DHS Emergency Placement Prevention and Family Reunification
Fund Protocols for Accessing Funds

November 2009

DHS Project Manager
Rich Kirschner
DHS Emergency Placement Prevention and Family Reunification
Fund Protocols for Accessing Funds

Purpose of the Training

• Technical Assistance

• How to complete Emergency Fund Application
  • Who can process the request/application?
Goals & Objectives of the Emergency Fund Training

- Address concerns and issues
- Reduce incomplete Emergency Fund Applications
PHMC has administered the Emergency Fund since its inception on January 15, 2002.

More than $10.5 million have been distributed through the Emergency Fund.

PHMC, on an ongoing basis, assesses the fund outcomes, policies and procedures.
Purpose of the Emergency Fund

- Critical Child Welfare Outcomes:
  - Prevent Placement
  - Facilitate Reunification
  - Achieve Permanency
Beneficiaries of the Emergency Fund

• Parents/Caregivers with children

• Parents/Caregivers seeking return of their children

• DHS paid Caregivers assuming permanent responsibility for children
AGENDA

Emergency Fund Specifics

Filling out the Application

Child Related Expenses
- Requests for Babysitting/Respite service or Short-term Therapeutic Supports
- Requests for Clothing Expenditures
- Requests for Beds

House Hold Expenses
- Requests for Rent Arrears and/or Security Deposit & Rent for Long-term Lease
- Requests for Mortgage Arrears
- Requests for Utility Deposits/Arrears
- Requests for Repairs
- Requests for Refrigerators
- Requests for “Other” Emergency Expenses or Items not allowed under indicated Condition

A Few Reminders
DHS Emergency Placement Prevention and Family Reunification Fund
Protocols for Accessing Funds

**EMERGENCY FUND LIMITS**

- **$250 per child allowed.**
- **$1,500 per household allowed.**
- **One request per year for same item/service or emergency.**
## DHS Emergency Placement Prevention and Family Reunification Fund Protocols for Accessing Funds

### EMERGENCY FUND RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Social Worker:</th>
<th>Supervisor:</th>
<th>Administrator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verifies DHS status</td>
<td>Reviews application</td>
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</tr>
<tr>
<td>Determines need &amp; insures housing need is part of case plan</td>
<td>Reviews supporting documentation</td>
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</tr>
<tr>
<td>Looks to other resources first</td>
<td>Verifies request is in compliance with protocol</td>
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</tr>
<tr>
<td>Completes application</td>
<td>Signs application</td>
<td>Signs application</td>
</tr>
<tr>
<td>Attaches all supporting documentation</td>
<td>Forwards application to Administrator</td>
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</tr>
<tr>
<td>Obtains Parent/Caregiver signature</td>
<td></td>
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- **Social Worker:**
  - Verifies DHS status
  - Determines need & insures housing need is part of case plan
  - Looks to other resources first
  - Completes application
  - Attaches all supporting documentation
  - Obtains Parent/Caregiver signature
  - Signs application
  - Forwards application to Supervisor for signature

- **Supervisor:**
  - Reviews application
  - Reviews supporting documentation
  - Verifies request is in compliance with protocol
  - Signs application
  - Forwards application to Administrator

- **Administrator:**
  - Reviews application
  - Reviews supporting documentation
  - Verifies request is in compliance with protocol
  - Signs application
  - Faxes signed application to DHS social worker
  - Responds to issues raised to child welfare outcomes
EMERGENCY FUND RESPONSIBILITIES

(continued)

**Philadelphia Health Management Corporation (PHMC):**

Reviews application
- ✓ Is request within funding limits?
- ✓ Supporting documentation all present?
- ✓ Contact signing Administrator for needed clarification.

Provides checks
- ✓ PHMC will mail check to vendor or Administrator.
- ✓ PHMC will prepare check for pick-up if requested.
- ✓ PHMC will notify Administrator by e-mail once check is ready.

