



**Series:** Operating Procedures COA: CR 1.07  
**Procedure Name:** Serving Families When Custody is Not Established and Providing Services to Immigrants and Refugees  
**Procedure Number:** OP BC 1009  
**Revision #/Date:** (1)11/12/2012, (2) 3/10/2017, (3) 03/12/2021  
**Effective Date:** 01/15/2009  
  
**Applicable to:** Brevard C.A.R.E.S. Staff

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**SUBJECT:** Brevard C.A.R.E.S. procedure for Serving Families Where Custody Is Not Established and Providing Services to Immigrants and Refugees

**PURPOSE:** To outline Brevard C.A.R.E.S. procedure for assisting families in which there is not clearly defined legal custody of the children who are referred to Brevard C.A.R.E.S. and when providing services to families who are classified as immigrants or refugees. To clarify the protocols and steps that must be taken by the Brevard C.A.R.E.S staff to ensure families are served by the Brevard C.A.R.E.S. Program within the parameters of the law. The proper application of this procedure will ensure that Brevard C.A.R.E.S. meets its commitment to ensure care for families using the strength based wraparound principles of care.

**PROCEDURE:**

Brevard C.A.R.E.S. occasionally receives referrals from families in need that are immigrants and refugees who are attempting to successfully build new lives in the community. An immigrant status does not preclude the family from receiving services through Brevard C.A.R.E.S. This includes those who were born outside the United States without legal U.S. citizenship or those who are immigrant with limited financial means and whom may need assistance with immigration-related legal issues when this impacts the family's ability to care for their minor children.

Brevard C.A.R.E.S. is also not precluded from serving those families who are refugees. Brevard C.A.R.E.S. can refer individuals as needed to comprehensive resettlement services for those who have been granted refugee status by the Department of Homeland Security/U.S. Citizenship and Immigration Service (USCIS). This includes those individuals who are in need of naturalization services. Naturalization is the legal process through which individuals 18 years of age or older who were not born here but were lawfully admitted to the United States can become U.S. citizens.

**Custody Not Established**

In cases where it is determined established custody does not exist, the Brevard C.A.R.E.S. Director of Operations or designee will make a determination within two business days as to the appropriateness of the referral. If the case is accepted and opened, the current caregiver and Care Coordinator will determine who will contact the absent parent for completion of the Brevard C.A.R.E.S. Program Consent for Treatment by Absent Parent Form (form attached). This form must be completed before Brevard C.A.R.E.S. can proceed with service authorizations. If during

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this contact, the absent parent indicates that she/he wishes to be involved in the Family Team Conferencing process and has a legal right to do so, the Brevard C.A.R.E.S. staff assigned will schedule a Strength and Cultural Discovery.

In cases involving Domestic Violence where custody is not established Brevard C.A.R.E.S. shall consult with the Child Welfare Domestic Violence advocate regarding the safety of the victim/survivor and children prior to contact with the perpetrator. The focus of the consultation should be on understanding the perpetrator's behavior(s) and the extent to which they are predictable or able to be controlled by the presence of a safety management provider. Brevard C.A.R.E.S. staff shall not disclose the location of a domestic violence shelter, or information indicating that a survivor and children are currently residing in a domestic violence shelter. The safety plan for the parent who is a victim of domestic violence may not be shared with the perpetrator. In cases involving Domestic Violence a separate Family Team Conference process for the absent parent/domestic violence perpetrator will be established.

## Referrals That Cannot Be Accepted

If the family does not have appropriate documentation regarding custody status, and the absent parent refuses, or cannot be located to sign the consent form, the caregiver will be given community resource information to assist them with establishing custody. Brevard C.A.R.E.S. will make every effort to assist families with linkages (for example including pro bono community assistance and Central Florida Legal Services) and Custody will occur/be developed outside of Brevard's C.A.R.E.S. control. The case will then be closed, and the family will receive instruction on how to re-refer once custody has been established.

## Documentation

The assigned Brevard C.A.R.E.S. staff will document all contact in the client record per the documentation procedure.

BY DIRECTION OF THE EXECUTIVE  
DIRECTOR:



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KATHRYN PARKER  
Executive Director  
Brevard C.A.R.E.S., Inc.

APPROVAL DATE: 03/12/2021

**BREVARD C.A.R.E.S.  
CONSENT FOR TREATMENT BY ABSENT PARENT**

This consent authorizes Brevard C.A.R.E.S. to provide services to my children listed below while they are in the care of \_\_\_\_\_, who is the legal custodian of my children. This consent is for the specific purpose of the Family Team Conference process to assist in the development of a Care Plan to address the needs of my children, to include, (but not be limited to) direct service to the children listed below by Brevard Family Partnership's subcontracted providers. I understand that to properly address my children's needs, the individual(s) listed above are authorized to discuss my family's social, educational, emotional, behavioral, medical, and other needs that must be discussed at Family Team Conference. I therefore, authorize the individuals outlined above to act on my behalf with Brevard C.A.R.E.S. to include signing all necessary paperwork for the Care Plan and service providers and to release any records, documents or information necessary to the discussion and development of the Family Team Conference and Care Plan process to members as an interagency service plan for my family. I also understand that my children and any resources working with my children will receive a copy of the Care Plan.

It is my understanding that this information is confidential to those parties involved in the Family Team Conference and Care Plan process.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

SS: \_\_\_\_\_

SS: \_\_\_\_\_

Gender/Race: \_\_\_\_\_

Gender/Race: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

SS: \_\_\_\_\_

SS: \_\_\_\_\_

Gender/Race: \_\_\_\_\_

Gender/Race: \_\_\_\_\_