
A Resource Guide for Grandparents and Other Relatives Raising Children in Oregon 2009



Vision

Special thanks to Milli Morisette, retired employee of DHS Child Welfare, who wrote the first draft of a Resource Guide to help families engaged in kinship care.

Contributing authors

Cory Bolkan, Cheryl Peters, Denise Rennekamp, Sally Bowman

Oregon RAPP Task Force contributors

Judy Bowen, Kelly DeLany, Debra Foote, Marcy Haun, Mike Lutz, Milli Morisette, Bandana Shrestha

Design and layout

Ariel Ginsburg

“Would you like another copy?”

Contact the AARP Oregon State Office toll free at 866-554-5360.

You can download this publication from the website:

<http://extension.oregonstate.edu/fch/healthy-families/parenting-grandchildren>

This book was printed by AARP Oregon. For further information on becoming engaged in positive social change for an aging society, visit <http://www.aarp.org/or>

Publication by



[The Brookdale Foundation](#)

Printed by AARP Oregon

Dedication

To all family members caring for children who are unable to live with their parent(s). You are giving them the gift of family.

A Resource Guide for Grandparents and Other Relatives Raising Children in Oregon

“I thought I was done raising children...and I never thought I’d be raising children that were not my own.”

Hundreds of families in Oregon find themselves caring for relative children. Sometimes families need help to meet these children’s needs.

Your willingness to care for a relative child is a gift—to the child and to the parents. Our hope is that the information on resources, benefits, and services in this guide can assist you to take care of a relative child when his or her parents are unable to do so.

An Oregon resource information guide

This publication was created as a result of a collaboration between several partners. A grant given in 2003 by the Brookdale Foundation’s Relatives as Parents Program (RAPP) to Oregon State University’s Extension Family and Community Development Program was the impetus for creating both a Legal Guide and a Resource Guide on caring for relative children. The Oregon Department of Human Services (DHS) was a partner in developing the content for both guides, and AARP Oregon is the publisher of both documents. The Legal Guide and Resource Guide are also available at this OSU website:

<http://extension.oregonstate.edu/fch/healthy-families/parenting-grandchildren>

Support groups in Oregon

Contact your local Area Agency on Aging (see pages 34–41) for the most recent support group information. Also, visit www.aarp.org/families/grandparents for a list of support groups and other information.

Diverse community resources in Oregon

State, local, and community partners may have special programs and services available for culturally specific populations.

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A Resource Guide for Grandparents and Other Relatives Raising Children in Oregon

Limitations

The material in this book is focused on relatives of children living in Oregon and is up-to-date as of November 2007. Social services are subject to changes to and availability of programs. Eligibility for services, location, and phone numbers of services can also change. Furthermore, this book contains general information only; it does not take into account the facts specific to your situation and cannot take the place of individual counseling or legal advice.

About reading this guide

This book explores a range of opportunities and challenges faced by kinship caregivers. It starts with common issues faced by family members caring for relative children and moves on to provide resources for those families.

Some families caring for relative children may be involved with the Department of Human Services Child Welfare Division. Involvement with Child Welfare may include some unique situations that are discussed separately. The information in this guide is valuable regardless of your involvement with the Child Welfare Division.

Terms of relationship among three generations can be confusing. Here is how this guide uses relationship terms:

- ▶ The law that applies to grandparents also applies to other non-parent relatives. In this book, **grandparent** always includes aunts, uncles, cousins, siblings, great-uncles, etc.—even step-parents who have not adopted their spouse’s children.
- ▶ The words **parent** and **parents** always mean the parents of the minor child(ren) that the grandparent—or other relative—is concerned about.
- ▶ The words **child**, **relative child**, **children**, **grandchild**, and **grandchildren** always identify the minor child(ren) the grandparent or other relative is concerned about.

I

What We Know about Relatives Caring for Children

Kinship care: The provision of full-time nurturing and protection of children by adults, other than parents, who have a family relationship with the children.

If you are a grandparent, aunt, uncle, sibling, or other adult who is caring full-time for a relative's child, you are providing kinship care. The practice of kinship care is not new. Grandparents and other relatives frequently step in when children need to be raised apart from their parents. According to the 2000 Oregon Census Bureau, almost 40,000 Oregon children live in grandparent-headed households and another 14,000 live in households headed by other relatives. This number continues to increase each year, and many families providing kinship care go unreported and unrecognized.

There are many pathways that lead to the need for kinship care. Relatives become caregivers for children because parents commit domestic violence, child abuse, neglect, or abandonment. Or, parents become incapacitated for a variety of reasons: substance abuse, incarceration, military deployment, mental and/or physical illness. Or, parents die.

As the important role of kinship care becomes more acknowledged, more programs are being created to support relative caregivers and children.

Kinship Caregivers

“It wasn’t supposed to be like this...we were supposed to enjoy a cruise with our friends, but now we don’t have the money or the time because we are caring for our grandchild.”

“We were planning to retire in five years. Now what? We have the children to take care of. What if our health fails? Who will take care of the children then?”

“I feel like I am doing this all on my own. I feel isolated. My family and friends don’t understand. I need a break and some support!”

Taking on the responsibility of caring for your relative child can change your life in many ways. It can affect the time devoted to friends, intimate relationships, work, and hobbies. Future plans like retiring or having another child of your own may be delayed. In addition, your normal daily routines may change dramatically. For example, when you have a child in the home, there may be more housework (laundry, cleaning, cooking larger meals) and you may need to add time for homework or school-related activities into your daily schedule. In addition to impacting your relationships and routines, it may also significantly affect your financial situation.

This can be an emotional time. You may feel anger, resentment, jealousy, grief, guilt, fear, doubt, or loss. You may experience the loss of the relationship with the child's parent(s) (your child or other family member), or a change in the relationship with the child. You may also feel a sense of self-satisfaction, love, and pride, knowing that you are providing quality of life for a child in need and meeting the challenges of becoming a caregiver for a relative child.

Often, children return home to their parent(s). Rebuilding and repairing relationships isn't easy in any situation. It can be especially difficult when you have had to assume the parental role for a family member's child. It is important to remember that this can be an emotional experience for everyone involved, and it is not uncommon to experience guilt, worry, blame, and anger.

If you are having a difficult time coping with your new situation, it may help to have someone to talk to. There are counseling resources and support groups listed in this guide that you may find helpful.

Change can be hard for anyone, but here are some tips that might help you to adjust:

- ▶ Join or form a support group.
- ▶ Create a support team by making a list of family members, friends, or professionals who can help out when you need a break.
- ▶ Get organized. Make a realistic schedule with your family and friends to make sure you get the support you need. This can also help you to manage the extra demands on your time.

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What We Know about Relatives Caring for Children

- ▶ Be sure to schedule time for yourself. Take time out for activities you enjoy because this will help you to stay healthy in mind and body.
- ▶ Take care of your own health. Be sure to eat well and get plenty of rest and exercise.

Kinship care can be a tough job. Sometimes it can be frustrating or exhausting, but it can also be one of the most rewarding things you'll ever do—an ultimate act of love. Be sure to ask for help when you need it.

Family members who care for a relative child might face some legal problems given the unique circumstances of their situation. A helpful complement to this Resource Guide is *Oregon's Legal Guide for Grandparents and Other Relatives Raising Children* (a publication also created through the Brookdale Foundation Relatives as Parents Program [RAPP] grant awarded to Oregon State University's Extension Family and Community Development Program). The Legal Guide addresses a range of problems faced by grandparents and other relatives and the laws that apply in those situations. You can find the legal guide online at: <http://extension.oregonstate.edu/fcd/LegalGd.pdf>

Checklists

Important things to do first

Ensure that the child's medical insurance needs are met.

- Apply for the Oregon Health Plan through the Department of Human Services (DHS) Self-Sufficiency offices.
- Or, add the child to your private insurance policy.
- Or, use your personal funds to acquire medical care for your relative child.
- If the child's parent has medical insurance, get the insurance information from him or her.
- If your relative child is in state custody, ask the child's caseworker to apply for medical aid.

Ensure that the child's medical needs are met.

- Schedule comprehensive medical, dental, and mental health assessments.

- Ask about medical care, vitamins, and nutrition, as well as dental and eye care.
- Talk to the child’s health care provider about how the child is doing.
- Make a list of the care provider’s suggestions for immediate and ongoing medical care.
- Ask for referrals, and explain your source of payment.

Ensure that other needs of the child are met.

- Apply for financial assistance through the Department of Human Services (DHS) Self-Sufficiency offices.
- Enroll the child in a local school, and make an appointment to meet with the child’s teacher or school counselor.
- If you are over 60, apply for supportive services through your local Area Agency on Aging Office.

Child checklist

Start a file for the child. The sooner you start, the easier it is.

The file might contain:

- Birth certificate or proof of citizenship
- Photos
- School records
- Immunization records. Ask the child’s parent, school, or physician.
- Social Security card* _____
- Copy of the medical card or child’s insurance coverage
- Any legal documents relating to the child, including any documents giving you authority to have the child in your care.
- Names and phone numbers of the child’s caseworkers, attorney, CASA (Court Appointed Special Advocates), or anyone who has been or is important to the child’s safety and care. Keep this information up-to-date.
- Information about how to contact the child’s parents—where they are, phone numbers and addresses, names and numbers of friends and other family members. If they have been involved with a social service agency, contact the agency to let them know that you have the child.

* With the new HIPAA confidentiality laws, you may have difficulty getting this document. If your child has a caseworker, contact him or her to help you.

II

Meeting the Emotional and Behavioral Needs of Your Relative Child

What is your relative child feeling?

Children may experience many emotions when removed from their homes or parents. They may feel great sadness, loss, grief, and loss of control in their lives. Grief is a normal reaction to loss (such as the physical or emotional absence of a parent or even the loss of home and routines). Young children grieve as much as adults do, but often their grief is masked because it looks different than what we're used to seeing in adults and older youth.

How each child expresses (or doesn't express) his or her feelings varies among children. They may exhibit many unusual behaviors. They may direct anger and resentment towards you.

It can be difficult to know what to say to a child. What do you tell children when:

- ▶ Their parent is seriously ill?
- ▶ Their parent has died?
- ▶ Their parent is in jail?
- ▶ Their parent has a substance abuse problem?
- ▶ Their parent has abused them?

