DATE: May 15, 2009

TO: Assistant Directors, Local Departments of Social Services

FROM: Carnitra D. White, Executive Director
Social Services Administration

RE: Letter of Notification in compliance with FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS ACT OF 2008

In accordance with the new Fostering Connections to Success and Increasing Adoptions Act of 2008, the Department of Human Resources, Social Services Administration is providing a Sample Letter for Notification to assist local departments of social services staff in notifying all adult relatives of children potentially at risk of harm and/or placement in State custody. Relatives are defined as related by blood or marriage, within the fifth degree of consanguinity or affinity, as defined in the Estates and Trusts Articles, 1-203, Annotated Code of Maryland, to a child who is in the care custody, or guardianship of a local department. As with all casework, this is not a cookie cutter sample. Special consideration and practices are to be mindful of indications of family or domestic violence and viewed on a case by case basis.

This Sample letter shall serve not only as a guideline for the notification to identified adult relatives but to inform the relatives of their options and available services as well as the local department’s expectations and future plans. This letter will also provide uniformity and consistency throughout the twenty-four jurisdictions. All written notifications to relatives shall be mailed certified with requested return receipt which must be filed in the child’s record for future documentation along with documentation noted efforts on the case Contact Sheet.

Attachment

C: Deborah Ramelmeier, SSA
   Jill Taylor, SSA
   Pamela Miller, SSA
DATE:

Inside Address

RE: ____________________________ child

Dear relative’s name:

Your name was provided to the Department of Social Services as a relative of the above child(ren) who has/have come to the attention of our agency. We wish to notify you that the child(ren) is/are suspected of being at risk of harm and/or removal from the custody of his parents. If you wish to be considered as a placement resource, you must contact __________ (name) ______________, case manager at the telephone number listed below immediately to discuss your options of available services. These services include participating in the care and placement of the child, becoming a foster parent for the child and/or subsidized guardianship or custody/guardianship assistance awarded.

If you do not wish to be considered as a placement resource but can suggest another relative we would appreciate your assistance. If, we do not hear from you by ______ (date) ______________ the agency will move forward in developing a permanency plan on behalf of this child(ren).

Sincerely,

Worker’s Name
Title
Telephone Number