

**Testimony of Dr. Maryanne Schretzman
Family Services Coordinator for the City of New York
at a Hearing of the New York City Council
Committees on General Welfare and Aging
October 29, 2009**

Oversight: Examining Available Resources for Kinship Caregivers in NYC

Good morning Chairpersons de Blasio and Arroyo and members of the General Welfare and Aging Committees. I am Maryanne Schretzman, the Family Services Coordinator for the City of New York. Joining me today are Seth Diamond, Executive Deputy Commissioner for the Family Independence Administration and Ray Singleton, Assistant Deputy Commissioner for Employment Services, at the Human Resources Administration; Marie Philippeaux, Associate Commissioner for Child Protective Services at the Administration for Children's Services; and Caryn Resnick, Deputy Commissioner for External Affairs at the Department for the Aging. Thank you for giving me the opportunity to testify about the resources that are available for kinship caregivers in New York City.

Before I discuss kinship care specifically, I want to take a moment to talk about the institution that provides care for most children in our City and is the foundation for all caregiving—the family. As a social worker, I have always described the family as “where the stuff that matters in life happens.” Families provide for the future of our City. They give our children the strength and nourishment, and the support and encouragement, they need to develop and grow. Like the population of our City itself, New York's families are a mosaic. There are blended families and multi-generational, extended families. Some children live in single parent families while others are cared for by grandparents or other relatives. Still other children are raised by adoptive or foster parents.

What constitutes a supportive, loving family is highly individual and goes beyond dictionary or legal definitions. The people who make up a child's family may also change over time, and arrangements can be formal or informal. For example, a biological parent may become ill or pass away, leading an aunt or other trusted relative to step into the parenting role permanently. A single father who is serving in our armed forces may ask a trusted cousin to take care of his son and daughter during his year-long tour away from home. By now the point is clear: families are remarkably resilient. In all but a small number of cases, they provide a loving,

supportive environment for our children despite changing circumstances—growing and adapting to meet the situation at hand—without the need for government intervention. So it is critical for us to recognize a few things. First, no “one size fits all model” of family works best in ensuring that our City’s children have the foundation that they need to lead successful and healthy lives. Second, both formal and informal caregiving arrangements provide this foundation—family love and support transcend legal definitions. Finally, families of all types have this remarkable ability to “bounce back,” to adapt and grow to meet changing circumstances.

Like New York’s diverse families, kinship care can also take many different forms. When kinship care comes to mind, people often think of grandparents caring for their grandchildren full time. However, relatives, godparents, and stepparents are often kinship caregivers. In fact, any adult who has a family bond with a child can be a kinship caregiver. Kinship care can be either a formal, foster care relationship or a custodial relationship, with or without court involvement. I want to emphasize that all relatives who are kinship caregivers are heroes. We know that children have better outcomes when they are raised in supportive, nurturing home environments.

Whether an adult is a new or experienced caregiver, he or she may need financial, emotional, or other assistance. Kinship caregivers have a host of resources available to them in New York City. For the purposes of this hearing, I will focus on the resources and services available at ACS, HRA and DFTA. By working with City Council and our community stakeholders, the City’s health and human services agencies are dedicated to coordinating the delivery of services to kin caregivers among agencies and ensuring that caregivers receive the supports they need. I would like to acknowledge the study by the Kincare Task Force which examined the services available for kinship caregivers. I can assure the Task Force and members of the Council that we have read the report closely and are taking its recommendations seriously. My testimony addresses several areas where City agencies have resources in place and are enhancing and streamlining services in order to best support our kinship care providers.

Administration for Children's Services

The Administration for Children's Services' (ACS) primary mission is to protect children and strengthen families when there are concerns of child abuse and neglect present in the home. For this reason, a majority of the services that ACS and its contracted providers offer are designed to help families in crisis and to ensure that children remain safe. Children's Services provides these supports to all families who come in contact with ACS because of child safety concerns, including relatives caring for children in foster care. In addition, some of the services offered by ACS are available to kinship caregivers who are not involved with the foster care system.

Children's Services becomes involved with a family when a report of child abuse and neglect is made to the State Office of Children and Family Services' (OCFS) State Central Register Hotline for Child Abuse and Maltreatment. ACS assesses whether the child may be unsafe, and when possible, links the family with preventive services to address any safety concerns. When preventive services are insufficient to protect the child, Child Protective Services may remove a child and place him or her in foster care.

When a child comes into foster care, the agency must make immediate and diligent efforts to locate and notify relatives of the child's removal from the parent's care. ACS must also notify the relatives about their options to participate in the care and placement of the child and inform the relative of his or her right to be a foster parent to the child.

If relative caregivers choose to take a child who has been abused or neglected into their home, and it is determined that the home is appropriate, Children's Services can approve the home on an emergency basis, pending a full home study by a foster care agency. The agency then has ongoing contact with children who are placed in a foster home as a result of abuse or maltreatment. Therefore, Children's Services will continue to be involved with a family caring for a child in kinship foster care for the length of time that the child remains in foster care.

Kinship foster parents are subject to the same standards, requirements, and regulations as non-kinship foster parents. These standards include: training, participation in ongoing

conferences with the foster care agency to implement services and evaluate the permanency plan for the child, periodic court hearings to review the permanency plan for the child, and coordinating visits with the child's parents. Foster parents also receive support from a foster care agency case planner and access to services and supports to help them care for the child, including a monthly stipend.

Children's Services contracts with 67 agencies across the City that provide preventive services to families in need of support, including kinship caregivers. Preventive programs offer a variety of services throughout the City, including: help in meeting a child's developmental needs, support groups for parents and youth, help when a family is in crisis, family and individual counseling, and homemaking services. While approximately 70 percent of the families involved with Children's Services' preventive services are families who were referred by an ACS caseworker, these community-based preventive service programs also offer services directly to families upon request. A relative can find out more about preventive services by contacting a community program in his or her neighborhood. If that organization is unable to serve the family, it will, where appropriate, refer them to another resource to meet the family's needs, including after school programs for youth and other community programs. Caretakers can find out about preventive services in their community by calling 311. They can also access information on preventive services, as well as a directory of services by community, on ACS' web site (www.nyc.gov/acs).

In addition, Children's Services has developed coalitions with community groups in 11 of the highest-need neighborhoods in New York City through its Community Partnership Initiative. This initiative works to build and strengthen networks of community based organizations to provide services and supports for children and families aimed at keeping children safe in collaboration with ACS. These community services are often particularly effective in supporting kinship caregivers who may need this additional assistance. Children's Services and the New York City Housing Authority also collaborate to provide supports and assistance to families living in NYCHA housing that need help caring for the children in their home. Social Services staff at NYCHA refers families to ACS preventive services when a kinship family (or any family) is experiencing difficulties providing for the well-being of a child, in order to keep the child safely in the home.

In addition to foster care and preventive services, Children's Services administers the City's subsidized child care and Head Start services to children whose families meet the eligibility criteria as defined by Federal, State, and local regulations. Children's Services contracts with hundreds of private, non-profit organizations that operate child care programs in communities across the City. Kinship caregivers may receive subsidized child care services if they meet the specific financial and social eligibility criteria that apply to all parents and caregivers. Head Start provides family-centered child development programming for low-income children ages 3 and 4.

A caregiver can find out if he or she is eligible to receive subsidized child care or Head Start services by calling 311. Caregivers can also call 311 to obtain information about child care programs in their community that have available seats and eligible caregivers can walk into a program to apply for services. Families can also visit the ACS website to utilize the Child Care Eligibility Wizard to determine if they are eligible for child care and to find out about child care services in their community.

Human Resources Administration

The mission of the Human Resources Administration (HRA) is to provide temporary help to individuals and families with social service and economic needs to assist them in reaching self-sufficiency. HRA provides a variety of services and supports for which kinship caregivers may be eligible. For instance, they can apply for cash assistance on behalf of the children under their care without regard to the caregiver's income. Since only the children would receive cash assistance, the caregiver does not have to participate in a work activity. If the caregiver is low income and wishes to apply for himself or herself as well, participation in a work activity may be required.

Non-legally responsible caregivers can apply for cash assistance at an HRA Job Center. However, once a case is accepted it is transferred to HRA's Family Services Call Center which has satellites in Brooklyn, Manhattan, Queens, and the Bronx. This center is designed to ensure that caregivers can conduct most of their business by mail or fax without having to come into a Job Center. Staten Island cases remain at the Job Center that serves the Island. As of September

2009, there were 3,600 cash assistance cases for children who were in the care of a non-legally responsible caregiver.

We have heard that some individuals have been referring to the monetary assistance available to eligible kinship caregivers as “Kinship Care Grants.” At the end of last month, HRA met with the Kincare Task Force to clarify that a program with this name does not exist. Rather, HRA’s cash assistance grants are available to caregivers who are not foster parents but nonetheless have a custodial or non-legal arrangement to receive support for the children in their care. We encourage community-based organizations to educate clients about these available forms of assistance. HRA recently distributed a policy bulletin to its staff to clarify the distinction between a foster care monthly stipend and cash assistance eligibility. This policy bulletin is being reinforced with staff trainings and will be complemented by kinship caregiver sensitivity trainings which will be conducted by DFTA for all new hires at HRA so that staff understands the special challenges kinship caregivers face.

Caregivers can also apply through HRA for medical assistance for the children in their care. The income of the adult is not taken into consideration for medical assistance regardless of the children’s custody status. However, if non-legally responsible caregivers are low-income, they can apply for medical assistance and the children they are caring for would be considered part of the household. Caregivers can also apply for food stamps for themselves and/or the children in their care. However, Federal and State regulations require that all household income be taken into consideration when determining eligibility for food stamps in this type of household arrangement.

Caregivers can determine whether they may be eligible for medical assistance and food stamps by using Access NYC, which is a free online service that offers eligibility information regarding a number of public benefit programs. A caregiver can apply for Medicaid at one of HRA’s community offices, a community-based facilitated enrollment office, or through a client representative. Food stamp applications are available online and can also be picked up at any of HRA’s food stamp offices. Completed food stamp applications may be submitted in a variety of ways: by fax or mail, at any food stamp office in the City, or at a community-based organization that processes online applications.

Department for the Aging

The mission of the Department for the Aging (DFTA) is to work for the empowerment, independence, dignity, and quality of life of New York City's diverse older adults and for the support of their families. Years ago, DFTA recognized that an increasing number of the City's older adults were caring for their grandchildren or other young relatives, and responded with programs to support them.

The Grandparent Resource Center—the first of its kind in the nation—was established by DFTA in 1994. The Center provides a number of supportive services to people who are raising grandchildren and other young relatives. Resource specialists at the Center offer advocacy and case assistance, as well as make referrals to appropriate community-based organizations. In addition, the Center holds workshops on issues such as financial entitlement programs; mental health and wellness; grandparent empowerment; kinship foster care, adoption, and child custody options; and navigating the City's child welfare system. The Center also sponsors a resource library, holiday toy drive, and recreational activities for grandparents and their grandchildren. Finally, the Center facilitates and provides information about community support groups for grandparents raising grandchildren. In fact, the Center sponsors a network for grandparent support group facilitators which supports the exchange of ideas, event collaboration, and specialized training.

A major focus of the Center has been to partner with City agencies and community-based organizations on training and education outreach initiatives. As I mentioned earlier in my testimony about HRA, the Center has designed a training curriculum for staff of City agencies and CBOs that interact with grandparent caregivers. This “grandparent sensitivity training” focuses on helping staff to achieve a better understanding of: (a) their own attitudes toward aging and grandparent caregivers; (b) the family crises that turn grandparents into caregivers; (c) what it feels like to be an older person seeking assistance from a large agency by hearing directly from a caregiver; (d) customer service principles; and (e) resources for grandparent caregivers. In addition to HRA, DFTA is currently providing this grandparent sensitivity training to staff at ACS, as well as the Departments of Education, Juvenile Justice, and Youth and Community Development.

We are also ensuring that kinship care providers receive more streamlined services in part through DFTA's work to create a one-stop point of reference through its Grandparent Resource Center. For kinship caregivers who prefer using a resource manual, DFTA provides a resource guide which outlines benefits and services available to kinship caregivers and how to access these services. DFTA plans to make the resource guide available on its website and promote its use through its network of aging services providers.

