

STATE OF ALASKA

Department of Family and Community Services
Office of Children's Services



Office of Children's Services Confidential Printing and Mailing Services

ITB 2025-2600-0251

Amendment #1

1/13/2025

This amendment is being issued to provide answers to questions submitted by potential offerors to the procurement specialist prior to the question deadline.

Important Note to Offerors: You must sign and return this page of the amendment document with your proposal. Failure to do so may result in the rejection of your proposal. Only the ITB terms and conditions referenced in this amendment are being changed. All other terms and conditions of the ITB remain the same.

Procurement Officer: Dani Olsen
Procurement Specialist 3
Phone: (907) 465-8216
Email: dani.olsen@alaska.gov

COMPANY SUBMITTING PROPOSAL

AUTHORIZED SIGNATURE

DATE

Questions submitted by potential offerors and answers from the state:

Question 1: Can OCS provide redacted pdf samples of the notices, inserts, and envelopes required for this estimate submission?

Answer: Samples of the types of notices will be attached to this RFP Amendment. OCS will not give samples of the envelopes. Envelopes only need to meet the requirement stated in the ITB. There are 11 distinct templates that are used and one of those is sent out monthly whereas the others have trigger events.

Question 2: Is the 24-hour SLA mandatory by AK law or a preference by OCS?

Answer: It is mandatory based on required timeframes in Alaska Statutes that OCS has to respond to parties of certain actions.

Question 3: The quote indicates 200,000 pages for 70,000 letters. Are there different responses with varying page numbers, such as some batches are 1 page simplex, 2 pages (duplex), and 3 pages (2 sheets)? Please clarify.

Answer: Yes, different notices could have different numbers of page.

Question 4: The current OCS production process does not allow MSP to provide **Presorting** discounts thru address management for the First Class mailing. Is the OCS department open to a different presort process that can save significant postal costs for their mailings?

Answer: Only if it could guarantee that the other terms set out in the ITB are met by the presort process.

*****Please see following pages for samples of notifications*****

Sample Notification 1

Office of Children's Services



ADDRESS PAGE

Provider Name
Eagle Drive
Anchorage, AK 99515

Office of Children's Services
Director's Office

12/17/2024



MONTHLY PROVIDER STATEMENT

In an effort to provide you with detailed information regarding your recent payments as a foster parent for the Department of Family and Community Services, please see the following payment summaries for the last two full months in addition to your payments to date for the current month. Please review this information carefully to ensure that you are being properly reimbursed for services.

December Payment Record to date: Total Payment(s) [REDACTED]

Check	Check Date	Child	Child ID	Begin Date	End Date	Service	Rate	Units	Total
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	11/21/2024	11/26/2024	Emergency Shelter FH 0-10 day (12-20)	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	11/21/2024	11/26/2024	Emergency Shelter FH 0-10 day (6-11)	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	11/21/2024	11/26/2024	Emergency Shelter FH 0-10 day (6-11)	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	11/21/2024	11/26/2024	Emergency Shelter FH 0-10 day (6-11)	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	11/01/2024	11/02/2024	Emergency Shelter FH 0-10 day (6-11)	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	11/01/2024	11/01/2024	Emergency Shelter FH 0-10 day (0-5)	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	11/01/2024	11/02/2024	Emergency Shelter FH 0-10 day (0-5)	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	11/01/2024	11/02/2024	Emergency Shelter FH 0-10 day (0-5)	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	11/25/2024	11/26/2024	Emergency Shelter FH 0-10 day (6-11)	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	11/01/2024	11/03/2024	Emergency Shelter FH	[REDACTED]	[REDACTED]	[REDACTED]

						0-10 day (0-5)			
				11/04/2024	11/04/2024	Emergency Shelter FH 11-30 day (0-5)			
				11/02/2024	11/07/2024	Emergency Shelter FH 11-30 day (0-5)			
				11/16/2024	11/25/2024	Emergency Shelter FH 0-10 day (6-11)			
				11/26/2024	11/30/2024	Emergency Shelter FH 11-30 day (6-11)			

If your statement shows payments for "Held Bed," it is because OCS continued to pay for foster care during a child's temporary absence. If the child is expected to return to your home, foster care payments can continue for up to 14 days if a child is at a medical or psychiatric facility, on a home visit, or at a detention center, and for 5 days if a child runs away (but only if you have reported the child's runaway status to OCS). See 7 AAC 53.080.

