

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Administrative Issuance: CFSA-19-3.2

TO: Staff
FROM: Ann Reilly, Deputy Director for Programs Operations
DATE: September 24, 2019 [Modified & Reissued April 8, 2020]
RE: Close Relative Caregiver Pilot Program

The Child and Family Services Agency (CFSA) administers the Close Relative Caregiver Program (CRCP) which provides a monthly subsidy to eligible District of Columbia residents with low incomes who are raising their siblings, nieces, nephews, and cousins. Relative caregivers use this monetary support to offset the costs of caring for relative children residing with them in the District who might otherwise end up in the foster care system. Please see the [Frequently Asked Questions](#) for further information.

Within this administrative issuance, the term “child” refers to anyone under age 18. The term “minor” refers to anyone under the age of 21. The term “caregiver” includes an adult (anyone 18 years or older) who is a brother, sister, aunt, uncle, nephew, niece, or cousin of a child and related to the child by blood, marriage, domestic partnership, or adoption (as applicable).

Eligibility Requirements for Close Relative Caregiver Program (CRCP)

A caregiver may be eligible to receive the CRCP subsidy if all the following criteria have been met:

1. The caregiver is the adult brother, sister, aunt, uncle, nephew, niece, or cousin of a child and related by blood, marriage, domestic partnership, or adoption. Proof of relationship as evidenced by one of the following:
 - a. Birth certificate(s)
 - b. Adoption Decree
 - c. Court determination of paternity
 - d. [Acknowledgement of Paternity \(AOP\)](#)
 - e. Child Support Agreement or Court Order
 - f. Marriage certificate, proof of common law marriage, or domestic partnership
 - g. DNA Test
2. The caregiver is a resident of the District of Columbia.
3. The caregiver is the child’s sole or primary caregiver.
4. The child resides in the home with the caregiver.
5. The child’s parent does not reside in the home, unless:
 - a. The caregiver is the child’s standby guardian
 - b. The parent is a minor enrolled in school
 - c. The parent is a minor with a medically verifiable disability which prevents him or her from caring for the child



6. The household income is below 200 percent the federal poverty level.
7. The caregiver has applied for Temporary Assistance to Needy Families (TANF) for the child and an eligibility determination has been made.

Application Process

1. Persons meeting the requirements above who wish to be certified by CFSA to receive a CRCP subsidy must apply by completing the [Application for Close Relative Caregivers Program Subsidy](#) and provide proof of being the primary caregiver (see application for accepted documentation).
2. The caregiver and all adults residing in the home must submit to the clearance process which includes:
 - a. Federal Bureau of Investigation (FBI) check
 - b. Metropolitan Police Department (MPD) clearance
 - c. Child Protection Register (CPR) check

Program Limitations

The provision of a subsidy under the CRCP is subject to the availability of appropriated funds.

Annual Review of CRCP Subsidies

1. The CRCP shall conduct a review once each calendar year, based upon the certification date for the initial CRCP subsidy ("annual review date"). Each review shall determine ongoing receipt of a subsidy based upon the following criteria:
 - a. Ongoing maintenance of eligibility
 - b. Any change of circumstances requiring possible modification or termination of a subsidy
 - c. Documentation of the child's well-being, including daycare/school enrollment and attendance forms.
2. The CRCP may also conduct a review prior to the annual review date in the event of:
 - a. Changes in subsidy rates
 - b. Request for review by the caregiver
 - c. Changes to the child's circumstances, including but not limited to possible changes in residence
 - d. The child reaches the age of 18
 - e. If the child(ren) has/have not resided with the caregiver continuously for at least the most recent 6 months prior to application approval, reviews shall be completed every 6 months.
3. The CRCP shall send the caregiver the *Recertification Package for Close Relative Caregiver Program Subsidy* 60-90 days prior to the annual review date for completion and submission to the CRCP.
4. If the caregiver does not submit the completed Recertification Package to the CRCP within 45 days of notification, the worker shall attempt to contact the caregiver by phone and/or by regular mail up until the annual review date.
5. If the caregiver does not submit the completed Recertification Package to the CRCP by the annual review date, the subsidy may be terminated.

Changes in Eligibility Criteria

The CRCP subsidy participant shall notify the CRCP within 2 weeks of the occurrence of any change in eligibility criteria and/or any change in address.

Termination of CRCP Subsidies

If any of the requirements outlined in this guidance or by law are not adhered to or maintained, CFSA shall have the right to terminate the subsidy.