Conclusion

I would like to conclude my testimony this afternoon by focusing where I began—on the family. Families of all types are the foundation of our City's future and kincare families in particular deserve special recognition for providing a loving environment under changing, and often challenging, circumstances. Whether a family provides formal or informal care—and whether a family consists of grandchildren being raised by grandparents or an aunt that has taken on responsibility for caring for her niece—the City remains committed to providing all families with the support they need. DFTA, HRA, ACS and all of our health and human service agencies will continue to collaborate and innovate to ensure that the services we provide to kincare families are comprehensive, accessible, and of the highest quality. We will also continue to study the recommendations made by the Kincare Task Force and look forward to sharing our progress with you.

Thank you for giving me the opportunity to discuss the important issue of kinship caregiving with you. I am happy to take your questions at this time.



Presbyterian Senior Services
2095 Broadway # 409
New York, NY 10023
Tel: 212-874-6633 Fax: 212-873-3986

The City Council Hearing on kinship care

Thursday October 29, 2009

**By: Katherine Martinez, LMSW
Deputy Director
Presbyterian Senior Services**

**Rimas Jasin, MA, MPA
Executive Director**

Thank you for providing PSS with this opportunity to testify today concerning the needs of caregivers raising a minor child. To date, the child welfare field has given much attention to research, policies, programs and practices concerning the care of children being raised by a relative caregiver. We still need to continue this important dialogue on the barriers that Kincare families still face in accessing services.

I would like to first thank committee members, Bill de Blasio and Maria Del Carmen Arroyo and all present for your interest and active participation in assisting Caregivers.

Presbyterian Senior Services is a not-for-profit agency founded in 1962 whose mission is “to develop and provide a variety of supportive services and programs for and with older adults, having a special focus on the needs of poor, frail and minority persons.” PSS fulfills its mission through a network of six senior centers, five in the Bronx (Andrew Jackson, Davidson, Highbridge, Parkside and City Island Senior Centers) and one in Harlem (Harlem Senior Center) that together serve over 150,000 meals a year along with programs and services to assist each senior participant in living healthy, active and engaged lives.

PSS also offers a Caregivers Support Program and Kinship Caregivers Support Program right here in the South Bronx.

National studies have documented that kinship care families face numerous challenges and have a variety of service needs. Kinship care children, whether or not they have been abused or neglected, must also with the emotional trauma of being separated from their parents. At the same time, many of their relative caretakers are older, have limited formal education, and are raising their relative children in impoverished environments. Many caregivers find themselves caring for more than one related child, often in addition to their own children.

A countless number of families are eligible for public services such as TANF payments, food stamps and Medicaid, but many are not able to receive them due to the barriers that are in place, such as language, poor coordination among different county governments and agencies, paperwork, etc.

PSS's target population is 81 caregivers and 100 children in Community Districts 1, 3 and 4 in the South Bronx, the poorest community in the nation. In this area, the median family income is \$20,000 compared with \$41,994 nationally and 42% of people live below the poverty level. ~~Sixty-four percent are Hispanic/Latino and 39% are African American.~~

Katherine Martinez:

There is a desperate need for this program in the target community. According to 2000 census data, there are 18,970 grandparent-headed families in the Bronx, 29% of who (5,666) live in the PSS catchments area

With funding from the OCFS the PSS Life Enrichment Program (LEP) helps grandchildren being raised by their grandparents to develop the academic, social and emotional tools they need to succeed in school, their families and their lives. Major activities of the LEP include: Homework assistance and supervision; Tutoring; Sports and exercise programs; Computer lab and classes; Social skills classes; Peer counseling; Holiday celebrations; Sex, drug and health education classes; College awareness and SAT courses; Cultural and recreational trips and sessions; and Vacation programs. Program staff also maintains close contact with the children's teachers and grandparents, and will facilitate communication between these parties. Currently, program participants include 93 grandchildren living in the Apartments and 25 from the community who range in age from five to 22. In May 2010 OCFS contract will end.

~~Often, many of the kinship caregivers lack adequate parenting skills.~~

In addition to this, many face social if not physical isolation, experience the difficulty of balancing work with caregiving, and often face challenges or conflicts with the birth parents of the child for whom they are caring. These caregivers have shared that their kinship care children often exhibit severe emotional and behavioral problems as a result of previous abuse or neglect, separation from their parents, embarrassment over living with an older caretaker, and the uncertainty over the permanency of their current living arrangement.

These problems present significant challenges for both the caregivers and the children. Now imagine those challenges coupled with financial concerns. 41 percent of kinship care children live in families with incomes below the federal poverty level. At the same time, many kinship caregivers work some full time although program administrators confirmed that most of the families they serve are impoverished.

Finally, there is the caregiver education level. More than a third of children in kinship care are being raised by caregivers without a high school diploma. Limited formal education appears to be most common among older, female caretakers, whose generation likely had more limited opportunities for higher education.

That is why PSS developed its Life Enrichment Program and specifically the Job Readiness program which is geared for youth who are having difficulties in school or drop-out and their goal is to seek employment. We will offer a selection of opportunities which address an array of interests. These opportunities will include computer technical skills in the Youth Tech Corp, professional customer service and support in the Peer to Peer Tutorial Support Program and basic maintenance support skills in the Maintenance Program. Successful illustration of job readiness skills will then lead to employment through the Job Placement Service portion of the model.

Without this kinship caregiver program, it is estimated that 95% of 81 (77) caregivers will not receive needed information, advocacy, and supportive services to successfully have children remain at home in their care until they can safely return to their parents.

~~Presbyterian Senior Services never imagined that Grandparent family apartment would have open the eyes of state and city legislative to recognize the fact that if service are put in place children and caregivers will thrive. We have an 86% promotion rate and for individual in school. With the assistance of staff all residents receive need service such as financial, educational and legal service but what about the families who are not connected to PSS.~~

There are a lot of seniors who need us. It is our mission to find ways to serve them. Let's continue to work together in meeting the needs of seniors within our communities. This is a priority!

Thank you

Rimas J. Jasin, MA, MPA, Executive Director
and Katherine Martinez, LMSW, Deputy Director
Presbyterian Senior Services

COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK
SCHOOL OF SOCIAL WORK

October 2009

Dear Education Coordinators and Field Instructors:

Columbia University School of Social Work (CUSSW) has a wonderful opportunity available that may be of interest to your colleagues. Our Reduced Residency Program is an affordable way for full-time social service workers to obtain a Master's degree in Social Work. Applications are currently being accepted for the spring term, beginning January 2010. To enter the fall term, applications must be submitted by March 1st, 2010.

To learn more about the Reduced Residency Program, please visit our website at www.socialwork.columbia.edu or call the Admissions Department at 212-851-2400. CUSSW also has upcoming on-campus Information Sessions. Details regarding these sessions can be found on our website. Reservations can be made online for the following on-campus sessions:

6:30 – 8:00p.m. on Monday, November 16, 2009

and

10:00 – 11:30 a.m. on Saturday, December 5, 2009.

We are also available to host Information Sessions at your agency to share information about the program, the admissions process, and available funding to you and your colleagues.

We are grateful for your contributions to CUSSW and to the social work profession as a whole. We hope that this unique opportunity may be of interest and benefit your co-workers.

Sincerely,

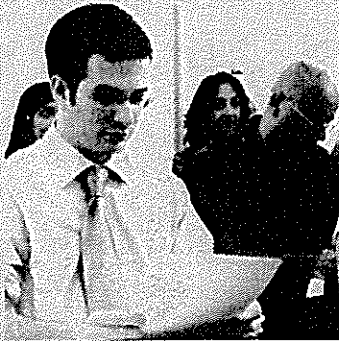

Debbie Lesperance

Director of Admissions



COLUMBIA UNIVERSITY SCHOOL OF SOCIAL WORK

PROGRAMS DESIGNED TO MEET YOUR EDUCATIONAL NEEDS



REDUCED RESIDENCY

Our Reduced Residency Program is designed for individuals employed for at least two years in an approved human service organization to work toward their Master of Science in Social Work on a part-time basis.

During your first two years in the program, you take at least two courses each term as you continue to work. Your third year requires full-time matriculation, along with field instruction, to complete the necessary 900 field hours. We offer over 400 sites from which to choose.

Classes start every fall.



EXTENDED PROGRAM

The Extended Program offers students the opportunity to pursue the M.S. degree in a flexible manner, combining part-time and full-time study. Extended Program students meet the same course and field education credit requirements as two-year M.S. students except that they complete the program in three or four years. Upon admission, in consultation with the Extended Program advisor, students select the option most suitable to their needs.

Choose from four social work practice methods areas:

Advanced Clinical Social Work Practice

With an emphasis on assessment, intervention, and evaluation, this method uses individual, family, group, and case management strategies; clinical application of risk and resiliency theories and research to at-risk populations; and clinical issues with specific client populations.

Advanced Generalist Practice and Programming

AGPP ensures the balance and flexibility that successful social workers in the 21st century require. It emphasizes direct practice, community practice, movement from case to cause, and development of innovative and responsive social programs and program resources, including staffing and funding.

Policy Practice

This method area focuses on policy analysis and advocacy, including the knowledge, values, and skills to define policy issues from a social work perspective. Students collect and analyze relevant data, develop policy options, prepare testimony, and present recommendations.

Social Enterprise Administration

The goal of this method is to build knowledge, skills, and values in administering social service programs. This includes program planning, program evaluation, financial management, staff development and training, human resource management, and management information systems.

Additional information
available online at
www.columbia.edu/cu/ssw
or call the Admissions Office
directly at 212.851.2301.

Application deadline is March 1



FOR THE RECORD

LANSNER KUBITSCHKE SCHAFER & ZUCCARDY

ATTORNEYS AT LAW

325 BROADWAY - SUITE 201
NEW YORK, NEW YORK 10007

www.lanskub.com

(212) 349-0900

FAX (212) 349-0694

CAROLYN A. KUBITSCHKE
DAVID J. LANSNER
BARBARA J. SCHAFER
JILL M. ZUCCARDY

YAHARA A. SURIEL
OLIVIA B. SIDEMAN
LEGAL ASSISTANTS

October 29, 2009

STATEMENT OF DAVID J. LANSNER

In 1977, the Supreme Court held, in Moore v. City of East Cleveland, 431 U.S. 494 (1977) that grandparents and their grandchildren who are living together have a constitutionally-protected liberty interest in continuing to do so. That liberty interest is entitled to the protections of due process of law. In 1982, the United States Court of Appeals for the Second Circuit, in Rivera v. Marcus, 696 F.2d 1018 (2d Cir. 1982), held that kinship foster parents and kinship foster children have the same rights, even if the government has licensed the relative and is providing foster care payments.

Despite those rulings, the State and City of New York have taken no steps to provide due process to kinship foster families. ACS and foster care agencies remove children from their kinship foster parents without holding any hearings. After removing the children, ACS and the agencies provide only belated administrative hearings, not trials in the courts. Those hearings are held months after the children have been removed. The State hearing officers refuse to order ACS to return the children to their relatives, even in cases where the hearing officers conclude that ACS or the foster care agencies should never have removed the children in the first place. Quite simply, the hearings are

useless.

In one of my firm's cases, a grandmother has custody of two grandchildren and is the kinship foster mother of two other grandchildren. When ACS decided that the grandmother was neglectful, in 2008, they took all four grandchildren away from her. As the law requires, ACS promptly brought neglect cases in Family Court, but only regarding the two grandchildren who had been in her legal custody. The Family Court conducted an immediate hearing, found that the charges were groundless, and ordered ACS to return the grandchildren. ACS returned only the two grandchildren who had been in the grandmother's legal custody. ACS kept the other two grandchildren with strangers, in two different foster homes, and didn't even give the grandmother a trial so that she could get them back. It was only when we filed papers in federal court that ACS belatedly returned the two other grandchildren.

The City and State have not implemented any due process procedures for kinship foster families because the City and State want to maintain absolute power and control over those families. But the price is paid by the families, especially the children, who are needlessly separated from their grandmothers or aunts or other family members and placed with strangers.

The price is also paid by the taxpayers, because the City has had to pay hundreds of thousands of dollars in money damages to these families. But since the money doesn't come out of the ACS budget, they would rather keep their power than make the system comply with the Constitution.