If your statement does not show any payment for a particular child, or if the begin and end dates are less than what you expected, it means one of the following:

1. OCS has not received documentation necessary to process your foster care payment.
2. OCS documentation indicates the child was not in your home for the entire month *and* that you are not eligible for a "Held Bed" payment during the absence because the child was not expected to return.

November Payment Record: Total Payment(s) [REDACTED]

Check	Check Date	Child	Child ID	Begin Date	End Date	Service	Rate	Units	Total
				10/01/2024	10/08/2024	Emergency Shelter FH 0-10 day (12-20)			
				10/23/2024	10/31/2024	Emergency Shelter FH 0-10 day (0-5)			
				10/01/2024	10/02/2024	Emergency Shelter FH 0-10 day (0-5)			
				10/12/2024	10/21/2024	Emergency Shelter FH 0-10 day (0-5)			
				10/12/2024	10/21/2024	Emergency Shelter FH 0-10 day (6-11)			
				10/12/2024	10/21/2024	Emergency Shelter FH 0-10 day (6-11)			
				10/12/2024	10/21/2024	Emergency Shelter FH			

						0-10 day (0-5)			
				10/12/2024	10/21/2024	Emergency Shelter FH 0-10 day (0-5)			
				10/01/2024	10/08/2024	Emergency Shelter FH 0-10 day (6-11)			
				10/25/2024	10/31/2024	Emergency Shelter FH 0-10 day (0-5)			
				10/01/2024	10/02/2024	Emergency Shelter FH 0-10 day (0-5)			
				10/24/2024	10/31/2024	Emergency Shelter FH 0-10 day (6-11)			
				10/24/2024	10/31/2024	Emergency Shelter FH 0-10 day (0-5)			
				10/22/2024	10/23/2024	Emergency Shelter FH 11-30 day (6-11)			
				10/22/2024	10/23/2024	Emergency Shelter FH 11-30 day (6-11)			
				10/22/2024	10/23/2024	Emergency Shelter FH 11-30 day (0-5)			
				10/24/2024	10/31/2024	Emergency Shelter FH 0-10 day (0-5)			

October Payment Record: Total Payment(s) [REDACTED]

Check	Check Date	Child	Child ID	Begin Date	End Date	Service	Rate	Units	Total
				09/04/2024	09/05/2024	Emergency Shelter FH 0-10 day (12-20)			
				09/04/2024	09/05/2024	Emergency Shelter FH 0-10 day (12-20)			
				09/03/2024	09/03/2024	Emergency Shelter FH 0-10 day (6-11)			

				09/04/2024	09/05/2024	Emergency Shelter FH 0-10 day (6-11)			
				09/04/2024	09/05/2024	Emergency Shelter FH 0-10 day (6-11)			
				09/23/2024	09/30/2024	Emergency Shelter FH 0-10 day (0-5)			
				09/04/2024	09/10/2024	Emergency Shelter FH 0-10 day (0-5)			
				09/23/2024	09/30/2024	Emergency Shelter FH 0-10 day (0-5)			
				09/03/2024	09/03/2024	Emergency Shelter FH 0-10 day (0-5)			
				09/30/2024	09/30/2024	Emergency Shelter FH 0-10 day (12-20)			
				09/29/2024	09/30/2024	Emergency Shelter FH 0-10 day (0-5)			
				09/30/2024	09/30/2024	Emergency Shelter FH 0-10 day (6-11)			
				09/29/2024	09/30/2024	Emergency Shelter FH 0-10 day (0-5)			

WHAT TO DO IF YOU HAVE A QUESTION OR FIND AN ERROR IN YOUR PAYMENTS

If you disagree with your payments as set forth above, you may request a first-level review of your dispute by contacting OCS at 1-877-465-2215 or 907-465-3136 within 30 days of the date of this letter.

If you do not want a first-level review or if you disagree with the result of that review, you may request an evidentiary hearing by submitting a written request to the address listed above to initiate the hearing process. Your request for hearing must be received within 30 days from the date of this letter or the letter providing you the result of the first-level review.