In addition to dealing with these difficult conversations, there may also be school, counseling, or medical issues that you should address. Please refer to sections VI and VII in this guide for a list of Oregon resources.

Children who have been abused or neglected

Unfortunately, many children are in kinship care because they have been abused or neglected by their parents. In Oregon in 2006, there were 12,043 unduplicated child abuse or neglect victims confirmed by the DHS Child Welfare Division. This is an increase of 7 percent from 2005.

You may not immediately know if the child you are caring for has been abused. Abused and neglected children often love the person who is hurting them because it is someone they know well and depend on; therefore, children are sometimes hesitant to reveal abuse out of fear of getting the person in trouble. Another reason children may not disclose abuse is because they have been frightened or threatened by their abuser. Remember, if you are certified by Child Welfare Services, you are required to report abuse.

413-200-0386

Requirements Regarding Mandatory Reporting

Any member of the household and any certified family's employee, independent contractor, or volunteer who works in the certified family's home, must report the pertinent information to the Department upon reasonable cause to believe that any child with whom the person comes in contact has suffered abuse or neglect or that any adult with whom the person comes in contact has abused or neglected a child.

Stat. Auth.: ORS 418.005

Stats. Implemented: ORS 418.005 – 418.640

A child who has been abused may start talking to you about it, and hearing this can be difficult. Be very sensitive and listen carefully when a child is talking to you about abuse; keep in mind that it is very difficult for the child to talk about being abused. This is especially hard for children who have been sexually abused.

How do I respond when a child reports abuse to me?

Tell the child that you believe them and that you are going to contact people who can help. Respect the privacy of the child. The child will need to tell their story in detail later, so don't press the child for details. Remember, you need only suspect abuse to make a report. Don't display horror, shock, or disapproval of parents, child, or the situation. Don't place blame or make judgments about the parent or child.

Sexual abuse can affect a child's development and trigger inappropriate behaviors. Because most sexual assault victims knew

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their abuser, children can be profoundly affected around issues of trust, love, and security. Sometimes, the abuser is someone in their own family. The effects of incest can be distressing to every person within the family. If you are caring for a child who has been sexually abused, you must establish family rules for the safety and protection of everyone. The effects of sexual abuse can be traumatic for everyone in the family. Be sure to seek help immediately for yourself, your family, and especially the child.

To make a report of abuse or neglect, call your local DHS child welfare office between 8 a.m. and 5 p.m. If you need to report abuse after hours, contact your local law enforcement agency or child abuse hotline.

If a child is in immediate danger, call 911.

Children affected by domestic violence

All children are affected by violence in their home, regardless of whether or not they have been physically abused. Children who witness violence in their homes are often as traumatized as those who are directly victimized.

Some common behaviors exhibited by children exposed to violence include sleep disturbances, separation anxiety or worry about a parent's safety, changes in behavior, intrusive thoughts or memories about the violence, and increased physical complaints. These can include things like headaches, stomachaches, vague complaints, and body aches. In addition, a child's ability to concentrate, focus on, and carry out tasks, particularly in school, may be compromised.

Unlike physical abuse, where you might see bruises, it can be difficult to see the effects of family violence. If you suspect the child you are caring for has been exposed to domestic violence, you may want to seek counseling support.

Drug and alcohol affected children

"I feel sad that my adult child's life is a mess."

Many families experience the impact of a family member's abuse of drugs or alcohol. In fact, over the past few years, there has been a 45-percent increase in the number of children placed in

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foster care in Oregon, largely due to a huge increase in drug- and alcohol-related arrests. Parents who have become addicted to a substance may show less interest in the well-being of their children because the primary focus of their life has changed from their children to substance misuse. They may deny substance abuse even though you and other family members and friends know that they are using. This can be painful to observe, and many family members feel helpless to intervene.

Although people can become addicted to many types of substances, the most commonly abused include alcohol, marijuana, prescription medications, cocaine, and methamphetamines. Any of these substances can become destructive to individuals and families when misused.

Methamphetamine abuse. This has become an epidemic in Oregon and across the country. Methamphetamine is a very potent stimulant with unpredictable effects. It can be particularly devastating to families, especially to children who are exposed to methamphetamines in the home. Children growing up in a home that manufactures methamphetamines may inhale dangerous fumes and chemicals and can be neglected by parents who do not want their children to witness them getting high on the drug. This can affect children's physical health (malnourishment, poor hygiene, respiratory ailments), social health (isolated from mainstream society, introduced to use and manufacture of drugs, exposed to unsafe people who may visit the home), and emotional health (insecure, withdrawn, low self-esteem).

Maternal alcohol and drug abuse. There has been an increase in the number of drug- and alcohol-addicted pregnant women, increasing the number of children born with the adverse effects of prenatal drug addiction. The effects of prenatal alcohol and other drug exposure can be debilitating to the developing infant's brain.

There is a wide array of developmental problems that can emerge in children as a result of maternal alcohol and drug abuse, but the effects of prenatal exposure to alcohol and drugs vary widely in children. Sometimes, diagnosing children with this disability is challenging if the only indicators are learning problems and other behavioral characteristics.

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Services that you can encourage your family member to seek for help in achieving sobriety, as well as resources for you and your family to find support and more information on substance addiction, are found on pages 62 and 63.

Children whose parent(s) are deceased

One of the saddest and most painful situations a relative caregiver can face is helping a child deal with the death of a parent. There are no easy answers, but there are ways to help your relative child through the grieving process. It is natural for your relative child to feel deep sadness, loss, fear, and even anger. Talking—and crying—can help. Many children need and can benefit from counseling, a support group, or other special programs for children who have lost parents.

In addition to allowing your relative child to grieve, be sure to let yourself grieve as well. You have also experienced a loss, especially if the parent who died was your child. Be sure to seek support for yourself, either from friends, support groups, or counseling. It is good to be honest with your relative child about the sadness you are feeling, but try not to use him or her as your support system.

Help your relative child to remember, but also to move on. Your relative child may be comforted by making an album, writing stories, or any other activity that helps keep the parent real and remembered. Don't worry if many memories are sad ones, but do try to focus on the good.

Children whose parents are incarcerated

When parents are arrested and put in jail or prison, children are often scared, confused, and upset. The majority of these children reside with another parent or relative during their parent's incarceration. The number of women in jails and prisons has grown exponentially over the past decade. Because women are usually the primary caregivers for minor children, kinship care of children of incarcerated parents will likely continue to grow.

Although it may be tempting to cut off contact with the child's incarcerated parent, this is usually a mistake. More than ever, your relative child will be struggling with feelings of loss, fear for

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the parent, and shame. Research also indicates that inmates with strong family ties and support networks are much more likely to succeed upon release.

Children with incarcerated parents face unique circumstances. Their parents are often housed in prisons far from their home, making it difficult to maintain contact. The parent's re-entry and reunification with his or her children can also be challenging. Furthermore, children of incarcerated parents are five to six times more likely to become incarcerated than their peers.

Contact the parent's jail or prison to find family support programs or family policies in that facility. If your relative child is in the Child Welfare system, you must contact the caseworker first.

Emotional, behavioral, or learning needs in children

As a result of the early stressful life events that your relative child may have experienced, he or she may be at a higher risk for emotional or behavioral issues.

Anxiety. Children and adolescents with anxiety may experience intense fear, worry, or uneasiness that can last for long periods of time and significantly affect their lives. If anxiety is not assessed and treated early, it could lead to problems like repeated school absences or an inability to finish school; impaired relations with peers; low self-esteem; alcohol or other drug use; problems adjusting to work situations; and anxiety disorders in adulthood.

Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD). ADHD/ADD is a common neuropsychiatric condition that affects 6 to 9 percent of school-age children and 4 percent of adults. Symptoms of ADHD/ADD can include difficulty paying attention, being easily distracted, fidgeting, acting impulsively, or difficulty following instructions. The good news is that with diagnosis and treatment, the symptoms of ADHD/ADD can be substantially decreased and one's quality of life can be improved. ADHD/ADD can flare up during periods of stress (such as school or work), in group settings, and when tasks seem difficult or tedious. People with ADHD are often

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creative and highly energetic; however, it can cause problems in relationships and can diminish performance at work or in school.

Depression. Only in the past two decades has depression in children been taken very seriously. A depressed child may pretend to be sick, refuse to go to school, cling to a caregiver, or experience feelings of worry. Older children may sulk, get into trouble at school, be negative, grouchy, and feel misunderstood.

High risk behaviors. Children who have experienced adverse experiences in childhood (recurrent abuse, incarceration of a household member, neglect) may be more likely to engage in unhealthy behaviors, such as substance abuse, sexual promiscuity, self-harm behaviors, and eating disorders.

Learning difficulties. Learning difficulties are disabilities that affect the ability to understand or use spoken or written language, do mathematical calculations, coordinate movements, or direct attention. Although learning disabilities occur in very young children, the disorders are often not recognized until the child reaches school age.

Oppositional Defiant Disorder or Conduct Disorder. All children can be difficult from time to time, particularly when tired, hungry, stressed, or upset. They may argue, talk back, disobey, and defy parents, teachers, and other adults. Oppositional behavior is often a normal part of development for 2- to 3-year-olds and early adolescents. However, openly uncooperative and hostile behavior becomes a serious concern when it is so frequent and consistent that it stands out when compared with other children of the same age and developmental level and when it affects the child's social, family, and academic life. In children with Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD) there is an ongoing pattern of uncooperative, defiant, and hostile behavior toward authority figures that seriously interferes with a child's day-to-day functioning.

Post-Traumatic Stress Disorder (PTSD). Children who have been exposed to a trauma (abuse, witness to violence, experience a life-threatening illness) are at risk for developing

PTSD. PTSD symptoms in children may last for a long time, and may include disturbing memories or flashbacks, repeated nightmares, feeling nervous and jumpy, or feeling emotionally numb.

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Emotional and
Behavioral
Needs of Your
Relative Child

What about counseling?