CONTACT INFORMATION

Lesley Superville- Dunston
96-01 25th Avenue
East Elmhurst, NY 11369
718-396-6581 home
646-338-5791 cell
superville2@yahoo.com

RE: Aden Briggs 6/25/08
ACS case # 5258831
HRA case # 403982239

To Whom It May Concern:

I was asked if I wouldn't mind sharing my story and testify at the City Council hearing on kinship care, and I passionately said yes. I have been wishing that someone cared enough to hear my story and have prayed that someone would actually do something to rectify it.

Aden has been a part of my life from the day he was born. I have been trying to help his mom for years and he became one more person in her life that I was afraid would be affected by some of the unfortunate realities in her life. First let me explain how I know his mom and how our relationship came about. She was married as a teenager to Jamal and had two sons Hassan and Hanif. Several years after the couple separated I met Jamal and we had a daughter together. In attempt to make sure that all our children knew each other and were raised as brothers and sisters no matter what their father intended to do we created a relationship. I had not known her before and we had no problems, and we became very close friends over the past 13 years. She and the boys have lived with me in the past and Hassan stays with me when he comes home from the college I was able to get him into. This is just to give some clarity on the closeness of the relationship before I express what has transpired of the past year.

Aden was born in June of 2008 and his mom was very depressed and unhappy because her and the baby's father were not together anymore because of some domestic violence issues. She was very frightened about what was about to happen in her life and being alone to take care of the baby. I am not a doctor but I'm sure she was also suffering from some post partum depression compounded with a lot of fear. In September she voluntarily placed the baby in foster care and called me the following day because she wanted my help. I came over to her home and spoke with the ACS workers and asked if it was possible for me to be able to get the baby and become his foster parent so he wasn't with strangers and in the system. They told me about kinship foster care and informed me that I could be eligible and that they would have to come to my home and do an expedited home study and we could get certification classes while he was living with us, etc. It was Friday afternoon and they were to get back to us on Monday. That weekend his mother was calling me day and night because she was worried about him and was trying to find ways to solve all her problems so she would be able to get her son back. She came up with the great idea about quitting her job of 15 years and taking all her 401K benefits and

moving to Atlanta where the cost of living is "cheap". I was very concerned that this would not work and in 6 months she would be back in the same situation. The ACS worker informed us that she could take him back whenever she wanted to because she voluntarily placed him. So I took her to Brooklyn to pick him up from the foster care agency, where the foster care case worker gave me the baby thinking I was his mother. It was scary to say the least, that they could possibly give her child away to anyone by accident. We went back to ACS and she continued to say incredibly crazy things about her family and her son's father and their domestic violence issues. I kept bringing up my concerns for her and the baby and the immediate case worker seemed to be concerned as well, but the supervisor just kept on supporting his mom's crazy ideas. The supervisor was very comfortable with her moving to Atlanta even though there was a lot of writing on the wall that this was not a good idea. She kept saying she just came to them because she needed help, but I honestly didn't see any. I kept offering to take the back if they could just help me so she could get her life in order, but no help was offered. Just them telling her "Good Luck" on her move to Atlanta. Her oldest son went Upstate to college, Hanif stayed in South Jamaica at her mom's house and she took her 9 year old and the baby to Atlanta. She to her life saving to get an apartment and Aden's father followed her to Atlanta and moved in with her. Three weeks later Hanif was murdered in Jamaica, Queens on one of his days off from school. So a bad situation was turning into a nightmare. His mom could not cope with what was going on and so I had to ID the body, make the funeral arrangements and handle all the issues with the DA's office and crime victim's services, etc. All this to say we knew she would never be the same again, especially if she did get some counseling which to date she has not received.

In March she called me because she and Aden's Dad had an ugly domestic violence filled breakup and she could no longer pay her rent, she still had no job after 6 months down there. She needed someone to take Aden and so I called some people in policy I knew to get some assistance. I was told again that was definitely a candidate for voluntary kinship foster care because she clearly needed assistance to address some mental health issues, and the baby would be better off with my husband and me. So she came up and we went to ACS together because when she went in to them in September they kept saying that they had to be someone that she trusted to take him through kinship foster care and so this time she was going to bring me with her. On April 3rd 2009 we had a 72- Hour child safety conference with a CPS, CPS supervisor, ACS CES personnel, his mom, my husband, and I. We requested the voluntary kinship foster care and they told us they could not do it because there was not evidence of abuse or neglect. His mom kept saying no matter what happened she was not taking back with her because she just couldn't care for him. I kept saying that I had three other children one of which was going to college next year and I would take the responsibility but I could not afford to do it with out any help. They informed that I should get guardianship and that I would be eligible for food stamps and all these benefits from HRA that would be good enough to help take care of him. His mother refused to sign the paper because she said she felt that they were not really trying to help her. My husband and I took Aden and got the guardianship because I need to get some help because I knew she was really leaving with out him and I needed daycare and money to able to take care of him, so I trusted that ACS was telling me the truth. The ACS worker came out and saw my house and ordered me a crib, brought a

pack of pampers and his mother was gone the next day. I went to court the next day and got the temporary guardianship so I could get him some help. Then I really was about to step into hell. After filling out the application at HRA I was informed at the information desk that I was not eligible for any food stamps. I had to take a day off from work and after hours of waiting I got a caseworker who did nothing but try to convince that I didn't want to go through the whole process and waste my time for \$68.50 every two weeks because "that's all your going to get, is that really worth the headache". Only because I needed the Medicaid for the doctor to see the doctor and to get WIC did I stand my ground and continue with the application process because she almost got me to walk out and leave the entire "headache" behind, even though I knew I needed help. She was so discouraging. I went to get my picture and finger printing taken and the nice girl doing it asked why I looked so upset and so I told her I was leaving with nothing not even daycare in place and I didn't how I was going to work. She called someone who then informed that I should have been given a daycare referral by the caseworker and gave me her supervisor's number. That is how I was to get daycare, because I looked beaten after seeing the case worker. Then it was off to child support, another day off, but at least I was treated kindly. Next Eligibility Review, downtown Brooklyn, another day off, to be told they couldn't verify my case because it was built incorrectly at the center and need to go back and start all over. Luckily I still had the supervisor's number and she was able to get it fixed with out me coming back, but I was then informed that my husband needed to come in to sign the application and get fingerprinted. He ended up losing 4 hours of his work day in order to do this. After approved I kept getting letters saying that my daycare was going to be canceled and so I had to go back for this at least three more times, more days off. Another day because the ID never came and then I had to travel from one place to another in order to get it. To this day even after requesting it more than twice I haven't received the baby's Medicaid and for his medication and WIC. I treated horribly by many people along the way one woman said to me "you know how to wait you applied for welfare". I thought all social services were moving to a strength-based perspective, I guess not at HRA and not by all people.

The guardianship became permanent in June 2009. So in August I called ACS again for help because his mom isn't contacting me and I'm having all kind of problems because I don't have enough assistance to be able to buy him clothes, or get him a new car seat because he's out grown the infant car seat, or pay someone else to watch him when I have to work and the daycare is closed for a week. My 17 year old daughter who had worked the whole summer had to sacrifice her last week off before school began in order to watch him so my husband I could go to work. It is taking so a toll on my entire family because we are not getting the real assistance we need and more importantly in our current guardianship arrange that was advised for us by ACS we are responsible to figuring out when she is sane enough to get him back because there was no requirements put in place. In August the new caseworker informed that she was sorry and someone gave us bad advice in April because they should have told us to put certain stipulations in the guardianship papers, but "unfortunately there's nothing we can do now, I'm so sorry". The only thing I can do is put him in foster care but I will not get him back. I would not have ever stepped up to help Aden if I wanted to ever see him in the system with strangers. I feel like we were railroaded into this position by giving us horrible

information and advice. Unfortunately when you go to the “experts” you expect to be given the correct information and adequate assistance.

I’m typing this at work after staying with Aden at the Emergency Room last night until 4am this morning, and my husband has taken a day off from work to take him back to our pediatrician today. So contrary to the belief of the ACS supervisor who I spoke with in April when I was still trying to find out why they wouldn’t give us the kinship foster care who said “that it seems his mother wants me to get PAID for taking care of Aden”, this is not getting paid it is about help adequate assistance for a baby that is loved in my home and we want the best for him.

“No good deed goes unpunished”, I truly understand this now.

Testimony of Muriel Jno Baptiste

City Council Hearing – October 29, 2009

Hello, my name is Muriel Jno Baptiste. I am raising 2 of my 12 grandchildren. One I received through Kinship foster care. The other I am the legal Guardian because of her mother's illness.

I would like to share with you my experiences with both systems. I was surprised by many parts of the foster care system. First of all, the agency (SCO) has a problem maintaining employees. I have had four different caseworkers since the case began in 2006. It is very difficult to continuously have new people to work with.

I am the maternal grandmother - a kinship foster parent. I feel that because I am a grandmother, I should not have to go through the same procedure that non-relative foster parents and should be treated and respected like a Grandmother. When my granddaughter has a doctor's appointment, I cannot sign paperwork at the appointment. The agency has to sign almost all the paperwork and if that paperwork is not at the doctor's office at the time of the appointment, I have to make another appointment. This part is very frustrating and difficult to navigate when there are so many people involved. . This is just one aspect of many difficult procedures at SCO. Also, I have to pay for the car fare to all the appointments we have to go to. The money often does not cover what she needs and I often have to wait several weeks to be reimbursed for other expenses from the agency.

Unfortunately, my experience at HRA has not been much better. My other granddaughter receives Public Assistance from HRA. The benefits are simply not enough. I get 68.50 twice per month, for my teenage granddaughter, to buy clothes, toiletries, school supplies and other necessities. The HRA workers are NOT knowledgeable about Services for

Grandparents Raising Grandchildren and nor do they know much about the Child Only benefits that are available to Grandparents either.

No one at either agency was knowledgeable about kinship families and how we (grandparents) should be helped or treated. My experience with both agencies is not one that I want to experience or recommend to anyone. For the most part, both agencies need more information and communication. In my opinion, with more training of the workers, I think we the grandparents, aunts, uncles – the kinship caregivers– would feel better when going to these agencies.



**AARP New York State Office
Testimony before the
New York City Council
Committees on Aging and General
Welfare**

Kinship Caregiving

**October 29, 2009
New York, New York**

Introduction

Members of the Committees on Aging and General Welfare, my name is Beth Finkel. I am the Senior Manager of Programs and Services for AARP NYS and co-chair of the NYS Kincare Coalition. I would like to thank you on behalf of the Coalition and AARP for all your support for kinship care and your interest in the well-being of kinship families. I would also like to thank the Chairs of the Committees, Councilmember Arroyo and Councilmember de Blasio for convening this hearing and giving Kincare advocates an opportunity to share the obstacles and challenges that NYC Kincare families face. AARP is a membership organization with over 40 million members, 2.6 million in NYS and over 800,000 in NYC.

The Coalition is made up of over 80 programs, advocates and stakeholders across NYS, who serve the kinship community. This community cares for over 400,000 children and close to 200,000 caregivers (US Census 2000). In New York State, over 143,000 grandparents were solely responsible for children, the vast majority live in NYC metro area. Almost all of these caregivers are not in foster care. Additionally, aunts, uncles, and other relatives and family friends provide full time care (70% are Grandparents), again almost all are not in foster care.

In New York City, according to the last Census, approximately 58% of the state's grandparents are taking care of children, more than 80,000 families. This number dwarfs kinship foster care.

AARP has long recognized the importance of grandparent caregivers and has led the effort to unify the voices of caregivers and service providers. We have worked to add targeted services, more rights, and more supportive laws and regulations.

This past summer, AARP NY mounted a statewide campaign to publicize the importance of public assistance grants to this community. These grants, commonly called “child only” grants, are the only financial support for kinship families, other than social security and foster care. Yet, clearly the great majority of kinship families are not receiving assistance. Statewide, the Office of Temporary and Disability Assistance estimates that approximately 32,000 kinship children are receiving these grants (approx. only 8% of those eligible) . We very clearly understand that more must be done.

My co-chair, Gerard Wallace, will be submitting testimony regarding our efforts and our recommendations. Therefore, I limit my remarks to outlining some of the important concerns regarding sustaining funding for kinship programs.

