

Joe Lombardo
Governor

Richard Whitley, MS
Director



DEPARTMENT OF HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES
Helping people. It's who we are and what we do.



Marla McDade
Williams, MPA
Administrator

«NAME»
«Street_Address»
«City», «STATE» «ZIP»

(DATE)

I am currently working with the families of **PARENT, PARENT** and **PARENT**. The **child/children CHILD, CHILD** and **CHILD** are/is the custody of the State of Nevada Division of Child and Family Services. I am contacting you because you have been identified as a possible relative.

The Division of Child and Family Services recognizes and values the importance of children's relationships with relatives and is committed to search for relatives of children who have been placed in foster care so that they may continue to benefit from family connections. Under federal law when a child is removed from parental custody, close adult relatives have a right to be notified for placement purposes and to explore how prospective relatives might play a role in the child's life. I am contacting you in order to determine if you are related to the child(ren) and in what way you would consider being involved, such as being a placement resource, or providing emotional or family support. If you are interested in being considered as a placement resource, or if you know of any other relatives that might be, please contact me to hear options regarding how to become a placement resource either as a relative placement and/or a licensed family foster home.

The Kinship Guardianship Assistance Program is an additional resource for relatives who are licensed foster care providers with a strong attachment to a child but may struggle with financial resources. To be eligible, the child must be in custody with reunification and adoption having been ruled out as the permanency plan. The child must be placed with the licensed relative for a minimum of six consecutive months prior to the establishment of a guardianship.

If you are not able to be a placement resource, there are other ways that you can assist as children who are cared for by someone other than their relatives do better when they are able to maintain a connection to their relatives.

Please mark the option below to express your interest in your level of involvement in this matter. Please feel free to contact me at the number above or through my email address with any questions.

- ☐ I **am** interested in being a placement resource for the child(ren). Please identify how you are related to the mother or father: _____
 - ☐ Please leave your phone number and email here: _____
- ☐ I am **not** interested in being a placement resource but may be a resource in another manner.
- ☐ I am **not** interested in being a resource
- ☐ I am **not** related to this family.

If reunification with a parent has not occurred within 12 months, the Division is obligated to secure another permanent placement for a child. If you are aware of any other relatives or close friends of the family mentioned above, please provide names and contact information for any that might be a placement resource for the child(ren). If no appropriate relatives are identified, permanency may include adoption by a non-relative. Due to the nature and time-sensitivity of this matter, we ask that you return this form within 30 days. If we do not receive this form back within 30 days, we will assume that you are not interested in being a placement resource, or a source of support for the child(ren).

We have received your name through a West Law database that provides us with possible relatives of these parents based on address association. If you are NOT related to these parents or have no knowledge of who the parents are, then please disregard this notice. Our goal is to place this/these child(ren) with relatives, and that is the sole purpose of this search/letter

Thank you,

(Worker)
775-684-19**
(Worker Email)