in compliance with Federal and State law.

By signing this form, I acknowledge receiving this information and authorize my personal information to be collected and entered into HMIS and shared with authorized staff of HMIS and Partner Agencies.

NAME of Client/Guardian (printed)

Signature of Client or Guardian

Date

Witnessed by (Print Staff Member's Name)

Staff Member's Signature

Date

*Effective Date

End Date: *1 year from date signed unless noted

PLEASE FIND A LIST OF PARTICIPATING AGENCIES ON OTHER SIDE OF PAGE



Community Action Agency of Butte County, Inc.

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ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

HMIS Participating Agencies

- Butte 2-1-1*
- Butte County Department of Behavioral Health* ☞
- Butte County Department of Employment & Social Services ☞
- Butte County Housing Authority* ☞
- Caminar* ☞
- CHAT
- Community Action Agency of Butte County, Inc./Esplanade House ☞
- Jesus Center* ☞
- Oroville Rescue Mission ☞
- SHOR
- Torres Shelter* ☞
- Youth For Change* ☞

**Indicates Coordinated Entry*



Community Action Agency of Butte County, Inc.

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ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

Release of Authorization

Esplanade House, a program of Community Action Agency of Butte County, Inc., has my permission to discuss my case with the following agencies for the purpose of placement into the Esplanade House Transitional Shelter Program and for any needed services. Please initial all that apply and print and sign the form.

Fill in Contact Names Below

Table with 3 columns: Agency Name, Contact Name, Phone. Includes rows for Attorney's Name, Better Babies, Butte County Behavioral Health Counselor, etc.

PRINTED NAME

SIGNATURE

DATE



Community Action Agency of Butte County, Inc.

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ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

Application Date: ___ / ___ / _____ Total # of Adults: ___ Total # of Children: ___ Unit: _____

Single-Parent Two-Parent Family Relationship to Children: Parent Grandparent Other (Specify):

HEAD OF HOUSEHOLD ADULT 1 (Please also complete for children 17 years old or older)

Last Name: _____ First Name: _____ Middle Name: _____

Title: None Sr. Jr. I II III Do not Know

Social Security #: _____ : Do not know SS#

Date of Birth: ___ / ___ / _____ : Do not Know DOB

Cell Ph #: (____) ___ - _____ Landline Ph #: (____) ___ - _____ Message Ph #: (____) ___ - _____

May we leave a message at the phone numbers listed above? Yes No

STREET ADDRESS OR P.O. BOX CITY ST ZIP

Email Address: _____ @ _____ . _____

Which cell phone service do you use? Metro Boost Mobile Verizon AT&T Other:

May we contact you using the email/text addresses written above? Yes No

GENDER:

Female Male Transgender Male-to-Female Transgender Female-to-Male

Do not identify as male, female or transgender Do not Know

RACE:

White Black or African-American Asian American-Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander Other Do not Know

ETHNICITY:

Non-Hispanic/Non-Latino Hispanic/Latino Do not Know

VETERAN STATUS: Yes No Do not Know

Veteran (Non-Disabled) Veteran (Disabled) Currently on Active Duty/Pending Discharge

HEAD OF HOUSEHOLD ADULT 2 (Please also complete for children 17 years old or older)

Last Name: _____ First Name: _____ Middle Name: _____

Title: None Sr. Jr. I II III Do not Know

Social Security #: _____ : Do not know SS#

Date of Birth: ___ / ___ / _____ : Do not Know DOB

Cell Ph #: (____) ___ - _____ Landline Ph #: (____) ___ - _____ Message Ph #: (____) ___ - _____

May we leave a message at the phone numbers listed above? Yes No

STREET ADDRESS OR P.O. BOX CITY ST ZIP

Email Address: _____ @ _____ . _____

Which cell phone service do you use? Metro Boost Mobile Verizon AT&T Other:

May we contact you using the email/text addresses written above? Yes No

GENDER:

Female Male Transgender Male-to-Female Transgender Female-to-Male

Do not identify as male, female or transgender Do not Know

RACE:

White Black or African-American Asian American-Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander Other Do not Know

ETHNICITY:

Non-Hispanic/Non-Latino Hispanic/Latino Do not Know

VETERAN STATUS: Yes No Do not Know

Veteran (Non-Disabled) Veteran (Disabled) Currently on Active Duty/Pending Discharge



Community Action Agency of Butte County, Inc.

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ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

CHILD 1 (Please include unborn child and due date)

Last Name: _____ First Name: _____ Middle Name: _____
Title: [] None [] Sr. [] Jr. [] I [] II [] III [] Do not Know
Social Security #: _____ : [] Do not know SS#
Date of Birth: ___/___/_____ AGE: ___ [] Years ___ [] Months [] Do not Know
Please select the appropriate response:
[] Child is currently in my custody [] Child is in placement elsewhere and I expect to reunify with my child
[] Child is an adult OR lives elsewhere and WILL NOT live with me
GENDER:
[] Female [] Male [] Transgender Male-to-Female [] Transgender Female-to-Male
[] Do not identify as male, female or transgender [] Do not Know
RACE:
[] White [] Black or African-American [] Asian [] American-Indian or Alaskan Native
[] Native Hawaiian or Other Pacific Islander [] Other [] Do not Know
ETHNICITY:
[] Non-Hispanic/Non-Latino [] Hispanic/Latino [] Do not Know

CHILD 2 (Please include unborn child and due date)

Last Name: _____ First Name: _____ Middle Name: _____
Title: [] None [] Sr. [] Jr. [] I [] II [] III [] Do not Know
Social Security #: _____ : [] Do not know SS#
Date of Birth: ___/___/_____ AGE: ___ [] Years ___ [] Months [] Do not Know
Please select the appropriate response:
[] Child is currently in my custody [] Child is in placement elsewhere and I expect to reunify with my child
[] Child is an adult OR lives elsewhere and WILL NOT live with me
GENDER:
[] Female [] Male [] Transgender Male-to-Female [] Transgender Female-to-Male
[] Do not identify as male, female or transgender [] Do not Know
RACE:
[] White [] Black or African-American [] Asian [] American-Indian or Alaskan Native
[] Native Hawaiian or Other Pacific Islander [] Other [] Do not Know
ETHNICITY:
[] Non-Hispanic/Non-Latino [] Hispanic/Latino [] Do not Know



Community Action Agency of Butte County, Inc.

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ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

CHILD 3 (Please include unborn child and due date)

Form for CHILD 3 including fields for Last Name, First Name, Middle Name, Title, Social Security #, Date of Birth, AGE, GENDER, RACE, and ETHNICITY.

CHILD 4 (Please include unborn child and due date)

Form for CHILD 4 including fields for Last Name, First Name, Middle Name, Title, Social Security #, Date of Birth, AGE, GENDER, RACE, and ETHNICITY.



Community Action Agency of Butte County, Inc.

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ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

CHILD 5 (Please include unborn child and due date)

Last Name: _____ First Name: _____ Middle Name: _____
Title: [] None [] Sr. [] Jr. [] I [] II [] III [] Do not Know
Social Security #: _____ : [] Do not know SS#
Date of Birth: ___/___/_____ AGE: ___ [] Years ___ [] Months [] Do not Know
Please select the appropriate response:
[] Child is currently in my custody [] Child is in placement elsewhere and I expect to reunify with my child
[] Child is an adult OR lives elsewhere and WILL NOT live with me
GENDER:
[] Female [] Male [] Transgender Male-to-Female [] Transgender Female-to-Male
[] Do not identify as male, female or transgender [] Do not Know
RACE:
[] White [] Black or African-American [] Asian [] American-Indian or Alaskan Native
[] Native Hawaiian or Other Pacific Islander [] Other [] Do not Know
ETHNICITY:
[] Non-Hispanic/Non-Latino [] Hispanic/Latino [] Do not Know

CHILD 6 (Please include unborn child and due date)

Last Name: _____ First Name: _____ Middle Name: _____
Title: [] None [] Sr. [] Jr. [] I [] II [] III [] Do not Know
Social Security #: _____ : [] Do not know SS#
Date of Birth: ___/___/_____ AGE: ___ [] Years ___ [] Months [] Do not Know
Please select the appropriate response:
[] Child is currently in my custody [] Child is in placement elsewhere and I expect to reunify with my child
[] Child is an adult OR lives elsewhere and WILL NOT live with me
GENDER:
[] Female [] Male [] Transgender Male-to-Female [] Transgender Female-to-Male
[] Do not identify as male, female or transgender [] Do not Know
RACE:
[] White [] Black or African-American [] Asian [] American-Indian or Alaskan Native
[] Native Hawaiian or Other Pacific Islander [] Other [] Do not Know
ETHNICITY:
[] Non-Hispanic/Non-Latino [] Hispanic/Latino [] Do not Know

[X] For additional children or adult household members, please add additional pages. Esplanade House can only accommodate up to 6 family members in Phase I and up to 7 family members in Phase II.



Community Action Agency of Butte County, Inc.

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ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

DEMOGRAPHIC INFORMATION

- 1. Have you ever used another name (an alias) to receive services?
a. If yes, what name have you used, including first, middle and last names:
2. Who referred you to the Esplanade House?
3. Have you previously applied to Esplanade House?
4. Do you know anyone who has been involved with Esplanade House?
5. Do you have a driver's license?
6. Do you have a state issued I.D.?
7. For how long have you lived in Butte County?
8. What is the date and address of your last place of residence?
9. How many people are in your family? Please check the appropriate box.

HOMELESSNESS

- 10. Did you reside in an institutional care facility (jail, substance abuse, mental health treatment facility, or other facility) for less than 90 days before becoming homeless?
11. Where are you living now?
Place not meant for habitation
Emergency Shelter, including a hotel/motel paid with voucher
Safe Haven
Interim Housing
Hospital or other residential non-psychiatric medical facility
Foster Care Home or Foster Care Group Home
Jail, prison or juvenile detention center
Long-term care facility or nursing home
Psychiatric hospital or other psychiatric facility
Substance abuse treatment or detox center
Hotel or motel paid for without emergency shelter voucher
Residential project or half-way house with no homeless criteria
Staying or living in a family member's room, apartment or house (not living in a bedroom-couch surfing)
Staying or living in a friend's room, apartment or house (not living in a bedroom-couch surfing)
Transitional housing for homeless persons
Other (Please Specify):

HEALTH & WELLNESS

- 12. Do you have a disabling condition?
13. Do you have a developmental disability?
If yes, are you receiving services for the developmental disability?
If yes, what is the nature of your disability (Please Explain)?
14. Do you have a physical disability?
If yes, are you receiving services for the physical disability?
If yes, what is the nature of your disability (Please Explain)?
15. Do you have HIV/AIDS? If yes, are you receiving services for HIV/AIDS?



Community Action Agency of Butte County, Inc.

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ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

16. Do you have a mental health problem(s)? [] Yes [] No [] Do not Know

If yes, do you have a mental health diagnosis? [] Yes [] No

If yes, what is your diagnosis? (Please explain): _____

If yes, please describe your needs: _____

If yes, are you receiving services for your mental health problems? [] Yes [] No

If no, do you think you have a need for mental health services? [] Yes [] No

17. Are you currently using any over-the-counter medication? [] Yes [] No

If yes, please list:

Table with 2 columns: Over-the-Counter Medication, Medication Taken For

18. Are you currently on ANY prescribed medication? [] Yes [] No

If yes, what medications are you taking?

Table with 2 columns: Prescribed Medication, Medication Taken For

19. Have you ever used alcohol? [] Yes [] No

20. Do you have a substance use problem? [] Yes [] No

If yes, what is your clean date (including drugs and alcohol): ___ / ___ / ___

If yes, please indicate the following substance use problems that you have:

[] Alcohol abuse [] Drug Abuse [] Both Alcohol and Drug Abuse [] Do not Know

If you have a substance use problem, are you currently receiving services? [] Yes [] No

21. Are you willing to be drug and alcohol tested? [] Yes [] No

22. Have you ever been enrolled in a drug rehab or treatment program? [] Yes [] No

If yes, please complete the following:

Name of Program: _____ Location: _____

How long: _____ / ___ / ___ to ___ / ___ / ___

Did you complete the program? [] Yes [] No

Name of Program: _____ Location: _____

How long: _____ / ___ / ___ to ___ / ___ / ___

Did you complete the program? [] Yes [] No

23. Do you use tobacco? [] Yes [] No If yes, how often? _____

24. Are you a victim of domestic violence? [] Yes [] No

If yes, are you currently experiencing domestic or partner violence? [] Yes [] No

If yes, would you like a referral for domestic violence services? [] Yes [] No

25. Do you have health insurance? [] Yes [] No If yes, which type of health insurance do you have?

[] MEDICAL [] MEDICARE [] SCHIP [] VA Medical Services [] Employer Provided

[] Obtained through COBRA [] Private Pay Health Insurance [] Indian Health Services Program

[] State Health Insurance for Adults [] State Children's Health Insurance

[] Other Health Insurance: _____



Community Action Agency of Butte County, Inc.

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ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

FINANCES & DEBTS

26. Do you have income from any of the sources listed below?

Yes No

Please indicate if you are receiving any of the following type of income and how much:

<input type="checkbox"/> No Financial Resources	\$	per month
<input type="checkbox"/> Employment Income	\$	per month
<input type="checkbox"/> Unemployment Income (UI)	\$	per month
<input type="checkbox"/> Worker's Compensation	\$	per month
<input type="checkbox"/> Private Disability Insurance	\$	per month
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$	per month
<input type="checkbox"/> VA Non-Service Connected Disability Pension		
<input type="checkbox"/> Veteran's Pension	\$	per month
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$	per month
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	per month
<input type="checkbox"/> Social Security Retirement	\$	per month
<input type="checkbox"/> Employment Pension	\$	per month
<input type="checkbox"/> TANF (Temp Asst for Needy Fam)	\$	per month
<input type="checkbox"/> CalWORKs <input type="checkbox"/> CalLEARN	\$	per month
<input type="checkbox"/> Tribal Benefits	\$	per month
<input type="checkbox"/> General Assistance (GA)	\$	per month
<input type="checkbox"/> Spousal Support (Alimony)	\$	per month
<input type="checkbox"/> Child Support	\$	per month
<input type="checkbox"/> Other Cash Income (Describe):	\$	per month
<input type="checkbox"/> Lottery Winnings	\$	per month
<input type="checkbox"/> Family, Friends, etc.	\$	per month
TOTAL EARNED/UNEARNED INCOME	\$	per month

27. **Please indicate if you are receiving any of the following benefits and how much:**

<input type="checkbox"/> SNAP (CalFRESH)	\$	per month
<input type="checkbox"/> WIC	\$	per month
<input type="checkbox"/> TANF/CalWORKs Childcare Services	\$	per month
<input type="checkbox"/> TANF/CalWORKs Transportation Services <input type="checkbox"/> Monthly bus pass <input type="checkbox"/> Mileage Reimbursement \$ _____ per month	\$	per month
<input type="checkbox"/> Other TANF/CalWORKs Benefit (Specify): _____	\$	per month
<input type="checkbox"/> Section 8, Public Housing, Rental Assistance	\$	per month
<input type="checkbox"/> Temporary Rental Assistance	\$	per month
<input type="checkbox"/> Other Non-Cash Benefit (Specify): _____	\$	per month

28. **What other financial debt do you owe and to whom? (Please use another page, if needed)**

DEBT DESCRIPTION	TO WHOM DEBT IS OWED	AMOUNT \$ OWED



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ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

- 29. Do you have any outstanding PG&E bills?
If yes, what is the approximate amount of outstanding bill?
30. Do you need credit counseling? What is your credit score?
If yes, what credit issues are you experiencing?