Most children who have had a troubled relationship with parents can benefit from counseling with a mental health professional. Your relative child has been through a lot. A good counselor can work with you to help your relative child heal and to grow. The team approach can also take some of the pressure off of you. For example, if your relative child seems angry a lot, a counselor can help the child with those feelings. Then, if there is a blow-up at home, you do not have to fight it out. You can say, as calmly as possible, “I understand you’re angry (or hurt or sad). Maybe you could talk about it with Mrs. Smith next Wednesday.”

It is also a good idea to take care of you. Counseling may help you to make better, informed choices or to think of solutions for new challenges in your life.

Types of counselors

Clinical social workers often have experience working with children who have been abused or neglected. They are trained to work with families, and can be a very good choice. Look for the initials **MSW** or **LCSW** after the counselor’s name.

Licensed Professional Counselors (LPC) and **Licensed Marriage and Family Therapists (LMFT)** work with individuals, couples, families, and groups. They are able to work with issues such as marriage, sexual abuse, depression, anxiety, grief or personal growth issues, family discord, and chemical dependencies. Counseling services include the use of recognized counseling techniques, appraisal and assessment methods, and research activities.

Contact each professional directly to find out his or her specialty, fees, experience, and services provided to determine the best therapist for your child/family. You may also want to check with the state licensing boards to verify that the therapist is in good standing.

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Meeting the Emotional and Behavioral Needs of Your Relative Child

Oregon Board of Licensed Professional Counselors and Therapists

<http://www.oblpct.state.or.us>

Oregon State Board of Clinical Social Workers

<http://bcsww.state.or.us>

A **psychologist (PhD)** or a **school counselor (EdD)** may be a good choice if your grandchild also needs work with problems at school.

If your grandchild has serious medical problems and serious mental health problems, you may want to consider a **psychiatrist (MD)**.

Types of counseling your grandchild might benefit from include the following:

Individual therapy. Your grandchild meets one-on-one with the counselor. Individual therapy gives a child lots of adult attention, and may help the child to feel safe.

Group therapy (or support groups). Several children with something in common meet with one or two counselors. Groups might be, for example, “Children being raised by grandparents” or “Children who were sexually abused.” Group therapy can help children feel less alone, and let them learn from others.

Family therapy. Members of a family who want to get along better meet with a counselor. Family therapy can also help the adults in the family to help the children with their problems.

Usually, before a child starts any counseling, there is a meeting between the counselor and the child to try to learn what the child needs. That’s a good time to talk with the counselor about what type of counseling will help your grandchild the most. Sometimes a combination works well, such as individual therapy once a week, and a support group twice a month.



Children with developmental disabilities

Children with developmental disabilities may have additional needs. Here is a brief explanation of some of the most common developmental disabilities.

Autism spectrum disorders. Neurobiological disorders causing impairment in speech and social interaction. Autism, Pervasive Developmental Disorder (PPD), and Asperger's disorder are examples.

Cerebral palsy. Describes various degrees of impairment to the brain caused during, before, or right after birth, resulting in physical and/or cognitive disability. Cerebral palsy can be caused by bleeding in the brain, congenital malformations of the brain, certain chemicals including alcohol and mercury, low birth weight, premature birth, and a pregnant woman's infection with rubella.

Mental retardation. A child is described as having mental retardation when he or she has an IQ of 70 or lower. The average IQ of children and adults who do not have mental retardation is 100. There are several causes of mental retardation, including genetic factors, severe injuries to the brain, problems during pregnancy or birth, and health problems. Mental retardation affects a child's ability to process information, to learn, and to perform basic daily and independent-living skills.

Down syndrome. A genetic condition (an extra chromosome) that affects one in every 800 children born in the United States. Children with Down syndrome often have low muscle tone, mild to moderate mental retardation, heart defects, and a variety of other health issues.

There can also be developmental disabilities caused by traumatic brain injuries or maternal drug abuse.

III

Meeting
the Physical
Needs of Your
Relative Child

Children with physical health problems or conditions

There are many common physical health problems or conditions that your relative child may experience.

Obesity. An increase in body weight beyond skeletal and physical capacity, which may limit physical activity.

Juvenile diabetes. A severe metabolic disorder that has sudden onset before the age of twenty. Diabetes occurs when insulin deficiency prevents the body from using carbohydrates properly. Diet changes may be necessary and sugar intake must be closely monitored.

AIDS/HIV. An epidemic disease caused by the human immunodeficiency virus, a retrovirus that causes immune system failure and is often accompanied by secondary infections such as tuberculosis. AIDS is spread through direct contact with body fluids.

Malnourishment. A deficiency in vitamins and minerals necessary to sustain life.

Eating disorders. Physiological and psychological disturbances in appetite or food intake.

Epilepsy/seizures. Disturbances of brain function, including episodic impairments or loss of consciousness.

Allergies. A state of hypersensitivity induced by exposure to a particular antigen (allergen) resulting in harmful reactions. Common symptoms include sneezing, runny nose, and congestion.

Asthma. A disease characterized by narrowing of the lung passageways making breathing difficult. Symptoms include frequent coughing during play, at night, or while laughing; less energy during play; complaint of chest tightness or chest “hurting”; wheezing; and loss of breath. Special home environment changes may be necessary if a child has asthma.

It is best to speak to your medical provider to assess and treat any of these health conditions. Your medical provider can also provide you with detailed information on these problems.

The potential implications of your child’s physical health problems vary by condition and severity. Health problems might cause changes in your child’s diet, activities, ability to learn, and social interaction. Medication may also be required.

Working with the Department of Human Services (DHS) Child Welfare Division

IV

“Now that another child is added to my family, how do I make sure my family’s needs are met?”

Each family situation is unique. You may need only brief assistance, since most children who go to live with relatives or in foster care return home within a short time. Or, you may need help, resources, and services over a number of months in order to care for your relative child.

When the child is in DHS Child Welfare custody, a caseworker evaluates the needs of the child, the parent, and your situation in order to assess what support you require to care for the child. This is a critical time in the case, and your active participation is essential to successful case planning. There are services available within DHS and in your community that are designed to meet the needs of the entire family.

What happens if the child is involved in Child Welfare?

When there are safety issues in the home that a family is unable to resolve alone, the intervention of the court may be required. State and federal laws define what constitutes child abuse and neglect. If a child has been removed from home due to charges of abuse or neglect, the law determines the time period in which the parents have to prove that they can provide a safe home for their child. The federal Adoption and Safe Families Act (ASFA) allows 14 months from the time a child is removed from home for parents to make changes and create a safe environment for their child. If the child is living with relatives, however, the Court may allow an exception to this timeline.

Generally, DHS Child Welfare helps make a plan for children to return safely to their parents. However, a concurrent or alternate plan for another permanent home is also made in case the child cannot return home. In many cases, adoption may be the

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permanent plan for the child. In 2005, 40 percent of all adoptions statewide were by relatives.

To license your home and ensure that children will be safe when they come to stay with you, DHS child welfare workers require:

- ▶ An agency background check for any history of child maltreatment for all adult members of the household.
- ▶ A criminal history check for all adult members of the household. Fingerprints are required if an applicant has been convicted of any crime or has lived out of state within the past 5 years. Beginning October 1, 2008, all applicants will be fingerprinted without exception.
- ▶ A safety checklist completed at the home.
- ▶ Four references.
- ▶ An in-depth social history and home study.
- ▶ An extensive preliminary and annual training requirement.
- ▶ Regular, ongoing visits in your home.

Each case is considered on an individual basis.

Managing visits and contact with family

“I feel so relieved to have the children with me, but I also want them to have good contact with their parents.”

Many times, relatives intervene directly to provide care for relative children in need. If DHS Child Welfare is involved, qualified relatives are always the required first placement of choice. Either way, managing contact between your relative child and the child’s parent(s), who may be coping with their own problems, can often be challenging. If you are working with DHS Child Welfare, there are many ways that visits can be arranged: supervised or unsupervised visits at the Child Welfare office, at home, or at another location in the community. The visitation plan that best suits your family’s needs will be agreed upon in collaboration with your family and DHS Child Welfare.

IV

Working
with the DHS
Child Welfare
Division

Examples of possible challenges associated with visits and family contacts include:

- ▶ The child may refuse contact with the parent or be extremely upset before and/or after contact with the parent.
- ▶ A parent may lie, break promises, or miss visits.
- ▶ A parent may call or visit a child while he or she is intoxicated or using drugs.
- ▶ A parent may try to abduct the child.

Relatives who are not involved with Child Welfare may find it helpful to contact a support group for relatives raising others' children.

Relatives who are working with Child Welfare can ask for a family meeting to set boundaries or arrange support for visits. Or, be sure to keep a list of concerns to share with your caseworker or request Intensive Family Services to help with visits.

What is a Family Decision Meeting?

A Family Decision Meeting (FDM) is usually scheduled immediately upon DHS Child Welfare involvement. Family members, DHS staff, and others concerned with the well-being of the child (a school teacher, neighbor, minister, grandparent) meet and discuss the best way to protect and care for the child. Family Decision Meeting participants discuss the strengths of the family as well as the needs of the child. The focus of the meeting is to strategize and agree on a plan for the safety and permanent care of the child. Although most plans include the eventual return of the child to the parent's home, an alternate plan is discussed if the first plan does not work out.

What are the expectations of DHS Child Welfare and the court?

If the court is involved in deciding where your relative child will live, there are many expectations of both you and DHS Child Welfare to be sure that the child is being cared for appropriately. In some instances, the Court may grant legal custody of the child to DHS Child Welfare even though the child is living with you.

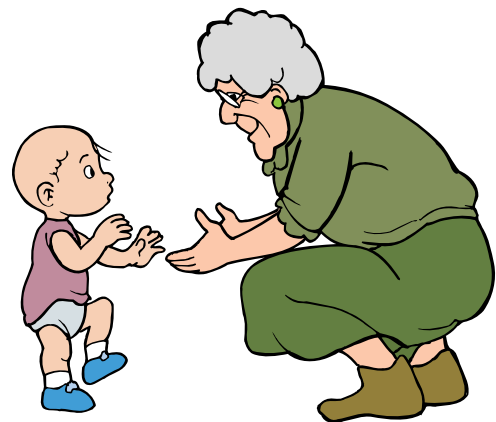
IV

Working with the DHS Child Welfare Division

If DHS Child Welfare has legal custody of the child, you will be notified of any court hearings concerning the child. Court hearings and Citizen Review Board (CRB) reviews provide a lot of information about the child and the child's parents. Your attendance at these hearings is important, because the court and CRB want to hear your opinion of how the child is doing. CASA (Court Appointed Special Advocates) and the child's attorney will also be very helpful to you in meeting the child's needs.