Value of Kinship Care and Kinship Programming

Kinship caregivers are a natural resource for children. Caregivers help children overcome fear and emotional stresses and allow children who have suffered tragic losses to begin to flourish. With your help, their task of caregiving will be made easier and more children will be helped.

The NYS Office of Children and Family Services (OCFS) administers the current fourteen kinship programs, which it recognizes as providing essential support to children - who *but for* the intervention of relatives - would be placed in foster care. In fact, these programs increase permanency for children while substantially decreasing state expenditures. Starting in November, OCFS adds eight more programs, three in New York City.

The current thirteen local programs and the statewide Kinship Navigator are exceeding anticipated outcomes. Of the thirteen, The Family Center, Bronx's Presbyterian Senior Services Grandparent Apartments and the Council on Adoptable Children serve NYC's private kinship community. Given the estimated 250,000 plus children living with NYC kinship families, we are literally putting very little into serving this community.

Kinship caregivers confront a wide range of barriers. Problems accessing existing services, negotiating school related issues, establishing legally enforceable custodial arrangements, as well as unique family development issues, are just some of the daunting obstacles faced by kinship families. AARP recently assisted in the publication of a report on access to services in NYC, "Removing Barriers to Successful Kin Caregiving". Copies are submitted to the Committee.

Current Programming

Along with the Department for the Aging's grandparent program, the three current OCFS programs and the Navigator are the backbone of services targeting this community in NYC. They provide a crucial network assisting caregivers in overcoming the barriers they face because the networks' staff have specialized knowledge and experience that assists kinship caregivers to navigate formidable obstacles. Last year, the Governor cut funding by fifty percent in his Budget. This year, given the budget shortfall, there are good reasons to assume the worst.

While the Committee is focused on NYC, it must recognize the children from NYC that are placed upstate with relatives, and therefore the availability statewide for targeted services are important to all New Yorkers. The current thirteen direct service programs serve only twenty counties, which leaves many counties underserved. The new programs will serve about ten more counties, including Westchester, Utica, Brooklyn, Queens, the Bronx and others. That fragile network must be preserved.

The NYS Kincare Coalition's 2007 Summit, "Kincare in New York: A Five Year Framework for Action," hosted professionals from across the state in order to gather their recommendations about kinship services. The final recommendations built upon the 2005 summit publication, "Enabling New York Kinship Caregivers to Raise Children."

Together the two reports made 37 recommendations, of which 26 have been enacted or acted upon. Copies of both reports are submitted today. However, the two reports recount

many barriers and solutions not in the major recommendations. Of most importance are the upcoming budget cuts and the survival of these programs.

Budget Recommendation

AARP respectfully urges the members of this Committee to unite with us in keeping support for kinship care in the Governor's proposed budget:

- Sustainability for the twenty-two programs, funded under the New York State Office of Children and Families Kinship Caregiver Program - \$1,998,000 TANF plus \$752,700 general funds.
- Sustainability of Catholic Family Center's Kinship Navigator, funded under the same New York State Office of Children and Families Kinship Caregiver Program - \$245,000 general funds.

Last year, we were successful in legislating an additional million dollars which funded the new programs, including three in NYC. Given the success of this system, the NYSOCFS kinship program should be continued this year. We are all invested in the success of these programs. Because without them, many more children will enter foster care.

Conclusion

New York has recognized that kinship caregivers are the mainstay support for children. Kinship care is a successful and cost effective and compliments the child welfare system. Kinship caregivers provide services that would cost millions in formal care. In addition, research conclusively demonstrates that children receive tremendous benefits by being

raised in kinship families. All of New York should pull together to insure the continuation of services for private kinship families.

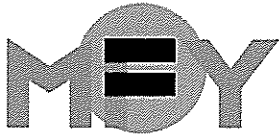
Beth Finkel

AARP Senior Manager of Programs and Services

780 3rd Avenue, 33rd Floor

New York, NY 10017-7076

(212) 407-3717



LEGAL SERVICES

INCORPORATED

Testimony of

Amy Roehl, Esq.
MFY Legal Services, Inc.

New York City Council
General Welfare Committee and
Committee on Aging
October 29, 2009

Good afternoon. My name is Amy Roehl and I am the staff attorney for the Kinship Caregiver Law Project at MFY Legal Services and the Co-Chair for the New York City Kincare Task Force. MFY Legal Services is a legal services organization serving the poor of New York City and in the Kinship Caregiver Law Project, which is a city-wide project, we assist any non-parent relative caregiver in legal proceedings, including custody, guardianship, visitation and adoption proceedings where the child is not in foster care. MFY is one of the few programs in the entire city that provides full legal representation to kinship caregivers in Family Court proceedings.

We receive close to 100 calls per month from caregivers or relatives seeking basic information about their legal rights. Most caregivers are desperate to know their legal status in relation to the child. They have no legal order and would like to become a legal custodian. Some have an order and have been served with modification papers from a parent. Others would like to adopt the child in their care. Many are struggling financially to make ends meet and are seeking information on any benefits they are entitled to.

It is nearly impossible to know exactly how many caregivers are in New York City and what legal status they might have in relation to the child. The U.S. Census and the American Communities Survey make no differentiation between who does or does not have a legal order but estimate the number of children in the care of a relative at approximately 250,000, compared to approximately 5,400 children in kinship foster care.

Many kinship caregivers are caring for children for the same reasons that children enter foster care: parental illness or death, substance abuse, incarceration, young parents, or abandonment for a variety of reasons. However, without the resources that foster care brings, caregivers are left without services and a without a stipend, leading to an unequal system for similarly situated children. If only a small percentage of these children were placed in the foster care system, the system and the city's resources would be entirely overwhelmed. It is important that kinship caregivers are recognized for the valuable resource that they are.

As Dr. Langosch previously mentioned, the NYC Kincare Task Force surveyed approximately 140 caregivers on services they received from city agencies and barriers to those services in 2007. We surveyed kinship caregivers in seven different government areas, including HRA, ACS, and DFTA. Across all systems, caregivers felt that agency workers needed more training regarding kinship caregivers and their needs and wanted more written information explaining their rights, options and benefits available. Many also noted a lack of communication between

agencies about the needs of kinship caregivers. We created recommendations, based on feedback from the relative caregivers surveyed, for each organization. Given our limited time today I will focus on the agencies represented here today - HRA, ACS, and DFTA, as well as findings related to Family Court.

Overall, participants were satisfied with the services at DFTA. Several caregivers reported they wanted more services, including respite programs and educational/recreational opportunities for the children. They also wanted to continue to receive written information from DFTA.

For HRA, the main complaint was treatment by the workers. Workers were hard to get a hold of and treated the caregivers so poorly that many preferred not to apply for assistance or continue the application process rather than work with them. Many were grateful for the benefits but stated that the demoralizing process was not worth the resulting benefits. As Dr. Langosch noted, we have worked with HRA since the release of the report to implement some of the recommendations. We hope to continue to work with HRA and also hope that we can continue to schedule sensitivity trainings for their workers.

For ACS, the main complaint was about information and the incomplete, unhelpful, inaccurate information - or a complete failure to provide any information at all. Caregivers generally come into contact with ACS in one of two ways: either the child has been or will be removed from a parent's care and the relative is notified¹ OR a caregiver contacts ACS because a child has been left in his or her care by a parent or even another relative. One major area of concern is when a caregiver contacts ACS with questions about what to do with a child in his or her care. Caregivers surveyed found caseworkers to lack information about referrals or other resources for the caregiver, including benefits through HRA and giving incorrect information about kinship foster care and the effects of an order of custody or guardianship. Every caregiver raising a grandchild or a niece or nephew or sibling should be given the correct information by ACS about their options— and if ACS cannot provide the correct information, then they should be directing caregivers to other resources who can.

Caregivers are often asked for a legal order of custody in order to obtain benefits through HRA, to enroll a child in school, or to have access to medical records or consent to medical treatment. In many cases, an order of custody is not required for many of the above as long as the individual is a person in parental relation.²

¹ Under McKinney's Family Court Act § 1017, "when the court determines that a child must be removed from his or her home, or placed pursuant to section 1055 of this article, the court shall direct the local commissioner of social services to conduct an immediate investigation to locate any non-respondent parent of the child and any relatives of the child, including all of the child's grandparents, all suitable relatives identified by any respondent parent or any non-respondent parent and any relative identified by a child over the age of five as a relative who plays or has played a significant and positive role in his or her life, and inform the of the pendency of the proceeding and of the opportunity for becoming foster parents if attempts at reunification with the birth parent are not required or are unsuccessful."

² Under McKinney's Public Health Law § 2164, "the term person in parental relation to a child shall mean and include his father or mother, by birth or adoption, his legally appointed guardian, or his custodian. A person shall be regarded as the custodian of a child if he has assumed the charge and care of the child because the parents or legally appointed guardian of the minor have died, are imprisoned, are mentally ill, or have been committed to an institution, or because they have abandoned or deserted such child or are living outside the state or their whereabouts

That said, there are several reasons why a caregiver would want a legal order of custody or guardianship. First, they may need to have legal custody to include a child on his or her employer's health plan. They may need an order to consent to major medical treatment or to gain access to mental health records. And finally, many want to know that they will be able to continue to care for the child until a court rules otherwise, providing much needed stability to a child's life.

There is a great need for legal services. Most caregivers proceed in court unrepresented and are unable to uphold legal rights of themselves and the children in their care. As noted in the report, obtaining a legal order can be lengthy, daunting, and almost impossible process for a relative caregiver without an attorney. There are several legal obstacles in the caregiver's path and protections for the parent. Many caregivers have difficulties finding a birth parent in order to serve the parent with papers. If a parent is located, served and appears, the parent has a right to legal counsel if s/he cannot afford an attorney. A relative caregiver does not have the same automatic right to counsel.³ Many caregivers report that having an attorney to represent them would have made a difference in being heard in the courtroom and in ultimately proving their case. Again, MFY is one of the few organizations that is responding to this unmet legal need and we encourage more funding for these programs so that caregivers can obtain legal advice and representation in proceedings when necessary to stabilize families. As demonstrated by the report, caregivers are in need of a variety of appropriate services, including accurate information about their rights and options and legal representation where necessary. They also deserve to be treated in a competent and respectful manner.

Thank you for your time.

are unknown, or have designated the person pursuant to title fifteen-A of article 5 of the general obligations law as a person in parental relation to the child."

Under McKinney's Public Health Law § 2504, which delineates who may consent for certain medical, dental, health and hospital services, "where not otherwise already authorized to do so, any person in parental relation to a child a child as defined in section 2164 of this chapter, and (i) a grandparent, an adult brother or sister, an adult aunt or uncle, any of whom has assumed care of the child and, (ii) an adult who as care of the child and has written authorization to consent from a personal in a parental relation to a child as defined in section 2164 of this chapter, may give effective consent for the immunization of a child."

³ New York Family Court Act § 262.



Jewish Board of Family
and Children's Services, Inc.