Office of Children's Services
Director's Office

[REDACTED]
[REDACTED]

Sample Notification 2

ADDRESS PAGE

Provider Name

[REDACTED]
[REDACTED]

Office of Children's Services

01/13/2025

Director's Office

Case: Test Case

Case ID: [REDACTED]

Child: Mouse M. Minnie

Child ID: [REDACTED]

Notice of Augmented Foster Care Rate Assessment

Dear Provider Name:

On 01/13/2025, the Office of Children's Services completed an Augmented Foster Care Rate Assessment on behalf of the above-named child.

The current authorized foster care rate for this child, without augmentation, is \$51.01. Based on 7 AAC 53.060 and the results of the assessment described in Enclosure A:

Your request for an augmented rate is **APPROVED**. You are approved for an additional payment of \$70.38 per day in addition to the foster care rate of \$51.01, for a total daily rate of \$121.39 for this child. In accordance with 7 AAC 53.060(g), this augmented rate starts on 01/06/2025. It is effective for six months from the start date or until the child has moved from your home, whichever comes first. The above-named child will be reassessed after six months to determine whether the child continues to be eligible for an augmented rate. You will receive a new notice when that decision is made so you can assess whether you agree or disagree with that decision. In addition, you will be given at least 30 days' notice before any reduction of the augmented rate.

A provider may not receive Difficulty of Care Augmented rates if the provider is a Therapeutic Treatment home and billing Medicaid for services for the child. If you are a therapeutic treatment home billing Medicaid for services for a child and receive a Difficulty of Care Augmented rate for that child, this will result in an overpayment that you will be required to repay.

If you disagree with the decision above or with the amount authorized for the above-named child, you may request a first level review by contacting the Office of Children's Services Community Relations Manager at (907) 465-3548 or send an email to fcs.ocs.communications@alaska.gov. A member of the team will send the first level review to the respective manager to conduct the review.

If you still disagree with the resulting determination, or if you want to skip the first-level review, you may request an evidentiary hearing by completing and submitting "Enclosure B" to the address provided on the attachment to initiate the hearing process (7 AAC 54.510). Your hearing request must be received no later than 30 days from the date of this letter.

Provider Name

01/13/2025

Page 2

Thank you for the care you are providing. If you have general questions regarding the assessment, or anything else related to being a foster parent please contact the caseworker at the telephone number listed below.

Test T. Worker

Juneau Field Office

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Enclosures:

Enclosure A: Augmented Rate Assessment and Scoring Tool

Enclosure B: Request for Evidentiary Hearing

ENCLOSURE A

AUGMENTED RATE ASSESSMENT AND SCORING TOOL

Child Name Mouse M. Minnie Date 01/13/2025 Case ID ██████

If the answer to one or more of these questions is yes, the child is not eligible for augmentation.

- ☐ Yes ☒ No The child is placed in a CPA home, or other therapeutic placement that is paid through additional sources such as Medicaid.
- ☐ Yes ☒ No The child is on the Medicaid Waiver Waitlist and receiving an intensive augmentation.
- ☐ Yes ☒ No The child is on a CCMC, IDD or ISW Medicaid Waiver and receiving Waiver services.
- ☐ Yes ☒ No The child is in an unpaid placement such as an unlicensed relative placement or unpaid/audit exception placement.

The values listed below were identified during the assessment as having been present within the last six months. Each problem has a level of severity. The severity of each problem, the number of problems identified, and the foster parent's role and level of responsibility in meeting the child's existing needs determine the augmented foster care rate.

AUGMENTED RATE ASSESSMENT

Problem Area	Low Severity (1 point)	Medium Severity (2 points)	High Severity (3 points)
Aggression/Victimization			Severe Injury caused to others
Developmental Delay/Intellectual Disability			Diagnosed severe developmental delays Severe impairment in communication, condition, or expression of affect Diagnosed FASD
DJJ/Law Enforcement Involvement			
Education Issues			
Impulsive/Oppositional Behavior			Frequent behavior difficulties when prompted or redirected Frequently defies authority
Medical/Physical			
Self-harm/Suicide			
Self-Regulation			

Substance Use			
Therapeutic Intervention/Mental Health			<p>Therapeutic Intervention required 3 times a week or more</p> <p>Routinely refused to take meds (needs daily monitoring)</p>

AUGMENTED RATE SCORING TOOL

Augmentation Score	Augmentation Level
0 to 4 points	Basic
5 to 9 points	Level 1
10 to 13 points	Level 2
14 + points	Level 3

Augmentation level for this child: Level 3

Basic Foster Care: Includes food, clothing replacement, shelter, daily supervision, personal and grooming items, school supplies and regular school activities, age-appropriate games, toys, books, general recreation, an allowance, baby sitting money, first aid supplies, and other items considered usual in the care and supervision of a child. Rate varies by child's age and geographic location.