The relationship you have with your DHS Child Welfare caseworker is important. Your caseworker's recommendation to the Court can determine if a child remains in your home or is placed somewhere else. You can tell the worker specifically what you need in order to care for your relative child (childcare, crib, clothes). You may also face difficult issues and situations, such as not agreeing with the service plan created for your relative child, trying to prevent contact between the child and parent, and documenting information regarding the behavior of the child's parents. Your DHS Child Welfare caseworker should be able to support you in dealing with these challenges.

You may experience frustration dealing with public agencies. It is important to know that staff have to interpret and apply rules that are complex and frequently changing. If you disagree with the decisions made by the DHS Child Welfare caseworker, you can contact the caseworker supervisor to discuss your concerns, and review other options outlined in the agency grievance procedure pamphlet.



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Note: All of the resources mentioned below may be subject to eligibility or other requirements.

There are a growing number of resources available for people parenting a relative child. In this section, you'll find information about various programs. Contact information for each program is listed in sections VI, VII, and VIII of this Resource Guide.

Adoption, foster parent, and general resources

Family and Corrections Network (FCN)

FCN is an organization for and about families of prisoners. It offers information, training, and technical assistance on children of prisoners, parenting programs for prisoners, prison visiting, incarcerated fathers and mothers, hospitality programs, keeping in touch, returning to the community, the impact of the justice system on families, and prison marriage.

Contact info: page 58.

Family and Medical Leave Act (FMLA)

Under the Family and Medical Leave Act of 1993 (FMLA), many employees are entitled to a total of up to 12 work weeks of unpaid leave during any 12-month period for the following purposes:

- ▶ Birth of a child of the employee and the care of such child
- ▶ Placement of a child with the employee for adoption or foster care
- ▶ Care of a spouse, son, daughter, or parent of the employee who has a serious health condition
- ▶ Employee's own serious health condition that makes the employee unable to perform the essential functions of his or her position

Contact info: page 63.

Governor's Advocacy Office

The Governor's Advocacy Office includes: Department of Human Services Ombudsman, Children's Ombudsman, and

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Pain Management Program. The Governor's Advocacy Office at the Department of Human Services is part of the Department's Director's Office and serves as the ombudsman for the Department's programs and services. The Children's Ombudsman is also located in this office.

The Governor's Advocacy Office serves thousands of families throughout Oregon every year. Oregon residents experiencing a problem with, or seeking information about, programs or services provided by DHS receive help and direction from the Governor's Advocacy Office's ombudsmen. These concerns include, but are not limited to, child and elder abuse and neglect, access to health and dental programs, homelessness, personal or family crisis, drug and alcohol treatment, mental health programs, and services for the developmentally disabled.

Contact info: page 58.

Legal Aid

Some families have had a hard time finding someone to help them with a legal problem. If you need legal services, contact your local Legal Aid agency to provide you with a starting point in your search. (Note: Each of these agencies provides different services, in different areas, and on different fee scales).

An Oregon legal information guide for individuals raising relative children is available at Oregon State University's Extension Family and Community Development Program website: <http://extension.oregonstate.edu/fcd/LegalGd.pdf>
Or, contact the AARP Fulfillment Office at 888-687-2277.

Oregon Foster Parent Association (OFPA)

OFPA provides services and support to Oregon's foster and adoptive families, and to grandparents and other relatives caring for children. Some of the services and support include:

- ▶ Advocacy with state and private agencies
- ▶ Child behavior education
- ▶ Educational advocacy with schools
- ▶ General training needs
- ▶ Resource and referral for basic needs of children

Contact info: page 59.

Oregon Post Adoption Resource Center (ORPARC)

ORPARC provides a variety of statewide services and supports to any family who has adopted a child from the foster care system both within and outside the state of Oregon. ORPARC provides trainings and workshops throughout the state, and referrals to counselors and other professionals skilled in working with families who have adopted a foster child. ORPARC also has an extensive library of written and video materials, and offers a quarterly newsletter. It has a helpline staffed by experienced parents or family support specialists who can give you immediate help and refer you to a local support group, mentor, or other resource. More information is available by calling their toll-free number or visiting their website. All services are free of charge.

Contact info: page 60.

Social Security Benefits

It has been estimated that more than 10 percent of children and youth in care are eligible for SSI benefits but do not receive them. A Guide to SSI and Social Security Benefits for Children and Youth in Out-of-Home Care provides basic information about the rights of children and youth in out-of-home care to receive SSI and Social Security benefits.

Contact info: page 60.

Child care and respite programs

Relative grant/Child only grant

Provides monthly financial assistance based on the income and resources of only the child. The child is eligible until age 18 (or age 19 if still in high school).

Family Caregiver Support Program

This program provides supportive services to grandparents and other relatives 60 years of age or older, who are raising a grandchild or other family member. These unpaid caregivers may be eligible for supportive services if a child (18 or younger) is living in their home because the child's parents are unable or unwilling to care for them. Through the Family Caregiver

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Support Program, these primary caregivers may be eligible for the following services:

- ▶ Caregiver trainings
- ▶ Support groups and individual counseling
- ▶ Access to respite services
- ▶ Assistance finding services
- ▶ Community outreach and information services

Contact your local Area Agency on Aging office for more information. With the reauthorization of the Older American's Act, the following changes went into effect July 1, 2007:

- ▶ Expands service to older adults caring for a child of any age with a disability
- ▶ Lowers age of eligible grandparents or relative caregivers of children to age 55
- ▶ Clarifies that eligibility is for grandparents or relative caregivers for children related through blood, marriage, or adoption
- ▶ Expands eligibility to relatives responsible for care of individuals of any age with a diagnosis of Alzheimer's or related disorder

Contact info: page 58.

Lifespan Respite Care

Respite care is temporary, short-term care for an individual with special needs, such as developmental and physical disabilities, emotional and behavioral disorders, chronic illnesses, Alzheimer's disease and related health concerns, medical fragility, and those at risk of abuse and neglect. The primary purpose of respite care is to give relief to families and caregivers from the extraordinary and intensive demands of providing ongoing care. Respite strengthens the ability of families and primary caregivers to continue to provide care in the home.

The Oregon Lifespan Respite Care Program is a community-based network of accessible respite care services. Lifespan respite helps families and caregivers seeking temporary relief from the demands of providing ongoing care for an individual with special needs, regardless of age, income, race, ethnicity, special needs or situations. Services may include:

- ▶ Providing respite-related information to the community

- ▶ Connecting individuals and families with respite care services
- ▶ Linking individuals and families with respite payment resources
- ▶ Recruiting and training paid and volunteer respite care providers

Contact info: pages 53 and 58.

Counseling and crisis services

Community mental health

Contact your county's community mental health program for more information on local mental health services, counseling, and crisis services in your area.

Contact info: page 49.

Parents Anonymous

Helpline available as a resource for frustrated parents. Referrals to community resources and support groups are available to callers.

Contact info: page 60.

Women's Crisis Services

A 24-hour hotline for victims of domestic violence or sexual assault. Services include shelter information and referral, women's support groups in English and Spanish, crisis counseling, transitional housing, and play therapy for children who are victims of sexual abuse. The Portland Women's Crisis Line can refer callers to the appropriate agency in their county area. The National Domestic Violence hotline can connect callers to state resources throughout the country.

Contact info: page 61.

Financial assistance

Adoption assistance

If you adopt a relative child, you may receive adoption assistance through child welfare to help pay for your child's special needs. Adoption assistance can provide financial support for legal and other fees relating to adoption, or one-time, unexpected expenses related to the adoption process.

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To be eligible for adoption assistance, the child must meet specific criteria, such as: being diagnosed with a disability, being a part of a large sibling group, being part of a racial or ethnic minority, being age 8 or older, or being at risk for future problems. A child can be eligible for adoption assistance until age 18.

Contact info: page 58.

Community Action Agencies

Community Action Agencies work to eradicate the causes and conditions of poverty that exist in Oregon. This anti-poverty work is done in collaboration with a variety of partners, representing local, state, and federal governments, as well as community and advocacy groups, policymakers, and low-income leaders.

Services offered by Community Action Agencies may include:

- ▶ Housing and transportation
- ▶ Food and utility assistance
- ▶ Emergency services
- ▶ Head Start educational programs

Contact info: page 42.

Child support

The child's parents are legally responsible to support the child financially. One way this is accomplished is through child support payments. The Division of Child Support (DCS) or the local district attorney's office handles the collection of child support, which may be available from each parent to help provide care for a child. If the child is receiving benefits from the State, DCS can be helpful. Most other cases are handled by the local district attorney's office.

Contact info: page 58.

Foster care reimbursement (for children in DHS Child Welfare legal custody only)

A foster care reimbursement may be made on behalf of a child who is in the care and custody of DHS, depending on the child's eligibility. Coverage for medical, dental, eye care, and mental health counseling is also provided. In addition, the family caring for the child must meet extensive DHS standards and requirements.

Self-Sufficiency Offices

The Oregon Department of Human Services, through Self-Sufficiency, offers temporary monthly assistance to eligible families and children.

Contact info: page 46–47.

Temporary Assistance to Needy Families (TANF)

Contact your local Oregon Department of Human Services.

Family grant. Provides monthly financial assistance, based on the household's income, and requires participation in the JOBS program.

Employment Related Day Care (ERDC). This program is for day care expenses due to employment. Eligibility and the amount of the subsidy are based on a number of factors, such as family income and the number of family members. There is a monthly co-pay.

Oregon Helps

<http://www.oregonhelps.org>

It can be tough to get the help your family needs. Try the *Oregon Helps* online resource to find out if your family can get help from 28 different services. *Oregon Helps* does not ask who you are, and does not share your information with anyone. You answer a series of questions about who lives in your household and the county that you live in. Suggestions for services that you may be eligible for based on your characteristics are provided at the end of the questions. It's a great place to start when deciding what services to apply for in the state of Oregon.