Appeal Process

1. All caregivers receiving CRCP subsidies shall be notified of the right to appeal a change in subsidy.
2. A caregiver aggrieved by a decision of CFSA in connection with the denial, reduction, suspension, or termination of a subsidy, including a failure to act on a request for review, may appeal the decision through a written request for a fair hearing. *For more information, see the [Fair Hearings Policy](#).*

GOVERNMENT OF THE DISTRICT OF COLUMBIA
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Application for Close Relative Caregiver Pilot Program (CRCP) Subsidy

Instructions

1. This application must be completed and signed by the person who is applying for a subsidy under the Close Relative Caregiver Program (CRCP). CFSA staff is available to help those who need assistance to complete the form.
2. When this application uses the term “child(ren)”, it means the child or children on whose behalf the applicant is applying for the subsidy.
3. Provide proof of relationship with the child by one of the following:
 - Birth certificate(s) or decree of adoption
 - Court determination of paternity
 - [Acknowledgement of Paternity \(AOP\)](#)
 - Child Support Agreement or Court Order
 - Marriage certificate, proof of common law marriage, or domestic partnership
 - DNA test results
4. Include proof that you are the child’s primary caregiver by one of the following:
 - A court order, signed by a judge, granting you custody of the child; or
 - A court order, signed by a judge, granting you standby guardianship of the child, pursuant to D.C. Code §§ 16-4801–4810; or
 - A decree, signed by a judge, stating that you have adopted the child.

If you do not have any of the above documents, you may still qualify by providing one of the following:

- Records showing that you enrolled the child in school the most recent school year or that you are the primary educational contact for the child; or
- Immunizations or medical records, no more than two years old, indicating that you are tending to the child’s medical needs; or
- Proof that you have received either SSI or TANF for the child;
or
- A letter from any legal, medical, military, law enforcement, social service or similar professional, or your landlord describing your status in caring for the child.

AND

- Completing the checklist on page two of the application, stating why the parents are unable to care for the child(ren).



5. All adults (anyone 18 years or older) residing in your home must complete the clearance process which includes three checks: an FBI check, a local police clearance and a Child Protection Register Check. We conduct the entire clearance process at the CFSA office. **The adults in your home must each schedule an appointment to come to our office for fingerprinting. You can make this appointment by calling us at 1-866-FAMKIN1.** There is no cost to you for fingerprinting.
6. Included with your application packet is a “Child Protection Register Check” form. This form must be completed by each adult living in the home and is used to determine if the applicant has been accused of child abuse or neglect. This form must either be notarized or witnessed by CFSA staff. We will be happy to witness your signature when you come for fingerprinting.
7. When you have completed your application packet, please call 1-866-FAMKIN1 and make an appointment to turn in your application and documents. In most cases, this appointment will be the same day as your fingerprinting appointment.

Return your completed application and all documents to:

DC Child and Family Services Agency
Close Relative Caregiver Program
200 I Street, SE
Washington, DC 20003

NOTE: If you submit an incomplete application package you will receive a letter listing what information is missing. Failure to complete your application within 30 days of the date of that letter may result in your application being closed.

For more information about the Close Relative Caregiver Program, please review the attached Frequently Asked Questions (FAQs) or call 1-866-FAMKIN1 and ask for the Close Relative Caregiver Program staff.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency**



Application for Close Relative Caregiver Pilot Program (CRCP) Subsidy

I. Applicant - Provide the following information about yourself (the person applying for the subsidy).

Name (first, middle, last)					
Street Address (apartment #)					Ward
City, State, Zip					
Email address					
Home Phone		Work Phone		Cell Phone	
Date of Birth		Social Security Number		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
I am the child's adult	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	<input type="checkbox"/> Aunt <input type="checkbox"/> Uncle	<input type="checkbox"/> Niece <input type="checkbox"/> Nephew	<input type="checkbox"/> Cousin	<input type="checkbox"/> Other:
Have you ever applied for this program before?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Referred by					
Income	List the total MONTHLY income for the entire household. Include the sources (e.g., TANF, Social Security, employment, annuities, and any other money) in the tables below.				

II. Child(ren) Provide the following information concerning the child(ren) on whose behalf you are applying for the subsidy. Use additional sheets if necessary.

Name (last, first, middle)	Date of Birth	Gender	Monthly Income	Source of Income

III. Other individuals You must provide the following information for EVERY INDIVIDUAL RESIDING IN YOUR HOME other than yourself and the child(ren) for whom you are applying.