Level 1: Children who qualify for the Level 1 care rate have identified special needs that require more intensive care and supervision from the foster parent. Services need to be identified to address special needs. Rate: Base rate plus \$17.60 per day.

Level 2: Children who qualify for the Level 2 care rate have identified problems that require specialized training by the care provider and a structured environment, and their needs are more than can be provided through basic or Level 1 care, but residential care placements are not required to meet their needs. Services need to be identified to address Level 2 needs. Rate: Base rate plus \$35.19 per day.

Level 3: Children who qualify for the Level 3 care rate have identified severe problems that require specialized training by the care provider and a structured environment, and their needs are more than can be provided through Basic, Level 1 or Level 2 care, but residential care placements are not required to meet their needs. Services need to be identified to address Level 3 special needs. Enrollment in wraparound services/therapeutic services required. If the child is 6 years or older application to Complex Behavior Collaborative required. Rate: Base rate plus \$70.38 per day.

Request for Evidentiary Hearing

In accordance with Alaska Administrative Code 7 AAC 54.510, I am requesting an evidentiary hearing for the purpose of appealing the department's decision to deny, suspend, reduce, change, or terminate a foster care payment, an adoption subsidy payment, or a guardianship subsidy payment. An evidentiary hearing may also be requested to appeal the department's decision of a first-level review.

Today's Date: ____ / ____ / ____

Approximate Date of Department Decision: ____ / ____ / ____

Requestor

Name:	
Address:	
Telephone:	Fax:
Email:	

Requestor's Attorney/Representative (if applicable)

Name:	
Address:	
Telephone:	Fax:
Email:	

This request must be accompanied with the following items:

- (1) A description of the issue or decision being appealed, be sure to specify the basis upon which the decision is challenged and;
- (2) Include all information and materials that the foster parent, prospective adoptive parent or guardian, or adoptive parent or legal guardian requests the department to consider in resolving the matter, including a copy of the first-level review decision if the foster parent, prospective adoptive parent or guardian, or adoptive parent or legal guardian participated in a first-level review under 7AAC 54.500

Signed: _____

Print name and Relationship to Agency

Please fax, email, or mail this request attention to:

Community Relations Manager (Or Designee)
Office of Children's Services, State Office
P.O. Box 112631
Juneau, AK 99811-2631
Fax: (907) 465-3397
Email: fcs.ocs.communications@alaska.gov
Phone: (907) 465-3548

06-9540 (9/2018) ADMIN

Test T. Worker
Juneau Field Office

Sample Notification 3

ADDRESS PAGE

Central Council of the Tlingit & Haida Indian Tribes

**STATE OF ALASKA
DEPT. OF FAMILY AND COMMUNITY SERVICES**

Mike Dunleavy, GOVERNOR

Office of Children's Services

01/13/2025

Test T. Worker
Juneau Field Office
[REDACTED]

Phone: (907)465-7658
Fax:

DELAYED NOTICE OF CHANGE IN PLACEMENT

Re: Minnie, Mouse

DOB: [REDACTED]

Court#: [REDACTED]

ORCA#: [REDACTED]

Dear Central Council of the Tlingit & Haida Indian Tribes:

A change of placement occurred for the above child on: 01/06/2025

Previous placement: Prior Provider Name

New placement: Provider Name

Reason OCS believes the move was necessary: This is a test.

IMPORTANT NOTICE: Each of the following has the right to contest the placement change if they disagree with the move:

- Legal Parties to the case
- Intervening Tribes
- Adult family members or family friends with whom the child was placed immediately before this change.

For Tribes and Caregivers: If you wish to contest this placement change, please see the instructions on the following page.