Social Security

There are three categories of Social Security benefits available to help children. The eligibility requirements are different for each benefit. In addition, because benefit decisions can take several weeks, it is important to start the application process as soon as possible. If benefits are awarded, they should be retroactive to the date of the application submission.

- ▶ Supplemental Security Income (SSI): A benefit for children who have significant physical or mental impairment.

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- ▶ **Survivor Benefits:** A benefit for children whose parent(s) are deceased.
- ▶ **Social Security Disability Benefits:** A benefit for children who have a parent receiving Social Security Disability. The parent does not need to be living in the home.

Contact info: page 60.

Subsidized guardianship (for children in DHS Child Welfare legal custody only)

Subsidized guardianship is a time-limited program to help families obtain guardianship of children in the custody of DHS. Guardianship assistance includes financial or medical benefits paid to guardian families for costs associated with the needs of the child under their guardianship. Benefits may be in the form of cash and/or Medicaid coverage.

Food, housing, medical coverage, and other living expenses

Emergency food

Most communities have emergency Food Banks. Look in your local telephone directory or contact your local DHS office for more information. You may need to meet certain requirements to be eligible for these services.

Food stamps

Food stamps provide monthly funds for food. Eligibility is based on size of household and income.

Free school meals

Free or reduced prices for school meals may be available through local schools. Children in DHS custody who are placed with relatives or relative families receiving TANF (or on food stamps) are generally eligible. Otherwise, eligibility is based on family income on a sliding scale. Contact the child's school for more information.

Free summer lunch program

Many communities have free summer lunch programs available to children through local schools, parks, and churches.

Contact the child's school for more information. There are generally no income requirements.

Women, Infants, and Children Program (WIC)

Through the county health department, WIC provides nutritional foods and education to women who are pregnant (or have recently given birth) and for children from birth to 5 years of age. Vouchers are provided to buy specific types and amounts of nutritional foods during each month of eligibility. Assessment, counseling, and—if needed—referral to services for pregnant mothers, new mothers, and young children is available. Eligibility is based on household size and income. Children in DHS custody placed with relatives and other adults, or who are on TANF (Temporary Assistance to Needy Families), are generally eligible.

Contact info: page 61.

Housing and utility assistance

Your local Community Action Agency can help you navigate various housing services. Depending on the Oregon county in which you live, there are programs to help find and pay for housing. Eligibility is based on household income and the number of people in the household. Some programs require criminal history background checks of family members. There are typically long waiting lists for these housing options, so be sure to apply as soon as possible. Energy or utility assistance programs can help pay electricity and other heating bills. Eligibility is based on income. There may also be specific programs for older adults.

The Oregon Telephone Assistance Program (OTAP) helps you with your phone bill. The maximum reduction from your phone bill is currently \$13.50 (in 2006). You may get the basic rate of your phone bill reduced if you are getting one of the benefits listed: Food Stamps, Supplemental Security Income (SSI), certain types of medical assistance from the Department of Human Services (DHS), or Temporary Assistance to Needy Families (TANF).

Contact info: page 42.

Medical and dental coverage

Children need routine medical attention, including immunizations, vision check-ups, and dental visits. More significant medical concerns may also arise (malnourishment, ongoing mental health counseling). Some serious medical needs

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might not be obvious at first, so be sure to get medical coverage now so any future health problems will be covered.

Oregon Health Plan (OHP). OHP is medical coverage for children who meet eligibility requirements. Proof of citizenship is required. Relatives and other caregivers can apply for OHP for a child based primarily on the income and resources of that child. The Oregon Health Plan can pay for medical, vision, dental, and mental health services provided in your area. Access to providers is specified. Be sure to check the coverage and which providers you can use with the health plan.

Contact info: page 59.

Oregon SafeNet. SafeNet is a free and confidential helpline providing statewide information and referral services for community health, social, and mental health services; immediate care health services; and pregnancy and reproductive health services. Emphasis is on prevention-based reproductive health programs to reduce unintended pregnancies and help plan for healthy pregnancies. SafeNet is mostly for women, children, and teens, but also helps Oregonians find health care, public services, and provides information about eligibility for the Oregon Health Plan and other low-cost health insurance options.

Contact info: page 60.

Immunization clinics. County health departments usually offer immunizations at no charge or a fee based on income.

Contact info: page 48.

Other help with basic expenses

AARP Tax-Aide

AARP Tax-Aide is the nation's largest, free, volunteer-run tax preparation and assistance service. With the help of more than 32,000 trained and certified volunteers nationwide, the program provides free tax preparation and assistance services to millions of low- and middle-income taxpayers, with special attention to those ages 60 and older. Electronic filing and online counseling are also offered by the program. There are approximately 150 Tax-Aide sites in Oregon. They are open from February 1 through the

middle of April. To find one in your community, visit www.aarp.org/money/taxaide or call 1-888-227-7669.

Contact info: page 66.

Earned Income Credit

This is a tax credit to supplement the income of working people with children. The credit is paid after a family files income taxes, and a relative can get a refund even if no income tax is owed. This credit is available to relatives who are employed and have at least one qualifying dependent child.

Success at school: School services

Securing a good education can help children lead successful lives. Sometimes children who end up in kinship care have had a difficult time in school. Many of these children have moved several times, had no one to help them with their homework, or had special learning needs that were not diagnosed. Without support, these children may get behind and feel defeated.

Many schools have programs available to make sure children receive the best education possible. Services exist to help them prepare for school, to stay in school, and to excel in school. This section includes information on how to help children of all ages (from birth through higher education) to succeed in school.

Early Intervention/Early Childhood programs

Ages birth to school age. If you're worried about your preschool child being hyperactive or missing developmental milestones, contact Early Intervention. Early Intervention provides a free total assessment of your child for developmental delays and also provides services to prepare your child to be successful in his or her school years.

Contact info: page 48.

Education advocacy and information

School-age children. Some children have serious problems that must be addressed, such as attendance or behavioral problems in school. If you are worried that their needs aren't being met, you can contact the following advocacy programs:

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- ▶ Oregon Parent Training and Information Center (ORPTI) is a statewide center serving families of children with disabilities ages birth to 26. Their goal is to educate and support caregivers to build partnerships for children with disabilities. ORPTI provides programs and services throughout the state.

Contact info: page 60.

- ▶ Oregon Advocacy Center (OAC) offers free legal assistance and other advocacy services to individuals who are considered to have physical or mental disabilities.

Contact info: page 59.

Head Start

Head Start is a federal program designed to assist preschool children (ages 2 years to school age, depending on location) to get ready for school. Eligibility is based on income and other factors; however, there are exceptions to these eligibility rules. Most children in the care of relatives and in the custody of the State are eligible.

Children in Head Start generally attend morning or afternoon sessions with transportation available. Some programs also include a child care component for working parents. The purpose of Head Start is to assess the child's needs and to help families find services and support targeted toward school preparation. Since each program has a different age requirement, and often a waiting list, contact your area program as soon as you have a child (between 1 and 6 years old) to learn the specifics of your program.

Contact info: page 58.

Individualized Education Plan (IEP)/Surrogate Parent

If your child has a disability, an Education Surrogate Parent must be appointed to serve in the parental role in order to make education decisions as a part of the education planning team. You may serve in this role, recommend another person, or rely on CASA (Court Appointed Special Advocates). The surrogate parent may request an educational assessment or request meetings as necessary at any time to discuss the child's education plan. Contact the Oregon Parent Training and Information Center for specialized help with your child.

Scholarships and education loans

Loans and scholarships may be available to foster (or former foster) teens who attend college. They must have spent at least 1 year in foster care between the ages of 16 and 21, and enroll in college no later than 3 years from the date they left foster care or graduate from high school, whichever date is earlier.

School fees

There can be many fees associated with school attendance. These can include school supplies, lockers, band instruments, sports, and extracurricular activities. Contact your school counselor or case manager regarding assistance for your child's school fees.

School medical insurance

Some schools have low-cost medical coverage for children. Check with the school counselor to see if your child can receive medical coverage for in-school or after-school activities.

Talented and Gifted programs

If you have a child who you feel is exceptionally gifted in one or more areas, contact your local school. The school has the responsibility to provide gifted children with work that is compatible with their abilities. Your child will be tested and may be identified for the TAG (Talented and Gifted) Program. Contact your child's school counselor for more information.



VI

Resources

Notice

The information in this resource guide is accurate to the best of our knowledge as of January 2007. However, we assume no responsibility for the accuracy of program resources or contact information.

Listing in this guide does not imply an endorsement.

Area Agency on Aging offices, by county

Baker

Community Connection of Northeast Oregon, Inc.

2810 Cedar Street
Baker City 97814
Phone 541-523-6591
Fax 541-963-3187

Benton

Oregon Cascades West Council of Governments

1400 Queen Avenue SE
Albany 97322
Phone 541-967-8630
Toll free 800-638-0510
Fax 541-967-6423
<http://www.ocwcog.org/>

Clackamas

Clackamas Area Agency on Aging

2051 Kaen Road, PO Box 2950
Oregon City 97045-0295
Phone 503-655-8640
Fax 503-650-5722

Clatsop

Astoria Aging NWSDS

450 Marine Drive, Suite 100
Astoria 97103
Phone 503-325-4543
Fax 503-325-7048

Columbia

Area Agency on Aging

Community Action Team
310 Columbia Blvd.
St. Helens 97051
Phone 503-397-3511
Fax 503-397-3290

Area Agency
on Aging
offices,
by county

Coos

Area Agency on Aging

93781 Newport Lane
PO Box 1118
Coos Bay 97420-4030
Toll free 800-858-5777
Phone 541-269-2013
Fax 541-267-0194

Crook

Central Oregon Council on Aging

1113 SW Highland Ave
Redmond 97756
Phone 541-548-8817
Fax 541-548-2893

Curry

Area Agency on Aging

93781 Newport Lane
PO Box 1118
Coos Bay 97420-4030
Toll free 800-858-5777
Phone 541-269-2013
Fax 541-267-0194

Deschutes

Central Oregon Council on Aging

1135 SW Highland Ave.
Redmond 97756
Phone 541-548-8817
Fax 541-548-2893

Area Agency
on Aging
offices,
by county

Douglas

Douglas County Senior Services

621 W. Madrone Street, Room 316
PO Box 2189
Roseburg 97470-3093
Phone 541-440-3580
Toll free 800-234-0985
Fax 541-440-3599
E-mail: seniors@co.douglas.or.us
<http://www.co.douglas.or.us/dch/>

Gilliam

Mid-Columbia COG

1113 Kelly Avenue
The Dalles 97058
Phone 541-298-4101
Fax 541-298-2084

Grant

Community Connection of Northeast Oregon

104 Elm Street
LaGrande 97850-2621
541-963-3186
Fax 541-963-3187

Harney

Harney County Senior Citizens, Inc.