CHILDREN

- 31. Do you currently have an open Children Services (CSD) case?
32. If yes, who is your case worker? Phone Number:
33. Do you have legal custody of your children?
34. Do you have child care in place?
35. Do you have Valley Oak Child Care Services?
36. Is/Are your child(ren) immunized?
37. Is/Are your child(ren) enrolled in school?
38. If your child(ren) is/are not enrolled in school, when was the last date of enrollment?

CalWORKs/CalLEARN

- 39. Are you currently participating in the CalWORKs/CalLEARN Program?
40. Have you used CalWORKs homeless funds?

HOUSING

- 41. Do you have any previous evictions?
42. Have you applied with other low-income/subsidized housing agencies?



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LEGAL

43. Have you ever been arrested or convicted of a crime? [] Yes [] No

If yes, please explain:

44. Are you currently on probation or parole? [] Yes [] No

If yes, for what charge? _____

If yes, who is your probation or parole officer? _____

Phone Number: (____) ____ - _____

45. Do you currently have a restraining order? [] Yes [] No

If yes, who is the restrained person? _____

What is your relationship to the restrained person, if any? _____

Exp. Date: ___/___/_____

EDUCATION & EMPLOYMENT

46. Do you have a high school diploma? [] Yes [] No

47. Do you have a GED? [] Yes [] No

48. What is the highest grade-level completed in school? [] 9th [] 10th [] 11th [] Some 12th

[] H.S. Diploma [] Some College [] Certificate (Specify): _____ [] A.A./A.S. (Specify): _____

[] B.A./B.S. (Specify): _____ [] M.A./M.S. _____ [] Other (Specify): _____

49. Are you currently employed? [] Yes [] No

If unemployed, are you currently seeking employment? [] Yes [] No

If yes, who is your employer?

If yes, how long have you been employed? ___/___ to ___/___

If yes, how many hours did you work last week? _____ hours

If yes, what type of work is this? [] Full-Time [] Part-Time

If yes, what type of job is this? [] Permanent [] Temporary [] Seasonal

50. List your last 3 places of employment and your employment dates:

Table with 2 columns: NAME OF EMPLOYER, Date From / To:
Row 1: _____ / ___ to ___ / ___
Row 2: _____ / ___ to ___ / ___
Row 3: _____ / ___ to ___ / ___

51. List 3 references who are NOT related to you who we can contact:

Table with 4 columns: NAME, ADDRESS, RELATIONSHIP, TELEPHONE #
Row 1: 1) _____ _____ _____ (____) ____ - _____
Row 2: 2) _____ _____ _____ (____) ____ - _____
Row 3: 3) _____ _____ _____ (____) ____ - _____

Money and Food Services

Who: Parents/guardians who need help paying bills and getting food resources.

What: Children's Services Division (CSD) does not provide families with money or food. There are many services to help.

1. Church
2. Butte County Employment and Eligibility
3. Salvation Army
4. Catholic Ladies Relief Society
5. PG&E

Where: There are several locations in Butte County.

When: If you are unable to pay your bills and/or do not have any food.

Why: It is important to show your social worker/court that you are able to take care of your needs.

Money and Food Services

Cell Phone:

- **Access Wireless:** Wireless service.
 - 1-888-900-5899
- **Assurance Wireless:** Free cell phone and service, unlimited talk and text, and 500 MB of data.
 - 1-888-898-4888
- **Blue Jay Wireless:** Free cell phone and service, unlimited talk and text.
 - 1-855-425-8529
- **EnTouch Wireless:** Free cell phone and service, unlimited talk and text, and 500 MB data.
 - 1-866-488-8719
- **FeelSafe Wireless:** Free cell phone and service, unlimited talk and text, and 100 MB data.
 - 1-877-247-7799
- **Life Wireless:** Free cell phone and service, unlimited talk and text, and 500 MB data.
 - 1-877-247-7799

Other:

- **California Low Cost Auto Insurance:** Low cost auto insurance for qualifying residents.
 - 866-602-8861
 - www.myloscostauto.com

Chico:

- **Adecco Staffing:** Job help.
 - 240 W East Ave. A., Chico, CA 95926
 - 530-343-5000
- **Anderson and Associates Personnel Services:** Job help.
 - 383 Connors Ct., Chico, CA 95926
 - 530-891-1955
- **Butte County Employment Center:** Job help.
 - 2445 Carmichael Dr., Chico, CA 95928
 - 530-879-3743
- **CalFresh:** Food stamp benefits for eligible families and individuals.
 - 2445 Carmichael Dr., Chico, CA 95928
 - 877-410-8803
 - <http://www.c4yourself.com/>
- **California Human Development Corporation:** One time rent help, job training, etc.

- 1249 Mangrove Ave., Chico, California 95926
 - 530-899-0624
- **CalWORKS:** Temporary financial help and employment-related services to needy families with minor children.
 - 2445 Carmichael Dr., Chico, CA 95928
 - 877-410-8803
 - <http://www.c4yourself.com/>
- **Caring Choices:** Home safety evaluation and equipment for families with children under the age of five (5) years old.
 - 1398 Ridgewood Dr., Chico, CA 95973
 - 530-899-3873
- **Catholic Ladies Relief Society:** Emergency assistance with food, PG&E utility bill, gas for car, bus tickets, etc.
 - 1336 Longfellow Ave., Chico, CA 95926
 - 530-895-8331
- **Center for Healthy Communities:** CalFresh outreach and nutrition education.
 - 25 Main St., Suites 101 & 201, Chico, CA 95929
 - 530-898-5323
- **Chico Gleaners Inc.:** Free non-perishable groceries, bags of free food, produce and vegetables, and other supplies.
 - 1436 Nord Ave., Unit D., Chico, CA 95926
 - 530-895-3006
- **Chico Rescue Mission:** Food pantry.
 - 2612 Esplanade, Chico, CA 95973
 - 530-343-1935
- **Chico Seventh-Day Adventist Church:** Food help.
 - 1119 Esplanade, Chico, CA 95926
 - 530-342-7777
- **Christian Life Center:** Food help.
 - 1492 East Ave., Chico, CA 95926
 - 530-343-0205
- **Computers for Classrooms, Inc.:** Provides working computers to low income families and individuals.
 - 411 Otterson Dr., Suite 100, Chico, CA 95928
 - 530-895-4175
- **Department of Employment and Social Services:** CalFresh- food stamp benefits for eligible people. CalWORKS- temporary financial help and job related services for families with children.
 - 2445 Carmichael Dr., Chico, CA 95928
 - 530-895-4364
- **Express Employment Professionals:** Job help.
 - 60 Independence Cir. #103, Chico, CA 95973
 - 530-898-0688

- **Jesus Center:** Two free meals each day Mon-Sat: Breakfast 7:30-8:30am, Dinner M-F 3:30-4:30pm and Saturdays 2:30-3:30pm.
 - 1297 Park Ave., Chico, CA
 - 530- 345-2640
- **Hungry Wildcat Food Pantry - CSU, Chico - California State University, Chico:** Food pantry.
 - Kendall Hall 114, Chico, CA 95929
 - 530-898-6131
- **Northern Valley Indian Health (NVIH):** Assistance with healthy families applications, free and low-cost health care for children and pregnant women, food stamp application, car seat and bike helmet distribution and education, emergency food, utilities and housing resources. Services are available to verified Native Americans and members of Native households residing in the NVIH service area.
 - 845 W. East Ave., Chico, CA 95926
 - 530-896-9400, for Outreach press 6 (or direct line is 530-899-5156)
- **RUSH Personnel Services, Inc.:** Job help.
 - 15 Independence Circle, Chico, CA 95973
 - 530-893-5500
- **Salvation Army:** Emergency help with food and basic supplies.
 - 567 E. 16th St., Chico, CA 95928
 - 530-342-1871
- **Shalom Free Clinic:** Free food buffet, Sundays, 1:00-4:00.
 - 1190 E. First Ave., Chico, CA 95926
 - 530-518-8300
- **Spherion:** Job help.
 - 1074 East Ave., Chico, CA 95926
 - 530-899-1300
- **Women, Infants, and Children (WIC):** Infants to 5 years old, help with food, and supplies.
 - 2491 Carmichael Dr., Ste 400, Chico, CA 95928
 - 530-891-2767
- **Women's Resource Clinic:** Baby clothes, and furniture.
 - 115 W. 2nd Ave., Chico, CA 95926
 - 530-897-6101

Gridley:

- **First Presbyterian Church:** Food help.
 - 446 Kentucky St., Gridley, CA 95948
 - 530-846-5952
- **Grace Lutheran Church Food Pantry:** Food help.
 - 200 East Spruce St., Gridley, CA 95948
 - 530-538-7534
- **Gridley Christian Church:** Emergency services and food help.

- 580 Washington St., Gridley, CA 95948
- 530-846-4002
- **Gridley Community Center:** Food distribution, WIC, parenting classes, etc.
 - 200 East Spruce St., Gridley, CA 95948
 - 530-538-7534
- **Sacred Heart Parish Food Closet:** Food help.
 - 1561 Hazel St., Gridley, CA 95948
 - 530-846-2140

Oroville:

- **African American Family & Cultural Center:** Help with food and connecting to community resources.
 - 3300 Spencer Ave., Oroville, CA 95966
 - 530-712-2600 ext. 3
- **Butte County Employment Center:** Job help.
 - 78 Table Mountain Blvd., Oroville, CA 95965
 - 530-538-7301
- **CalFresh:** Food stamp benefits for eligible families and individuals.
 - 78 Table Mountain Blvd., Oroville, CA 95965
 - 877-410-8803
 - <http://www.c4yourself.com/>
- **CalWORKS:** Temporary financial help and employment-related services to needy families with minor children.
 - 78 Table Mountain Blvd., Oroville, CA 95965
 - 877-410-8803
 - <http://www.c4yourself.com/>
- **Calvary Christian Fellowship:** Food help.
 - 3855 Fallbrook Ave., Oroville, CA 95966
 - 530-534-3750
- **Caring for Women:** Clothes and supplies for maternity, infants, and kids.
 - 2362 Lincoln St., Oroville, CA 95966
 - 530-532-9362
- **Cherokee Restoration Fellowship:** Weekly food distribution.
 - 2041 Fogg Ave., Oroville, CA 95965
 - 530-534-3663
- **Concow Grange:** Food help.
 - 4122 Big Bend Rd., Oroville, CA 95965
 - 530- 533-8973
- **Department of Employment and Social Services:** CalFresh- food stamp benefits for eligible people. CalWORKS- temporary financial help and job related services for families with children.
 - 78 Table Mountain Blvd., Oroville, CA 95965

- 530-538-7711
- **Express Employment Professionals:** Agency to help you find a job.
 - 2351 Washington Ave. # B, Oroville, CA 95966
 - 530-533-5800
- **Father's House Church Food Pantry:** Food distribution every Friday at 1:00 pm.
 - 2661 Elgin St., Oroville, CA 95966
 - 530-534-4704
- **First United Methodist Church:** Food help.
 - 45 Acacia Ave., Oroville, CA 95966
 - 530-534-9455
- **New Hope Missionary Baptist:** Food help.
 - 5640 Lincoln Blvd., Oroville, CA 95966
 - 530-533-7692
- **New Life Christian Center Church:** Food help.
 - 965 Grand Ave., Oroville, CA 95965
 - 530-534-6816
- **Oroville Gleaners Food Basket:** Food help.
 - 4532 Pacific Heights Rd., Oroville, California 95965
 - 530-533-4346
- **Oroville Hope Center:** Food help.
 - 1950 Kitrick Ave., Suite A., Oroville, CA 95966
 - 530-538-8398
- **Oroville Rescue Mission:** Food boxes for families with children. Food distribution Monday, Tuesday, and Wednesday, 1:00-3:00 pm.
 - 2445 Oro Dam Blvd., Ste 2, Oroville, CA 95966
 - 530-534-9541
- **Salvation Army:** Emergency help with food and basic supplies.
 - 1640 Washington Ave., Oroville, CA 95966
 - 530-534-7155
- **Women, Infants, and Children (WIC):** Infants to 5 years old, help with food, and supplies.
 - 82 Table Mountain Blvd., Oroville, CA 95965
 - 530-538-7455

Other Locations:

- **Bangor Community Church:** Food help.
 - 7419 Oroville Bangor Hwy, Bangor, CA 95914
 - 530-679-2510
- **Berry Creek Fire Station #61:** Food help.
 - 297 Ruckerfeller Rd., Berry Creek, CA 95916
 - 530-712-2600
- **Biggs United Methodist Church:** Food help.

- 441 C St., Biggs, CA 95917
- 530- 868-5381
- **Cohasset Community Center:** Food help.
 - 11 Maple Creek Ranch Rd., Chico, CA 95973
 - 530- 332-9550
- **Good People:** Job help.
 - 9050 Lasell Ln., Durham, CA 95938
 - 858-467-1348
- **Food for Tummies Food for Thought:** Food help.
 - 14096 Lakeridge Circle, Magalia, CA 95954
 - 530-570-5414
- **Forbestown Market Community Center:** Food help.
 - 19100 New York Flats Rd., Forbestown, CA 95941
 - 530-712-2600
- **Magalia Community Church:** Food help.
 - 13700 Skyway, Magalia, CA 95954
 - 530-877-7963
- **New Life Church:** Food help.
 - 965 Grand Ave., Thermalito, CA 95965
 - 530-712-2600
- **Palmero Family Bible Church:** Food help.
 - 2570 N Villa Ave., Palermo, CA 95968
 - 530-533-2975
- **Saint Nicholas Episcopal Church:** Food help.
 - 2570 N Villa Ave., Palermo, CA 95968
 - 530-533-2975

Transportation

Who: Parents/guardians who need help with transportation.

