

KINSHIP CARE EMERGENCY FUND

(Revised 9/15/17)

Purpose

This emergency fund is available for the purpose of removing barriers to making successful placements with relative caregivers and non-relative extended family members (NREFMs). It is available for caregivers who need assistance in meeting the requirements to become an approved home. It is also available to maintain a child's placement with a relative or NREFM. **It may not be used for licensed foster homes.**

Criteria

All expenditures are on a one-time basis to assist relative caregivers and NREFMs requiring emergency services not covered by other sources such as SCIAP or clothing allowances. Emergency funds may be requested by SWs for the following:

- Purchase of beds, dressers, and other furnishings or appliances in order to accommodate or maintain a placement
- Purchase of infant furnishings or safety items needed to childproof the home
- Temporary payment of daycare costs of up to 30 days for a working caregiver
- Food, clothing, diapers and baby formula for a family unable to meet these needs prior to the receipt of regular payments
- Assistance with relocation expenses when needed to provide adequate living space
- Payment for fire inspections for placement of a non-ambulatory child and modifications to the home based on this fire clearance
- Purchase of items necessary to meet approval or licensing requirements, e.g., first aid kits, locking mechanisms for weapons, smoke detectors
- Possible repairs or modifications to a home to meet safety requirements, e.g., modification to pool fencing or security bars
- Other special need requests will be considered.

Procedures

SWs will determine the need for assistance based on the criteria listed above. The procedure for accessing the fund is as follows:

Step	Who	Action
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1	SW	<p>Complete the Request for Kinship Care Emergency Funds (04-318) and obtain a W-9 Form. Both forms may be found in the Forms Repository.</p> <ul style="list-style-type: none"> • Vendor Payment: A store estimate must be attached to the Request Form. The estimate must be on the store's letterhead, and must verify the cost of the item, including additional expenses such as taxes and delivery charges if applicable. A vendor check will be issued if the purchase is approved. A completed W-9 Form should be attached to the request form if the payment is for a service (such as housing costs or temporary childcare). • Caregiver Reimbursement: A check will be issued to the caregiver only if the caregiver is being reimbursed for an item already purchased, and the purchase is approved, and an original receipt is provided with the Request Form. A completed W-9 Form should be attached to the Request Form. <p>NOTE: YMCA Kinship Emergency Fund requests are sometimes submitted by Kinship Navigators working with Relatives and NREFMs, The Kinship navigator will notify the children's social worker of the caregiver's need and request approval before submitting the request. SW approval is needed to ensure that the placement continues to be appropriate for the children and the assistance would support maintain the placement.</p>
2	PSS	Sign the request form.
3	SW	Fax the Request Form at (619) 543 9491 attention Kinship Support Program or e-mail to kinshipyfs@ymca.org .
4	YMCA Kinship Care Emergency Fund authorizer	Review the request and notify the SW that the request is approved or denied.

Payment

Once payment has been approved, the fund authorizer YMCA of San Diego County processes the check and has YMCA staff deliver the check to vendor or caregiver if they are the payee. If necessary, a SW may be asked to pick up and deliver the check to the vendor or the caregiver.

- **Vendor Check:** YMCA staff or SW responsible for the delivery of the check to the vendor or caregiver will obtain original receipt and forward to the fund authorizer **within five days of the date of issuance of the check.**
- The fund authorizer is responsible for sending receipts to fiscal and maintaining payment records.

If you have any questions or comments, please contact [Veronica Sarabia](#)