17 S Alder Street
Burns 97720-2048
Phone 541-573-6024
Fax 541-573-6025

Hood River

Mid-Columbia COG

1113 Kelly Avenue
The Dalles 97058
Phone 541-298-4101
Fax 541-298-2084

Jackson

Rogue Valley Council of Governments

155 N. First Street
PO Box 3275
Central Point 97502-2209
Phone 541-664-6674
Fax 541-664-7927

Area Agency
on Aging
offices,
by county

Jefferson

Central Oregon Council on Aging

1135 SW Highland Ave
Redmond 97756
Phone 541-548-8817
Fax 541-548-2893

Josephine

Rogue Valley Council of Governments

155 N. First Street
PO Box 3275
Central Point 97502-2209
Phone 541-664-6674
Fax 541-664-7927

Klamath

Klamath Basin Senior Citizens Council

PO Box JE
Klamath Falls 97602-1205
Phone 541-882-4098
Fax 541-883-7175

Lake

Klamath Basin Senior Citizens Council

2045 Arthur Street
Klamath Falls 97603
Phone 541-882-4098
Fax 541-883-7175

Area Agency
on Aging
offices,
by county

Lane

Lane Council of Governments

1015 Willamette, Suite 200
PO Box 11336
Eugene 97440-3536
Phone 541-682-4038
Toll free 800-441-4038
Fax 541-682-2484
E-mail: sds@lcog.org
<http://www.sdslane.org>

Lincoln

Oregon Cascades West Council of Governments (OCWCOG)

1400 Queen Avenue SE, Suite 206
Albany 97322
Phone 541-967-8630
Toll free 800-638-0510
Fax 541-967-6423
<http://www.ocwcog.org/>

Linn

Oregon Cascades West Council of Governments

1400 Queen Avenue SE, Suite 206
Albany 97322
Phone 541-967-8630
Toll free 800-638-0510
Fax 541-967-6423
<http://www.ocwcog.org/>

Malheur

Malheur Council on Aging

842 SE First Avenue
PO Box 937
Ontario 97914
Phone 541-889-7651
Fax 541-889-4940

Marion

NW Senior and Disability Services (NWSDS)

3410 Cherry Ave NE
PO Box 12189
Salem 97309-0189
Phone 503-304-3400
Toll free 800-469-8772
Fax 503-304-3434
<http://www.nwsds.org>

Area Agency
on Aging
offices,
by county

Morrow

Community Action Program East Central Oregon

721 SE 3rd, Suite D
Pendleton 97801
Phone 541-276-1926
Toll free 800-752-1139
Fax 541-276-7541

Multnomah

Multnomah County Aging and Disability Services (ADS)

421 SW Oak Ave., Suite 510
Portland 97204-2238
Phone 503-988-3620
Fax 503-988-6945
<http://www.co.multnomah.or.us/ads/>

Polk

Northwest Senior and Disability Services Dallas Aging

182 SW Academy Street, Suite 102
PO Box 89
Dallas 97338-0089
Phone 503-623-2301
Toll free 800-469-8772
Fax 503-623-2804
<http://www.nwsds.org/>

Area Agency
on Aging
offices,
by county

Sherman

Mid-Columbia COG

1113 Kelly Avenue
The Dalles 97058
Phone 541-298-4101
Fax 541-298-2084

Tillamook

Tillamook Aging NW Senior and Disability Services (NWSDS)

Wilson River Building
4670 East Third Street
Tillamook 97141
Phone 503-842-2700
Toll free 800-584-9712
Fax 503-842-6290

Umatilla

Community Action Program East Central Oregon

721 SE 3rd, Suite D
Pendleton 97801
Phone 541-276-1926
Toll free 800-752-1139
Fax 541-276-7541

Union

Community Connection of Northeast Oregon

104 Elm Street
La Grande 97850-2621
Phone 541-963-3186
Fax 541-963-3187

Wallowa

Community Connection of Wallowa County

702 NW First
Enterprise 97850
Phone 541-426-3840
Fax 541-426-6260

Wasco

Mid-Columbia COG

1113 Kelly Avenue
The Dalles 97058
Phone 541-298-4101
Fax 541-298-2084

Area Agency
on Aging
offices,
by county

Washington

Washington County Dept. of Aging and Veteran Services

133 SE Second Avenue
Hillsboro 97123-4026
Phone/TTY 503-640-3489
Fax 503-640-6167
<http://www.co.washington.or.us/DEPTMTS/aging/aging.htm>

Wheeler

Mid-Columbia Seniors and People with Disabilities

1113 Kelly Avenue
The Dalles 97058
Phone 541-298-4101
Fax 541-298-2084

Yamhill

Northwest Senior and Disability Services—McMinnville Aging

300 SW Hill Road
McMinnville 97128
Phone 503-472-9441
Toll free 866-333-7218
Fax 503-472-4724

Community Action Agency offices, by area

<http://cado-oregon.org/members.htm>

1. Jackson County _____

ACCESS, Inc.

PO Box 4666
3630 Aviation Way
Medford 97501
Phone 541-779-6691
Fax 541-779-8886
www.access-inc.org

2. Yamhill County _____

Yamhill Community Action Partnership (YCAP)

PO Box 621 (mail)
800 E. Second Street
McMinnville 97128
Phone 503-472-0457 ext. 243
Fax 503-472-5555

3. Gilliam, Morrow, Umatilla, and Wheeler counties

Community Action Program of East Central Oregon (CAPECO)

721 SE 3rd Street Ste. D
Pendleton 97801
Phone 800-752-1139
Fax 541-276-7541
www.capeco-works.org

4. Deschutes, Jefferson, and Crook counties _____

Neighbor Impact

2303 SW First Street
Redmond 97756
Phone 541-548-2380 ext. 100
Fax 541-548-6013
neighborimpact.org

5. Clackamas County _____

Clackamas County Social Services

PO Box 2950
2051 Kaen Road
Oregon City 97045
Phone 503-655-8640
Fax 503-650-5722
www.co.clackamas.or.us/socialservices/

Community
Action Agency
offices,
by area

6. Washington County _____

Community Action Organization (CAO)

1001 SW Baseline Street
Hillsboro 97123
Phone 503-648-6646
Fax 503-648-4175
www.CommunityAction4u.org

7. Columbia, Clatsop, and Tillamook counties _____

Community Action Team, Inc.

310 Columbia Blvd.
St. Helens 97051
Phone 503-397-3511
Fax 503-397-3290
www.cat-team.org

8. Wallowa, Union, Baker, and Grant counties _____

Community Connection of NE Oregon (CCNO)

104 Elm Street
LaGrande 97850
Phone 541-963-3186
www.ccno.org

9. Linn, Benton, and Lincoln counties _____

Community Services Consortium

545 SW 2nd, Suite A
Corvallis 97333-4466
Phone 541-752-1010
Fax 541-752-2348
www.csc.gen.or.us

11. Klamath and Lake counties _____

Klamath/Lake Community Action Services

305 Main (mail)
403 Pine Street, 3rd Floor
Klamath Falls 97601
Phone 541-850-5388
Fax 541-885-3336

12. Lane County _____

Lane County Human Services Commission

125 E 8th Avenue
Eugene 97401
Phone 541-682-3798
Fax 541-682-3760
www.lanecounty.org/hsc

13. Hood River, Wasco, and Sherman counties _____

Mid-Columbia CAC (MCCAC)

PO Box 1969
The Dalles 97058
Phone 541-298-5131
Fax 541-298-5141
Hood River
Phone 541-386-4027
Fax 541-387-2189
www.mccac.com

14. Marion and Polk counties _____

Community Action Agency Marion/Polk (CAA)

2475 Center Street NE
Salem 97301
Phone 503-585-6232
Fax 503-375-7580
www.mwvcaa.org/

15. Multnomah County _____

Multnomah County Office

DSCP (Dept of School and Community Partnerships)
421 SW Oak St., Suite 200
Portland 97204
Phone 503-988-6295

Fax 503-988-3332
www.co.multnomah.or.us/dscp/index.shtml

16. Coos, Curry, and western Douglas counties _____

Oregon Coast Community Action (ORCCA)

2110 Newmark Avenue
Coos Bay 97420-2957
Phone 541-888-7094
Fax 541-888-7027
www.orcca.us/

Community
Action Agency
offices,
by area

17. Douglas and Josephine counties _____

Umpqua Community Action Network (UCAN)

2448 W. Harvard Blvd.
Roseburg 97470
Phone 800-301-8226
Fax 541-464-6499
www.ucancap.org

18. Harney and Malheur counties _____

Harney-Malheur County CAA (HMCAA)

17 S. Alder Street
PO Box 728
Burns 97720
Phone 541-573-6024
Fax 541-573-6025

19. Statewide _____

Oregon Human Development Corporation

9620 SW Barbur Blvd., Suite 110
Portland 97219
Phone 503-245-2600
Fax 503-245-9602
<http://www.ohdc.org/>

Oregon Department of Human Services offices, by county

State Office

Department of Human Services
500 Summer St. NE
Salem 97301
dhs.info@state.or.us
Phone 503-945-5944
Fax 503-378-2897
TTY 503-945-6214