John A Herrmann, *President*
Paul Levine, *Executive Vice President & CEO*

OFFICERS

- Anthony E. Mann
President-Elect
- Jean L. Toubh
Chair of the Board
- Seymour R. Askin, Jr.
Honorary Chairman of the Board
- David S. Lindau
Fredric W. Yerman
Honorary Presidents
- Lynn Korda Kroll
*Vice President &
Chair, Executive Committee*
- David F. Everett
- Frances W. Levy
- David Moore
- Jamie B.W. Stecher
Vice Presidents
- David B. Edelson
Treasurer
- Norman J. Leben
Assistant Treasurer
- Michael A. Epstein
Secretary
- Steven L. Fasman
Assistant Secretary

BOARD OF TRUSTEES

- Jack R. Ackerman
- Kathleen Ahn
- Beth E. Anisman
- Stephanie Bernheim
- Jeffrey C. Bernstein
- Lauren K. Bloom
- Lorraine Cortes-Vazquez
- Joyce Cowin
- Lori R. Fife
- John G. Finley
- Susan O. Friedman
- Alana Frumkes
- Jeffrey Gertler
- Roger A. Goldman
- Harriet Gruber
- Emily Israel
- Ron Jacobs
- Stephen E. Jacobs
- Eileen Weiler Judell
- Rita J. Kaplan
- Karen Spar Kasner
- David Kleger
- Douglas Korn
- Paul Kronish
- Hortense R. Landau
- Daniel J. Lettall
- Arthur S. Leonard
- Carol L. Levin
- Mark A. Levy
- Jenny Lyss
- Barbara R. Peck
- Bradford R. Peck
- David S. Portny
- Loring G. Pratt
- Mark Ratchesky
- Stephen Reiner
- Lori Reinsberg
- Herbert Robinson
- Michael N. Rosen
- Joshua S. Rubenstein
- Rabbi Peter J. Rubinstein
- Lisa Schiff
- Ira Schurman
- Erica Schwartz
- Jodi J. Schwartz
- Jean Shatloff
- Ellen Shapiro
- John Solomon
- Anne Spar
- Laurie Netter Sprayregen
- Keith B. Stein
- Emily R. Steinman
- David J. Sweet
- Alice M. Tisch
- Susan H. Tofel
- Adam Usdan
- Renée J. Ward
- Renée E. Warren
- Cathy W. Zises

• Executive Committee

HONORARY TRUSTEES

Joan Belr
Judith Hirsch
Bunny Hofinger
Martin Monas
James G. Pepper
Jay J. Sangerman
Marjorie Ziegelman

PRESIDENT'S COUNCIL

Ann E. Bialkin
Judith Israel
Peter A. Joseph
Michael Lesser, M.D.
Joel M. Levy
Caroline Miller
Carol Zicklin

CHALLENGES FACING NYC KINCAREGIVING FAMILIES City Council Hearing Committee on Aging and General Welfare October 29, 2009

My name is Dr. Deborah Langosch, LCSW, clinical social worker and director of the Kinship Care Program at the Jewish Board of Family and Children's Services. I chair the Brooklyn Grandparents' Coalition and co-chair the NYC Kincare Task Force. We are very appreciative to the City Council and to the Committees on Aging and General Welfare for holding this hearing and bringing attention to the challenges and struggles of NYC kincaregiving families. We hope that this will provide an opportunity to develop new strategies to respond to their needs and streamline service delivery from NYC agencies.

For the past twenty-five years, I have been privileged to work directly with thousands of kincaregiving families. Caregivers have shared their joys and commitment to raising their relative children and have also described their frustration, discouragement and depression about the lack of services and difficulties accessing them in order to best raise their grandchildren.

As policymakers, legislators, clinicians and direct service providers, we have a responsibility to respond to the needs of kinship care families. Let's look at some numbers for a minute. We know that in NYC alone, there are 83,946 caregivers who have the sole responsibility for raising 250,000 relative children (US Census, 2000). These caregivers have stepped forward to care for their grandchildren when parents are unable to do so and have kept them out of traditional foster care. Research studies have substantiated that children living in informal kinship care have better outcomes than children in foster care (Archives of Pediatrics and Adolescent Medicine, 2008, Chapin Hall, 2006).

According to the national program, Generations United, kin caregivers are saving our government 6 billion dollars annually. However the National Survey of American Families cites that one third of relative caregivers live below the poverty level and one third of those caregivers live 200% below the poverty line. When caregivers try to access entitlements and benefits to support their children, they

120 West 57th Street
New York, NY 10019
Tel: (212) 582-9100
Fax: (212) 245-2096
admin@jbfcs.org
www.jbfcs.org

have encountered barriers and at times are denied access. This is clearly not an equitable system.

The NYC KinCare Task Force, which I co-chair with Amy Roehl who will also be providing testimony shortly, was established in 1992 to bring together agencies and organizations from key systems on behalf of kinCare families. The mission of the Task Force is to, "promote policies and integrated comprehensive services to effectively address the evolving challenges of kinCare families". In 2007, we approached the Mayor's office and invited their Family Coordinator to a meeting to focus attention on the scope and serious nature of the kinship situation.

Documentation about caregivers experience was requested in order to capture their experiences accessing services from city agencies such as HRA, ACS, NYCHA, DFTA, DOE, DOHMH and through the court system. A survey was conducted with a small, but representative sample of almost 140 kinCaregivers. Amy will be discussing the findings from this survey and the recommendations from our report entitled, "Removing Barriers to Successful KinCaregiving".

The grandchildren have suffered tremendous loss and often repeated traumas and many have numerous medical, psychological and learning problems. The special needs of these children require a range of services. Negotiating through the quagmire of systems and bureaucracy is a burdensome task at best. We need to develop streamlined access to services to relieve some of this burden for caregivers. We also need to develop more comprehensive and integrated services for kinship care families that address legal, educational, financial, medical, psychological, housing and respite needs.

One best practice model I'd like to reference was a pilot program initiated by the Mayor's office in Bed-Stuy called, "One City, One Community." This program was designed to respond to families in the community who were attempting to access services through more than one city agency and experiencing difficulties. The program not only provided advocacy, but monitored trends that were addressed in quarterly meetings with Commissioners and key staff from the city agencies involved. Unfortunately there was limited funding to sustain this program and it is no longer running.

I'd also like to acknowledge two recent responses to the Task Force's work with city agencies. Following our meeting with HRA key staff members where concerns were raised, James Whelan and Angela Johnson were instrumental in alerting their staff about confusion in

terminology and clarifying the policy about legal status for kin caregivers who were applying for public assistance grants on behalf of their relative children. The hope is that caregivers will now face fewer obstacles when applying for benefits. We are also working with ACS and helping them to revise their materials for kinship foster parents to better reflect the information they need about working within the child welfare system.

These are important beginnings, but clearly more is needed. Again, it is critical that we develop integrated programs, create policy that is supported by legislation and funding, and provide the resources and wrap-around services to support kinship care families. Relative caregivers have done so much with so little. It is past time to provide assistance and help empower kinship caregivers in order to create permanency, security and continuity for their relative children.

**Committee on Aging and General Welfare Hearing
October 29, 2009**

Gerard Wallace, Esq., Director NYS Kinship Navigator

Members of the Committee on Aging and General Welfare, my name is Gerard Wallace.

I am the Director of Catholic Family Center's NYS Kinship Navigator and the co-chair of the NYS Kincare Coalition.

I regret that I cannot testify today at your hearing. Underscoring the rising interest in kinship care, I've been asked by Casey Family Services to present on emerging issues related to the Fostering Connections to Success and Improving Adoptions Act, at a symposium in Boston. I mention this because kinship advocates recognize that the Act is only a beginning, and now is the chance for advocates from across the nation to begin to address the barriers to successful care that are faced by the private kinship care community.

I have been active in the kinship community since 1996. For five years, I was the director of Hunter College's Grandparent Caregiver Law Center. I've worked on numerous legislative items related to improving rights and assistance for kinship families, and often speak to caregivers and professionals about kinship issues.

I would like to thank you on behalf of the Coalition and of the thousands of kinship families who we serve. All of us who work with kinship families are blessed to work with the best of humanity, and we speak to you today from the heart.

Kinship care is the only large scale resource for children at risk. Kinship care is crucial to the child welfare system. It is an integral part of the State and the City's policies for children. Yet, kinship caregivers, who are not part of the foster care system, are mostly left on their own. They may outnumber foster care by more than ten to one, but they are strangers in a strange land, confronting a landscape riddled with obstacles to success.

Kinship families face barriers to success in many legal areas, including the opportunity to become foster parents or to assume care of children living with troubled parents. They also face barriers to successful full time caregiving in two distinct areas: rights and assistance.

Many of the caregivers and advocates will mention particular barriers. I only wish to broadly comment on some of the legal issues.

At the Kinship Navigator, we are now averaging over four hundred callers per month. About a quarter of the callers are from New York City. Their calls range across many issues. Most importantly, they want access to the fabled "child only" grants or to foster care. Secondly, they want to know their chances of keeping children who are living in their homes. Thirdly, they are seeking special services for children who have emotional, physical, and psychological challenges.

Many other issues need attention. Many are discussed in the two Kincare Coalition reports that my colleague Beth Finkel of AARP NY has submitted to you. As Ms. Finkel

has testified, the most immediate is the survival of kinship programming in the State budget.

Child Only Grants

Recently, local kinship advocates met with HRA officials to discuss the continued problems accessing these grants. In 2005, NYS OTDA Commissioner Doar, who now heads HRA, issued an informational letter to the local commissioners. In it, he outlined who can receive these grants and answered many issues which our Coalition had brought to his attention. The informational letter was re-released in 2008 by Commissioner Hansell. Of particular note, it provides a universal name for these grants – “non-parent” grants. Yet, to this day, you are hearing accounts that demonstrate the continued confusion in identifying these grants at local HRA offices and in getting regulations properly applied (this informational letter is posted on the Navigator).

This one issue demonstrates the continued lack of focus on the kinship community.

A second issue is the need for certainty, i.e., security for kinship families. By this, I mean some semblance of legal surety that children will stay in the only homes where they have ever felt safe and secure. Indeed, permanency is now becoming recognized as more than a legal arrangement, but a condition of home life – and of well-being for children. I believe that the eminent child welfare advocate David Lasner is speaking about kin in kinship foster care. I’d like to briefly mention this issue as it relates to kin in private kinship care.

According to a 1976 Court of Appeals case, *Bennett v. Jeffries*, if children are living in non-parent homes for an “extended disruption of custody” then judges must decide custody between an absent parent and a third party (kin) based upon a child’s best interest. In 2003, kinship advocates helped enact a two year period time for grandparents who were caring for children full time (*see Domestic Relations Law Section 72*). This year, we hope to extend that clear line to all kinship caregivers (note that lesser periods of time are discretionary with judges). Senator Montgomery and Assemblyman Scarborough are focused on this issue. They need your support.

The result would be that kin would know when custodial decision would rest upon the child’s best interest. Children and caregivers universally want this certainty.

Lastly, foster care. There are stark discrepancies regarding the use of kin by child welfare agencies. While NYC has a good record on using kin as foster parents, the rest of the state is sorely lacking, with less than 700 kinship families outside of New York City. This disparity underscores the potential for the surging tide of policies favorable to kinship care to be undercut by older, more problematic attitudes. For instance, the Heritage Foundation recently released a white paper decrying the abuse of “child only” grants by relatives, and in the U. S. Senate, during the confirmation hearings of the Administration of Children and Families new Commissioner. Senator Grassley complained about abuse of these grants by kinship families. Such beliefs sound alarms that new policy challenges, aimed at cost reduction, will undercut support for the range of

supports necessary to maximize success for kinship children. We must be vigilant and proactive.

Conclusion

So many issues are beyond the scope of this testimony. They are part of the need for a comprehensive policy supportive of children and kin, a one stop shop for services. By holding this hearing, you are learning much about the range of issues, and we all are confident that progress will be made. Together with the kinship community, I urge you to dig deeply into this issue and help New York City and the State support our greatest natural resource.

TESTIMONY BEFORE THE
CITY COUNCIL

PUBLIC HEARING ON KINSHIP CARE

PRESENTED BY

Maria Pia Scarfo, PhD

Director of Policy

Institute for the Puerto Rican/Hispanic Elderly, Inc.

Good morning, my name is Maria Pia Scarfo. I am the Policy Director at the Institute for the Puerto Rican/Hispanic Elderly, or "IPR/HE." IPR/HE is a nonprofit, minority-based, multicultural, and multilingual citywide human services network of programs and services serving Latinos and other ethnic minority seniors, and their families for more than thirty years.

I would like to thank Bill de Blasio, Chairman of the General Welfare Committee and Maria del Carmen Arroyo from the Committee on Aging, for the opportunity to participate in today's public hearing on kinship care and to submit this statement for the record. We at IPR/HE appreciate your efforts to promote a public debate on kinship care and I am proud to appear before this Committee today on behalf of the Institute, as well as the NYC Kincare Task Force, to contribute to the dialogue on the barriers to accessing services that kincare families face and what we can do to streamline services.

The Institute for the Puerto Rican/Hispanic Elderly, Inc. is a non-profit organization founded in 1979. Our mission is the improvement of the quality of life of the Puerto Rican/Hispanic Elderly. We provide direct services and referrals with multilingual/multicultural staff and materials, access to entitlements and benefits, advocacy, training and information. Through the Hispanic Senior Action Council we foster senior citizen self-help efforts in the New York City area.