Name (last, first, middle)	Date of Birth	Gender	Monthly Income	Source of Income	Relationship to Applicant



IV. Attachments

Please ensure that you have attached each of the following documents to this application:

<input type="checkbox"/>	1. Proof that I am the child's adult brother, sister, aunt, uncle, niece, nephew, or cousin (please see the above Instructions for guidance).
<input type="checkbox"/>	2. Proof that I am the child's Primary Caretaker (please see the above Instructions for guidance).
<input type="checkbox"/>	3. Completed applications for Child Protection Register checks for each adult who resides in my home.
<input type="checkbox"/>	4. Proof that I applied for TANF benefits on behalf of the child through the District of Columbia Department of Human Services, Income Maintenance Administration.
<input type="checkbox"/>	5. Proof of household income (i.e., proof of the income of every individual who resides in my house).
<input type="checkbox"/>	6. Proof that I reside in the District of Columbia (e.g., your lease or a bill coming to you at your home address).
<input type="checkbox"/>	7. I have also called the CRCP offices (1-866-FAMKIN1) to schedule fingerprinting appointments for all adults residing in my home.

V. Attestations and Signature

1. Check all that apply:

<input type="checkbox"/>	The child(ren) does/do reside with me.
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AND

<input type="checkbox"/>	The child's parent does not reside in my home.
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OR

<input type="checkbox"/>	The child's parent resides in my home and I have provided proof that I have been designated as the child's standby guardian, or that the parent is a minor enrolled in school, or that the parent is a minor with a medically verifiable disability that prevents him/her from caring for the child.
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2. The parents are unable to care for the child(ren) because (check all that apply for each parent):

	Parent 1		Parent 2
<input type="checkbox"/>	parent is deceased	<input type="checkbox"/>	parent is deceased
<input type="checkbox"/>	parent is incarcerated	<input type="checkbox"/>	parent is incarcerated
<input type="checkbox"/>	parent is seriously ill	<input type="checkbox"/>	parent is seriously ill
<input type="checkbox"/>	parent is on active military assignment	<input type="checkbox"/>	parent is on active military assignment
<input type="checkbox"/>	parent is not caring for the child because of allegations of abuse or neglect	<input type="checkbox"/>	parent is not caring for the child because of allegations of abuse or neglect
<input type="checkbox"/>	parent has not been involved with, has abandoned, or has voluntarily relinquished custody of the child	<input type="checkbox"/>	parent has not been involved with, has abandoned, or has voluntarily relinquished custody of the child

By signing below, I solemnly swear or affirm under penalty of perjury that the statements I have made or information I have provided on and in connection with this form are true and accurate to the best of my knowledge and belief. I understand and acknowledge that if I knowingly make any statement or provide any information that is false, I will be subject to criminal penalties.

Applicant Name (Printed)

Applicant Signature

Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
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Request for a Child Protection Register (CPR) Check

The purpose of the Child Protection Register is to protect children and to ensure their safety by maintaining an index of perpetrators of child abuse and neglect in the District of Columbia. Authorized individuals may request background checks to establish whether an individual has a record of substantiated abuse or neglect of a child that occurred in the District of Columbia.

- ▶ To request a local police clearance for the District of Columbia, please visit <https://mpdc.dc.gov/node/187552>.
- ▶ For information about the Sex Offender Registry, visit: <https://mpdc.dc.gov/service/sex-offender-registry>.
- ▶ If you are making a request on behalf of a state child welfare agency outside of the District of Columbia and need the history of a family previously living in the District of Columbia, you may call **202-671-SAFE**.
- ▶ For other questions, call the CPR Unit at **202-727-8885** between 8:30 am and 4:30 pm Monday through Friday.

Read all instructions – incomplete, incorrect or illegible forms will be returned and your request may be delayed

- Do not complete an old version of the form; get the latest form at <https://cfsa.dc.gov/service/background-checks>.
- Mail or hand deliver original application; no photocopied, faxed, emailed, or scanned applications accepted.

Part I

- Schools (other than DCPS), child care facilities, private foster care agencies, and other private, community-based organizations should select “Non-Government Organization” as the Requestor Type. *Child care providers in the District should also check “+ OSSE”.*
- CPR check results are not transferrable and cannot be shared from one agency or employer to another.

Part II

- If you have no middle name, write “no middle name” or if a middle name is an initial, indicate “initial only.”
- If the answer to any question is none, write “N/A”.

Part III

- An individual must sign the form to provide consent for CFSA to release information to an authorized requestor.
- The form must be signed by hand; electronic signatures are not permitted.
- An employment request allows access to substantiated reports of child maltreatment, to OSSE or chief executive officers or directors of child care centers, schools, or any public or private organization working directly with children, for the purpose of making employment decisions.

Part IV

- Forms will be returned unprocessed if they are not notarized (*Note: applications for CFSA foster/adoptive/kinship caregivers need not be notarized, but photo ID must be provided and the form must be signed in the presence of a CFSA employee*).

