

**FORMS TO SUPPORT IDENTIFICATION OF POSSIBLE RESOURCES AND SUPPORTS  
FOR A CHILD IN FOSTER CARE AND/OR THE CHILD'S FAMILY**

*Instructions and Distribution Recommendations*

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Title IV-E of the Social Security Act requires States to “exercise due diligence to identify and provide notice to the following relatives: all adult grandparents, all parents of a sibling of the child, where such parent has legal custody of such sibling, and other adult relatives of the child (including any other adult relatives suggested by the parents)....”<sup>1</sup> Attorneys who represent parents and children can assist in this process by discussing supportive family members and other adults who may be in a position to serve as placement resources, provide respite care, or otherwise be supportive of the child and family in achieving permanency. Provided below is information about two new forms developed collaboratively by the Virginia Court Improvement Program and the Virginia Department of Social Services to support efforts to identify family members and fictive kin<sup>2</sup> who may be resources and/or supports for the child in foster care and/or the child’s family.

**I. Form, *Identification of Relatives and Fictive Kin***

**A. Purpose**

The purpose of this form is to guide discussions with those knowledgeable about the family to identify relatives and fictive kin (person close to the family but not related) of a child in foster care. The form is structured to help those completing it to think about relatives of the child’s mother and father. Space is provided to identify immediate family members (i.e., the child’s stepparent (if applicable), grandparents, aunts, uncles, and siblings). Extended family (e.g., the child’s great grandparents, second cousins, etc.) and fictive kin may also be identified.

It is recommended that attorneys who represent parents and children discuss and complete this form with their clients prior to all scheduled court hearings.

**B. Instructions for Completion**

1. Insert the date the form is completed.
2. Insert the name of the child.
3. Insert the child’s date of birth.
4. Insert the name of the person who is providing the information requested on the form.
5. Insert the name of the child’s mother.
6. Insert the names of the members of the child’s mother’s immediate family (i.e., the child’s stepparent (if applicable), the child’s grandfather, the child’s grandmother, the child’s uncle, the child’s aunt).

Use “Other Relative” to identify additional immediate family members and/or extended family members of the child’s mother (e.g., the child’s great grandfather, the child’s great grandmother, the child’s second cousins, etc.).

7. Insert the name of the child’s father.
8. Insert the names of the members of the child’s father’s immediate family (i.e., the child’s stepparent (if applicable), the child’s grandfather, the child’s grandmother, the child’s uncle, the child’s aunt).

Use “Other Relative” to identify additional immediate family members and/or extended family members of the child’s father (e.g., the child’s great grandfather, the child’s great grandmother, the child’s second cousins, etc.).

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<sup>1</sup> 42 U.S.C. § 671(a)(29).

<sup>2</sup> "Fictive kin" means persons who are not related to a child by blood or adoption but have an established relationship with the child or his family. Va. Code § 63.2-100.

9. Insert the names of the child's brothers and sisters (if applicable). Select whether the sibling is a biological sibling, step sibling, half sibling, or adopted sibling.
10. Insert the names of fictive kin. "Fictive kin" are persons who are not related to a child by blood or adoption but have an established relationship with the child or his family. Fictive kin may include a family friend or neighbor, a teacher, a coach, etc.
11. Authorizes counsel for the parent to give a copy of the completed form to the local department of social services family services specialist assigned to the child/family.

## II. Form, *Relative and/or Fictive Kin Resources and Supports*

### A. Purpose

The purpose of this form is to guide discussions about relatives and fictive kin who may be resources or supports for a child who is in foster care and the child's family. This form is designed to complement and be compatible with the development of a genogram. A genogram is a graphic representation of a family tree that displays detailed data on relationships among individuals.<sup>3</sup> Genograms use symbols to illustrate family and emotional relationships among family members. Genograms may also show addictions and physical or mental illnesses of family members. Local departments of social services use genograms to develop a comprehensive picture of a family that is receiving services as a result of a child's foster care placement.

It is recommended that attorneys who represent parents and children discuss possible resources and supports for the child and the child's family with their clients prior to all scheduled court hearings and complete additional forms as necessary. As possible resources and supports are discussed, it may be helpful to refer back to a completed *Identification of Relatives and Fictive Kin* form so consideration can be given to those listed.

### B. Instructions for Completion

This form may be completed by anyone with knowledge of the family, including the child who is in foster care, if appropriate, and the child's parents. Below is a description of the form fields.

1. Insert the date the form is completed.
2. Insert the name of the child.
3. Insert the child's date of birth.
4. Insert the name of the person who is providing the information requested on the form.
5. Select the types of resources or supports that the possible resource or support may provide.
6. Insert the name of the possible resource or support.
7. Insert the date of birth (or estimated age) of the possible resource or support.
8. Insert the address of the possible resource or support.
9. Insert the phone number of the possible resource or support. Select the type of phone number being provided.
10. Insert the e-mail address of the possible resource or support.
11. Select the relationship status of the possible resource or support.
12. Insert the name of the spouse/partner of the possible resource or support.
13. Insert the date of birth (or estimated age) of the spouse/partner of the possible resource or support.
14. Check this box if the spouse/partner of the possible resource or support is deceased.