The Institute is a multi-purpose, multi-program, multi-service organization, linked to citywide, state and area networks of agencies and groups serving the aging, a multiple resource to non-profits and government agencies. We link through information and access with other States and Puerto Rico. We serve in the following ways: direct services to seniors (bilingual and bicultural), information and referral, case management and Linkage, advocacy and Service Monitoring, Crisis Counseling, Hot Lines, Nutritional Centers, Leadership Training, Employment/Training, Immigration Counseling, Translation, Social/Cultural/Activities, ESL/Citizenship Classes, and Mental Health Clinic for seniors. Among services to providers: technical Assistance and Consultation Training Programs/Seminars for Hispanic/Non-Hispanics Staff Development Translation. Among the services to government, we provide testimony at Legislative Hearings Committee Participation and consultation and position papers.

The New York State Kincare Coalition is dedicated to empowering the grandparents and other relatives who are raising nearly half a million children in New York State. The goals of the coalition are to remove barriers facing kin caregivers and engage policy makers in the areas of education, health, legal issues, temporary assistance and child welfare. The members of the coalition are a statewide network of organizations and agencies that serve kin caregivers by providing resources, legal and social services, support groups and advocacy.

IPR/HE recently joined the New York City Task Force on Kinship Care and started gathering data and providing policy recommendation on kinship care among the Hispanic population. The New York State Kincare Coalition is dedicated to empowering the grandparents and other relatives who are raising nearly half-a-million children in New York State. The goals of the coalition are to remove barriers facing kin caregivers and engage policy makers in the areas of education, health, legal issues, temporary assistance and child welfare. The members of the coalition are a statewide network of organizations and agencies that serve kin caregivers by providing resources, legal and social services, support groups and advocacy.

The practice of extended family caring for children when their biological parents are unable to care for them has existed for generations in a variety of ethnic groups. However, societal conditions have increased the involvement of the formal child welfare system in the care of children by relatives. Poverty, substance abuse, violence in communities and in families is among the major threats to the natural helping traditions in families. These threats have increased the need for kinship care and at the same time have increased the involvement of the formal child welfare system in the lives of families.

Kinship care¹ has attracted much attention in recent years within the context of the child welfare system. The extensive placement of children with relatives has created a new, rapidly growing, and poorly understood segment of the child welfare caseload that has great impact on the size and nature of the foster care population in the United States. Hispanics² are a substantial

¹ There are different forms of kinship care: **formal kinship** care arrangements (i.e. care provided by relatives as foster care under auspices of the state) and **informal kinship** arrangements (all other caregiving provided by relatives in the absence of a parent).

² Hispanics refers to the ethnicity of individuals from or with ties to Mexico, Puerto Rico and other Caribbean islands, Central America, and South America. Hispanic, a term used as the official classification by the United States, denotes members of this group as well as those with

proportion of some key large states, such as New York, Florida, and Texas. This dramatic growth has positioned Hispanic children as the largest ethnic minority group of children in the nation,³ and as a growing presence in kin care.

Recent estimates from the U.S. Department of Health and Human Services indicate that the percentage of Hispanics in kin care has more than doubled in the past decade, from 17% in 1999 to 25% in 2006.⁴ Actual totals suggest the Hispanic kin care population has almost tripled to around 500,000;⁵ at least 1 child in 6 is Hispanic in the kin care population. In states with large Hispanic populations, Hispanic children can have a substantial presence in the kin care system, as large as 32.7% (20,342) in California and 25.8% (13,533) in New York. Of all the children free for adoption, 20% are Hispanics.

The growing need for kinship care and the slower exit rates may be partly due to increasing conditions of risk for children and families, particularly for poor children and minorities (Testa, 2002). The child poverty rate in the United States increased from 19% in 1989 to 30% in 2003 (Annie E. Casey Foundation, 2003; CDF, 2005). The percentage of families headed by single parents increased from 21.6% in 1996 to 30.3% in 2006 (Annie E. Casey Foundation, 2006). Single parent families headed by females are the poorest in our country and poverty has consistently been a strong predictor of child placement (Lindsey, 2002).

However, within New York City's Hispanic population, there is another, often-uncounted family arrangement: seniors caring for their grandchildren. Recent studies have found that Hispanic custodial grandparents were concerned about their financial, physical and psychological status. They preferred to receive support from their families and were more

ties to Spain. Both terms are used interchangeably throughout the text. Latinos can be of any race and many consider themselves to be of mixed race.

³ 2006 Census data indicate there are now 12.5 million Hispanic children in the U.S. representing the second largest group of all children in the nation. About 44 million children are non-Hispanic white and 10.8 million are non-Hispanic black. It is estimated that by the year 2005, the number of Hispanic children will increase by approximately 30%. Therrien, M., and Ramirez, R.R. *The Hispanic Population in the United States: March 2000, Current Population Reports, P20-535*. Washington, DC: U.S. Census Bureau, 2006.

⁴ See note 3, U.S. Department of Health and Human Services

⁵ U.S. Department of Health and Human Services. *Child Maltreatment 2008: Outcomes Appendix k-1*. Washington, DC: DHHS, 2009.

interested in obtaining information rather than support from community agencies and support groups. Hispanic grandparents raising grandchildren are influenced by a variety of cultural and environmental factors. These include *familism*, an emphasis on meeting the needs of the family before the needs of the individual; perceptions of grandparents as caregivers for family members and teachers of tradition; respectful behavior toward elders; and social problems prevalent among Latinos, including AIDS and substance abuse. Many children, particularly Hispanics children, are reared not by one or two parents, but by a caregiving system of related and non-related kin (Hill, 2002; Martin & Martin, 2004).

New York State is struggling with how to respond to the growing and diverse needs of Hispanics. Currently the New York City child welfare system is not responding to the linguistic, sociocultural, immigration, and transnational characteristics of Hispanic families. Hispanics LEP and/or undocumented youth and parents are additionally burdened by a system that is already bureaucratic and complex to navigate. The extent to which this differential treatment impacts child outcomes has yet to receive research attention and overall, there is a critical need for research data to guide programmatic and policy initiatives. However, to promote the safety and stability of Hispanics families today, the system will need to respond without delay in culturally relevant, empowering, and innovative ways.

The Institute together with the NY Kincare coalition is acutely aware of the increasing emotional, psychological, financial, legal and social service needs of a growing kincare population. With this in mind, I am here today to suggest the following policy recommendations:

- Accurate data collection in order to provide services to a growing multicultural population. We strongly believe that resources and efforts need to be invested in gathering accurate data on kinship care among the minority population in New York. IPRHE has recently started to examine existing data sources and create new ones in order to describe the characteristics of children in kinship living arrangements, and to identify recent trends in the pattern of kinship caregiving. Particular importance is attached to developing information that could support comparison between **formal kinship** care

arrangements (i.e. care provided by relatives as foster care under auspices of the state) and informal kinship arrangements (all other caregiving provided by relatives in the absence of a parent).

- Need for collaboration between the formal child welfare system and the child's kinship family. Families involved with the child welfare system are viewed as failures by the general public and skeptics at all levels of the child welfare system. The child welfare system in the United States is based upon residual social welfare policies which assume that intervention is required only when families fail to protect and nurture their children. This orientation to child welfare policy and practice results in the formal child welfare system dominating the planning and decision-making on behalf of children who come into contact with the child welfare system. When the formal child welfare system dominates the planning and decision making and fails to collaborate with the child's family, the resulting plans and decisions may be irrelevant and unsuccessful.

These skeptics believe that families of children in state custody do not have the capacity to participate in planning and decision-making on behalf of the child. While it is true that some families do not have the capacity for decision-making; a broader view is likely to identify strengths which are not obvious when the unit of attention is limited to the child, biological parents and current kinship caregiver.

- Needs for child welfare caseworkers to be culturally competent. This exhibits an appreciation of the diversity that exists between cultural groups and within cultural groups. They must be persistent on their efforts to identify cultural strengths and helping traditions in families.

- Within our community, we need to create a program to support Hispanic custodial grandparents. These include programs that are based on empathy, knowledge, experience, multilingual and multicultural awareness and respect, as well as results-oriented activities that benefit seniors and their families. This can include anything from Spanish-speaking caseworkers that understand the culture and needs of this culture and population—to better support to grandparent-caregivers in health, education, and legal issues—just as two examples.

Bibliography

- Annie E. Casey Foundation. (2003). *Kids count data book: State profiles of child well-being*. Baltimore, MD: Author.
- Barth, R. P., Courtney, M.E., Berrick, J. D. & Albert V. (1994). *From child abuse to permanency planning: Child welfare services, pathways and placements*. New York: Aldine de Gruyter.
- Breunlin, D., Schwartz, R., and MacKune-Karrer, B. (1992). *Metaframeworks: Transcending the models of family therapy*. San Francisco: Jossey-Bass, Inc.
- Children's Defense Fund [CDF]. (2005). *The state of America's children yearbook 2005*. Washington DC
- Chipungu, S. S. (1991). A value-based policy framework. In J. E. Everett, S. S. Chipungu, & B. R. Leashore (Eds.), *Child welfare: An Africentric perspective* (pp. 290-305). New Brunswick, NJ: Rutgers University Press.
- Gleeson, J. P. (1996). Kinship care as a child welfare service: The policy debate in an era of welfare reform. *Child Welfare*, 75(5): 419-449.
- Gleeson, J. P. & Craig, L. C. (1994). Kinship care in child welfare: An analysis of states' policies. *Children and Youth Services Review*, 16(1/2): 7-31.
- Gerge, R. M, Wulczyn, F. H., & Harden, A. W. (Undated). *Foster Care Dynamics 1983-1993 California, Illinois, Michigan, New York, and Texas: An Update from the Multistate Foster Care Data Archive*. The Chapin Hall Center for Children at the University of Chicago.
- Hill, R. (1997). *The strengths of African American families: Twenty-five years later*. Washington, D. C.: R & B Publishers.
- Fix, M.E., and Zimmerman, W. *All under one roof: Mixed status families in an era of reform*. Washington, DC: Urban Institute, 1999. Available online at: http://www.urban.org/immig/all_under.html. The report indicates that 10% of all children in the United States lived in a mixed status household.
- Hill, R. (2002). *The strengths of minority families*. Washington, D. C.: National Urban League, Research Department.
- Leashore, B. R., McMurray, H. L. & Bailey, B. C. (2001). Reuniting and Preserving African-American Families. In J. E. Everett, S. S. Chipungu, & B. R. Leashore (Eds.), *Child welfare: An Africentric perspective* (pp. 247-265). New Brunswick, NJ: Rutgers University Press.
- Lindsey, D. (1992). Adequacy of income and foster care placement decision: Using an odds ratio approach to examine client variables. *Social Work Research & Abstracts*, 28(3), 29-36.
- Lum, D. (1986). *Social work practice & people of color: A process-stage approach*. Monterey, CA: Brooks/Cole.
- Martin, E. P. & Martin, J. M. (2004). *The black extended family*. Chicago: The University of Chicago Press.
- McGoldrick, M., Giordano, J., & Pearce, J. K. [Eds.] (1996). *Ethnicity and family therapy*. New York: Guilford Press.
- Stack, C. (1994). *All our kin: Strategies for survival in a black community*. New York: Harper and Row.
- Staples, R. and Boulin Johnson, L. (1993). *Black families at the crossroads: challenges and prospects*. San Francisco: Jossey-Bass, Inc.
- Testa, M. F. (2002). Conditions of risk for substitute care. *Children and Youth Services Review*, 14: 27-36.
- Wulczyn, F. H. (2004). Status at birth and infant placements in New York City. In R. P. Barth, J.



Testimony of

Stephanie Gendell
Associate Executive Director for Policy and Public Affairs
Citizens' Committee for Children

*Examining Available Resources for Kinship Caregivers
In New York City*

Before the
New York City Council
General Welfare and Aging Committees

October 29, 2009

Good afternoon. I am Stephanie Gendell, the Associate Executive Director for Policy and Public Affairs at Citizens' Committee for Children of New York, Inc. (CCC). CCC is a 66-year old independent child advocacy organization dedicated to ensuring that every New York City child is healthy, housed, educated and safe.

I would like to thank the Chairs and Members of the General Welfare and Aging Committees for holding this hearing today on this very important topic of Examining the Resources Available for Kinship Caregivers in New York City. CCC is also grateful for the work of the Kincare Task Force in issuing their very informative report and of the Mayor's Office of the Family Service Coordinator for its commitment to this issue.

