

Relative Response Form

As a relative to this/these child/ren, you may be a valuable support for the child/ren. The Department of Human Services (DHS) Child Welfare Services (CWS) invites you to have contact with or provide support to this/these child/ren.

I, [Relative's First/Last Names], understand that [Child/ren's First/Last Names] is currently in foster care under DHS-CWS.

1. I would like additional information about the child/ren from the caseworker before making my decision.

☐Yes

☐No

2. I am willing to provide the following connection and support to the child/ren (check all that apply):

☐Letters ☐Phone Contact ☐Visitation ☐Email ☐Skype ☐Special Holiday Visits

☐Provide supervised visitation/Ohana Time between parent(s) and child/ren

☐Provide transportation for visitation/Ohana Time with child/ren's parent(s)

☐Arrange family gatherings that involve the child/ren

☐Provide family medical history and/or family history information which may include photos

☐Provide family contact information for other potential relatives

☐Other involvement:

3. I would like to participate in an Ohana Conference: ☐Yes ☐No

(Ohana Conferencing is a family-focused, strength-based meeting conducted by trained community facilitators that is designed to build and enhance the network of protection and support for the child/ren in foster care.)

4. If you are interested in becoming a placement for this/these child/ren, please contact the Social Worker to request the Hawaii Foster Care Licensing Packet.

(Relative's Signature)

(Date)

My Relationship to Child is:

Contact information and preferred method of contact (please check all that apply):

☐Phone: _____ ☐Email: _____

Please return this form to the address indicated on the cover letter within 30 calendar days from the date of this letter. If your level of interest is not made known to DHS in a timely manner, or if we are unable to contact you, it may be more difficult for you to become involved at a later time.

[Social Worker Name], Social Worker
[Social Worker Telephone Number]

[Supervisor Name], Supervisor
[Supervisor Telephone Number]

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[Social Worker Email]

[Supervisor Email]