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<sup>3</sup> "Introduction to the Genogram," n.d., <https://www.genopro.com> (accessed November 14, 2019).

15. Select the connection of the possible resource or support to the child.
16. If the possible resource or support is the child's mother, father, or a relative, indicate whether the person is Native American. If yes, insert the name of the Tribe. This information will support findings related to the Indian Child Welfare Act.
17. Describe the emotional relationship (or lack thereof) between the possible resource or support and (1) the child identified on the form and (2) up to four members of the child's family. Additional paper may be used to describe emotional relationships with more than four family members.
18. Authorizes counsel for the parent to give a copy of the completed form to the local department of social services family services specialist assigned to the child/family.

**C. Form Compatible with and Complements Genogram to be Filed with the Child's Foster Care Plan**

Local departments of social services use genograms to develop a comprehensive picture of a family that is receiving services as a result of a child's out-of-home placement. To support local departments in developing and using genograms, the Virginia Department of Social Services is developing a genogram application. Upon deployment the family members and fictive kin identified as possible resources and supports on this form, and submitted to the local department, will be entered into the genogram application by the family services specialist. A print version of the genogram will be submitted with the child's foster care plan for review at court hearings.

**III. Distribution of Completed Forms**

It is recommended that completed forms, *Identification of Relatives and Fictive Kin* and *Relatives and/or Fictive Kin Resources and Supports*, be sent to the local department of social services family services specialist assigned to the child/family.

The family services specialist will incorporate the relative and fictive kin resources and supports identified into diligent search documentation and explore opportunities for engaging the identified persons in the child's life. This information will also be documented in the child's foster care plan and submitted to the court for review at court hearings.

It is suggested that these forms be sent at least 45 days prior to all scheduled court hearings. This time frame supports inclusion of the local department's efforts to engage relative and fictive kin resources and supports identified in this form in the child's foster care plan, which is attached to the Petition for Foster Care Review Hearing or Petition for Permanency Planning Hearing and filed with the court at least 30 days prior to the hearing.

**IDENTIFICATION OF RELATIVES  
AND FICTIVE KIN**

1

DATE

Child's Name: ..... 2 Birth Date: ..... 3

Use this form to provide the names of relatives and fictive kin (people close to the family but not related) of the above-referenced child. Provide as many names as possible. Use additional forms, if necessary.

After completion, a copy of this form will be provided to the local department of social services family services specialist assigned to the child/family. The information will be incorporated into the local department's diligent search documentation and used to explore opportunities to engage the identified persons in the child's life.

Name of person providing information: ..... 4

<p><b>Mother's Name:</b> ..... 5</p> <p style="text-align: center;"><u><b>Mother's Relatives</b></u></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Child's Stepparent (if applicable)</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Child's [ ] Grandfather [ ] Grandmother</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Child's [ ] Grandfather [ ] Grandmother</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Child's [ ] Uncle [ ] Aunt</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Child's [ ] Uncle [ ] Aunt</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Other Relative: ..... Name: .....</div> <div style="border: 1px solid black; padding: 5px;">Other Relative: ..... Name: .....</div>	<p><b>Father's Name:</b> ..... 7</p> <p style="text-align: center;"><u><b>Father's Relatives</b></u></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Child's Stepparent (if applicable)</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Child's [ ] Grandfather [ ] Grandmother</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Child's [ ] Grandfather [ ] Grandmother</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Child's [ ] Uncle [ ] Aunt</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Child's [ ] Uncle [ ] Aunt</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Other Relative: ..... Name: .....</div> <div style="border: 1px solid black; padding: 5px;">Other Relative: ..... Name: .....</div>
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6

8

**Child's Siblings (if applicable):**

<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">[ ] Brother [ ] Sister [ ] BIOLOGICAL [ ] STEP [ ] HALF [ ] ADOPTED</div> <div style="border: 1px solid black; padding: 5px;">[ ] Brother [ ] Sister [ ] BIOLOGICAL [ ] STEP [ ] HALF [ ] ADOPTED</div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">[ ] Brother [ ] Sister [ ] BIOLOGICAL [ ] STEP [ ] HALF [ ] ADOPTED</div> <div style="border: 1px solid black; padding: 5px;">[ ] Brother [ ] Sister [ ] BIOLOGICAL [ ] STEP [ ] HALF [ ] ADOPTED</div>
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9

[Reverse]



**RELATIVE AND/OR FICTIVE KIN  
RESOURCES AND SUPPORTS**

1

DATE

Child's Name: ..... 2 ..... Birth Date: ..... 3 .....

Use this form to identify relatives and fictive kin (people close to the family but not related) who may be resources and supports for the above-referenced child and/or the child's family. As you consider possible resources and supports, think about who lives in the family's home, extended family members living close by, who the parent and child go to for advice or help, who the family gathers with for the holidays, and other people the child and family may be close with at church, school, etc. Up to two (2) persons may be identified per form. Use additional forms as necessary.