Please note that other parties to this case, or their attorneys, including tribes are also receiving this Notice.

Court information for this case:

Kake Superior Court
[REDACTED]

INSTRUCTIONS FOR CONTESTING A PLACEMENT CHANGE

Important note regarding representation: Only certain parties to a case, such as the biological parents and Indian Custodians, are eligible for a free, court-appointed attorney. Tribes and other individuals that are not entitled to a free attorney may be eligible for free legal assistance from Alaska Legal Services Corporation (“ALSC”). To find out if you qualify for these services, you can call ALSC at 1-888-478-2572 (outside Anchorage)/ (907) 272-9431 (inside Anchorage) or send an email to: anchorage@alsc-law.org.

Tribes: You have received this notice because our records reflect you are or may be the child’s tribe as defined by the Indian Child Welfare Act (“ICWA”). You may have the right to intervene in this case if you have not done so already. Regardless of intervention status, you are entitled to notice of all placement changes. You have the right to review or receive a copy of our records regarding placement. If you would like to see or have a copy of those records you may contact the Field Office listed on the top of the previous page. Tribes that have legally intervened also have the right to participate in all proceedings.

For tribes that have already intervened: If you disagree with the placement change, you have the right to contest the decision and ask the judge to overrule it. You may do this by filling out the enclosed *Request for a Superior Court Review Hearing of Placement Change* form and mailing it to the address of the Court listed on the previous page. You should do this as soon as possible. You may also contact ALSC at the number above to see if you are eligible for free legal assistance.

For tribes that have not yet intervened: If you wish to intervene, please see the following website for the appropriate forms: www.alaskatribes.org. If you disagree with the placement change and wish to challenge it, you may file the enclosed *Request for Superior Court Review Hearing of Placement Change* form at the same time you file your intervention paperwork. You may also contact ALSC at the number above to see if you are eligible for free legal assistance.

Adult family members and family friends: If you disagree with the plan to move the child, you have the right to contest the decision and ask a judge to overrule the decision. To do this, you must be an “adult family member” or “family friend” (see next paragraph for explanation) and file a request with the judge on this case. The appropriate request form - *Request for a Superior Court Review Hearing of Placement Change* - is enclosed here. You should mail this form to the address of the Court listed on the previous page as soon as possible. After filing your request, a hearing may be scheduled at which you can appear and explain why the child(ren) should be in your care.

“Adult family member” is defined in AS 47.10.990(1) as a person who is 18 years of age or older and who is related to the child as the child's grandparent, aunt, uncle, or sibling; or is the child's sibling's legal guardian or parent. **“Family friend”** is not defined. If you are unsure as to whether you are an “adult family member” or “family friend” and wish to contest the placement, you can file the request and the judge will decide. (Note: Licensed foster parents who are not parties and who do not meet the definition of “adult family member” or “family friend” may not be entitled to request a hearing; however, if you are in doubt you should file a request and the judge will decide.)

Licensed foster parents not meeting the definition of “adult family member” or “family friend”: If you disagree with the plan to change the placement, and you don’t believe you fall into the category of an “adult family member” or “family friend,” (see paragraph immediately above this one for an explanation) you have the right to grieve the placement change by filing a complaint under the OCS Grievance Procedures. Complaint forms are available on the OCS website at: <http://www.hss.state.ak.us/ocs/>

If you have any other questions, please contact the worker identified on the previous page.

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In re the Matter of (use child's initials only): _____)

_____ (DOB _____))

_____ (DOB _____))

Minor(s) Under the Age of Eighteen Years. _____)

Case No. _____ CP

**REQUEST FOR A SUPERIOR COURT
REVIEW HEARING OF PLACEMENT
CHANGE (AS 47.10.080(S) AND
CINA RULE 19.1(b))**

I/We are the ___ Tribe ___ Relative ___ Family Friend ___ Other (specify: _____) of the child(ren) named above. We are requesting that the Court schedule a hearing to review the Office of Children Services' decision to change the placement of the above-named children. AS 47.10.080(s) and CINA Rule 19.1(b). The stated reason for the change is: _____ The children should not be moved because: _____

_____. (You may attach additional pages as necessary). By filing this request, I am giving OCS permission to release any and all information OCS may have about me that they relied on or considered when they decided to transfer the children to another placement to all other parties in this case. (Note: This applies to individuals, not Tribes).