Tracks outcomes
- ✓ Application Status Report – by Agency
- ✓ Emergency Fund - Items purchased – Child in Placement Report

Reviews outcomes and protocol with DHS Administration

Provides training
Emergency Fund Child Payment Status Summary
07/01/2013 - 06/16/2014

- Successful: 97%
- UnSuccessful: 3%

General Statistics
- Application Count: 766
- Check Count: 738
- Children Paid: 1,579
- Turn Around Days (Rcvd to Check): 19
- Turn Around Days (Completed to Check): 9
Application Page 1

Fill in Date Application Submitted.

Fill in and verify DHS Case Number.
Fill in DHS Social Worker Name

Fill in Provider Agency Name & Social Worker Name
Check appropriate boxes.

Fill in date and circle appropriate answer.

Fill in date application faxed to DHS/Provider Social Worker.

Fill in Family/Caregiver Name(s) & Relationship.

Fill in Suffix, Child Name and age for each child.
Fill in Child expense and cost for each child.

Fill out specific Household needs for this family.

Only one condition must be indicated.

Fill this section out completely.

A FUND OF LAST RESORT
Look to other resources first!

Fill this section out completely.

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**PHILADELPHIA DEPARTMENT OF HUMAN SERVICES**

**EMERGENCY CHILD PLACEMENT PREVENTION AND FAMILY REUNIFICATION FUND**

All questions must be answered for Applications to be considered complete.

<table>
<thead>
<tr>
<th>Description of Child’s Need</th>
<th>Cost of need</th>
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<tbody>
<tr>
<td>Suffix: Child Name: Age:</td>
<td>$</td>
</tr>
<tr>
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<td>$</td>
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</table>

Description of specific Household needs:

**TOTAL AMOUNT REQUESTED:** $

This assistance will: (check only one)

- Prevent Placement within 3 months
- Facilitate Reunification—child leaves DHS paid care within 3 months
- Achieve Adoption/Permanent Legal Custodianship by DHS paid Caregivers within 3 months.

Explain how the requested items will produce the outcome checked above.

Explain how failure to obtain the item(s) will affect the outcome.

The Emergency Fund is a service of last resort. A list of other resources explored must be attached to this Application. Address ALL of the following:

What have the family, provider, and DHS done to overcome the situation and what other resources have been explored?

- What is the plan for avoiding the same occurrences in the future? Note: If requesting payment for utility, mortgage, or other arrears, explain how/why the delinquency occurred and how payment of subsequent bills will be sustained if the arrears is reduced or paid off by the Emergency Fund.
Application page 2

Fill in number of ALL adults and children in the home.

Fill in the amounts of all INCOME, EXPENSES and STIPENDS

Fill in total Incoming Revenue, Total Expenses & Monthly Savings

Circle appropriate answer and explain

Explain sustainability if expenses are greater than income

Make sure Parent/Caregiver, Family Social Worker, Family Social Worker’s Supervisor and Administrator sign the application.
Indicate request amount for each category.

Indicate how funds are to be distributed for each category:
- MV = mail to vendor
- MA = mail to Administrator
- PU = Pick-up at PHMC.

Describe OTHER expense(s).

Indicate total amount requested.

Indicate vendor name & address.
Notification of Application Problem(s):

All communication is addressed to signing Administrator.

Subject: will show case number

Text will indicate Social Worker & Family Name.

This section will indicate what is missing or problem.

Hi (ADMINISTRATOR),

I received an Emergency Fund Application from (CASE WORKER) for the (FAMILY NAME) Family. I need the following information in order to complete this request:

1. What is missing
2. What is needed

You must communicate this e-mail to the submitting social worker on this application.

Please fax only the above mentioned information and feel free to e-mail me with any questions.

Thanks,
Rich Kirschner
Emergency Fund/PBC Aftercare Fund
richk@phmc.org
Phone: (215) 731-2416
Fax: (287) 765-2369

Please remember to fax only the page(s) and/or information requested.
DHS Emergency Placement Prevention and Family Reunification Fund
Protocols for Accessing Funds

Notification of Payment:

All communication is addressed to signing Administrator.

