



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ELIZABETH HERTEL  
DIRECTOR

## RELATIVE NOTIFICATION LETTER

[Click here to enter a date](#)

Dear Relative Name,

My name is Caseworker Name. I am a caseworker for Agency Name. I am working with the Family Name family. Their child(ren), Child(ren)'s Name(s), is/are currently in foster care and I am contacting you because you were identified as a relative of the family.

Agency Name recognizes and values the importance of children's relationships with parents, siblings, grandparents, and other relatives. Agency Name is committed to search for relatives of children who have been placed in foster care so that they may continue to benefit from family connections. We would like to know if you are related to the child(ren) and, if so, the ways that you would consider being involved, including but not limited to placement, visitation, phone contact, letter writing, or providing family history.

Attached to this letter are two forms: Relative Search Information and Relative Information. Please indicate the type(s) of resources and support that you are able to provide on the Relative Information form. If you are interested in being considered for placement of the children, please contact me as soon as possible by telephone at Phone Number.

Please provide contact information for other family members who may be interested in being contacted on the Relative Search Information form. If you do not know the current contact information for a family member, indicate any information that you do know, such as the relative's last known location, as we may be able to use that information to guide our search.

Because we are currently planning for the child(ren), **please complete and return both forms within 30 days**. To return the forms, a self-addressed, stamped envelope is included. You are welcome to make copies of the forms or attach additional sheets if you need more room to add relatives or resources. If you have any questions about the information in this letter or you want more information about the child(ren) and their needs, please do not hesitate to call.

Sincerely,

Caseworker Name

Agency Name

Attachments

## DISCLOSURE STATEMENT

When it is determined to be in the best interest of the child, MDHHS gives preference for placement with relatives and persons who have an established relationship with the child.

Informing the caseworker that you want to provide a home to the child does not mean the child will be placed with you, but the possibility can be explored. This child may already be placed with another family member; however, in case the child needs to be moved from the current placement, we are looking for other relative placement resources. Where children are placed depends on their needs, the assessment of the home, and the relative's willingness and ability to meet the child's needs.

### **An assessment of the home would include:**

- Home visit.
- Verification of identity.
- Review of prior CPS investigation history.
- Criminal history and child abuse registry clearances on all caregivers and household members. Clearances will be completed in the state of Michigan and any other state of residence during the past five years.
- Verification of safety standards, as outlined in FOM 722-03B, Relative Engagement and Placement.
- Placement consideration assessment.
- Referral for foster home licensure.

When children are placed in a relative's home and the relative becomes licensed as a foster parent, the relative will be eligible for services and/or financial benefits.

### **The financial benefits of becoming a licensed foster parent include:**

- Foster care payments between \$17.24 and \$20.59 per day depending on the age of the child. Foster care payment begins the effective date of your foster home license.
- The child may be eligible for an initial clothing allowance between \$210.00 and \$500.00 depending on the age and need of the child. Need is based on the child's clothing inventory.
- The child is eligible for a semi-annual clothing allowance between \$107.00 and \$122.00 depending on the age of the child.
- Holiday allowance of \$25.00 per child.
- Foster parents providing care beyond normal expectations to meet the special needs of a child may be eligible for increased daily rate.

Juvenile guardianship is available for children when reunification and adoption have been ruled out as permanency goals. The court may appoint a juvenile legal guardian for a child in lieu of terminating parental rights or returning the child home. A guardian's powers include receiving money paid for the child's support (including guardianship assistance payments, child support, and government benefits), authorizing medical treatment, and consenting to the child's marriage or adoption. If parental rights have not been terminated, a guardian may facilitate contact between the child and a parent, unless the court has limited the guardian's authority to do so.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