What: Children's Services Division (CSD) can give you a bus pass, or pay you back for your gas. Which depends upon your situation. Ask your social worker.

Where: There are several bus stop locations in Butte County.

When: You will need transportation to be able to get to your visits, services, and court.

Why: It is important to show your social worker/court that you are able to take care of your needs.

Transportation Services

Chico:

- **Butte Regional Transit:** Dailey bus services.
 - 530-342-0221
 - www.blinetransit.com
- **Catholic Ladies Association:** Referral to “Joan” regarding out of town medical appointments for emergency transportation funds.
 - 1386 Longfellow Ave., Chico, CA 95926
 - 530-895-8331
- **Medi-Cal managed Care:** Free transportation to your Medi-Cal medical appointments. Call your Medi-Call provider at least 10 days before your appointment.
 - Anthem Blue Cross: 877-931-4755
 - California Health and Wellness: 866-842-0631
- **Merit Medi-Trans:** Non-emergency medical transportation services.
 - East Eaton Rd., Suite A., Chico, CA 95973
 - 530-893-8620

Gridley:

- **Butte Regional Transit:** Dailey bus services.
 - 530-342-0221
 - www.blinetransit.com
- **Medi-Cal managed Care:** Free transportation to your Medi-Cal medical appointments. Call your Medi-Call provider at least 10 days before your appointment.
 - Anthem Blue Cross: 877-931-4755
 - California Health and Wellness: 866-842-0631

Oroville:

- **Butte Regional Transit:** Dailey bus services.
 - 530-342-0221
 - www.blinetransit.com
- **Feather River Tribal Health:** Transportation will be provided on a limited basis to verified Native Americans only. The individual must be a registered active user of agency services.
 - 2145 5th Ave, Oroville, CA 95965
 - 530-534-5394
- **Medi-Cal managed Care:** Free transportation to your Medi-Cal medical appointments. Call your Medi-Call provider at least 10 days before your appointment.
 - Anthem Blue Cross: 877-931-4755
 - California Health and Wellness: 866-842-0631

Child and Family Team Meeting (CFT)

Who: Parents/guardians, child (ren), service providers, family, friends, support network, social worker, etc. If available, some people can be present on the phone. This support network is called your Child and Family Team.

What: A meeting with everyone involved in your Children's Services case.

Where: Usually at Northern Valley Catholic Social Services (NVCSS), Youth for Change, or a location close to where you live.

1. NVCSS Oroville: 2185 Baldwin Ave, Oroville, CA 95966, 530-538-8221.
2. NVCSS Chico: 10 Independence Cir, Chico, CA 95973, 530-345-1600.
3. Youth for Change: 572 Rio Lindo Ave, Suite 206, Chico, CA 95926, 530-321-6529.

When: The CFT facilitator will contact you.

Why: The meeting will talk about how the safety and needs of the child (ren) will be met, placement options for the child (ren), identify the family's needs, available services to meet those needs, and create a case plan.

***Helpful Tip:**

-You can keep your CFT reports in this section.

What is a Child & Family Team?

Child or young adult, family members, trusted adults, and caring professionals who work together in achieving goals for positive change and improving child safety, permanency, and well-being.

Child and Family Teams

- Your strengths and your family's strengths are the focus in finding solutions
- Your family culture is respected
- You and your family are recognized as the experts in your lives
- Your voice and choice, as well as your family's, are central to the CFT process
- Develop plans to meet your goals and your family's goals



What should I expect at a meeting?

- A strengths-based approach to find out how to help your family
- Your Team establishes "ground rules" to make sure there is safe, honest, and confidential communication within the CFT process
 - » A facilitator will lead the group discussion
 - » Certain members may take confidential notes
- Your Team has a clearly stated goal for every meeting
- Your Team brainstorms options and action steps, with all Team members (which includes you) having a voice
- All Team members agree to complete specific tasks and responsibilities

For more information visit:

<http://www.cdss.ca.gov/inforesources/Continuum-of-Care-Reform>

Questions I may have:

How is a CFT meeting scheduled?

Your child or young adult and your family are the most important members of a CFT!

All CFT members make a commitment to attend meetings. Meeting times and locations are scheduled so that they are convenient for you and your family. Your Team will also work with you to communicate meeting information most conveniently: with a phone call, a text, or an email.

Will I need to pay for this?

No. All children and young adults in foster care and juvenile probation will be provided a CFT at no cost.

Who can come to the meetings?

Parents, caregivers, friends, and other people you identify as important may attend.

The child welfare social worker or deputy probation officer may need to obtain court approval for parents who have had parental rights terminated before inviting them to attend CFT meetings.

When will the CFT service end?

The CFT will be an active part of your child or young adult's plan as long as he/she is in the child welfare system and/or the juvenile probation system.

How often does the CFT meet?

You, your child or young adult, and the Team will decide how frequently the group will meet depending on your child or young adult's needs and the needs of your family.

How will I know what services are available for me as a parent?

Your Team will work with you to identify each family member's strengths and needs to develop a case plan that is centered around your child or young adult and family. The case plan has specific strategies for achieving your child or young adult's and/or family's goals based on identified needs.

A Team member, such as the social worker, deputy probation officer, and CFT facilitator will help coordinate services that are needed.

What happens if I am not getting along with members of my Team or if I feel uncomfortable with a Team Member?

CFT meetings are facilitated by professionals trained and skilled in dealing with different situations that might arise.

The Team will work with you and everyone involved to resolve issues.

Who attends the meetings?

The CFT composition always includes the child or young adult, family members, the current caregiver, a representative from the placing agency, and other individuals identified by the family as being important.

Required:

- Your Child or Young Adult
- Your Family Members
- Your Child or Young Adult's Current Caregiver(s)/Resource Parent(s)
- Your CFT Facilitator
- Your Child or Young Adult's Social Worker and/or Deputy Probation Officer

Required as Applicable:

- Behavioral Health Staff
- Community Service Providers
- FFA Social Worker or STRTP Representative
- Regional Center Staff
- School Staff
- Child or Young Adult's Educational Rights Holder
- Tribe or Indian Custodian

Suggested Team Members:

- Your Friends/Neighbors
- Your Child or Young Adult's Youth Partners
- Your Parent Partners
- Your Faith Based/Spiritual Supports
- Your Child or Young Adult's Court Appointed Special Advocates (CASAs)
- Your Child or Young Adult's Coaches
- Your Child's Daycare Providers
- Your Community Members
- Your Other Natural Supports

What is my role as a member?

- Your family is at the center of this process and the most important part of the team.
- Attending every meeting is part of the plan so the Team can hear from you and your child or young adult directly.
- The Team needs and wants to hear what you say! Share your opinions, thoughts, and concerns.

Who do you count on as a support person? A friend? A neighbor? Invite them to be part of the Team, too!



Team Members

OUR TEAM MEMBERS	
Name	
Phone	

OUR NEXT MEETING	
Date	
Time	
Location	

Child and Family Team (CFT)



Parent(s)



Resource Family Approval (RFA)

Who: Relatives and non-related extended family members (friends).

What: A process to approve people to take care of foster children. They will be an approved foster home. The person applying has to fill out an application, have a background check, home, and permanency assessment, as well as attend trainings.

Where: Get an application from Children's Services reception.

1. Oroville: 78 Table Mountain Blvd., Oroville, CA 95965, (530) 538-7883.
2. Chico: 2445 Carmichael Dr., Chico, CA 95928, (530) 879-3731.

When: If you want your child (ren) placed with someone, have them apply as soon as possible, so they may be considered for placement.

Why: A way to keep children with people they know, and have children be in a home that can provide permanency, if needed.

***Applying and/or approval does not always mean the child will be placed in this home.**

RFA SUPPORTS COMMITMENT TO CHILDREN, YOUTH, YOUNG ADULTS AND FAMILIES

RFA reaffirms the commitment to serving children, youth, young adults and families because it:

Focuses on Lifelong Relationships

- RFA supports connecting children, youth, and young adults to safe, caring relationships that can last a lifetime by focusing on families.
- RFA's purpose is to place children, youth, and young adults with families that can provide a lifelong connection by determining permanency approval upfront.

Achieves Results for Children, Youth, Young Adults and Families

- Upfront training and ongoing services prepare caregivers to meet the needs of children and youth and assisting families with forming lifelong relationships.
- Supportive and loving long-term relationships lead to stable permanent placements and improved outcomes for children, youth, and young adults.

Improves Efficiency

- The new coordinated process will eliminate duplication, reduce paperwork, and maximize the efficient use of staff and system resources.



**Butte County Department of
Employment and Social Services
Children's Services/Adoptions**

Consider Becoming a Resource Family Today

ASK US HOW

For more information, contact:

Butte County Department of
Employment & Social Services
Children's Services/Adoptions
PO Box 1649
Oroville, CA 95965
Phone: 530-879-3731- Chico
530-538-7883- Oroville



**Becoming a Resource Family
Through a Streamlined
Foster Care and Adoption
Process for Children, Youth,
and Young Adults**

Resource Family Approval (RFA)

All children need and deserve a safe, loving, nurturing, accepting, and consistent place to live where they can thrive and mature.

Becoming a resource family caregiver provides a home for a child to do just that.

Resource Family Approval (RFA) is a new caregiver approval process that a foster parent, relative, non-relative extended family member, or adoptive family completes to be considered for potential placement of a child, youth, or young adult (non-minor dependents from 18-21 years old).

RFA combines elements of the current licensing, relative approval, adoption, and guardianship processes.

RFA Streamlines the Approval Process

RFA is a unified, family-friendly and child-centered resource family approval streamlined process that includes one application, one background check, combined home environment and permanency assessments, pre-approval and post-approval training for all families.



RFA Requirements

There may be minimal costs associated with RFA. For more information, please contact your county. The following is a **partial list** of requirements to be met prior to approval.

- Live Scan fingerprints
- Pre-approval and post-approval training
- Home environment assessment
- CPR/First Aid
- Health Screening
- DMV Report

The approval process also includes:

- In-home visits with all adults and children, youth, and young adults
- Reference checks
- Collections of verifications and completed application forms

RFA Facts

If a care provider is currently licensed, he/she will not be required to be assessed as an RFA care provider. If an existing foster family is ready to adopt, they may go through the adoption home study process or RFA process, depending on your county's policies and procedures.

Once approved, Resource Families may be considered for placement of related or unrelated child(ren) for foster care, adoption or legal guardianship, depending on the Resource Family's goals. Resource Family Approval does not guarantee placement of a child. These decisions are determined by the child's worker and the courts.

During an emergency situation, a child, youth or young adult can be placed in a relative home prior to approval if certain requirements are met.

- A home and grounds inspection
- Criminal record and Child Abuse Index check
- Initiation of RFA process within 5 business days if continued placement desired including
 - Completion or live scan background check within 10 days
 - Completion of RFA process within 90 days of placement

Helpful Tips

1. Go to all of your visits, this is important to your child (ren).
2. Stay in touch with your social worker and attorney.
3. Go to and pay attention to your services.
4. If a service is not working for you, tell your social worker and attorney right away!
5. Go to all of the Court hearings.



CSD ACRONYMS/DEFINITIONS

AA	Alcoholics Anonymous: 12 step rehab
AAP:	Adoption Assistance Program - provides financial assistance to families willing and able to adopt foster children
AB:	Assembly Bill
ACL:	All County Letter- Transmittals from CDSS on issues such as state law changes, federal law, regulation changes, etc.
ACIN:	All County Information Notice - Transmittals from CDSS on issues such as state law changes, federal law, regulation changes, etc.
ADA:	Americans with Disabilities Act
ADD:	Attention Deficit Disorder
ADHD:	Attention Deficit Hyperactivity Disorder
ADL:	Activities of Daily Living
ADS:	Alcohol and Drug Services
AFCARS:	Adoption and Foster Care Analysis and Reporting System
AFDC:	Aid to Families with Dependent Children
AMAC:	Adults Molested As Children – support group
AOD:	Alcohol and Other Drugs
APS:	Adult Protective Services
ASFA:	Adoption and Safe Families Act, 1997 - Child safety emphasized over keeping families together
ASW:	Associate Clinical Social Worker
BCDBH:	Butte County Department of Behavioral Health – provides mental health services
BCDCSS	Butte County Dept. of Child Support Services –assists in the collection of child support
BCEC:	Butte Community Employment Center – “one stop” employment and social services
BCDPH:	Butte County Dept. of Public Health
BCOE:	Butte County Office of Education – provides services for Butte County schools, (audio visual, migrant education, juvenile hall schooling, ROP, etc.)
BCSO:	Butte County Sheriff's Office
BINTF:	Butte Interagency Narcotics Task Force – combined law enforcement effort to eradicate illegal drug manufacturing, cultivation, sales etc.
CAA:	Community Action Agency – provides community services such as Head Start, weatherization, Esplanade House, etc.
CACI:	Child Abuse Central Index
CALSWEC:	California Social Work Education Center –
CANS:	Child and Adolescent Needs Assessment
CAP:	Corrective Action Plan
CAPC:	Child Abuse Prevention Council
CARF:	Child Abuse Reporting Form – SS8572, mandated reporters complete when child abuse suspected
CART:	Child Abuse Response Team – Interagency team composed of CSD, DA, LE and Victim Witness. Established to minimize trauma to abused children
CASA:	Court Appointed Special Advocate - trained volunteers appointed by a juvenile court judge to advocate for foster youth



Butte County Department of Employment and Social Services
Children's Services Division

