Request to Appeal a Denied Home Assessment Based on a Low-Risk Criminal Offense

**Purpose:** Use this form to inform potential kinship caregivers of their right to appeal a denial of their home assessment due to a low-risk criminal offense.

**Directions:** CPS staff completes Page 1 and the "Return This Form To" section on Page 2. Potential Kinship Caregivers review the entire form, sign, and return it to the designated person by the date indicated at the bottom of Page 2.

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| KINSHIP CAREGIVER INFORMATION | |
| Potential Kinship Caregiver Name 1:  Potential Kinship Caregiver Name 2:  Case Name:  Case ID: | |
| Home Phone Number: | |
| Home Address (include city, state and zip code): | |
| **LOW-RISK CRIMINAL OFFENSE** | |
| A low-risk criminal offense is a nonviolent offense, such as fraud, that the department determines has a low risk of affecting a child’s safety, well-being, or the stability of a child’s placement with a relative or fictive kin. For a list of these offenses visit our website at <http://www.dfps.state.tx.us/Adoption_and_Foster_Care/Kinship_Care/>. | |
| RIGHT TO APPEAL | |
| You have been denied placement of a child due to a low-risk criminal offense. You have a right to appeal that denial. Please note that all placements are decided based on what is in the child’s best interest. Having your denial overturned may not mean the child will be placed in your home. However, you may be able to serve as an ongoing support and connection to the child. You have the right to be interviewed and provide supporting documentation to support your request. | |
| HOW TO APPEAL THE DECISION | |
| Complete the below portion of this form and return it to the designated staff within 15 days. | |
| **Request for Appeal**  I am requesting an appeal of the denial of my home assessment based on a low-risk criminal offense.  I (we) understand that an appeal is conducted by a CPS manager, as designated by the Regional Director. I further understand that having my denial overturned may not mean the child will be placed with me but I may be considered as an ongoing support for the child. | |
| Potential Kinship Caregiver Signature:  X | Date Signed: |
| Potential Kinship Caregiver Signature:  X | Date Signed: |
| RETURN THIS FORM TO | |
| Name of Designated Staff:  Address of Designated Staff:  This Form Must be Received by this date: | |