After completion, a copy of this form will be provided to the local department of social services family services specialist assigned to the child/family. The information will be incorporated into the local department's diligent search documentation and used to explore opportunities to engage the identified person(s) in the child's life.

Name of person providing information: ..... 4 .....

<b>I. Type of Resource or Support</b>	
Check all that apply: <input type="checkbox"/> Placement <input type="checkbox"/> Visitation <input type="checkbox"/> Correspondence <input type="checkbox"/> Cultural/Ethnic Connections <input type="checkbox"/> Respite <input type="checkbox"/> Other:	
<b>Details About Possible Resource or Support</b>	
Name: ..... 6	Birth Date (or est. age): ..... 7
Address: ..... 8	
Phone No.: ..... 9 <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	E-mail Address: ..... 10
Relationship status: <input type="checkbox"/> Single <input type="checkbox"/> Dating <input type="checkbox"/> Living with someone <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Spouse/Partner Name: ..... 12	Birth Date (or est. age): ..... 13 <input type="checkbox"/> DECEASED 14
<b>Connection to the Child</b>	
This is the child's: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Sibling <input type="checkbox"/> Other relative: ..... <input type="checkbox"/> Fictive kin:	
16 If this person is the child's mother or father or a relative, is he/she Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, Tribal membership/affiliation:	
<b>Emotional Relationship with the Child and Members of the Child's Family</b>	
1. Describe the emotional relationship between this possible resource or support and the child. (Examples of emotional relationships: no contact, limited contact, friendly, very close, conflict, neglect, emotional abuse, physical abuse, sexual abuse.)	
2. Describe the emotional relationship (see above examples) between the possible resource or support and the child's:	
a. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Brother <input type="checkbox"/> Sister Name: ..... <input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> STEP <input type="checkbox"/> HALF <input type="checkbox"/> ADOPTED Emotional Relationship:	
b. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Brother <input type="checkbox"/> Sister Name: ..... <input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> STEP <input type="checkbox"/> HALF <input type="checkbox"/> ADOPTED Emotional Relationship:	
c. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Brother <input type="checkbox"/> Sister Name: ..... <input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> STEP <input type="checkbox"/> HALF <input type="checkbox"/> ADOPTED Emotional Relationship:	
d. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Brother <input type="checkbox"/> Sister Name: ..... <input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> STEP <input type="checkbox"/> HALF <input type="checkbox"/> ADOPTED Emotional Relationship:	

**II. Type of Resource or Support**

Check all that apply:  Placement  Visitation  Correspondence  Cultural/Ethnic Connections  Respite  
 Other:

**Details About Possible Resource or Support**

Name:		Birth Date (or est. age):	
Address:			
Phone No.:		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	E-mail Address:
Relationship status: <input type="checkbox"/> Single <input type="checkbox"/> Dating <input type="checkbox"/> Living with someone <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Spouse/Partner Name:		Birth Date (or est. age): <input type="checkbox"/> DECEASED	

**Connection to the Child**

This is the child's:  Mother  Father  Grandfather  Grandmother  Uncle  Aunt  Sibling  
 Other relative:  Fictive kin:

If this person is the child's mother or father or a relative, is he/she Native American?  
 Yes  No  Unknown If yes, Tribal membership/affiliation:

**Emotional Relationship with the Child and Members of the Child's Family**

1. Describe the emotional relationship between this possible resource or support and the child. (Examples of emotional relationships: no contact, limited contact, friendly, very close, conflict, neglect, emotional abuse, physical abuse, sexual abuse.)

2. Describe the emotional relationship (see above examples) between the possible resource or support and the child's:

a.  Mother  Father  Grandmother  Grandfather  Aunt  Uncle  Brother  Sister  
Name: .....  BIOLOGICAL  STEP  HALF  ADOPTED  
Emotional Relationship:

b.  Mother  Father  Grandmother  Grandfather  Aunt  Uncle  Brother  Sister  
Name: .....  BIOLOGICAL  STEP  HALF  ADOPTED  
Emotional Relationship:

c.  Mother  Father  Grandmother  Grandfather  Aunt  Uncle  Brother  Sister  
Name: .....  BIOLOGICAL  STEP  HALF  ADOPTED  
Emotional Relationship:

d.  Mother  Father  Grandmother  Grandfather  Aunt  Uncle  Brother  Sister  
Name: .....  BIOLOGICAL  STEP  HALF  ADOPTED  
Emotional Relationship:

**Release of Information**

I understand that upon completion, a copy of this form will be provided to the local department of social services family services specialist assigned to the child/family for incorporation into the local department's diligent search documentation and used to explore opportunities to engage the identified persons in the child's life. I consent to the sharing of this form and the information it contains with the local department of social services for these purposes.

.....  
PARENT'S SIGNATURE DATE