CATTA:	Child Abuse Training and Technical Assistance
CAVE:	Community Action Volunteers in Education
CCFSR:	California Children and Family Services Review
CCL:	Community Care Licensing
CCR	Continuum of Care Reform
CCS:	California Children's Services – provides medical case management and other services for medically eligible children
CDC:	California Department of Corrections
CDSS:	California Department of Social Services
CFT:	Child and Family Team
CHADD:	Children with Attention Deficit Disorders –Community support and educational program for children & families coping with ADD and ADHD
CHDP:	Child Health Disability and Prevention- program developed to improve and monitor health needs of children
CLETS:	California Law Enforcement Telecommunications System
CLIC:	Community Legal Information Center
CMSP:	County Medical Services Program
CORI:	Criminal Offender Record Information
CPD:	Chico Police Department
CPS:	Child Protective Service
CQI	Continuous Quality Improvement
CSA:	County Self-Assessment
CRC:	California Rehabilitation Center – Prison facility in Norco, California
CSD:	Children's Services Division
CSEC	Commercially Sexually Exploited Children
CWDA:	Child Welfare Directors Association
CWS/CMS:	Child Welfare Service/Case Management System
CWS-CARES:	Child Welfare Services-California Automated Response and Engagement System
DA:	District Attorney
DD:	Developmental Delay or Developmental Disability
DEC:	Drug Endangered Children
DESS:	Department of Employment and Social Services
DMV:	Department of Motor Vehicles
DOB:	Date of Birth
DOJ:	Department of Justice
DV:	Domestic Violence
DX:	Diagnosis
EA:	Environmental Alternatives – one of the FFAs in this county
EAP:	Employee Assistance Program – counseling and consultation services for employees of Butte County
EFC	Extended Foster Care
EO:	Evaluate Out – term for referrals in Children's Services that did not meet the Criteria for a "face to face" response
EPSDT:	Early and Periodic Screening, Diagnosis and Treatment
ER:	Emergency Response – Social Worker responds to the referral within 10 days



Butte County Department of Employment and Social Services
Children's Services Division

FARE:	Facilitating All Resources Effectively
FAS:	Fetal Alcohol Syndrome
FASD:	Fetal Alcohol Spectrum Disorders
FC:	Foster Care
FFA:	Foster Family Agency
FFH:	Foster Family Home
FH:	Foster Home
FM:	Family Maintenance – program of case management where the family remains in the home while services are provided
FNRC:	Far Northern Regional Center – services to persons with developmental disabilities and high risk infants
FR:	Family Reunification – program of case management where children are in placement and parents participating in services to reunify
FRC:	Family Resource Center
FY:	Fiscal Year
GN:	General Neglect
HEP:	Health and Education Passport –information generated by PHN from CWS/CMS and given to caregiver
HIPAA	Health Insurance Portability & Accountability Act
HV:	Home Visit
HX:	History
ICPC:	Interstate Compact for the Placement of Children –Process for services or placement of children in another state
ICWA:	Indian Child Welfare Act
IEP:	Individualized Education Plan – established by school districts for children with serious emotional, behavioral and/or educational difficulties
IHSS:	In Home Supportive Services – personal care, domestic related assistance to qualified elderly and disabled
ILP:	Independent Living Program – program that facilitates emancipation skills for teens
IR:	Immediate Response – social worker responds to the referral on the same day
ISPU:	Interagency Services Placement Unit
ISFC:	Intensive Services Foster Care
LE:	Law Enforcement
LOC:	Level of Care
MDT:	Multi-Disciplinary Team
MEPA:	Multiethnic Placement Act of 1994 prohibits race, color and national origin from delaying or denying a child's placement.
MOU:	Memorandum of Understanding- an agreement between agencies
NA:	Narcotics Anonymous – 12 step program for drug Rehabilitation
NCYFP:	Northern California Youth and Family Program – an FFA
NIMH:	National Institute of Mental Health
NMD:	Non-Minor Dependent
NOA:	Notice of Action – document that formally advises client of a particular action in their cases
NREFM:	Non-Related Extended Family Member
NRLG:	Non-Related Legal Guardian



Butte County Department of Employment and Social Services
 Children's Services Division

NVCSS:	Northern Valley Catholic Social Services- agency that provides counseling and other services
NYTD:	National Youth in Transition Database
OES:	Office of Emergency Services
OFR:	Options For Recovery
OV:	Office Visit
PA:	Physical Abuse
PC or P/C:	Phone Call - used frequently in contact documentation
PHN:	Public Health Nurse
PIP:	Program Improvement Plan
PO:	Probation Officer
PP:	Permanency Planning
PPD:	Paradise Police Department
PSSF:	Promoting Safe and Stable Families—Federal and State funds available to provide monies for special needs.
RED Team:	Review, Evaluate, and Direct Team
RFA:	Resource Family Approval
RFP:	Request For Proposal
ROI	Release of Information
ROP:	Regional Occupational Program
SA:	Sexual Abuse
SARB:	Student Attendance Review Board – set up in school districts to deal with truancy issues
SB:	Senate Bill
SCIAP:	Specialized Care Incentives and Assistance Program –funds that help to maintain a child in a particular relative or foster home.
SCP:	Substitute Care Provider- foster/resource parent, relative or guardian providing care for a minor or NMD
SCR:	Specialized Care Rate
SDM:	Structured Decision Making – Comprehensive set of assessment tools for case decision making
SEARCH:	Support, Employment, Assistance, Recovery, Consume Housing. Provides intensive services to individuals who are homeless or at risk of homelessness due to a severe and persistent mental illness
SED:	Severely Emotionally Disturbed
SELPA:	Special Education Local Plan Area
SIDS:	Sudden Infant Death Syndrome
SILP	Supervised Independent Living Placement
SIP:	System Improvement Plan
SOC:	State of California (for example: SOC 158)
SOFT:	Supporting Our Families' Transition – In house support services
SOGIE	Sexual Orientation, Gender Identity and Expression
SOP	Safety Organized Practice
SSA:	Social Security Administration
SSA:	Social Service Aide
SSI:	Supplemental Security Income



Butte County Department of Employment and Social Services
 Children's Services Division

SSN:	Social Security Number
SST:	Student Study Team
STRTP:	Short Term Residential Therapeutic Program
SW:	Social Worker
SWAP:	Sheriff's Work Alternative Program
SWS:	Social Worker Supervisor
SUD	Substance Use Disorder
TANF:	Temporary Aid to Needy Families – replaced AFDC
TAR:	Treatment Authorization Request – used by the Medical Program
TBA:	To Be Assigned –referral will be assigned for investigation
TBRA:	Tenant Based Rental Assistance program in Chico
TC or T/C:	Telephone Call – used frequently in contacts
TBS:	Therapeutic Behavioral Services – intensive services provided to identified children with the goal of preventing out of home placement
TDD:	Telecommunication Device for the Deaf
THP	Transitional Housing Program
THP + FC	Transitional Housing Placement Plus Foster Care
TX:	Treatment
VFM:	Voluntary Family Maintenance –non-court case where child remains in the home
VFR:	Voluntary Family Reunification – non-court case where child is voluntarily placed by parent in out-of-home care
WD:	Written Directives
WEX:	Work Experience
WFU:	Welfare Fraud Unit
WIC:	Welfare and Institutions Code
WIC:	Women, Infant and Children – federal education, assistance and commodity program to pregnant women or women with infants and/children
YFC:	Youth For Change – a Butte County FFA

Forms

**Butte County Department of Employment and Social Services
Children's Services Division
Consent For Interagency Exchange Of Confidential Information**

I understand that my records are under the federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may withdraw this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically as described below.

Any Services discussed within the scope of this consent is confidential, with the exceptions:

1. Mandated reporters are required by law to inform appropriate agencies if they have reasonable reason to suspect that you or a family member is in danger of hurting yourself or someone else.
2. If there is reasonable suspicion that a child, dependent adult, or elder adult has been abused or neglected or is at risk of being abused or neglected.
3. If, under The Tarasoff's Statute, you have made a threat to harm an identified victim, both the victim and law enforcement will be notified of this threat.

This consent shall remain effective for **one year** following the date of signature. A photocopy of this signature is valid as the original.

Executed this _____ day of _____ 20_____.

(Signature of Client)

(Signature of Parent or Guardian)

(Signature of Witness)

(Signature of Parent or Guardian)

(Signature of Surrogate Parent)
This signature releases only educational information. Additional information released will require the signature of guardian.

Confidentiality of client maintained according to Education Code Section 49069; California Welfare and Institutions Code, Section 4514, 42 CFR Part 2.

THE CLIENT/CHILD OR, IF A MINOR, HIS OR HER PARENT, GUARDIAN, PARENT SURROGATE OR CONSERVATOR, HAS THE RIGHT TO RECEIVE A COPY OF THIS AUTHORIZATION (CIVIL CODE SECTION 56.10)

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**Butte County Department of Employment and Social Services
Children's Services Division
Daim ntawv Tso cai kev sib pauv ntaub ntawv npog cia
Consent For Interagency Exchange Of Confidential Information**

Lub hom phiaj ntawm daim ntawv tso cai no yog tso cai tuaj koom uake thiab tawm tswv yim npaj ib qhov kev pab uas zoo tshaj rau tus neeg muaj npe nram qab no:

The purpose of this consent is to allow the gathering and sharing of information to develop a plan of comprehensive services for individuals listed below:

Kuv tso cai thaib pom zoo muab cov lus thiab ntaub ntawv npog cia nyob nram qab no sib qhia tawm. Kuv kos kuv lub npe tus niam ntawv rau hauv qab no rau tus neeg no:

I hereby give my permission for release and exchange of confidential information from the sources. I have initialed below for the following persons:

Menyuam Npe Child(ren)'s Names		Hnub yug / Birthdates	Tus Zauv Sau Sau Social Security Number	
Niamtxiv / Tus saib menyuam Parent/Guardian Information				
Niamtxiv / Tus saib menyuam #1 Parent/ Guardian # 1 Information	Npe / Name:		Xov tooj Phone #:	
	Qhov chaw nyob Physical Address:			
	Chaw xav ntawv Mailing Address:			
Niamtxiv tus saib menyuam #2 Parent/ Guardian # 2 Information	Npe / Name:		Xov tooj Phone #:	
	Qhov chaw nyob Physical Address:			
	Chaw Xa ntawv Mailing Address:			

Thov kos koj lub npe tus niam ntawv (*initial*) lub koom haum ua yuav nrhiav txoj kev pab thiab los sib koom pab. Thaum uas tsim nyog, qhia qhov koj xav muab qhia tso tawm.

Please *initial* appropriate agencies for the purpose of providing and coordinating services. When appropriate, specify the information to be released.

Kos koj lub npe tus niam ntawv rau qhov yuav pab tau / Initial Each Applicable Entry	
_____	Butte County Dept. of Employment and Social Services <input type="checkbox"/> Children's Services <input type="checkbox"/> CalWORKs Employment Services <input type="checkbox"/> CalWORKs Eligibility <input type="checkbox"/> Adult Services
_____	Butte County Office of Education/ Butte County
_____	Butte County Probation Department
_____	Catalyst Domestic Violence Services
_____	Public Health Nurses
_____	Counseling Solutions <input type="checkbox"/> CAP <input type="checkbox"/> PSG <input type="checkbox"/> Parenting <input type="checkbox"/> SOFT Program <input type="checkbox"/> PEER <input type="checkbox"/> Counseling
_____	Far Northern Regional Center
_____	Feather River Tribal Health
_____	Hospital (s) Please Specify: _____
_____	Northern Valley Catholic Social Service <input type="checkbox"/> Consider the Children <input type="checkbox"/> FARE
_____	Options for Recovery
_____	Physician(s) Please Specify: _____
_____	School District(s) Please Specify: _____
_____	Youth and Family Programs <input type="checkbox"/> ILP <input type="checkbox"/> THP+

**Butte County Department of Employment and Social Services
Children's Services Division
Daim ntawv Tso cai kev sib pauv ntaub ntawv npog cia
Consent For Interagency Exchange Of Confidential Information**

<input type="checkbox"/> Youth for Change <input type="checkbox"/> THP+ <input type="checkbox"/> FARE <input type="checkbox"/> Wraparound <input type="checkbox"/> Lilliput Children's Services <input type="checkbox"/> Kinship Support Services Program <input type="checkbox"/> Family Finding and Engagement Program <input type="checkbox"/> Written Translation Services <input type="checkbox"/> Carol Meredith Languages (Spanish) / <input type="checkbox"/> Hmong Cultural Center (Hmong) <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
Kuv tso cai rau cov koom haum saum no los sib pauv tej ntaub ntawv tej lus nram qab no: I hereby authorize the agencies initialed above to exchange the following information:	
<input type="checkbox"/> Ntaub ntawv tsev hais plaub ntug / Court Records <input type="checkbox"/> Ntaub ntawv txoj kev kawm txuj / Education Records <input type="checkbox"/> Keeb kwm txoj kev nyuaj siab / Psycho-Social History <input type="checkbox"/> Cov ntaub ntawv nyob rau tsev kawm ntawv/ Information contained in school <input type="checkbox"/> Cov ntaub ntawv zais npog / confidential file <input type="checkbox"/> cumulative file <input type="checkbox"/> Cov kev pab rau kev loj hlob thiab kho mob rau kuv thiab kuv tus menyuam / Information related to the development of a treatment plan for me and my child <input type="checkbox"/> Qhia txog kuv tus menyuam li keeb kwm mob nkeeg, & kev loj hlob & qhov muaj tam sim no / Summary of child's medical & developmental history & progress <input type="checkbox"/> Qhia txog kev muaj mob nkeeg, losyog keeb kwm kev nyuaj siab, kev kho mob thiab kev muaj tam sim no / Summary of client's medical or psychiatric history, diagnosis, treatment and progress. <input type="checkbox"/> Kev cov lus nug & Cwj pwm Ciaj luam, los ntawm tsev kawm ntawv txoj kev saib xyuas & kev xeem Educational assessments & behavioral reports, including school observation & educational testing <input type="checkbox"/> Lwm yam / Other: _____ <input type="checkbox"/> Lwm yam / Other: _____	

Kuv to taub tias kuv tej ntaub ntawv yog nyob qab tswj fwm ntawm tsoom fwm kev zais npog txoj cai thiab yuav tsis muab tso tawm yam tsis tau kev sau ntawv tso caiv los ntawm kuv los yog yeej nyob qab txoj cai. Kuv to taub tias kuv tuaj tshem daim ntawv no tau txhua lub sij hwm.

I understand that my records are under the federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may withdraw this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically as described below.

Txhua yam kev pab tau sib tham li cov hauj lwm ntawm daim ntawv tso cai lus npog cia tsis pub qhia, yuav tsum tau qhia.

Any Services discussed within the scope of this consent is confidential, with the exceptions:

1. Mandated Reporters yog ib tus neeg khiav haujlwm uas muaj cai qhia tau rau cov koom haum tsim nyog yog hais tias nws ntseeg hais tias koj los yog ib tus neeg ntawm koj tsev neeg yuav raug kev phem los yog yuav ua phem rau tus kheej los yog lwm tus.

Mandated reporters are required by law to inform appropriate agencies if they have reasonable reason to suspect that you or a family member is in danger of hurting yourself or someone else.