Subject: will show case number

This section will indicate: check number, vendor name & amount, who the check was mailed to/ready for pick-up and on what date social worker & family name.
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Protocols for Accessing Funds

House Hold Expense Requests

- Requests for Rent Arrears and/or Security Deposit & Rent for Long-term Lease
- Requests for Mortgage Arrears
- Requests for Utility Deposits/Arrears
- Requests for Repairs
- Requests for Refrigerators
- Requests for “Other” Emergency Expenses or Items not allowed under indicated Condition
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Requests for Rent Arrears and/or Security Deposit & Rent Long-term Lease

Required Documentation:

- Annual lease for that property.
- Housing inspection license for that property.
- A letter from the landlord/owner notifying of arrearage amount.

• A total of up to $1,500 is allowed for families with 1 child.
• A total of up to $2,500 is allowed for families with 3 or more children.

All requests for Security Deposit/Rent for Long Term Lease must be received and approved **BEFORE** the family moves in or risk being denied.
DHS Emergency Placement Prevention and Family Reunification Fund Protocols for Accessing Funds

Housing

Inspection

License
Requests for Rent, Rent Arrears and/or Security Deposit for Long-term Lease

(continued)

Please Note:

- If the start date for the Lease began one month or more prior to receipt of the EF application, the social worker must confirm with the landlord/owner that the property is still available with written confirmation to the EF administrators.

- If the letter from the landlord/owner is over one month old, the social worker must confirm with the landlord/owner that the family has not been evicted with written confirmation to the EF administrators.

- The social worker is responsible for ensuring that the landlord/owner receives the check.
  - If property is no longer available: social worker **MUST** return check to PHMC.
  - If a new check is required: PHMC cannot cut a new check until the original check is returned to PHMC.
DHS Emergency Placement Prevention and Family Reunification Fund Protocols for Accessing Funds

Requests for Mortgage Arrears

Required Documentation:

- Copy of the current mortgage.

Please Note:

- The mortgage must show the caregiver’s name.
DHS Emergency Placement Prevention and Family Reunification Fund
Protocols for Accessing Funds

**Requests for Utility Arrears**

**Required Documentation:**

- Copy of current utility bill.
  - Letter of agreement from the utility company.
  - Letter from utility company stating why no agreement will be given.

- If renting: Include a copy of the yearly Lease and Housing Inspection License

- Relationship to the parent/caregiver if owner of property or name on utility bill is different than parent/caregiver.

**Please Note:**

- The social worker must verify that all other utilities, rent or mortgage are not delinquent and submit a signed letter stating the same.
Requests for Repairs

Required Documentation:

- **Proof of ownership** (copy of deed, copy of city tax invoice).
- Submit bill or quote for equipment needed or services to be performed.
- Copy of contractor’s license.
- Company’s tax ID Number or individual’s social security number.
- 2\textsuperscript{nd} quote is required for work over $900 along with contractor’s license.
- 3\textsuperscript{rd} quote is required for work over $1,500 along with contractor’s license.
- Relationship to the parent/caregiver if owner of property or name on quote is different than parent/caregiver.

Please Note:

- All quotes **must be itemized** so that non-emergency items can be identified and deducted from essential repairs.
Requests for Refrigerators

Required Documentation:

- Quote from vendor.
- Maximum allowed amount is $450.
- Letter signed by the caregiver stating who will pay the difference if quote is over the maximum allowed amount.
Requests for “Other” Emergency Expenses or Items not allowed under indicated Condition

Required Documentation:

- A letter from the agency explaining the nature of the emergency.
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Protocols for Accessing Funds

**Child Expense Requests**

- Requests for Babysitting/Respite service or Short-term Therapeutic Supports
- Requests for Clothing Expenditures
- Requests for Beds
Requests for Babysitting/Respite Service or Short-term Therapeutic Supports

Required Documentation:

- Bill or quote describing services to be performed and hourly rate charged.
- Emergency child line clearance required for babysitting and respite providers.*
- Company tax ID number or individual’s social security number.