**RELATIVE SEARCH INFORMATION**  
Michigan Department of Health and Human Services

Name of Relative Completing Form
Child's Name

**PLEASE PROVIDE NAMES AND ADDRESSES OF OTHER RELATIVES  
WHO MAY HAVE AN INTEREST IN BEING A RESOURCE.**

**1. Relative Information**

Relationship to Child			
<input type="checkbox"/> Maternal <input type="checkbox"/> Paternal			
Name	American Indian <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Tribe	
Street			
City	State	Zip Code	County
Home Phone	Work Phone		

**2. Relative Information**

Relationship to Child			
<input type="checkbox"/> Maternal <input type="checkbox"/> Paternal			
Name	American Indian <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Tribe	
Street			
City	State	Zip Code	County
Home Phone	Work Phone		

**3. Relative Information**

Relationship to Child			
<input type="checkbox"/> Maternal <input type="checkbox"/> Paternal			
Name	American Indian <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Tribe	
Street			
City	State	Zip Code	County
Home Phone	Work Phone		

#### 4. Relative Information

Relationship to Child				<input type="checkbox"/> Maternal		<input type="checkbox"/> Paternal	
Name		American Indian		If Yes, Tribe			
		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Street							
City			State	Zip Code		County	
Home Phone			Work Phone				

**Please return this form to the child(ren)'s caseworker as soon as possible.**

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## RELATIVE INFORMATION

Michigan Department of Health and Human Services

**As the child(ren)'s relative, MDHHS needs to know if you want to provide contact, connection or support to the child(ren) and/or to provide a temporary or permanent home to the child(ren).**

**Please indicate your response(s) below.**

I \_\_\_\_\_ understand \_\_\_\_\_  
(Relative Name) (Child(ren)'s Name(s))

is/are currently in the custody of Michigan Department of Health and Human Services. If the parents are available, services will begin to return the child(ren) to parent(s). If these services do not remove the safety concerns, MDHHS will make another permanent plan for the child(ren).

The child(ren) is/are in need of family contact, connection and support. The child(ren) is/are also in need of safe, positive temporary placement, and may in the future be in need of a permanent placement.

**1. Please indicate if you want MDHHS to consider you for providing the following contacts and support to the child(ren):**

<input type="checkbox"/> Writing letters to the child(ren).	<input type="checkbox"/> Having phone contact with the child(ren).	<input type="checkbox"/> Visiting with the child(ren) including holiday visitation.
<input type="checkbox"/> Having the child(ren) visit you.	<input type="checkbox"/> Provide transportation for visits.	<input type="checkbox"/> Providing family history information including photos.
<input type="checkbox"/> Providing family contact information of other potential relatives.	<input type="checkbox"/> Providing family medical history.	<input type="checkbox"/> Other involvement

**2. Please indicate whether you wish MDHHS to consider you as a possible temporary placement**

(Initial only one)     \_\_\_ **Yes. Do** consider me as a temporary placement for the child(ren).  
                                   \_\_\_ **No. Do not** consider me as a temporary placement for the child(ren).

**3. Now indicate whether you wish MDHHS to consider you as a possible permanent placement:**

(Initial only one)     \_\_\_ **Yes. Do** consider me as a permanent placement for the child(ren).  
                                   \_\_\_ **No. Do not** consider me as a permanent placement for the child(ren).

**4.  I would like to discuss the child(ren) and their needs more fully with the caseworker.**

**Please contact me at:** \_\_\_\_\_

**If you wish to be considered as a placement home for the child(ren), please sign, date, and return this form within 30 days.** If you do not return this form, MDHHS may not consider you as a placement resource for the child(ren), and may proceed with another permanent plan for the child(ren).

**MDHHS will be making decisions about where the child(ren) live(s) and the type of contact the child(ren) may have with a relative based on the needs and best interests of the child(ren). A relative's criminal history and child abuse history will also be considered in determining the degree and type of contact a relative may have with the child(ren). MDHHS will contact you if you expressed:**

- a. an interest in contact with the child; or
- b. a desire to provide a connection or support to the child; or
- c. interest in having the child placed with you on a temporary or permanent basis

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(Relative Signature)

(Date)

Address

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