2. Yog muaj kev ntseeg hais tias menyuam yaus los yog neeg laus uas toob kas kev pab thiab saib los ntawm lwm tus tau raug kev tsim txom los yog quab yuam.

**Butte County Department of Employment and Social Services
Children's Services Division
Daim ntawv Tso cai kev sib pauv ntaub ntawv npog cia
Consent For Interagency Exchange Of Confidential Information**

If there is reasonable suspicion that a child, dependent adult, or elder adult has been abused or neglected or is at risk of being abused or neglected.

3. Nyob qab tswj fwm ntawm Tarasoffs Statute, yog koj tau hais yuav ua kev phem kom raug mob rau lwm tus neeg, yuav tau ceeb toom rau tus neeg uas yuav raug mob thiab tub ceev xwm txog qhov xwm txheej no.

If, under The Tarasoff's Statute, you have made a threat to harm an identified victim, both the victim and law enforcement will be notified of this threat.

Daim ntawv tso cai no siv tau ib xyoo los txog rau hnuv sau npe. Daim luam ntawm daim ntawv no los yeej siv tau ib yam li daim tiag tiag.

This consent shall remain effective for **one year** following the date of signature. A photocopy of this signature is valid as the original.

Siv rau hnuv / Executed this _____ ntawm lub hli / day of _____ 20_____.

(Sau npe tus tau txais kev pab
Signature of Client)

(Sau npe Niamtxiv los yog Tus Saib
Signature of Parent or Guardian)

(Sau npe Tus Pov thawj
Signature of Witness)

(Sau npe Niamtxiv los yog Tus Saib
Signature of Parent or Guardian)

Sau npe sawv cev Niamtxiv
(Signature of Surrogate Parent)

Sau npe tso cai tsuas yog rau ntaub ntawv kev kawm kev paub xwb. Yog lwm yam ntxiv yuav tau sau npe los ntawm tus saib menyuum.

This signature releases only educational information. Additional information released will require the signature of guardian.

Confidentiality of client maintained according to Education Code Section 49069; California Welfare and Institutions Code, Section 4514, 42 CFR Part 2.

Butte County Department of Employment and Social Services
Children's Services Division
Daim ntawv Tso cai kev sib pauv ntaub ntawv npog cia
Consent For Interagency Exchange Of Confidential Information

TUS TAU TXAIS KEV PAB / MENYUAM LOS YOG, YOG HAIV TIAS TUS MENYUAM TSIS TAU MUAJ HNUB NYUG, NWS NIAM NWS TXIV, TUS SAIB NYUAS, NIAMTXIV TUS MUAJ CAI LOS YOG TUS TIV THAIV, THIAJ MUAJ CAI TAU TXAIS IB DAIM LUAM NTAWM DAIM NTAWV TSO CAI NO (CIVIL CODE SECTION TUS ZAUV 56.10)

THE CLIENT/CHILD OR, IF A MINOR, HIS OR HER PARENT, GUARDIAN, PARENT SURROGATE OR CONSERVATOR, HAS THE RIGHT TO RECEIVE A COPY OF THIS AUTHORIZATION (CIVIL CODE SECTION 56.10)

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Butte County Department of Employment and Social Services
Departamento de Empleo y Servicios Sociales del Condado de Butte
Children's Services Division
División de Servicios para Menores
Consent For Interagency Exchange Of Confidential Information
Consentimiento para el intercambio de información confidencial entre agencias

The purpose of this consent is to allow the gathering and sharing of information to develop a plan of comprehensive services for individuals listed below:

El propósito de este consentimiento es permitir recopilar e intercambiar información para elaborar un plan de servicios amplios destinados a las personas nombradas a continuación:

I hereby give my permission for release and exchange of confidential information from the sources. I have initialed below for the following persons:

Por la presente permito que se divulgue y se comparta información confidencial de las agencias. He colocado mis iniciales a continuación para las siguientes personas:

Child(ren)'s Names <i>Nombre de cada menor</i>	Birthdates <i>Fecha de nacimiento</i>	Social Security Number <i>Número de Seguro Social</i>
Parent/Guardian Information <i>Información sobre la madre, el padre o el tutor</i>		
Parent/ Guardian # 1 Information <i>Información sobre la madre, el padre o el tutor # 1</i>	Name: <i>Nombre:</i>	Phone #: <i>Teléfono:</i>
	Physical Address: <i>Domicilio:</i>	
	Mailing Address: <i>Dirección postal:</i>	
Parent/ Guardian # 2 Information <i>Información sobre la madre, el padre o el tutor # 1</i>	Name: <i>Nombre:</i>	Phone #: <i>Teléfono:</i>
	Physical Address: <i>Domicilio:</i>	
	Mailing Address: <i>Dirección postal:</i>	

Please ***initial*** appropriate agencies for the purpose of providing and coordinating services. When appropriate, specify the information to be released.

*Sírvase colocar sus ***iniciales*** en las agencias correspondientes para proporcionar y coordinar servicios. Cuando sea apropiado, especifique cuál información debe divulgarse.*

Initial Each Applicable Entry <i>Coloque sus iniciales en cada agencia que corresponda</i>
<p>_____ Butte County Dept. of Employment and Social Services / <i>Depto. de Empleo y Servicios Sociales del Condado de Butte</i></p> <p><input type="checkbox"/> Children's Services / <i>Servicios para menores</i> <input type="checkbox"/> CalWORKs Employment Services / <i>Servicios de Empleo CalWORKS</i> <input type="checkbox"/> CalWORKs Eligibility / <i>Elegibilidad para CalWORKS</i> <input type="checkbox"/> Adult Services / <i>Servicios para adultos</i></p> <p>_____ Butte County Office of Education / <i>Oficina de Educación del Condado de Butte</i></p> <p>_____ Butte County Probation Department / <i>Depto. de la Libertad Vigilada del Condado de Butte</i></p> <p>_____ Catalyst Domestic Violence Services / <i>Servicios Catalyst contra la violencia intrafamiliar</i></p> <p>_____ Public Health Nurses / <i>Enfermeras de salud pública</i></p> <p>_____ Counseling Solutions / <i>Soluciones de consejos</i></p> <p><input type="checkbox"/> CAP <input type="checkbox"/> PSG <input type="checkbox"/> Parenting / <i>Crianza</i> <input type="checkbox"/> SOFT Program / <i>Programa SOFT</i> <input type="checkbox"/> PEER <input type="checkbox"/> Counseling / <i>Consejos</i></p> <p>_____ Far Northern Regional Center / <i>Centro Regional Far Northern</i></p> <p>_____ Feather River Tribal Health / <i>Salud Tribal Feather River</i></p>

Butte County Department of Employment and Social Services
Departamento de Empleo y Servicios Sociales del Condado de Butte
Children's Services Division
División de Servicios para Menores
Consent For Interagency Exchange Of Confidential Information
Consentimiento para el intercambio de información confidencial entre agencias

<input type="checkbox"/>	Hospital(s) Please Specify / <i>Hospitales – por favor especifique:</i> _____
<input type="checkbox"/>	Northern Valley Catholic Social Service / <i>Servicio Social Católico Northern Valley</i> <input type="checkbox"/> Consider the Children <input type="checkbox"/> FARE
<input type="checkbox"/>	Options for Recovery / <i>Opciones de Recuperación</i>
<input type="checkbox"/>	Physician(s) Please Specify / <i>Médicos – por favor especifique:</i> _____
<input type="checkbox"/>	School District(s) Please Specify / <i>Distritos escolares – por favor especifique:</i> _____
<input type="checkbox"/>	Youth and Family Programs / <i>Programas para jóvenes y familias</i> <input type="checkbox"/> ILP <input type="checkbox"/> THP+
<input type="checkbox"/>	Youth for Change / <i>Jóvenes en Transición</i> <input type="checkbox"/> THP+ <input type="checkbox"/> FARE <input type="checkbox"/> Wraparound
<input type="checkbox"/>	Lilliput Children's Services / <i>Servicios para Niños Lilliput</i> <input type="checkbox"/> Kinship Support Services Program / <i>Programa de servicios de apoyo para parientes</i> <input type="checkbox"/> Family Finding and Engagement Program / <i>Programa para Localizar e Incorporar Familias</i>
<input type="checkbox"/>	Written Translation Services / <i>Servicios de traducción escrita</i> <input type="checkbox"/> Carol Meredith Languages (Spanish / <i>Español</i>) <input type="checkbox"/> Hmong Cultural Center (Hmong)
<input type="checkbox"/>	Other / <i>Otros:</i> _____
<input type="checkbox"/>	Other / <i>Otros:</i> _____

I hereby authorize the agencies initialed above to exchange the following information
Por la presente autorizo a las agencias indicadas con mis iniciales para que intercambien la siguiente información:

<input type="checkbox"/>	Court Records / <i>Expedientes de la Corte</i>	<input type="checkbox"/>	Education Records / <i>Registros de Educación</i>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Psycho-Social History / <i>Antecedentes psicosociales</i>	<input type="checkbox"/>	Information contained in school <input type="checkbox"/> confidential file <input type="checkbox"/> cumulative file / <i>Información presente en registro escolar <input type="checkbox"/> confidencial <input type="checkbox"/> acumulativo</i>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Information related to the development of a treatment plan for me and my child / <i>Información sobre el desarrollo de un plan de tratamiento para mí y mi hijo</i>	<input type="checkbox"/>	Summary of child's medical and developmental history and progress / <i>Resumen de los antecedentes clínicos y de desarrollo del niño y su evolución</i>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Summary of client's medical or psychiatric history, diagnosis, treatment and progress / <i>Resumen de los antecedentes clínicos o psiquiátricos del cliente, su diagnóstico, tratamiento y evolución.</i>	<input type="checkbox"/>	Educational assessments and behavioral reports, including school observation and educational testing / <i>Evaluaciones educacionales e informes de conducta, incluyendo las observaciones de la escuela y las pruebas educacionales</i>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Other / <i>Otros:</i> _____	<input type="checkbox"/>	Other / <i>Otros:</i> _____	<input type="checkbox"/>	_____

I understand that my records are under the federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may withdraw this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically as described below.

Entiendo que mis registros están sujetos a reglamentos federales de confidencialidad y no se pueden divulgar sin mi permiso por escrito, salvo excepciones establecidas en los reglamentos. También entiendo que puedo retirar este consentimiento en cualquier momento salvo en la medida que se hayan tomado acciones conforme a éste y que en todo caso este consentimiento caduca automáticamente, como se describe a continuación.

Any Services discussed within the scope of this consent is confidential, with the following exceptions:
Cualquier servicio del cual se converse dentro del alcance de este consentimiento es confidencial, con las siguientes excepciones:

Butte County Department of Employment and Social Services
Departamento de Empleo y Servicios Sociales del Condado de Butte
Children's Services Division
División de Servicios para Menores
Consent For Interagency Exchange Of Confidential Information
Consentimiento para el intercambio de información confidencial entre agencias

1. Mandated reporters are required by law to inform appropriate agencies if they have reasonable reason to suspect that you or a family member is in danger of hurting yourself or someone else.
A las personas profesionalmente obligadas a denunciar se les exige por ley informar a las agencias correspondientes si tienen alguna sospecha razonable de que usted o un pariente corren peligro de causarle daño a otra persona o a sí mismos.
2. If there is reasonable suspicion that a child, dependent adult, or elder adults has been abused, or neglected or is at risk of being abused or neglected.
Si existe sospecha razonable de que un menor, un adulto dependiente o un anciano han sido víctimas de maltrato, abuso o negligencia, o estén en riesgo de maltrato, abuso o negligencia.
3. If, under The Tarasoff's Statute, you have made a threat to harm an identified victim, both the victim and law enforcement will be notified of this threat.
Si usted, conforme a la Ley de Tarasoff, ha amenazado hacerle daño a una víctima identificada, tanto la víctima como las fuerzas del orden público serán notificadas de esta amenaza.

This consent shall remain effective for **one year** following the date of signature. A photocopy of this signature is valid as the original.

*Este consentimiento estará en vigor durante **un año** a partir de la fecha de su firma. Una fotocopia de esta firma es igualmente válida que la firma original.*

Executed this _____ day of _____ 20_____.

Firmado este día _____ de _____ del 20_____.

(Signature of Client / *Firma del cliente*)

(Signature of Parent or Guardian / *Firma de la madre, el padre o el tutor*)

(Signature of Witness / *Firma del testigo*)

(Signature of Parent or Guardian / *Firma de la madre, el padre o el tutor*)

(Signature of Surrogate Parent / *Firma del padre sustituto*)

This signature releases only educational information.

Esta firma es para divulgar información educacional solamente.

Additional information released will require the signature of guardian.

Para divulgar información adicional se exige la firma del tutor.

Butte County Department of Employment and Social Services
Departamento de Empleo y Servicios Sociales del Condado de Butte
Children's Services Division
División de Servicios para Menores
Consent For Interagency Exchange Of Confidential Information
Consentimiento para el intercambio de información confidencial entre agencias

Confidentiality of client maintained according to Education Code Section 49069; California Welfare and Institutions Code, Section 4514, 42 CFR Part 2.

La confidencialidad del cliente se mantiene conforme al Código de Educación, Art. 49069; Código de Bienestar e Instituciones de California, Artículo 4514, 42 Código de Reglamentos Federales (CFR) Parte 2.

THE CLIENT/CHILD OR, IF A MINOR, HIS OR HER PARENT, GUARDIAN, PARENT SURROGATE OR CONSERVATOR, HAS THE RIGHT TO RECEIVE A COPY OF THIS AUTHORIZATION (CIVIL CODE SECTION 56.10).

El cliente o, si se trata de un menor, su madre, padre, tutor, padre sustituto o apoderado, tienen derecho a recibir una copia de esta autorización (Código Civil, Art. 56.10).

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Esta información se le ha divulgado de registros protegidos por reglas federales de confidencialidad (42 CFR Parte 2). La reglas federales prohíben que usted divulgue esta información adicionalmente salvo si la divulgación adicional está expresamente permitida mediante el consentimiento escrito de la persona a quien pertenece esta información o de acuerdo con excepciones enunciadas en 42 CFR Parte 2. No es suficiente para esta finalidad una autorización general para divulgar información médica o de otra índole. Las reglas federales restringen todo uso de esta información para investigaciones o enjuiciamientos penales en casos de pacientes que abusan del alcohol o drogas.

A photocopy/facsimile copy may be used as an original.

