

New RBWO Minimum Standard:

When approved caregivers (DFCS or CPA) request to transfer between agencies (DFCS CPA CPA), the CPA staff will:

1. Inform the caregiver(s) they can serve as a foster family for only one agency at a time, discuss the re-evaluation process, and ask them to sign an Inter-Agency Transfer Authorization for Release of Information so information may be shared between the agencies involved. Inter-Agency Transfer Authorization for Release of Information should be returned to the requesting agency within 14 business days from the receipt of request. **See following page for Release of Information form.**
2. Request and review the caregiver's Family Evaluation from the previous agency. This includes any subsequent evaluations, pre-service training certificate, documentation of annual training hours, and history of policy violations or corrective actions.
3. If a family decides to transfer between agencies prior to attaining full approval status, then standard intake and approval procedures for prospective caregivers shall apply. Standard intake and approval processes shall also apply in the following instances:
 - Information from the previous agency is unable to be obtained.
 - Information from the previous agency indicates a family has been voluntarily inactive for more than five years.
 - Information from the previous agency indicates a family was not in good standing.
4. When the standard intake and approval procedures are not applicable; an abbreviated foster home re-evaluation process to assess the family may be utilized.
 - a. Determine if any components of the Family Evaluation are missing or need to be updated (e.g., medical evaluations, drug screens, etc.) and ensure all required attachments and verifications are obtained (**see policy 14.10 Resource Development: Initial Family Evaluation**).
 - b. Conduct CPS screening and a fingerprint-based criminal records check (CRC) on all adult household members.
 - i. A CPS check from other state(s) is unnecessary unless an adult household member has lived out-of-state since the home's last approval.
 - ii. The results of a CRC may not be transferred between agencies. Therefore, a new CRC is necessary if the caregiver is transferring between CPAs or between a CPA and DFCS.
 - iii. A new CRC is unnecessary if the caregiver is simply moving from one location in Georgia to another but remaining within the same agency.
 - c. Conduct background screening using the following databases: Department of Corrections Offender Query; Board of Pardons and Parole; Sexual Offender Registry.
5. Request a recommendation from the previous agency regarding the caregivers' protective capacities and confirmation from the DFCS or CPA Director or Designee that the caregivers are active and in good standing. (**Insert Prior Service Reference Form**)
6. Conduct at least one family consultation.
7. Submit the Family Evaluation for supervisory approval and final approval from the CPA Director.
8. Provide written notification of the approval decision to the applicant.



DIVISION OF FAMILY AND CHILDREN SERVICES

Name of Primary and Secondary Applicant

Primary Applicant Date of Birth

Secondary Applicant Date of Birth

IF AVAILABLE:

GA SCORE ID Number used
by Requesting Agency

GA SCORE ID Number used
by Releasing Agency

INTER-AGENCY TRANSFER AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize:

(Name of Agency Holding Information)

(Address)

Release to:

(Name of Agency Holding Information)

(Address)

The following types of information from my records:

- | | |
|--|---|
| <input type="checkbox"/> Prior Service Reference | <input type="checkbox"/> Home Study Assessment |
| <input type="checkbox"/> Pre-Service Training Cert. | <input type="checkbox"/> Most Recent Re-evaluation |
| <input type="checkbox"/> Proof of CPR/FA Certification | <input type="checkbox"/> Annual Training Verification |
| <input type="checkbox"/> RBWO Waivers | <input type="checkbox"/> Policy Violations |
| | <input type="checkbox"/> Corrective Action Plans |

For the purpose of: **INTER-AGENCY AND INTER-COUNTY TRANSFERS**

I understand that the federal Privacy Rule ("HIPAA") does not protect the privacy of information if re-disclosed, and therefore request that all information obtained from this person or agency be held strictly confidential and not be further released by the recipient. I further understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization. I intend this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for: (PLEASE CHECK ONE)

- ☐ ninety (90) days unless I specify an earlier expiration date here: _____
- ☐ one (1) year
- ☐ the period necessary to complete all transactions on matters related to services provided to me.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.

(Signature of witness)

(Date)

(Signature of Primary Caregiver)

(Date)

(Title or Relationship to Individual)

(Signature of Secondary Caregiver)

(Date)

USE THIS SPACE ONLY IF AUTHORIZATION IS WITHDRAWN

(Date this authorization is revoked by individual)

(Signature of individual or legally authorized representative)