Date

Your signature

Printed or typed name

Address

City

State/Zip

() _____
Daytime Phone

() _____
Message Phone

Clerk _____

(FOR COURT USE ONLY)

I certify that on _____, I
sent copies of this request to:

ORDER

IT IS SO ORDERED. A hearing to schedule a review of the OCS' placement decision shall be held on the ___ day of _____, 20___ at ___ a.m./p.m. at the _____ Courthouse.

(FOR COURT USE ONLY)

I certify that on _____,
I sent copies of this request to:

Clerk _____

Judge of the Superior Court

Printed Name

Test T. Worker
Juneau Field Office

[REDACTED]

[REDACTED]

Sample Notification 4

ADDRESS PAGE

Mickey M. Mouse

[REDACTED]

[REDACTED]



THE STATE
of **ALASKA**

**Department of Family
and Community Services**

Mike Dunleavy, GOVERNOR

OFFICE OF CHILDREN'S SERVICES

Date: 01/13/2025

Dear: Mickey M. Mouse

Subject: Notice of Right to Request Placement Due to a Change of the Permanency Plan to Adoption/Guardianship

Re: Mouse M. Minnie

This notice is to inform you of an important change for the child(ren) mentioned above. After careful consideration, OCS has re-evaluated the situation and believes that reunification with their legal parents may no longer be possible. As a result, we have adjusted the permanency plan/goal from reunification to either adoption or guardianship. We understand that these decisions are significant and can be emotional. Our primary focus, however, is the well-being of the children.

We firmly believe that when returning to their legal parents is not feasible, it is in the best interest of the children to be in the care of relatives or other individuals they are familiar with and who care for them. OCS is committed to ensuring a smooth transition for the children to provide them with the love and support they need during this time.

If you are unable to be, or unsure about being, a permanent placement option but would like to support the child(ren) in other ways, there are multiple ways to help:

- o Assist with identifying other relatives who may be interested in permanent placement or staying connected.
- o Assist in preserving their extended family and cultural ties.

If you are interested in being a permanent placement option, or a support to the child(ren), please contact the caseworker or reach out to your Tribe for further guidance and information. You can also send an email to fcs.ocs.PSSU@alaska.gov for additional information. You'll find more detailed insights about your rights, the process, and various options on the next page.

Caseworker Name: Test T. Worker

Phone: [REDACTED]

Email: [REDACTED]

Thank you and we look forward to hearing from you soon.

Information regarding your rights, process, and options to request placement

When a child is removed from their home, the Office of Children's Services works to reunify the child with their parents as quickly and safely as possible. When children are not able to return to their parent(s), a different permanent home is needed. If you are interested in having the child(ren) placed permanently with you, please contact the OCS worker listed above.

This letter is to inform you of your right to request permanent placement of the children for the purposes of adoption or guardianship. If you are interested in having the above-named child(ren) permanently placed with you or if you know of other extended family who might be interested in permanently caring for child(ren), please contact the OCS worker as soon as possible. **Relatives have the right to request placement at any time while the child(ren) are in out of home care.**

If you request placement of the above-named child(ren) you will be required to participate in an assessment of your home including background checks on all members of your household age 16 and older. An assessment includes fingerprint-based criminal checks, child protection history checks, home safety checks and other requirements.

OCS will make every effort to make a decision about your request for placement within 45 days of receiving your request. If your request is denied, you will receive a letter from OCS that explains why your request was denied and what rights you have to appeal the decision.

If you are approved for adoption or guardianship, the following are options that can assist you with covering the costs of caring for the child(ren):

1. An individually negotiated cash payment based on the cost of caring for the special needs of the youth.
2. Reimbursement of up to \$2,000 in non-recurring costs associated with finalizing the adoption or guardianship, usually allocated to paying for an adoption or guardianship attorney.
3. Some guardianship subsidies and most adoption subsidies include Medicaid until the youth turns 18.

The Office of Children's Services looks forward to hearing from you. Please contact the worker or send an email to fcs.ocs.PSSU@alaska.gov as noted on the first page if you have any questions regarding this process.