CLIENT INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
ADDRESS	CITY/STATE/ZIP CODE:	DATE OF BIRTH:
CLIENT'S PHONE NUMBER	CLIENT FILE/CASE NUMBER	

AUTHORIZATION DETAILS

Medical Records Coming From (Disclosed by): Name or specifically describe the persons and/or organizations (or the classes of persons and/or organizations), including us, who are authorized to make use of and/or disclose the PHI described in this form.

Medical Records Going To (Received by): Name or specifically describe the persons and/or organizations (or the classes of persons and/or organizations), including us, who are authorized to receive the PHI described in this form.

PURPOSE OF DISCLOSURE OF PHI

- At the request of the individual/client At the request of an authorized representative

SERVICE DATES

The information to be used or disclosed includes only those items checked below, with respect to services provided on or around: _____ (insert dates of service). **NOTE:** If this section is left blank, the treatment dates covered by this authorization will be limited to the records associated with the last visit or course of treatment.

EXPIRATION OF AUTHORIZATION

THIS AUTHORIZATION SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT FOR THE FOLLOWING PERIOD: (*The Client/Patient MUST INITIAL one of the following for the authorization to become valid.*)

- _____ This authorization expires one year from the signature date below.
_____ This authorization expires as specified: _____
_____ This authorization expires once PHI is disclosed. This is a one-time authorization.

County of Butte (Countywide Form) Authorization for Use or Disclosure of Protected Health Information (PHI)	Client Name: _____ Client Number: _____
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TYPE OF PHI TO BE USED OR DISCLOSED

I understand that this authorization extends to all or any part of the records/information designated below, which may include treatment for mental illness and/or alcohol/drug abuse. The information to be used or disclosed includes: **(The client MUST INITIAL items being requested)**

- Discharge Summary
- Psychiatric Evaluation/MSE
- Medication Records
- Inpatient Records
- Progress Notes: SPECIFY _____
- OTHER (please specify): _____
- Alcohol/Drug Records
- Attendance Only
- Lab Reports
- Intake/Admission Summary
- Billing Records
- Medical Finding

This authorization is limited to only that information that I have requested above to be used or disclosed to the persons/facilities named herein. I hereby release the County of Butte from all legal responsibilities or liability that may arise from the use or disclosure of health information in reliance on this authorization.

NOTICE TO RECIPIENT OF PHI

Please note Federal Confidentiality Rules (42 CFR Part 2) and California Law prohibit further disclosure of medical and/or mental health records, unless further use or disclosure is expressly permitted by obtaining a written authorization for disclosure of information from the person to whom it pertains. A general authorization for the use or disclosure of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient.

CLIENT RIGHTS & RESPONSIBILITIES

1. **Re-Disclosure under HIPAA:** I understand that information used or disclosed in accordance with this authorization may no longer be protected by the Health Insurance Portability & Accountability Act of 1996 (HIPAA), and could be used or re-disclosed by the receiving party. However, as noted above, federal and state regulations governing the confidentiality of alcohol and drug abuse patient records will continue to protect the confidentiality of information that identifies me as a patient in an alcohol or other drug program from re-disclosure.
2. **Revocation:** I have the right to make a written request to stop the use or disclosure of information at any time although I understand that I cannot do anything about information already used or disclosed under this authorization.
3. **Refusal to sign:** I may refuse to sign this authorization and my refusal will not affect my ability to obtain treatment, payment, or eligibility for benefits except as may be permitted by law.
4. **Copy:** I understand that I will receive a copy of this authorization upon my request. However, for requests for other file copies, a fee may apply.
5. **Minors:** I understand that minors 12 years of age and older may be required to sign the authorization along with their parent/guardian.

<p>County of Butte (Countywide Form) Authorization for Use or Disclosure of Protected Health Information (PHI)</p>	<p>Client Name: _____</p> <p>Client Number: _____</p>
---	---

ACKNOWLEDGEMENT

Client Signature: _____ Today's Date: _____

If Applicable:

Parent/Guardian/Authorized Representative Signature: _____

Today's Date: _____

Print Name: _____ Telephone Number: _____

Complete Address: _____
Street Address City State Zip Code

Relationship to Client _____

REVOCAION OF AUTHORIZATION

As of this date, _____, I hereby revoke this authorization.

Name of Client

Signature of Client Revoking Authorization

If Applicable:

Name of Parent/Guardian

Signature of Parent/Guardian Revoking Authorization

STAFF VERIFICATION

(FOR INTERNAL USE ONLY)

- I have verified the client's signature against the medical record.
- I have received _____ as documentation that verifies the relationship with the client and the authority to request/receive health information on behalf of the client.

Staff Signature: _____ Date: _____

Print Staff Name: _____

.....

**COPY: () DELIVERED ON _____ () FAXED ON _____ () MAILED ON _____
() RETAINED IN FILE ONLY () GIVEN TO CLIENT ON _____**

County of Butte (Countywide Form) Authorization for Use or Disclosure of Protected Health Information (PHI)	Client Name: _____ Client Number: _____
--	--

Una fotocopia/copia facsimil se puede utilizar como original.

INFORMACIÓN DEL CLIENTE

APELLIDO:	PRIMER NOMBRE:	INICIAL DE SEGUNDO NOMBRE:
DIRECCIÓN:	CIUDAD/ESTADO/CÓDIGO POSTAL	FECHA DE NACIMIENTO:
NUMERO DE TELÉFONO DEL CLIENTE	ARCHIVO DEL CLIENTE/NUMERO DEL CASO	

DETALLES DE AUTORIZACIÓN

Expedientes Que Vienen De (Divulgados por): El nombre o describa específicamente la persona y/o a las organizaciones (o la clase de personas y/o organizaciones), incluyendo a nosotros, a quien autoriza hacer uso y/o divulgar la información descrita en esta forma.

Expedientes Que Van A (Recibidos por): El nombre o describa específicamente la persona y/o a las organizaciones (o la clase de personas y/o organizaciones), incluyendo a nosotros, a quien se autoriza hacer uso y/o a divulgar la información descrita en esta forma.

PROPOSITO DE DIVULGACIÓN DE LA INFORMACIÓN PROTEGIDA DE LA SALUD (PHI)

- Por petición del cliente/individual Por petición de un representante autorizado

FECHA DE SERVICIOS

La información que se utilizará o divulgara incluye solamente los artículos mencionados arriba, con respecto a los servicios proveídos alrededor de: _____ (ponga las fechas de servicio).

NOTE: Si esta sección se deja en blanco, las fechas de autorización para tratamiento son las mas recientes de preadmisión para dar de alta a tiempo de resolución de las reclamaciones).

EXPIRACIÓN DE LA AUTORIZACIÓN

ESTA AUTORIZACIÓN LLEGARA A SER VALIDA INMEDIATAMENTE Y SERA EFECTIVA POR EL PERIODO SIGUIENTE: (El Cliente/Paciente DEBE PONER SUS INICIALES en uno de los siguientes para que la autorización llegue a ser valida.)

- _____ Esta autorización se expira en un año a partir de la fecha con la firma abajo.
- _____ Esta autorización se expira según lo especificado: _____
- _____ Esta autorización se expira una vez que se divulga la información. Esta autorización es de una sola vez.

**Condado de Butte (Forma del Condado)
Autorización Para el Uso de Divulgación de
Información Protegida de la Salud (PHI)**

Nombre del Cliente: _____
Numero del Cliente: _____

TIPO DE INFORMACIÓN QUE SE USARA O SERA DIVULGADA

Entiendo que esta autorización se extiende a todos o a cualquier parte de expedientes/información designados abajo, la cual puede incluir tratamiento para enfermedad mental y/o abuso de drogas y alcohol. La información que se utilizara o divulgara incluye: **(El cliente DEBE PONER SUS INICIALES en los artículos que se están pidiendo)**

Resumen de dar de Alta Archivo de Alcohol/Drogas
 Evaluación/Psiquiátrica/MSE Asistencia Solamente
 Archivo de Medicamentos Reportes del Laboratorio
 Archivo del Internado/Hospitalizado Resumen de Admisión Resultados Médicos
 Notas de Progreso: SPECIFIQUE _____
 Archivo de Facturación Archivos Financieros
 Archivo de Servicios Públicos Sociales (Información Relacionada con Programas de Asistencia Social)
 OTRO (por favor especifique): _____

Esta autorización se limita solamente a la información que he solicitado arriba para ser utilizada o divulgada a las personas/servicios nombrados adjunto. Omito al Condado de Butte de toda la responsabilidad y daños legales que puedan presentarse en esta divulgación de información de la salud en esta autorización.

AVISO AL RECIPIENTE DE LA INFORMACIÓN PROTEGIDA DE LA SALUD (PHI)

Note por favor que las Reglas Federales Confidenciales (42 CFR Parte 2) y la Ley de California prohíben divulgación de los archivos de salud medica y/o mental, a menos que el uso de la divulgación sea expresamente permitido por medio de obtener una autorización por escrito para divulgar la información de la persona a la que concierne. Una autorización general para el uso o divulgación de información medica NO ES suficiente para este propósito. Las reglas federales restringen cualquier uso de información criminal de investigar o procesar a cualquier paciente de abuso de alcohol o drogas.

DERECHOS Y RESPONSABILIDADES DEL CLIENTE

- 1. Re Divulgar bajo HIPAA:** Entiendo que la información usada de acuerdo a esta autorización no puede ser protegida por la Portabilidad del Seguro Medico y Acto de Responsabilidad de 1996 (HIPAA), y puede ser utilizada o re divulgada por las personas que las reciben. Sin embargo, como se menciona abajo, en el reglamento de confidencialidad del estado y federal que los archivos de pacientes de abuso de alcohol y drogas continuarán protegiendo la confidencialidad y también la información que me identifica a mí como paciente de un programa de alcohol o drogas sea re divulgado.
- 2. Revocación:** Tengo el derecho de hacer una petición en escrito para el uso o divulgación de información en cualquier momento y entiendo que no puedo hacer algo sobre la información que ya fue usada o divulgada bajo esta autorización.
- 3. Negar la firma:** Puedo rechazar esta autorización y negarme no afectara mi habilidad de obtener tratamiento, pago o elegibilidad para beneficios a menos que sea permitido por la ley.
- 4. Copia:** Entiendo que recibiré una copia de esta autorización cuando la pida. Sin embargo, un cobro puede aplicar, si pido copias de otro expediente.
- 5. Menores de edad:** Entiendo que se requiere que menores de 12 años de edad y mayores pueden ser requeridos a firmar la autorización junto con su padre/tutor.

Condado de Butte (Forma del Condado)
Autorización para el Uso o la Divulgación de
Información Protegida de la Salud (PHI)

Nombre del Cliente: _____
Numero del Cliente : _____

RECONOCIMIENTO

Firma del Cliente: _____

Fecha de Hoy: _____

Si Aplica:

Firma del Padre/Tutor/Representante Autorizado: _____

Fecha de Hoy: _____

Su Nombre con Letra de Molde: _____

Número de Teléfono: _____

Domicilio Completo: _____
Domicilio de Calle Ciudad Estado Código Postal

Relación con el Cliente _____

REVOCACIÓN DE AUTORIZACIÓN

Apartir de esta fecha, _____, Yo renuncio por medio de esta autorización.

Nombre del Cliente

Firma del Cliente que Renuncia la Autorización

Si Aplica:

Nombre del Padre/Tutor

Firma del Padre/Tutor que Renuncia la Autorización

STAFF VERIFICATION

(FOR INTERNAL USE ONLY)

- I have verified the client's signature against the medical record.
- I have received _____ as documentation that verifies the relationship with the client and the authority to request/receive health information on behalf of the client.

Staff Signature: _____ Date: _____

Print Staff Name: _____

COPY () **DELIVERED ON** _____ () **FAXED ON** _____ () **MAILED ON** _____
() **RETAINED IN FILE ONLY** () **GIVEN TO CLIENT ON** _____

<p>County of Butte (Countywide Form) Authorization for Use or Disclosure of Protected Health Information (PHI)</p>	<p>Client Name: _____ Client Number _____</p>
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A photocopy/facsimile copy may be used as an original.

LUS XOY TXOG TUS TAU KEV PAB (CLIENT)

XEEM:	NPE:	NPE LAUS:
CHAW NYOB	ZOS/XEEV/ZAUV CIM CIAM AV:	HNUB YUG:
CLIENT TUS XOY TOOJ	CLIENT COV NTAWV/ZAUV CIM TUS KHEEJ	

LUS QHIA TXOG KEV TSO CAI

Ntawv Xa Tuaj Ntawm (**muab qhia tawm los ntawm**): Npe lossis piav yooj yim txog tus neeg thiab/lossis lub oos kaas (lossis xeeb ceem ntawm tib neeg thiab/lossis oos kaas), nrog rau peb, tus tso cai muab cov ntaub ntawv mus siv thiab/los yog tsis npog txog lub xo kev kho mob li uas tau hais hauv daim qauv (form) no.

Ntawv Xa Rau (**Txais tau los ntawm**): Npe lossis piav yooj yim txog tus neeg thiab/lossis lub oos kaas (lossis tus xeeb ceem ntawm tib neeg thiab/lossis yog oos kaas), nrog rau peb, tus tso cai txais cov ntaub ntawv lub xo kev kho mob mus siv li uas tau hais hauv daim qauv (form) no.

HOM PHIAJ KEV MUAB LUB XOY KUAJ MOB NKEEG QHIA LWM TUS PHI

Thov los ntawm ib tug neeg/Tus Client Thov los ntawm ib tug neeg muaj kev tso tau cai

HNUB KHIIV HAUJ LWM

Yuav siv cov ntaub ntawv lossis muab qhia rau lwm tus los tsuas yog ob nqi lus uas qhia rau saum toj no nkaws xwb, kev saib muaj nqis txog kev pab rau lossis ze ib qho twg: _____ (teev hnuv khiav dej num). **Piav qhia:** Yog kab ntawv tsem no tsis sau dabtsi rau, Kev kho mob txhua zaus ntawm kev tso cai no yog los ntawm qhov rov qab mus sau dua npe kho mob sai sai los no kom luag muab tso npe tawm thiab lees paub tau tias tsis muaj dabtsi lawm.

KEV TSO CAI TAS SIJHAWM

DAIM NTAWV TSO CAI NO YUAV DHAU MUS MUAJ TXIAJ NTSIM RAW S KEV CAI TAM SID THIAB YUAV SIV TAU MUS TXOG LI COV CAIJ NYOOG NRAM QAB NO: (Tus Client/Tus neeg mob YUAV tau kos npe rau ib lo lus tso cai uas yuav dhau tau mus muaj txiaj ntsim raws kev cai.)