Baker541-523-3648

Benton541-757-4201

Clackamas

Milwaukie503-731-3400

Oregon City503-657-2043

Clatsop

Astoria503-325-2021

Gearhart (over 60)503-738-5191

Columbia503-397-1784

Coos

Coos Bay541-888-2667

Crook541-447-3851

Curry541-247-0247

Deschutes

Bend541-388-6010

LaPine541-536-5380

Redmond541-548-5547

Douglas

Canyonville541-839-6901

Reedsport541-271-4851

Roseburg541-440-3301

Gilliam541-384-2882

Grant541-575-0309

Harney

Burns541-573-5227

(Child welfare)541-573-2086

Hood River

(Child welfare)541-386-2962

(Self-sufficiency)541-386-3199

Jackson

Ashland541-482-2041

Medford

(administrative, main) 541-776-6186

Medford541-776-6120

Rogue Valley

(administrative)541-858-3104

Jefferson541-475-6131

Josephine

Cave Junction541-592-4149

Grants Pass541-474-3101

Klamath541-883-5511

Lake541-947-2273

Lane

Cottage Grove541-942-9186

Eugene,

McKenzie Center541-686-7555

Eugene, West541-686-7722

Florence541-997-8251

Springfield541-726-6644

Springfield,

Gateway Center541-726-6644

Lincoln

Newport541-265-2248

Linn

Albany.....541-967-2078

Lebanon541-259-5860

Malheur.....541-889-9141

Marion

Keizer.....503-373-0808

Salem, North503-378-2731

Salem, South.....503-378-6327

Santiam503-769-7439

Woodburn.....503-980-6677

Multnomah

District office503-731-3111

Morrow541-481-2093

Polk503-623-5526

Sherman541-296-4661

Tillamook503-842-5571

Umatilla

Hermiston.....541-567-2253

Milton-Freewater.....541-938-6627

Pendleton541-276-9000

Union.....541-963-4113

Wallowa.....541-426-4558

Wasco.....541-298-4961

Washington

Beaverton503-646-9952

Hillsboro.....503-648-8951

North Tualatin503-620-6418

Tigard503-670-9711

Wheeler.....541-384-2882

Yamhill503-472-0311

Oregon Health Department offices, by county

State Office

State of Oregon—Public Health Division
800 NE Oregon Street
Portland 97232
Phone 503-731-4000
TTY 503-731-4031
health.webmaster@state.or.us

Baker	541-523-8211	Lake	541-947-6045
Benton	541-766-6835	Lane	541-682-4035
Clackamas	503-655-8430	Lincoln	541-265-4112
Clatsop	503-325-8500	Linn	541-967-3888
Columbia	503-397-4651	Malheur	541-889-7279
Coos	541-756-2020 (ext. 510)	Marion	503-588-5357
Crook	541-447-5165	Morrow	541-676-5421
Curry	541-247-3300	Multnomah	503-988-3674
Deschutes	541-322-7400	Polk	503-623-8175
Douglas	541-440-3500	Sherman	541-506-2600
Gilliam	541-384-2061	Tillamook	503-842-3900
Grant	541-575-0429	Umatilla	541-278-5432
Harney	541-573-2271	Union	541-962-8801
Hood River	541-386-1115	Wallowa	541-426-4848
Jackson	541-774-8209	Wasco	541-506-2600
Jefferson	541-475-4456	Washington	503-846-8851
Josephine	541-474-5325	Wheeler	541-763-2725
Klamath	541-882-8846	Yamhill	503-434-7525

Community Mental Health Programs, by county

Baker

Mountain Valley Mental Health Programs
541-523-3646

Benton

Benton County Mental Health Program
541-766-6835

Clackamas

Clackamas County Mental Health
503-742-5300

Clatsop

Clatsop Behavioral Healthcare (private, nonprofit for OHP
eligibles)
503-325-8500

Columbia

Columbia Community Mental Health, Inc. (nonprofit)
503-397-5211

Coos

Coos County Mental Health Program
541-756-2020 (ext. 528)

Crook

Crook County Mental Health Program
541-447-7441

Curry

Curry County Mental Health Program
541-247-4082

Deschutes

Adult Treatment Services
Deschutes County Mental Health Services
541-322-7500

Douglas

Douglas County Health and Social Services Department
541-440-3616

Gilliam

Mid-Columbia Center for Living
541-296-5452 (The Dalles area)

Grant

Grant County Center for Human Development
541-575-1466

Harney

Harney Counseling and Guidance Services
541-573-8376

Hood River

Mid-Columbia Center for Living
541-386-2620

Jackson

Jackson County Health and Human Services
541-776-7355

Jefferson

Best Care Treatment Services (nonprofit,
contracted through the county)
541-475-6575

Josephine

Josephine County Mental Health Program
541-474-5365

Klamath

Klamath Mental Health Center
541-882-7291
Toll free 800-667-0839

Lake

Lake County Mental Health Center
541-947-6021

Lane

Lane County Mental Health Office
541-682-3608
541-682-4085

Lincoln

Lincoln County Mental Health Program
541-265-4179

Linn

Linn County Health Services
541-967-3866

Malheur

Lifeways Behavioral Health (non-profit)
541-889-9167

Marion

Marion County Adult Behavioral Health
503-588-5357

Morrow

Morrow/Wheeler County Mental Health Program
541-481-2911

Multnomah

Multnomah County Behavioral Health Division
503-988-5464

Polk

Polk County Mental Health
503-623-9289

Sherman

Mid-Columbia Center for Living
541-296-5452 (The Dalles area)
541-386-2620 (Hood River area)

Tillamook

Tillamook Family Counseling Inc.
503-842-8201

Community
Mental Health
programs,
by county

Umatilla _____

Umatilla County Mental Health Program
541-278-6334

Union _____

Center for Human Development for Union County
541-962-8800

Wallowa _____

Wallowa Valley Mental Health Center
541-426-4524

Wasco _____

Mid-Columbia Center for Living
541-296-5452

Washington _____

Washington County Health and Human Services
503-846-8881

Wheeler _____

Morrow/Wheeler County Mental Health Program
541-676-9161

Yamhill _____

Yamhill County Mental Health Program
503-434-7523

Oregon Lifespan Respite Care Programs, by county

Baker

Lifespan of Baker County
2810 Cedar Street
Baker City 97814
541-523-6591

Benton

Family Connections
6500 Pacific Blvd SW
Albany 97321
541-917-4899 or 800-845-1363

Clackamas

Clackamas Lifespan Respite
2051 Kaen Road
Oregon City 97045
503-650-5724

Clatsop

Clatsop Lifespan Respite
364 9th Street
Astoria 97103
503-325-1400

Columbia

Caring Options Lifespan Respite
310 Columbia Blvd
St. Helens 97051
503-366-6543 or 800-404-3511

Coos

CARE Connections
1988 Newmark
Coos Bay 97420
541-888-7336

Crook

Tri-County Lifespan Respite
2577 NE Courtney Drive
Bend 97701
541-322-7554

Curry

CARE Connections
97829 Shopping Center Ave.
Brookings 97415
541-469-9299 ext. 224

Deschutes

Tri-County Lifespan Respite
2577 NE Courtney Drive
Bend 97701
541-322-7554

Douglas

Douglas County Lifespan Respite
736 SE Jackson
Roseburg 97470
541-957-8874

Gilliam

Gilliam Lifespan Respite
133 S. Church St
Condon 97823
541-384-3995

Grant

Lifespan Respite
170 Ford Road
John Day 97845
541-575-1648

Harney

Lifespan Respite of Central Oregon
2577 NE Courtney Drive
Bend 97720
541-322-7554

Jackson

Lifespan Network of Jackson County
2860 State Street
Medford 97502
541-821-8764

Jefferson

Tri-County Lifespan Respite
2577 NE Courtney Drive
Bend 97701
541-322-7554

Oregon
Lifespan
Respite Care
programs,
by county

Josephine

Josephine County Lifespan Network
2166 NW Vine Street
Grants Pass 97526
541-471-2863

Klamath

Lifespan Respite Care
415 Main Street
Klamath Falls 97601
541-850-5200

Lake

Lifespan Respite
415 Main Street
Klamath Falls 97601
541-850-5200

Lane

Lifespan Respite Referral of Lane County
4181 E Street
Springfield 97478
541-343-5256 ext. 117

Lincoln

Family Care Connection
29 SE Second Street
Newport 97365
541-574-6534 or 800-603-2728

Linn

Family Connections
6500 Pacific Blvd SW
Albany 97321
541-917-4884 or 800-845-1363

Malheur

Lifespan Respite Care
186 East Lane, Suite 5
Ontario 97914
541-889-8657

Marion

Lifespan Respite Care
PO Box 20400
Keizer 97307-0400
503-857-7334 or 888-393-0657

Morrow

Lifespan Respite Care
721 SE Third St. Suite D
Pendleton 97801
541-278-5696 and 800-752-1139 ext. 148

Multnomah

Lifespan Respite
421 SW Oak St., Suite 510
Portland 97204
503-988-4790
Helpline 503-988-3646

Polk

Lifespan Respite Care
PO Box 20400
Keizer 97307-0400
503-857-7334 or 888-393-0657

Sherman

Lifespan Respite
300 Dewey Street
Moro 97039
541-565-3434 or 877-279-8262

Tillamook

Lifespan Respite
PO Box 20400
Keizer 97307-0400
503-857-7334 or 888-393-0657

Umatilla

Lifespan Respite Care
721 SE Third St. Suite D
Pendleton 97801
541-278-5696 and 800-752-1139 ext. 148

Union

Lifespan Respite of Union County
104 Elm St
La Grande 97850
541-963-3186

Wallowa

Wallowa Lifespan Respite Care
702 NW 1st Street
Enterprise 97828
541-426-0221

Wasco

Lifespan Respite Care
312 E 4th Street
The Dalles 97058
541-298-5131
Hood River 541-386-4027

Washington

Washington County Lifespan Respite
133 SE 2nd Ave
Hillsboro 97123
503-615-4672

Wheeler

Lifespan Respite
300 Dewey Street
Moro 97039
541-763-4124

Yamhill

Lifespan Respite Care Network
PO Box 20400
Keizer 97307-0400
503-857-7334 or 888-393-0657

VII

Alphabetical Listing of Resources

Adoption assistance

503-945-5988

Or, contact your local DHS Child Welfare office.

Court Appointed Special Advocates (CASA)

503-373-1283 (State of Oregon Director)

Division of Child Support

800-850-0228

503-986-6090

<http://dcs.state.or.us>

Early Intervention

Contact your local county health department.

Employment-related daycare

Contact your local DHS Self Sufficiency office.

Family and Corrections Network

434-589-3036

www.fcnetwork.org

Family Caregiver Support Program

Contact your local Area Agency on Aging office.

