

INSTRUCTIONS FOR CS-80

CHILD WELFARE HOUSING ASSISTANCE FORM:

**Purpose:**

The purpose of the CS-80 is to record information relative to the Child Welfare Housing Assistance (CWA) program. This form should be used to assist the family and the Children's Services Worker in deciding how the CWA program can be most helpful and what tasks must be accomplished so the family will be more self-sufficient with regard to safe and adequate housing. In an effort to reduce the overall recording requirements for staff, this form will be used in conjunction with the primary treatment plan for the family (i.e. CA/N-4, CS-14, or CS-1). Together, the CS-80 and the primary treatment plan become the family's housing plan.

**I. IDENTIFYING INFORMATION**

**Head of Household:**

Enter in this section the name of the head of household. This name should correspond with that on the case record for the family. Enter the last name first, then the first name and the middle initial.

**DCN:**

Enter in this section the DCN for the head of household.

**Present Address:**

Enter in this section the present address for the family. Include an apartment number if applicable, street name and number, city, state and zip code.

**Will the Family Plan to Remain at This Residence:**

Check the appropriate box to indicate if the family will be remaining at this address during the course of the housing plan, or if other housing must be located.

**Telephone Number:**

Enter in this section the telephone number, including the area code, for the family, if they have one.

**Message Number:**

Enter in this section a telephone number, including the area code, where it would be possible to leave a message for the family. This space may be used whether or not the family has a home phone.

**Number of children in household:**

Enter in this section the number of children who presently reside in this household. They need not be related to the

head of household. Children in out of home placement would not be entered here.

**Number of adults:**

Enter in this section the number of adults who live in this household.

**Number of children in out-of-home placement:**

Enter in this section, the number of children who are in out-of-home placement and whom you anticipate might return to the home with the help of this program. Complete this section only if there are children in out-of-home placement who you hope to reunite with the family through the CWA program. If none, please leave this section blank.

**Family Income:**

Enter in this section the name of the household member(s) who receives income, the source of the income and the monthly amount. If more than three people receive income, this information should be recorded under the section for CWA Update.

**II. HOUSING ASSESSMENT PLAN**

Please attach a copy of the relevant treatment plan: i.e., CA/N-4, CS-14, or CS-1:

The family's treatment plan will contain much information regarding family composition, their strengths and overall goals set with the family. It should explain why the children are in imminent risk of placement or barriers to reunification, and identify service needs for the family. If the two questions listed in this section are not answered in the treatment plan they must be answered on the form. Please attach additional sheets of paper if necessary.

**Specific service needs anticipated, anticipated funds needed, number of months assistance needed:**

In the space provided please identify the services which will be provided through CWA (i.e., rent or utilities, security deposit etc.). Include the amount of money anticipated for each expense and the number of months it is projected that the family may need this specific service. Estimates may be used. Other services or additional funds may be added as needs are identified.

**What tasks need to be accomplished for the family to maintain housing independently:**

Enter the tasks identified by the family together with the Worker, that will need to be accomplished in order for the family to become self-sufficient with regard to housing. Indicate the date it is anticipated that each task will be accomplished.

**Signatures:**

Enter in this section the signatures of both the head of household and the Worker. The form should be dated by both people and submitted to the county Housing Specialist for approval and payment.

The county Housing Specialist should review the CS-80 and the attached treatment plan to determine if there is a reasonable plan for the family to achieve self sufficiency concerning housing. If the plan is approved, the county Housing Specialist should indicate this by checking the "yes" box, sign and date the form and indicate when the housing plan update is due. Updates are due at one month intervals, not to exceed a total of six months. If the plan is not approved, the county Housing Specialist should indicate this by checking the "no" box. An explanation for the rejection should be explained in the "CWAH Update" section and the form returned to the Children's Services Worker.

**CWAH UPDATE:**

**A. First Update (2nd month):**

This section should be completed at the time of the first update. Any changes in the original information that could impact, either positively or negatively, on the family's ability to achieve a self-sufficient housing plan should be noted in this section. Any changes in anticipated services through CWAH and the reasons these changes are needed should be clearly identified. If the treatment plan for the family has been updated since the initial submission, please attach a copy of the current plan.

Both the head of household and the Children's Services Worker should sign and date the form before submitting it to the county Housing Specialist for approval and payment.

Subsequent monthly updates should be recorded on the form's continuation page. Each update should note any changes in the original information that could impact, either positively or negatively, on the family's ability to achieve a self-sufficient housing plan. Any changes in anticipated services through CWAH and the reasons these changes are needed should be clearly identified. If the treatment plan for the family has been updated since the last CWAH plan, please attach a copy of the current plan.

**Instructions for Distribution:**

The initial CS-80 should be copied when sent to the county Housing Specialist and this copy retained in the case record until the original is signed by the Housing Specialist. The Housing Specialist should retain a copy with submitted bills and records of payments and return the original approved or rejected plan to the Children's Services Worker.

The Children's Services Worker should use the original, signed by the Housing Specialist, for the first month's update. He/She should submit the updated form for approval and payment while maintaining a file copy. The signed update should be returned to the Children's Services Worker and a copy retained by the Housing Specialist with submitted bills and records of payments.

The same process should be followed for each monthly update.

**Instructions for Retention:**

Following the end of the family's eligibility for housing assistance, the CS-80 should be maintained with the case record according to agency policy. The Housing Specialist should maintain a copy of the CS-80 with all payment records, according to agency policy regarding payment procedures.

MEMORANDA HISTORY: CS95-2

(A:CS90ENS)