_____ Kev tso cai tas sijhawm ib lub xyoos tom qab hnuv tau kos npe tseg nram qab no

_____ Kev tso cai tas sijhawm raws li tau hais no: _____

_____ Kev tso cai tas sijhawm rau hnuv tsis muaj kev zais npog. Nov tsuas tso cai ib zaug nkaws xwb.

**Nroog Butte (Qauv siv Thoob plaws hauv nroog)
Kev Tso Cai Siv lossis Tsis Zais Npog Lus xov
txog Kev Kho Mob Nkeeg (PHI)**

Client Lub Npe: _____
Client Xov Tooj: _____

XWM TXHEEJ MOB DABTSI YUAV TAU SIV LOSSIS TSIIS ZAIS NPOG

Kuv totaub tias qhov kev tso cai siv no yuav nthuav hlo txhua yam lossis qee yam ntaub ntawv/lub xo uas npaj cia li nram qab no, xws li los loov nrog kev kho mob puas hlwb thiab/lossis quav cawv/quav yeeb. Lub xo yuav siv lossis qhia rau lwm tus muaj raws li no: **(Client YUAV tau KOS npe rau nqi lus uas tau thov txog)**

- () Ntawv tawm tsev kho mob
- () Ntawv quav cawv/quav yeeb tshuaj
- () Soj ntsuam hlwb puas/MSE
- () Ntawv sau npe nkag tsev kho mob nkaus xwb
- () Ntawv noj tshuaj
- () Ntawv qhia txog cov ntshav uas tau nqus lawm
- () Ntawv sijhawm pw tsev kho mob
- () Sau npe/Cia nkag kuaj mob () Kuaj pom mob
- () Lus sau txog kev ua tau zoo: LUS YOOJ YIM _____
- () Ntawv them nqi kho mob
- () Ntawv ncig txog nyiaj xtiag
- () Ntawv txog kev pab pej xeem (Chaw thov Nyiaj Xoom Qhaub thiab Lus xov txog Hom Phiaj Zej Zog)
- () LWM YAM (thov piav yooj yim): _____

Daim ntawv tso cai no tsuas muab tau tej ntaub ntawv kho mob txij yam kuv thov txog saum toj no coj mus siv lossis muab qhia rau tibneeg/yam yuav pab haujlwm mus tau zoo nyob hauv tsab ntawv no. Los ntawm daim ntawv no kuv tso cai rau County of Butte muaj feem cuam muab tau lub xo hauv ntaub ntawv kho mob qhia rau lwm tus yam tso siab lug raws li tej kev cai ntawm daim ntawv tso cai nqi no.

LUS CEEB TOOM RAU TUS TXAIS NTAUB NTAWV KUAJ MOB PHI

Thov ras txog Tseem Fwv Tebchaws Txoj Cai Nkaw Lus (42 CFR Ntu 2) thiab Xeev Kaslisfuasniaas kev cai lij choj txwv txog kev nthuav tawm ntaub ntawv kho mob thiab/los yog ntaub ntawv kho mob puas hlwb, tsis li yog yuav siv ntxiv mus los puas qhia rau lwm tus paub ces yuav tau kev tso cai los ntawm kev sau ntawv thov tso cai thiaj yuav muab tau rau lwm tus txog tib neeg tej ntaub ntawv raws li kev cai. Kev tso cai feem ntau txog qiv lossis qhia txog lub xo hauv ntaub ntawv kuaj mob losyog lus xov lwm yam mas muaj tsis txawm peem rau tej yam kev paj li no. Tseem Fwv txoj cai txwv txog kev siv ntaub ntawv rau kev tshawb nug lossis foob cov neeg quav cawv quav yeeb tshuaj.

TUS TAU KEV PAB TXOJ CAI THIAB KEV LEES PAUB LUB TXHEEJ

1. **Rov qhia dua los ntawm HIPAA:** Kuv totaub hais tias kev qiv siv lub xo hauv ntaub ntawv lossis muab qhia rau lwm tus raws li txoj kev tso cai yuav tsis raug tiv thaiv los ntawm Health Insurance Portability & Accountability Act of 1996 (HIPAA) mus ntxiv lawm, thiab yuav tau siv lossis rov sib qhia ntxiv los ntawm tus neeg yuav txais tej ntaub ntawv. Txawm li ntawd los, raws li cov lus nram qab no, tseem fwv tebchaws thiab tseem fwv xeev tej cai tswj fwm tseem yuav tiv thaiv tej ntaub ntawv ntawm cov neeg quav yeeb tshuaj quav cawv txuas ntxiv mus kom muaj kev tso siab rau lub xo uas cim tau tus neeg zoo li kuv uas tau raug mus txiav cawv lossis thum yeeb tshuaj nyob rau hauv lwm lub oos kaas.
2. **Tig xav yam yus nyiam:** Kuv muaj cai sau tau ntawv thov tsum txhob siv lossis muab qhia rau lwm tus txog tej ntaub ntawv kho mob txhua lub sijhawm tsis tas li ntawd kuv totaub tias kuv yuav ua tsis tau ib yam dabtsi hlo txog lub xo hauv ntaub ntawv uas twb tau tso cai rau siv lossis muab qhia rau lwm tus raws li daim ntawv tso cai.
3. **Thim kev kos npe:** kuv pauv siab yuav tsis kos npe rau daim ntawv tso cai no thiab kev hloov siab zaum no yuav tsis tav kuv hauv kev los txais kev pab kho mob nkeeg, pab them nuj nqis, lossis kev muaj feem cuam los txais luag tej kev pab raws kev raws cai.

4. **Luam ntawv:** Kuv totaub tias kuv tseem yuav tau txais ib daig ntawv theej los ntawm cov ntaub ntawv kho mob raws li kuv txoj kev thov txog. Tsis tas li, yog kuv tseem xav kom luam dua ntxiv, yog tus nqi raug li cas los kuv txaus siab.

5. **Tsis txwm hnuv nyoog:** Kuv totaub tias menyuam hnuv nyoog 12 xyoos thiab loj dua ntawd yuav tau kos npe rau daim ntawv cog lus tso cai nrog lawv niam lawv txiv/Tus tsom kwm.

**Nroog Butte (Qauv siv thoob plaws hauv nroog)
Kev tso cai Siv lossis Tsis zais npog txog Lub Xo Kho
Mob Nkeeg (PHI)**

Client Npe: _____

Client Zauv cim tus kheej: _____



BUTTE COUNTY CHILDREN'S SERVICES Questionnaire – Relative Inquiry

Regarding the following child[ren]:

<u>Name:</u>	<u>Date of Birth:</u>

California law requires that when a child is removed from their home, relatives should be located, contacted and told about the child's removal and how the relative can choose to help the child during this difficult time. The law also requires that parents must disclose to the county agency social worker the names, residency, and any known identifying information of any maternal or paternal relatives of the child.

Please provide the information asked for and return it to your social worker by _____.

If you wish, your social worker will gladly assist you in completing this form.
If you have any questions, please contact your social worker at _____.

Some of the questions may not apply to you, if so, leave them blank.

1. Your information

a)	Your Name (include middle name):			
b)	Maiden Name (or AKA):			
c)	Social Security Number			
d)	Date of Birth:		e)	Place of Birth:
f)	Relationship to child(ren)	<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> other (specify):
g)	Address:			Phone #/Msg. phone #:

2. Your parents

a)	Your mother's name:			
b)	Maiden Name (or AKA):			
c)	Is your mother living?	<input type="checkbox"/> yes	<input type="checkbox"/> No	
d)	If living, mother's current address:			
e)	Phone number:			
f)	Your father's Name:			
g)	Is your father living?	<input type="checkbox"/> yes	<input type="checkbox"/> No	
h)	If living, father's current address:			
i)	Phone number:			

Were your parents married? Yes No

3. Do you have step-parent(s) who does not reside with your parent but who raised you or with whom you have a significant relationship?

Yes No If yes:

a)	Your step-mother's name:	
b)	Maiden Name (or AKA):	
c)	Current address:	
d)	Phone number:	
e)	Your step-father's name:	
f)	Current address:	
g)	Phone number:	

4. Your adult (18+) siblings, half siblings and step-siblings: None

	Name	Uncle	Aunt	Address and/or phone #
a)		<input type="checkbox"/>	<input type="checkbox"/>	
b)		<input type="checkbox"/>	<input type="checkbox"/>	
c)		<input type="checkbox"/>	<input type="checkbox"/>	
d)		<input type="checkbox"/>	<input type="checkbox"/>	
e)		<input type="checkbox"/>	<input type="checkbox"/>	
f)		<input type="checkbox"/>	<input type="checkbox"/>	

Use additional page if needed

5. Your adult (18+) children and step-children: None

	Name	Brother	Sister	Address and/or phone #
a)		<input type="checkbox"/>	<input type="checkbox"/>	
b)		<input type="checkbox"/>	<input type="checkbox"/>	
c)		<input type="checkbox"/>	<input type="checkbox"/>	
d)		<input type="checkbox"/>	<input type="checkbox"/>	
e)		<input type="checkbox"/>	<input type="checkbox"/>	
f)		<input type="checkbox"/>	<input type="checkbox"/>	

Use additional page if needed

6. Your adult sibling's children, if 18 or older: None

	Name	Cousin (male)	Cousin (Female)	Address and/or phone #
a)		<input type="checkbox"/>	<input type="checkbox"/>	
b)		<input type="checkbox"/>	<input type="checkbox"/>	
c)		<input type="checkbox"/>	<input type="checkbox"/>	
d)		<input type="checkbox"/>	<input type="checkbox"/>	
e)		<input type="checkbox"/>	<input type="checkbox"/>	
f)		<input type="checkbox"/>	<input type="checkbox"/>	

Use additional page if needed

7. Your Grandparents and Step-Grandparents: None

	Name	Great Grandpa	Great Grandma	Address and/or phone #	Living?
a)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
b)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
c)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
d)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
e)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
f)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

Use additional page if needed

8. Your parents' adult brothers and sisters, including step-siblings and half-siblings: None

	Name	Great Uncle	Great Aunt	Address and/or phone #	Living?
a)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
b)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
c)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
d)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
e)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
f)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

Use additional page if needed

9. Your grandparents' parents: None

	Name	Great great grandpa	Great great grandma	Living?	Address and/or phone #
a)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
c)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
d)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
e)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
f)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	

Use additional page if needed

10. Your great grandparents' brothers and sisters, including step-siblings and half-siblings: None

	Name	Great grand uncle	Great grand aunt	Living?	Address and/or phone #
a)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
c)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
d)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
e)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
f)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	

Use additional page if needed



Employment and Social Services

Shelby Boston, Director
Jennifer Allen, Assistant Director

Children's Services/Adoptions

P.O. Box 1649
Oroville, California 95965

T: 530.538.7572
F: 530.534.5745

buttecounty.net/dess

Dear Parent, Guardian, or Indian Custodian:

The Indian Child Welfare Act was enacted to insure that Indian children who are removed from their parents, guardians or Indian custodian continue to experience and be aware of their heritage and culture. Certain guidelines for foster care or relative placement of children who qualify under the provisions of this Act must be followed by our agency.

If you believe your child or children have any Indian ancestry, please complete all attached questionnaire as completely as you can. Be sure to sign and date it on the last page. Each item is important in verifying your child's status. It would be particularly helpful if you are able to provide the name of any relative who was enrolled in a tribe, the name of that tribe, and your relative's enrollment number.

If your child or children do not have Indian ancestry, complete only Parts 1, 2 and 3, then sign and date the form on the last page. Please return the form to Children's Services or to your Social Worker.

If you have questions or need assistance in completing this form, please contact your Social Worker.

Sincerely,

Children's Services Division

INDIAN ANCESTRY QUESTIONNAIRE

Parent's name: _____

Relationship to child(ren): _____

Interviewed by: _____

Date: _____

- The information requested below is necessary to determine whether the **Indian Child Welfare Act (25 USC 1901 et. seq.)** applies to your child(ren). Among other provisions, the ICWA provides legal protections designed to prevent the breakup of Indian families and may provide important rights and benefits to you and your child(ren). Please provide as much of the information as possible, even if you are unsure of whether you, your child(ren), or the other parent of the child(ren) is entitled to membership.

NAME OF CHILD:	PLACE & DATE OF BIRTH	SOCIAL SECURITY NUMBER
1.		
2.		
3.		
4.		
5.		

Check one:

- I have no information regarding any Indian ancestry of the child(ren) listed above.**
*(If you do not have **any** information that the children have Indian ancestry, you may skip the remaining questions on this form and **go directly to the last page** to sign and date this form.)*
- Yes, I have information or I believe that the child(ren) has/have Indian ancestry.**

Name of Tribe, Band, Pueblo, Rancheria, or Alaskan Native Village: _____

- Many tribes use both traditional and official names. If you know any additional names by which your tribe may be known, please list both the official and traditional names of the tribe. If this information does not apply to all of your children, please state to which ones it does apply.

Traditional name of tribal organization	Official name of tribal organization	Does not apply to:

- If you have information or a belief that your children have Indian ancestors, it is very important that you fill out the rest of this form. Please provide as much information as you can. If you don't know the answer, please contact a relative who may know the answers, or provide their names and phone numbers to your Social Worker to contact them to obtain the information requested by this form.

- If all of your children have the same parents, complete just this form. If any of your children have a different parent from the other child or children, complete a separate form for each child with a different mother or father from the other children.

All of my children listed on this form have the same parents. The information below applies to all.

The following children have a different mother or father:

1.	3.
2.	4.