As is described in the report of the Kincare Task Force, there are approximately 250,000 New York City children being raised in private kinship care and their lives can be touched by multiple city agencies such as the Administration for Children's Services (ACS), the Human Resources Administration (HRA), the Department of Education (DOE), the Department for the Aging (DFTA), and the New York City Housing Authority (NYCHA). The fact that these families are coming into contact and trying to manage so many city systems and services makes the work of the Mayor's Family Service Coordinator and her staff so critical. This is particularly true in these difficult economic times when more family members will seek support for their families from various state and city services.

Kinship caregivers and their children have very different strengths and needs, based upon their familial circumstances. This means that there is no one-size fits all approach for the city to better support kinship caregivers and thus different services, supports and agencies will need to be involved for different families.

CCC believes that even in this difficult budget climate that there are some steps the City can take to better support its kinship caregivers, and thus ultimately help to improve the care the children receive.

Information-Sharing and Training:

The KinCare Task Force Report makes it very clear that families, as well as caseworkers and staff at various city agencies, are often unclear about what services and benefits are available and/or how kin can access them. "Without the money and services provided to formal kinship families, private kinship caregivers are left with very little targeted services and must navigate complex bureaucracies on their own,"¹ the report states.

¹ New York City KinCare Task Force. *Removing Barriers to Successful Kin Caregiving*, at 2. (June 2009).

CCC commends the State Office of Children and Family Services (OCFS) for publishing, *Having a Voice & a Choice: New York State Handbook for Relatives Raising Children*.² We think that this Handbook does an excellent job of explaining the various legal options, the court process and supports and services ranging from the school lunch program to SSI to foster care. We encourage OCFS and the city to more widely distribute the Handbook to families and caseworkers and to have it translated into other languages. Furthermore, we suggest that ACS and/or the Mayor's Office consider adding a New York City addendum or supplement to the Handbook, which would include more city specific guidance. Finally, we also suggest that the City provide training and guidance to 311 operators, regarding the services and referrals available to kinship caregivers.

In addition, the KinCare Report notes that at almost every city agency, caseworkers did not appear to understand the circumstances and barriers faced by kinship caregivers. CCC supports the Task Force's recommendations that caseworkers at city agencies, including HRA, ACS, DOE, DOHMH and DOE, receive additional training about the strengths and needs of kinship caregivers and their families.

Child Welfare Services:

CCC believes that there are several child welfare services that could be beneficial to some kinship caregivers and their children; however, the child welfare system cannot and should not be the default service system. Child welfare services, such as prevention, protection, foster care and adoption, are services targeted and funded (at the federal, state and city levels) for children who have been abused or neglected or who are at risk of abuse and neglect. Thus, ACS child welfare services need to be targeted to the children in families for whom there is a child safety concern.

Foster Care:

When children are removed from their parents and placed into foster care, there is a government-intrusion into the rights of the parents, based on imminent risk of harm to the child. When ACS removes or seeks to remove children from their parents, a judge must sanction this removal and make findings that it would be contrary to the welfare of the child to remain in the home and that reasonable efforts were made to prevent the child's entry into foster care. Thus begins a lengthy process whereby ACS seeks to prove the abuse or neglect in Family Court and the Family Court issues orders against the parents and the agency. There are therefore many families where parents decide that it is in the best interests of their children to be cared for by relatives that are not appropriate for the foster care system because there has been no abuse or neglect.

² This Report is available online at <http://www.ocfs.state.ny.us/main/publications/Pub5080.pdf>.

In cases where government intervention and foster care are necessary and appropriate to protect the safety and well-being of the children, there are legal mandates requiring ACS to explore kinship resources to care for the children. In July 2009, 5,533 of the 15,970 children in foster care (or almost 35%) of the city's foster children were living in kinship foster homes. CCC commends ACS for instituting family team conferences that now occur before a child is removed from his/her home as a means to help find kinship resources before a child is ever placed in stranger foster care. We urge ACS, and other child welfare stakeholders such as judges and children's attorneys, to continue focusing on efforts to increase the number of foster children placed with relatives.

Unfortunately, in New York, many children in foster care, including those placed with kin, remain in foster care for extremely long periods of time. In fact, New York State failed the 2008 Federal Child and Family Services Review because children spend too long in foster care. New York State ranked **42nd out of the 47 ranked states** on time to reunification and **44th out of the 47 ranked states** on time to adoption. It is thus critical that efforts be made to expedite permanency for children in kinship foster care through reunification and adoption, and that the services children and their families need be provided in a timely manner. In addition, CCC is advocating at the State level for subsidized kinship guardianship legislation.

Subsidized Kinship Guardianship:

In 2008, the federal government passed the Fostering Connections To Success Act, which includes a provision for federal reimbursement (as there is in adoption and foster care cases) for kinship subsidized guardianship. Kinship subsidized guardianship enables foster children being cared for by relatives, who would not otherwise be reunified or adopted, to achieve permanency outside the foster care system through guardianship and their kinship caregivers would still receive a subsidy. CCC is continuing to advocate for the State to pass subsidized kinship guardianship legislation; however, the state's budget shortfall is making this difficult since the state would need to pay for a share of the subsidy (as is done in adoption subsidy cases.) CCC hopes that the KinCare Task Force, the Mayor's Office and the City Council will help us in our advocacy efforts.

Preventive Services:

By state and federal law and regulation, child welfare preventive services are intended to prevent children at risk of foster care placement from being placed into foster care, through the provision of supports and services that strengthen the family and mitigate the risk to the children. These services include parent education programs, substance abuse treatment, assistance in applying for entitlements, counseling, and educational services for children. In New York City there are over 150 community-based preventive service programs, serving approximately 14,000 families with 30,000 children. Interestingly, while many of the families interviewed by the KinCare Task Force expressed displeasure with many of the services they were receiving, 70% of the respondents were most satisfied with ACS when they were receiving preventive services.

CCC believes that these strength-based, multi-service programs located throughout the city's five boroughs are a critical component to keeping children safe yet living with their families. We believe that there are many kinship caregivers who could benefit from preventive services. Unfortunately, the RFP ACS recently released for preventive services (which will become effective in July 2010), reduces the system's capacity by over 4000 slots (based upon a plan to intensify the service for a shorter length of time.) CCC remains concerned that the City's Preventive Service System is not going to have enough slots to meet the needs of the city's families, including the additional kinship caregivers that could benefit from these services.

While CCC is concerned about the reduction to the Preventive Service System's capacity and thus its ability to meet the needs of the kinship caregivers and their children who could benefit from these services, we do want to be clear that these services are intended for cases where there is risk to the children's safety and that this type of service is aimed at mitigating these safety and risk factors. There are other services in the community that are outside the child welfare system, such as the services provided by HRA, kinship navigator programs, settlement houses, DFTA and community based organizations that should provide support to kinship caregivers when there is no child welfare issue for the family.³

Child Care

CCC understands and appreciates that many kinship caregivers had not intended to assume responsibility for raising their grandchildren, nieces, nephews, etc. before they stepped in to help their families. This life change is a sacrifice by the relative that will make a tremendous difference to the children and ultimately to the City of New York. To help support these families, CCC believes that low-income kinship caregivers should receive priority for subsidized child care in New York City.

While CCC is aware that ACS recently reduced the types of priorities for child care, reduced the number of child care vouchers, increased the parent fee, and is struggling to maintain its current level of child care services due to the budget deficit, CCC urges ACS to consider a child care initiative to meet the needs of kinship caregivers as part of a long-term early care and education strategy.

³ However, we must also acknowledge that community based services have seen increased needs across diverse households and the ability of service providers to address the needs of all households seeking assistance has been constrained by the economic downturn.

Programs Targeted at Kinship Caregivers:

CCC does not necessarily support the Task Force's recommendation that various city agencies create kinship caregiving units because we believe that services for kinship caregivers should be integrated throughout all divisions in these large agencies (and because we do not believe this is realistic in the current budget climate). Alternatively, we believe that many city and state agencies should have either their own or contracted programs and services that specifically target kinship caregivers and their children. The Kinship Navigator Program, currently at risk of being further reduced in the State's Deficit Reduction Plan, is an example of a very effective and valuable program. We urge the state and city to maintain its support for this program and expand the types of targeted programs for kinship caregivers and their children.

Conclusion

CCC is grateful to the city and state agencies and community based organizations that are providing services and supports for kinship caregivers, the KinCare Task Force for its research and commitment to these issues, the City Council for holding this important hearing to further learn about the needs of these families, and to the Mayor's Office for making kinship caregiving a component of the Family Service Coordinator role. Most of all CCC is deeply grateful to the thousands of relatives throughout New York City who have come forward to help care for the children in their families—without these dedicated and caring family members, the City would be struggling to ensure these children were cared for properly. While there has been a great deal of work by the City to better support kinship caregivers, there is much work that remains to be done.

Testimony of Marya Gilborn
Director, Second Time Around Program of The Family Center
Thursday, October 29, 2009

For five years I have had the honor of running a program that provides comprehensive social and legal services to grandparents of all ages through a combination of funding from NYC DFTA and NYS OCFS. We have also been privileged to work closely on various coalitions with other providers around the city and state.

Almost by definition, grandparents raising grandchildren are doing so in the aftermath of traumatic loss and separation whether caused by parental death, military deployment, child abuse, substance abuse or incarceration. These grandparents are stepping in when children most need them at tremendous cost to themselves and with tremendous benefit to society. Although I think we probably all agree that these grandparents deserve all of our support, unfortunately we find that all too often our society's safety nets fail to serve them.

I appreciate the responsiveness of the City Council and the City agencies that are here today to investigate the concerns raised in the report released this spring by the NYC KinCare Task Force. At the risk of repeating issues raised in the report, I want to mention a few recent cases.

- Despite HRA's efforts to train their workers about the child only grant, a retired couple in Staten Island trying to apply PA for a grandchild was recently told that their retirement income would be budgeted in determining the benefit. HRA needs to continue to work on improving access for grandparents to the child-only grant.
- A 53 year old grandmother was raising her granddaughter as a kinship foster parent for several years. After many years of trying to become the child's legal guardian, she was granted guardianship in June 2009. The grandmother understood that when she became guardian, she would lose her kinship foster parent payments, but because she had some income of her own she did not immediately apply for public assistance and soon fell behind on her rent. Belinda was recently approved but was not able to get the cash she needed to pay the over \$800 in rent arrears accumulated during the period before she had applied PA. Kinship foster parents transitioning to permanent guardianship are foregoing access to foster care payments and adoption subsidies and deserve to have the process of applying for public benefits facilitated by ACS as a part of their transition planning.
- A 76 year-old grandmother is the adoptive parent to her two grandsons, now 17 and 21. She lives in a 2-bedroom apartment in a Mitchell Lama building where her maintenance, with SCRIE, is just under \$600 a month. Over the next few years she will lose the adoption subsidies for both boys as they age out, and will be left with only her SSI for income. She will then no longer be able to afford her very modest rent payment. She has investigated transferring to a smaller apartment, but there is a long waitlist and the difference in her rent amount would be negligible. Grandparents who have built their lives around caring for neglected and abused children deserve our support in planning for what will happen to them once those children no longer need their care.
- Finally, I got another call recently about a grandmother raising one grandchild through the foster care system. The child's oldest sibling was adopted by a non-kin foster care family and a second sibling was recently placed with the same foster family. The grandmother, already the foster parent to the youngest child since infancy, is willing and able to care for the middle child but the foster care agency seems to be moving towards facilitating the adoption of this child by the non-kin foster family. While it has gotten better, grandparents continue to get shut out from the opportunity to raise grandchildren who have been placed in the ACS system.

*"Thank you, Family Center,
for all you have given to help
me, my grandchildren and
our family. You have made
everything so much easier
for us. There is such a special
spirit of caring here. You
don't just help our family
survive, you help us thrive."
— Marilyn, grandmother of four*

Our work is fueled by the
belief that every child deserves
an answer to the question:
Who Will Take Care of Me?