Part V

- Self-check applications must be submitted in person, not by mail.
- Individuals requesting a self-check and CFSA foster/adoptive/kinship caregivers must present **one** non-expired, government-issued, photo identification: e.g., driver’s license, state identification card, passport, “green card”.
- Results of CPR self-checks may not be used for employment purposes. Employers must directly request CPR clearances for prospective or current employees.

MAIL or HAND DELIVER completed forms to:	Attn: Child Protection Register Unit Child and Family Services Agency 200 I Street SE, 3rd Floor Washington, DC 20003	Applications accepted in person between 8:30 am and 4:30 pm Monday through Friday except holidays
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Please **type** or **print** clearly. Sign the form and date where indicated. Thoroughly review and submit to the CFSA CPR office. **Allow up to 30 business days** for results to be processed. Expedited requests will be considered on a case-by-case basis. **Forms will be returned** if incomplete, incorrect, or illegible resulting in a delayed response.

Hand delivery of this form is the fastest way to obtain results.

PART I: Requesting Organization/Employer Information

Request Date		Corrected Application Re-submission Date	
Requestor Type			
<input type="checkbox"/> Court	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Non-Government Organization <input type="checkbox"/> + OSSE	<input type="checkbox"/> Self (<i>personal use only</i>)
Purpose			
<input type="checkbox"/> Court Request	<input type="checkbox"/> Adoption	<input type="checkbox"/> Visitation	<input type="checkbox"/> Foster/Adoptive/Kinship Home Licensing
<input type="checkbox"/> Current Employee/Volunteer	<input type="checkbox"/> New Hire/Volunteer	<input type="checkbox"/> Other:	
Requesting Organization/Employer Contact Information (results cannot be mailed to a P.O. Box)			
Attention To			
Requesting Organization			
Requestor Address			
Requestor Phone #		Fax	Email
Preferred method for receiving CPR check results		<input type="checkbox"/> Mail	<input type="checkbox"/> Fax
		<input type="checkbox"/> Email (encrypted)	<input type="checkbox"/> OSSE Box

PART II: Applicant Information

Last Name (include suffix if applicable)	First Name	Full Middle Name (write "no middle name" if there is none)	
Date of Birth (MM/DD/YYYY)	Social Security Number (or USCIS/Alien Registration #)	Gender (on birth certificate)	
		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Other Names Used (nicknames, alias, maiden name, previous married name, legal name change, etc.)			

Household Information. List all persons living at the current address with the applicant (including students away at college).

Name (first name, middle name, last name)	Date of Birth	Relationship to Applicant

Previous Residency Information. List all addresses (excluding zip code) and the start and end dates, to the best of your ability. Indicate L, W or M in the first column (L = lived, W = worked, M = received mail).

- Applicants for employment or volunteer purposes must include all addresses of residence and where mail was received for the last five (5) years.
- Applicants for adoption, foster care, and kinship care must provide addresses for residency, receipt of mail and employment from the age of 18, per Title 29 DCMR Chapter 60 § 6009.1.
- To calculate the starting date for previous addresses, add 18 years to the date of birth (e.g., If you were born in 1970, add 18 so addresses going back to 1988 must be provided).
- To help obtain previous addresses, check the credit report bureaus (Equifax, Experian, TransUnion).

Current Address (include Street #, Apt #, Quadrant if applicable)			City		State	Zip
L	W	M	Previous Address (Include Street # and Apt #)	City	State	Start – End Dates (MM/YYYY – MM/YYYY)

PART III: Applicant Consent

I hereby consent and authorize the D.C. Child and Family Services Agency to provide the Requestor (noted in Part I) information concerning me that is contained in the Child Protection Register ("CPR").

- Do not sign until you are in the presence of the Notary or your CFSA worker
- Must be signed by hand; electronic signatures are not permitted

Printed Name: _____

Signature: _____

Date: _____

PART IV: Certificate of Acknowledgement of the Applicant before a Notary Public

(Notary not required if this application is for a Self-Check or CFSA Foster/Adoptive/Kinship Caregiver – skip to PART V)

Leave this space blank for Notary seal

Subscribed and affirmed or sworn to me, in my presence, on this _____ day of _____, 20__

Signature of Notary Public: _____ in the state of, _____

My commission expires on ____/____/____

PART V: Self Check, CFSA Foster/Adoptive Parent, and CFSA Kinship Caregiver Verification

CFSA USE ONLY: Identification has been shown to me that I have deemed satisfactorily identifies the applicant:

Type of ID		ID #	
CFSA Employee Name (print)			
CFSA Employee Title (print)			
CFSA Employee Signature			