YOUR CHILD(REN)'s PARENT INFORMATION

IF YOU DO NOT KNOW THE ANSWER, PLEASE WRITE IN "UNKNOWN"

Mother's Name:
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if Available:
If Deceased, Place & Date of Death:
Additional Information:

Father's Name:	
Child's birth father is named on birth certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Child's birth father has acknowledged paternity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
A judge or court has declared the man named above to be the father of the child or children listed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Other alleged father (name each):	
Address:	
Place & Date of Birth:	
Tribe, Band, or Rancheria, and Location:	
Enrollment # or BIA/Tribal Agency, if available:	
If Deceased, Place & Date of Death:	
Additional Information:	

YOUR CHILD'S MATERNAL GRANDPARENT INFORMATION

Maternal Grandmother's Name (mother's mother):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

Maternal Grandfather's Name (mother's father):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

YOUR CHILD'S PATERNAL GRANDPARENT INFORMATION

Paternal Grandmother's Name (father's mother):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

Paternal Grandfather's Name (father's father):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

YOUR CHILD'S MATERNAL GREAT-GRANDPARENT INFORMATION

Maternal Great-Grandmother's Name (mother's grandmother on her mother's side):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

Maternal Great-Grandfather's Name (mother's grandfather on her mother's side):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

Maternal Great-Grandmother's Name (mother's grandmother on her father's side):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

Maternal Great-Grandfather's Name (mother's grandfather on her father's side):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

YOUR CHILD'S PATERNAL GREAT-GRANDPARENT INFORMATION

Paternal Great-Grandmother's Name (father's grandmother on his mother's side):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

Paternal Great-Grandfather's Name (father's grandfather on his mother's side):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

Paternal Great-Grandmother's Name (father's grandmother on his father's side):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

Paternal Great-Grandfather's Name (father's grandfather on his father's side):
Address:
Place & Date of Birth:
Tribe, Band, or Rancheria, and Location:
Enrollment # or BIA/Tribal Agency, if available:
If Deceased, Place & Date of Death:
Additional Information:

- Please answer the following to the best of your knowledge.

1. Have you or any members of your extended family (grandparents, cousins, etc.) ever attended an Indian school? Yes No Unknown

Name/relationship	Type of school	Dates attended	Location of school

2. Have you or any members of your extended family ever received medical treatment at an Indian health clinic or U.S. Public Health Service hospital? Yes No Unknown

Name/relationship	Type of treatment	Dates treatment Received	Location where Treatment received

3. Have you or any members of your extended family ever lived on federal trust land, a reservation, a rancheria, or Indian allotment? Yes No Unknown

Name/relationship	Name and address	Dates

Tribal Affiliation and Location (Check any that apply)

<input type="checkbox"/> 1906 Final Roll	Name of Relative on 1906 Final Roll:
The 1906 Final Roll was prepared by the Dawes Commission. Individuals who allege to be of Cherokee, Choctaw, Chickasaw, Creek, or Seminole ancestry from Oklahoma must provide the name of a relative listed on this final roll.	

<input type="checkbox"/> Roll of 1924	Name of Relative on 1924 Roll:
The Roll of 1924 relates to the Eastern Band of Cherokees who were from states other than Oklahoma (such as North Carolina, Georgia, Mississippi, or another southeastern state). Individuals who allege to be of Eastern Cherokee descent must provide the name of a relative listed on the Roll of 1924.	

<input type="checkbox"/> California Judgment Roll	Roll number, if available:
---	----------------------------

CERTIFICATION

I have answered this questionnaire to the best of my knowledge and believe the answers are true.

Parent was unavailable to sign.

Parent's Signature / date

Social Worker's Signature / date



BUTTE COUNTY CHILDREN'S SERVICES
FAMILY HISTORY INVENTORY

The information requested in this questionnaire is needed to prepare an accurate report to the Juvenile Court at the Dispositional Hearing. Please provide the information asked for and return it to your social worker by _____

If you wish, your social worker will gladly assist you in completing this form. Included in this questionnaire is a Statement Form, which will be filed with the Dispositional Report. It is an opportunity for you to express, in your own words, any information you would like the judge to know about your situation.

If you have any questions, please contact your social worker at _____

Some of the questions may not apply to you, if so, leave them blank.

Your Name (include middle name): _____

Birth Name (or AKA): _____

Social Security Number: _____

Driver's License/State ID Number: _____ State: _____

Date of Birth: _____ Place of Birth: _____

YOUR PARENTS:

Your Mother's Name: _____ Birth Name: _____

Is your mother living? Yes No . If not, date of death: _____

What was the cause of death? _____

If living, Mother's Current Address: _____

_____ Phone Number: _____

Your Father's Name: _____

Is your father living? Yes No . If not, date of death: _____

What was the cause of death? _____

If living, Father's Current Address: _____

_____ Phone Number: _____

Were your parents married? Yes No

YOUR BROTHERS:

<u>Name:</u>	<u>Date of Birth:</u>	<u>Same parent as you?</u>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

YOUR SISTERS:

<u>Name:</u>	<u>Date of Birth:</u>	<u>Same parent as you?</u>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

YOUR CHILDREN:

<u>Name:</u>	<u>DOB:</u>	<u>Other Parent</u>	<u>Married to Parent?</u>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide information about parent(s) of your children not living with you:

Name:

DOB:

Address & Phone Number:

YOUR RELATIONSHIPS:

Names: Dates Married-Divorced Dates
Begun/Separated Married-Divorced

_____	_____/_____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	_____/_____
_____	_____/_____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	_____/_____
_____	_____/_____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	_____/_____
_____	_____/_____	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	_____/_____

YOUR BACKGROUND:

In what cities, states and countries have you lived?

Place:

Dates (from/to):

_____	_____/_____
_____	_____/_____
_____	_____/_____
_____	_____/_____
_____	_____/_____

With whom did you live while growing up? _____

How would you describe your childhood? _____

Did you see violence in the family? If so, Please explain: _____

How were you disciplined? _____

Did anyone sexually abuse you? If so, please explain: _____

Were drugs or alcohol a problem in your home? If so, please explain: _____

Have you ever used drugs or alcohol? Yes No

If yes, at what age did you first use alcohol? _____ drugs? _____

If yes, what kind of drugs have you used? _____

When did you last use drugs or alcohol? Indicate what was used: _____

Do you believe you have an alcohol or drug problem? Yes No

Are you in recovery? Yes No How long? _____

Have you ever received mental health services? Yes No

Have you ever taken medications for a mental illness? Yes No

If yes, what medications? _____

Are you taking medications now? Yes No

Who is your doctor? _____

Have you served in the Armed Forces? Branch? _____ Dates? _____

How old were you when you left home? _____ Under what circumstances? _____

EDUCATION:

What was the last grade you completed? _____

Where? _____

Did you graduate from High School? Yes No If yes, when? _____

Did you earn a GED? Yes No If yes, when? _____

Do you hold any degrees or certificates? _____

EMPLOYMENT HISTORY:

Employed by:

Date (from/to):

Duties:

_____/_____

_____/_____

_____/_____

_____/_____

Are you currently employed? Yes No If yes, how long? _____

What is your current source of income? _____

CRIMINAL HISTORY:

Have you ever been convicted of a crime? Yes No

If so, what and when? _____

Are you currently on probation or parole? Yes No

If yes, Who is your parole agent/probation officer? (name, address, phone number):

Please provide any additional information that you would like the social worker to know:

Butte County Foster Youth Educational Placement Agreement (EPA): Notification, Stability, & School Transportation Plan

Instructions:

- Complete a new EPA:
 - Each time that a child in foster care changes addresses/placement, regardless of whether the child will be changing schools, *or*
 - Each time that a child in foster care changes schools, especially over the summer, during promotions, suspensions, and/or because of an IEP decision
- Indicate whether the child will be remaining in the school of origin, or transferring to a new school if it is determined that the transfer is in the child's best interest.
 - If the decision is to remain in their school of origin, indicate what form of transportation will be utilized.
 - If the decision is to transfer to the school of residence, typically the transportation system in place at the new school is used, so transportation should not be indicated on the EPA.
- Obtain the following required signatures before sending the EPA:
 - Only the Social Worker's signature before it is sent to Foster Care Eligibility
 - The Social Worker's signature and at least one other signature either from the person holding educational rights, or the student (if over ten years of age), or the student's attorney (if under the age of 10) before it is sent to BCOE School Ties.
- Forward the EPA to BCOE School Ties at 530-879-2341 within one business day of the change in address/placement. Additionally send a copy, along with the SOC 158, to Foster Care Eligibility.
- Note: BCOE School Ties forwards an Ongoing Placement EPA to the Foster Youth Liaison to obtain their signature and returns a copy to the Social Worker.
- Obtain any remaining signatures that might be needed.
- Provide a copy to the FFA/Foster Home/Caregiver.
- Place the completed copy in the child's case file under the education tab.
 - A completed EPA is one that has all the signatures necessary.
 - Ultimately, this is the responsibility of the social worker who is assigned at the time of the change.
- This form is extremely important for several reasons:
 - Initiates transportation payments
 - Stops transportation payment that might already be in place
 - Documents the decision made by the parties involved in the case
 - Notifies the school of current emergency contact information
 - Notifies BCOE School Ties of changes so they can make adjustments in the CWS/CMS

**Butte County Foster Youth Educational Placement Agreement (EPA):
Notification, Stability, & School Transportation Plan**

Student Name: _____ DOB: _____
 School of Origin: _____
 Person Holding Educational Rights: _____
 Home/Cell Phone of Person Holding Educational Rights: _____
 County Social Worker: _____ Phone: _____
 Placement Date: _____
 Caregiver Name and Address: _____
 Foster Family Agency (if applicable): _____
 Student Receives Special Education Services (or has an IEP): Yes No Process of testing Unknown

The above identified student is entering/changing foster care placement. It is agreed in accordance with EC 48853.5, that it is in the best interest of the student to: (check one)

Continue attending the school of origin:

Name of School: _____ Grade: _____
 Address of School: _____

Transportation:

- School District will provide bussing per IEP (special education)
- Caregiver will purchase Public Transportation / bus pass with a monthly payment (see page 2 for rates)
- FFA / Foster Parent / Caregiver will drive with a monthly payment (see page 2 for rates)
- Other: regular school bus /bike /walk /caregiver will transport without reimbursement
- School district will provide transportation per ESSA

OR

Transfer to new school (neighborhood school where child is placed):

Name of School: _____ Grade: _____
 Address of New School: _____
 School District: _____ Date of transfer: _____

(If the school of origin liaison disagrees with the Education Rights Holder and the student, a written explanation must be attached)

Persons involved in making the decision according to CA Rule of Court 5.651: (person holding ed. rights, student or attorney must sign)

Please contact BCOE School Ties for assistance with getting the Educational Liaison Signature.

_____ (Print) School of Origin Educational Liaison	_____ Signature	_____ Date
_____ (Print) Person Holding Educational Rights	_____ Signature	_____ Date
_____ (Print) Student Name (and/or Attorney)	_____ Signature	_____ Date
_____ (Print) Social Worker	_____ Signature	_____ Date

Please note: The Social Worker signature is the ONLY signature required on the EPA that goes to Foster Care eligibility to ensure timely transportation payments. Please attach this form to SOC 158.

1. Fax Copy to **Fax: 530-879-2341 Attn: BCOE School Ties**
2. Attach copy to **SOC 158 and forward to Foster Care Eligibility**
3. Copy to **FFA / Foster Home / Caregiver AND Copy in child's case file**

The rates to be paid to foster family home providers including licensed foster parents, approved relatives, certified foster parents, small family licensees and NREFMs, for each foster child, whose educational stability plan indicates that the child will remain in the school of origin are as follows:

Distance from Foster Care Placement to School of Origin (in miles) One Way	Educational Travel Rate per Month per Child
0 to 3.4 miles	\$0
3.5 to 8.4 miles	\$58
8.5 to 13.4 miles	\$154
13.5 to 18.4 miles	\$250
18.5 to 23.4 miles	\$347
23.5 or more miles	\$443

Public transportation passes are reimbursed at the flat rates of \$25, \$50, or \$75 dollars per month per child, as determined by the placement agency.



Butte County Department of Employment & Social Services
 Children's Services Division
Case Plan Review- Youth/NMD

Participants	
Youth/NMD:	
Social Worker:	
Other:	

Current Placement	<input type="checkbox"/> Foster Family Home <input type="checkbox"/> FFA <input type="checkbox"/> SILP <input type="checkbox"/> Relative/NREFM <input type="checkbox"/> Group Home <input type="checkbox"/> THP+FC <input type="checkbox"/> Not in approved placement
Current Participation Requirement	<input type="checkbox"/> Completing high school or an equivalent program <input type="checkbox"/> Enrolled in college/vocational program <input type="checkbox"/> Employed at least 80 hours per month <input type="checkbox"/> Participating in activity designed to remove barriers to employment <input type="checkbox"/> Unable to participate in other activity because of medical condition <input type="checkbox"/> Not participating in required activity

Case Plan/TILP Elements	
1.	
2.	
3.	
4.	
5.	

What's working well?	

What are we worried about?	

What is the plan? (Next steps/tasks)	
1.	
2.	
3.	
4.	
5.	

 Youth/NMD's Signature

 Date

 Social Worker's Signature

 Date



REFERRAL TO SERVICES AT COUNSELING SOLUTIONS

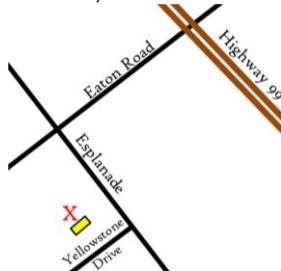
Parent/Guardian:	Phone:
Case Name:	

Parent Engagement Counseling (PEC)		
You are being referred to attend PEC starting on: _____		
Chico		
<input type="checkbox"/> Tuesday 11:00 am - 12:30 pm	<input type="checkbox"/> Thursday 5:00 pm - 6:30 pm	
Oroville		
<input type="checkbox"/> Tuesday 5:00 pm - 6:30 pm	<input type="checkbox"/> Thursday 1:00 pm - 2:30 pm	<input type="checkbox"/> Friday 10:00 am - 11:30 am

Nurturing Parenting (NP)		
<i>Only use to re-refer clients who have received a "No-Show Report" due to non-attendance.</i>		
You are being referred to attend NP starting on: _____		
Chico		
<input type="checkbox"/> Tuesday 3:30 pm - 5:00 pm	<input type="checkbox"/> Wednesday 5:00 pm - 6:30 pm	<input type="checkbox"/> Friday 10:00 am - 11:30 am
Oroville		
<input type="checkbox"/> Monday 5:00 pm - 6:30 pm	<input type="checkbox"/> Wednesday 9:00 am - 10:30 am	

Intensive Group Counseling (IGC)			
<i>Refer to the current Intensive Group Counseling Schedule.</i>			
You are being referred to attend IGC starting on: _____			
Chico		Oroville	
<input type="checkbox"/> 1:30 pm - 3:30pm	<input type="checkbox"/> 5:00 pm - 6:30pm	<input type="checkbox"/> 1:30 pm - 3:30pm	<input type="checkbox"/> 5:00 pm - 6:30pm

Chico
130 Yellowstone Dr., Ste 110
Chico, CA 95926



Oroville
1847 Robinson St.
Oroville, CA 95965



PRIMARY SOCIAL WORKER:	DATE:
<input type="checkbox"/> A signed release is on file.	

I agree to appear at the appointed times and places to participate in services.

Client Signature

Date