Please Note:

* Emergency child line clearance must include date called and name of person who provided clearance.
Requests for Clothing Expenditures

**Required Documentation:**
- Layaway document describing the items to be purchased.

**Please Note:**
- Layaway deposits paid are not reimbursed.
Requests for Beds

Required Documentation:

- Copy of quote from vendor.
- Maximum allowed amount is $250 per child.
- Letter signed by the caregiver stating who will pay the difference if quote is over the maximum allowed amount.

Please Note:

- Beds **ARE** allowed under prevent placement.
- Only twin beds **and bunk beds** are allowed.
Requests for Cribs

All crib requests should be e-mailed to Doris.Daniels-Fowler@phila.gov

- Include the following:
  - Caregiver's name, date of birth, address, phone
  - Child's name, date of birth or expected delivery date
  - DHS case number
  - Contact information (additional phone number and contact person).
  - DHS Social Worker name and phone number.
A Few Reminders

Please make sure EF application is completely filled out.

- Please make sure case # and caregiver name & relationship are on application.
- Please do not send social security application as verification of income.

All EF applications must be mailed to or dropped off at PHMC (faxed applications are not accepted).

All communication between PHMC and social workers or supervisors is through the signing administrator.

- Please remind your staff not to give out PHMC Staff phone numbers to clients or vendors.
- Please remind staff to check with signing administrator with questions on status of applications.
A Few Reminders

Please do not fax entire application when responding to a request for additional information.

All applications which remain incomplete after 30 days from administrator notification of problem(s) will be made inactive.

Applications which are court ordered must:

- Attach Court Order.
- Attach vendor quote(s) which match the Court Order.
DHS Emergency Placement Prevention and Family Reunification Fund
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DHS Emergency Fund Application On-line:

Available on-line at phmc.org
Click on: Programs & Affiliates
Scroll to: Emergency Assistance
Click on: DHS Emergency Fund

DHS Emergency Fund Application

Number of ALL adults in the home: __________
Number of ALL children in the home: __________

FINANCIAL INFORMATION

Name of Applicant: __________________________
Address: __________________________
Phone: __________________________

MONTHLY INCOME:

Money from Social Security: $__________
Money from Your Job: $__________
Money from Other Income: $__________

MONTHLY EXPENSES:

Rent: $__________
Utilities: $__________
Food: $__________
Medical: $__________
Other: $__________

TOTAL MONTHLY INCOME: $__________
TOTAL MONTHLY EXPENSES: $__________

MONTHLY SURPLUS: $__________

SIGNATURES:

Applicant Signature: __________________________
Social Worker Signature: __________________________

REVIEWED:

Family Home Worker / Supervisor Signature: __________________________

APPROVED:

Administration's initial: __________________________
Administration's Final: __________________________

ITEMIZED REQUEST FORM

<table>
<thead>
<tr>
<th>AMOUNT</th>
<th>CHECK EXPIRY</th>
<th>VENDOR COR / NAME/ADDRESS</th>
<th>PAYMENT TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$______</td>
<td>____________</td>
<td>__________________________</td>
<td>____________</td>
</tr>
</tbody>
</table>

HOUSING:
- Rent for any type of house: $__________
- Mortgage/PMI: $__________
- Utilities: $__________
- Security Deposit: $__________

EMERGENCY REPAIRS:
- Any repair work over $250 must submit a 72 hour contractor's license. Any repair work over $4,000 must submit a full estimate and contractor's license.

EMERGENCY SERVICES:
- Plumbing
- Electrician
- HVAC
- Pest Control

EMERGENCY ITEMS:
- Blankets (2): $__________
- Bedding: $__________
- Other: $__________

OTHER EMERGENCY EXPENSES:
- Food: $__________
- Transportation: $__________
- Other: $__________

TOTAL AMOUNT OF REQUEST: $__________

When clarification is needed for an application, PHMC will notify the signing administrator. Applications will be reviewed 30 days after last contact with the signing administrator and a new application must be submitted.
Contact Information

Roslyn Gallmon  
roslyn@phmc.org  
Fax:  (267) 765-2369

Rich Kirschner  
richk@phmc.org  
Phone: (215) 731-2416  
Fax:  (267) 765-2369

John Bowen  
jbowen@phmc.org  
Fax:  (267) 765-2369