Food Stamp Program

800-723-3638

<http://www.oregon.gov/DHS/assistance/foodstamps/foodstamps.shtml>

Governor's Advocacy Office (only for DHS)

800-442-5238

Head Start

<http://www.acf.hhs.gov/programs/hsb>

Contact the Oregon Department of Education.

Immunization Clinics

<http://oregon.gov/DHS/ph/imm/index.shtml>

Contact your county health department or local school.

Lifespan Respite Care

www.oregon.gov/DHS/spd/caregiving/ls_respite.shtml

Oregon Advocacy Center

620 SW 5th Avenue, 5th Floor
Portland 97204-1428
Phone 503-243-2081
Toll free 800-452-1694
TTY 503-323-9161 or 800-556-5351
www.oradvocacy.org

Oregon Commission on Children and Families

503-373-1283
<http://www.oregon.gov/OCCF/index.shtml>

Oregon Counseling Non-Profit Consumer Protection

888-706-9933
<http://www.oregoncounseling.org>

Oregon Department of Education

503-947-5600
<http://www.ode.state.or.us>

Oregon Department of Human Services

<http://www.oregon.gov/DHS/index.shtml>

Oregon Department of Justice

<http://www.doj.state.or.us>

Oregon Food Bank

800-777-7427
http://www.oregonfoodbank.org/ofb_services/statewide_services

Oregon Foster Parent Association

707 13th St. SE, Suite 275
Salem 97301
503-361-3906
888-544-3402
E-mail: ofpaoffice@aol.com

Oregon Health Plan

800-359-9517
<http://www.oregon.gov/DHS/healthplan>

VII

Alphabetical
Listing of
Resources

Oregon Housing and Community Services

503-986-2000

<http://www.ohcs.oregon.gov>

Oregon Parent Training and Information Center

888-505-2673 (toll-free in state only)

503-581-8156

www.orpti.org

Oregon Post Adoption Resource Center

800-764-8367

www.orparc.org

Oregon SafeNet

800-SafeNet

800-723-3638

Oregon Student Assistance Commission

800-452-8807, ext. 7395

Parents Anonymous

503-258-4380

www.parentsanonymous.org

Self-Sufficiency offices

Contact your local Oregon Department of Human Services.

Seniors and People with Disabilities Division (DHS)

<http://www.oregon.gov/DHS/aboutdhs/structure/spd.shtml>

Social Security

800-772-1213

www.ssa.gov

Temporary Assistance to Needy Families (TANF)

Contact your local Oregon Department of Human Services.

Violence (Family Violence Resources)

Toll free 888-235-5333

Portland area 503-235-5333

800-799-SAFE (national 24-hour crisis hotline)

http://www.co.multnomah.or.us/dchs/dv/dvman_index.shtml

WIC Program (Women, Infants, and Children Program)

971-673-0040

<http://www.oregon.gov/DHS/ph/wic/>

Women's Crisis Services

503-399-7722

800-399-7722 (toll free in Oregon)

<http://www.mvwcs.com>

VII

Alphabetical
Listing of
Resources

VIII

Additional Online Resources

AARP's Help for Grandparents Raising Grandchildren

This site provides useful information for individuals raising relative children, including publications and information for support groups.

888-687-2277

www.aarp.org/families/grandparents

Administration for Children and Families

Information on Temporary Assistance to Needy Families (TANF), Medicaid, and the Energy Assistance Program, plus much more.

<http://www.acf.hhs.gov/>

Alcoholics Anonymous, Al-Anon, and Alateen in Oregon

Alcoholics Anonymous (AA) is also listed in most phone books, and drop-in meetings are generally available every day of the week. Al-Anon and Alateen are for alcohol affected children, family members, and partners/spouses.

www.aa.org

<http://www.oregonal-anon.org>

The Brookdale Foundation Group

The Relatives as Parents Program (RAPP) was initiated in 1996. It is designed to encourage and promote the creation or expansion of services for grandparents and other relatives who have taken on the responsibility of parenting children whose parents are absent.

www.brookdalefoundation.org

<http://www.brookdalefoundation.org/relativesasparents.htm>

The Child Welfare League of America

The Child Welfare League of America is the nation's oldest and largest membership-based child welfare organization.

202-638-2952

www.cwla.org

Children's Defense Fund (CDF)

The Children's Defense Fund provides a strong, effective voice for all the children of America who cannot vote, lobby, or speak

for themselves. CDF pays particular attention to the needs of poor and minority children and those with disabilities. CDF encourages preventive investment in children. CDF began in 1973 and is a private, nonprofit organization supported by foundation and corporate grants and individual donations.

202-628-8787

www.childrensdefense.org

Child Welfare Information Gateway

The Child Welfare Information Gateway provides access to information and resources to help protect children and strengthen families. (This was formerly the National Clearinghouse on Child Abuse and Neglect Information and the National Adoption Information Clearinghouse.)

800-394-3368

<http://www.childwelfare.gov/>

Family and Medical Leave Act

This website provides an overview of the current law and additional materials that may be helpful for employer compliance.

<http://www.dol.gov/esa/whd/fmla>

Generations United

Their mission is to improve the lives of children, youth, and older people through intergenerational collaboration, public policies, and programs for the enduring benefit of all.

www.gu.org

GrandsPlace

This site has information on the Oregon Grandparent Support Center for Kinship Caregivers.

<http://www.grandsplace.org/gp4/or.html>

KINship Information Network

This is an organization dedicated to kinship caregivers.

www.kinsupport.org

Narcotics Anonymous in Oregon

This website includes treatment information presented by Oregon county.

<http://theagapecenter.com/NAinUSA/Oregon.htm>

VIII

Additional
Online
Resources

National Aging Information Center

Access more information here about the Administration on Aging, its mission, budget, and organizational structure. Also, you can learn more about the Older Americans Act, the federal legislation establishing the Administration on Aging and authorizing a range of programs that offer services and opportunities for older Americans and their caregivers.

<http://www.aoa.gov>

www.aoa.dhhs.gov

National Committee of Grandparents for Children's Rights

The National Committee of Grandparents for Children's Rights is a coalition of concerned grandparents, citizens, and agencies who create one powerful voice. They network with groups throughout the nation that share goals. Their mission is to advocate and lobby for substantial and urgent legislative changes that protect the rights of grandparents to secure their grandchildren's health, happiness, and well-being. They are committed to monitor agencies that affect our grandchildren at the city, county, state, and federal levels, and to protect the rights of grandparents and the needs of grandchildren who are at risk.

866-624-9900

www.grandparentsforchildren.org

National Family Caregiver Alliance (FCA)

FCA is a public voice for caregivers. FCA supports programs in education, services, research, and advocacy. The mission of FCA is to sustain and support the important work of families nationwide caring for loved ones with chronic, disabling health conditions.

<http://www.caregiver.org/caregiver/jsp/home.jsp>

National Academy of Elder Law Attorneys (NAELA)

The website offers extensive advice for finding and hiring an elder law attorney, in addition to a NAELA member search for an attorney in your area.

<http://www.naela.com>

Network of Care

This website provides information about community resources for seniors and people with disabilities, along with their caregivers and service providers.

oregonnetworkofcare.org

Oregon Department of Corrections: Children of Incarcerated Parents Project

The Department of Corrections has a guide for caregivers of children whose parents are in prison. It may help you explain to children and families what it is like to have a mother, father, or other close family member who is incarcerated. You can find the guide at:

http://www.oregon.gov/DOC/PUBAFF/docs/oam/2003_childrens_project.pdf

The website below describes the Oregon research study designed to promote the well-being of children of incarcerated parents. You can also find there a booklet designed to help caregivers answer children's questions about jail and prison.

www.oregon.gov/DOC/PUBAFF/oam_booklet.shtml

Oregon Lifespan Respite Care Program

The Oregon Lifespan Respite Care Program helps counties develop and implement community-based lifespan respite care networks. The networks help caregivers find respite care services in their communities.

http://www.oregon.gov/DHS/spd/caregiving/ls_respite.shtml

Oregon Meth Watch

The Oregon Meth Watch website provides up-to-date information on how the drug methamphetamine is affecting our state.

www.oregonmethwatch.org

Oregon Partnership's Alcohol and Drug HelpLine

This is a free, confidential referral service that gives information about substance abuse and refers clients to professional treatment providers. Every year, the HelpLine serves thousands of Oregonians looking for a way to deal with the disease of addiction.

800-923-HELP

<http://www.orpartnership.org/web/services/crisislines.asp>

VIII

Additional
Online
Resources

Oregon State University Extension Service— Family and Community Development Program

Extension's Family and Community Development Program offers effective education to help Oregon families meet the practical challenges of daily life. Programs address critical issues for families and individuals, and help Oregonians become healthy, financially secure, responsible members of society. This is accomplished by faculty, staff, and volunteers who develop educational materials and conduct educational experiences in group, community, and family settings.

<http://extension.oregonstate.edu/fcd>

Tax information and preparation

These sites provide useful tax information for individuals, including information on the Earned Income Tax Credit and Child Credit, and tax preparation.

www.irs.gov

www.aarp.org/money/taxaide

www.cashoregon.org

Educational Books

IX

You may find these books of interest. Ask a librarian at your local public library about other books, including children's books.

*The Second Time Around: Help for Grandparents
who Raise Their Children's Kids*

By Joan Callander

Published by Wilsonville OR Book Partners, 1999

*Grandparents as Parents: A Survival Guide
for Raising a Second Family*

By Sylvie de Toledo and D. Brown

Published by Guilford Press, 1995

*Grandparents Raising Grandchildren: A Guide
to Finding Help and Hope*

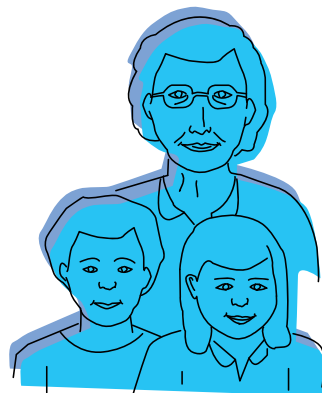
By Marianne Takas

Published by The Brookdale Foundation, 1995

Grandparenting in A Changing World

By Eda J. Leshan

Published by Newmarket Press, 1997



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