To learn more about
our services, call us at
1-800-219-4522 or visit
www.thefamilycenter.org



The Family Center
315 West 36th Street, 4th floor
New York, NY 10018

584 Nostrand Avenue
Brooklyn, NY 11216



THE FAMILY CENTER

Second Time Around

For Grandparents
and Other Older
Caregivers of Children



Second Time Around



Throughout New York City, thousands of grandparents and older relatives have become parents again. These older caregivers represent a second chance for children in need of a safe, loving home.

The Second Time Around is a new program for families headed by older adults.

The Family Center provides:

- Family and individual counseling
- Group activities for families and teens
- Legal services specializing in guardianship and custody
- Information, referral and advocacy
- Recreational services for children

Attention grandparents and older caregivers

Do you...

- Feel overwhelmed?
- Want to resolve guardianship issues?
- Need information about benefits and services for your family?

The Family Center is here to help you!

Our services are...

- Free
- Confidential
- Offered in English and Spanish
- Offered throughout New York City



The Second Time Around is funded by the New York City Department for the Aging and NYS Office of Children's and Family Services



350 Broadway, Suite 400
New York, NY 10013
OFFICE 646.613.9633 • **FAX** 646.613.9632
HOTLINE 212.343.1122 • **WEBSITE** www.LIFTonline.org

TESTIMONY of
Legal Information for Families Today (LIFT)
Presented by Betsy Guttmacher, Director of Policy and Planning,
On barriers to accessing services faced by kinship caregivers
On October 29th 2009
To the City Council Hearing on Kinship Care

Good afternoon, my name is Betsy Guttmacher and I am pleased to be here today on behalf of LIFT to testify at this important hearing about issues and barriers facing kinship caregivers.

For the past fourteen years, LIFT has been a pioneer and leader in promoting access to justice for disadvantaged families embroiled in the New York City Family Court system. We are the only organization in the City dedicated to empowering court-involved families by providing them with the tools they need to advocate for themselves in Family Court.

We operate our programs where families need us most – in the courthouses and in their own communities – through the operation of six Education & Information Sites in Family Courthouses, the City's only Family Law Telephone and Email Information Hotlines, a Grandparents Legal Education Program, and the Family Legal Center.

LIFT also produces 35 original multilingual Legal Resource Guides, as well as activity books for children and teens which explain the court process. Last year, those we served were typically low-income, black (51%) or Latino/a (32%) parents (82%) or grandparents and extended family (18%). One in ten of the people we served were monolingual Spanish speaking.

We offer a unique window into the needs and challenges facing kinship caregivers; 5,500 or 10% of the 55,000 families served in our programs every year are comprised of grandparents or other relatives as the primary caregiver. 95% of those kinship caregivers that turned to LIFT last year were facing the complex Family Court system without legal representation. The majority of these caregivers are grandparents caring for youth who are often in crisis and in need of therapeutic services.

The financial and emotional stress facing these families can be overwhelming and the paths to meeting their needs are highly complex – much can be done by the systems serving them to alleviate this stress and build on their collective strengths so they can thrive as families.

We are here today to support the recommendations of the NYC KINCARE TaskForce outlined in their report "Removing Barriers to Successful Kin Caregiving". While all the recommendations are worthy of support and immediate action, we would like to draw your attention in particular to an issue facing grandparents and other relatives when they engage with the Family Courts – the fact that they have no right to a free court appointed lawyer.

In custody and visitation cases, biological parents are entitled to a free attorney if they cannot afford one. Since in most cases, kin caregivers are not – regardless of how long they have been caring for the child at the center of the case - kin caregivers are at a severe disadvantage in court proceedings.

As a result, many kinship caregivers find the process of obtaining custody or visitation particularly overwhelming and have great difficulty navigating the court effectively - and this in turn negatively affects the stability and wellbeing of the children who are in their care or with whom they have long standing relationships.

Kin caregivers often have no idea what their rights are or how to begin when petitioning for custody or visitation and are faced with a frustrating process that moves at a snail's pace due to delay upon delay – in some instances these holdups are caused by their own lack of information and guidance when filling out paperwork. They also face a significant and often formidable opponent, their own child's attorney since biological parents have a right to counsel. These unnecessary setbacks and patent inequities leave children in limbo for far too long and can make dropping a case seem like the only answer even when that is not a caregiver's real intention or in the best interest of the child.

LIFT is currently working with a Grandmother who when she first went to Family Court to file for visitation with her then 11 year old grandson was told by both the Court Clerk and Officer that as a grandparent she had *no rights* and that she *needed to hire a lawyer to do anything*.

Knowing she couldn't afford an attorney, misinformed about her rights and the court process and overwhelmed with caring for her own son (the Dad) who had developed major health issues, she backed off of pursuing her case and saw her relationship with her grandson suffer as her daughter-in-law shut off all contact between them.

Here was a woman who had a great relationship with her grandson – he stayed with her for extended visits and they had regular contact – who's ability to be a stable loving presence in her grandson's life through a time of crisis (his parent's marriage unraveling and his father's health issues impacting his ability to be a parent) was drastically compromised by the misinformation and chaos of the courts and her lack of access to an attorney.

Thankfully she found LIFT. Now through her work with LIFT at our Family Legal Center, this grandma knows her rights, has the confidence to file papers to petition for visitation, and will have the added benefit of being accompanied by LIFT staff for support when she returns to court.

While LIFT can give kin caregivers the tools and knowledge they need to represent themselves in court with confidence and success, there are times, particularly in custody cases where having an attorney is key and if this grandma finds herself in a challenging battle to get visitation or perhaps custody down the road there is no doubt that she will be at a disadvantage facing her daughter-in-law's court appointed attorney alone.

The vast majority of social service agencies serving kin caregivers agree that all low income caregivers should have access to free legal representation. We urge you to consider taking action to support an amendment to the Family Court Act to mandate representation for kinship caregivers in matters of custody and visitation.

We recognize that this is a long term legislative challenge – in the mean time there are many ways the city council can continue to help address this need:

- Continue to prioritize funding for LIFT which fills a critical gap empowering kinship caregivers with the tools to represent themselves in Family Court through our court based Information and Education sites, telephone and email Hotline, and unique Family Legal Center.
- Increase funding to organizations providing legal services where kinship caregivers may consult one-on-one with a free or low cost attorney or family law expert before filing any court papers.

We must recognize the needs of kin caregivers and do a better job providing for them – when we support them well, the time and cost efficiencies to the courts are huge; and the social and emotional benefits to the children in their care are priceless.

I would like to thank the city council for its generous ongoing support of the vital resources LIFT provides for all families involved in the Family Courts and for the opportunity to testify today about the special needs of the many kin caregivers we serve.

For more information please contact:

Betsy Guttmacher, Director of Policy and Planning

LIFT

350 Broadway, Suite 400

New York, NY 10013

(p) 646-613-9633 ext. 210

bguttmacher@LIFTonline.org

Kinship Care Hearing 10/29/09: Grandmother, Diane Mick Feldman's Testimony

Age 11
June 2006, a 3 AM phone call from St. Luke's ER woke me. A doctor asked if I knew where Evan (my grandson) was staying. She further explained she was treating my daughter and had strong evidence of domestic violence and substance abuse by both of Evan's parents. I replied that he was safe and staying with us. After more information was exchanged the doctor advised me that she was reporting this dangerous situation for Evan to ACS because we did not have legal custody.

Evan had been in our care since May because we saw he was neglected, unsupervised and failing in school. The specter of potential legal problems, that might take him from us and a good home for him, loomed large. I called ACS later that same morning and a wonderful voice answered. I told her my predicament and she must have heard the tears just behind my words.

She informed me that legal custody was generally necessary to make health, educational and other important decisions for a child. She had me write down a comprehensive list of contacts that would prove to change our lives from chaos and uncertainty to order and predictability.

On our journey to custody we were helped every step of the way by:

1. The Family Center for excellent attorneys to petition for custody and navigate the legal matters; and for family counselors who provided effective guidance and support for our new family unit. They were especially helpful to two empty nesters who were instant parents of a troubled tween.
2. The ACS Case workers who were polite, reassuringly thorough in checking all our backgrounds clearly indicated that Evan's safety and home environment was their priority.
3. The Family court and wise judge who appointed ~~Evan~~ ^{for Evan} a guardian attorney to assure his interest – awarded us permanent custody of Evan and provided a fair minded visitation agreement for his parents.
4. The Social Security office helped us obtain for Evan his rightful ^{dependent's} share of his father's disability check.
5. The Medicaid office who processed our application for Evan's insurance – had a busy office, but a long wait proved fruitful. I met with kind and knowledgeable people and obtained good insurance for him. They remain helpful for finding specialists when needed.

Today, Evan is a happy, thriving honor student and football player at Xavier High School. We are all grateful for the help we received to rescue this deserving boy.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10-29-09

(PLEASE PRINT)

Name:

Diane Willis

Address:

2080 1st Ave #2208, NY, NY

I represent:

Myself as Grandparent 10029

Address:

Community Number/Address

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: Oct 29, 2009

(PLEASE PRINT)

Name:

Cheryl King-Lawson

Address:

352 Northern Ave Bklyn, NY 11207

I represent:

The Public Speaking

Address:

◆ Please complete this card and return to the Sergeant-at-Arms ◆

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10-29-09

(PLEASE PRINT)

Name: SAM KOCM

Address: #872 TIMES SQUARE NY NY 10018

I represent: NY COUNCIL ON ADOPTABLE CHILDREN

Address: 589 8TH AVENUE NY NY 10018
15TH FLOOR

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/29/09

(PLEASE PRINT)

Name: Lesley Superville - Dunston

Address: 96-01 25TH AVENUE E. ELMHURST, NY
11369

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/29/09

(PLEASE PRINT)

Name: Seth Diamond

Address: 180 Water St.

I represent: HRA

Address: 180 Water St

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/28/09

(PLEASE PRINT)
Name: Raymond Singleton

Address: 1507 West 140th St.

I represent: New York City Human Resources

Address: 180 WATER ST Administration

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/29/09

(PLEASE PRINT)
Name: MARIE PHILIPPEAUX

Address: 150 William Street NY NY 10038

I represent: Administration for Children's Services (ACS)

Address: SAA

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)
Name: Betsy Guttmacher

Address: _____

I represent: LIFT (Legal Information for Families Today)

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Susana Cooper / John

Address: 371 Hart Street Brooklyn N.Y.

I represent: Grandparents from Family Center

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/29/09

(PLEASE PRINT)

Name: Caryn Resnick, Deputy Comm.

Address: _____

I represent: DFTA

Address: 2 Lafayette, 10007

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/29/09

(PLEASE PRINT)

Name: RACHEL VO

Address: ~~780 3rd Ave.~~ 780 3rd Ave. #33 FL NY NY 10027

I represent: AARP / NYS KinCare Coalition

Address: 780 3rd Ave. 3rd FL NY NY 10027

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/29/09

(PLEASE PRINT)

Name: MARIA PIA SCARFO

Address: 105 E 22 STREET, NEW YORK

I represent: IPRHE

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Deborah Langosch

Address: 120 W. 57th St. NYC 10019

I represent: JBFCs, NY Kinetic Task Force

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: RIMAS JADIN & KATHERINE MARTINEZ

Address: P55 2095 BROADWAY - 409 NY 10023

I represent: PRESBYTERIAN SENIOR SERVICES

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

Name: Amy Rachel Intel (PLEASE PRINT)

Address: Mental Health Services 10 Third Avenue

I represent: Mental Health Services, CNY 10017

Address: 209 Broadway NY, NY 10007

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

Name: Stephane Gerde (PLEASE PRINT)

Address: _____

I represent: Citizens Committee for Children

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/29/09

Name: Marya Gilborn (PLEASE PRINT)

Address: 315 W 36th St

I represent: The Family Center

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
☐ in favor ☐ in opposition

Date: 10/29/09

(PLEASE PRINT)
Name: Jacqueline McDuffie
Address: 529 Kingsborough 5th Walk #1B Bklyn
I represent: GAMA - Catholic Charities
Address: 200 Gold Street - Bklyn

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
☒ in favor ☐ in opposition

Date: Oct. 29, 2009

(PLEASE PRINT)
Name: Diane Mick Feldman
Address: 500 East 79th Street
I represent: Family Center - grandmothers
Address: W 86th St

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)
Name: BETH Finkel
Address: AAFP 750 Third Ave
I represent: AAFP NYC NY 10017
Address: _____

Please complete this card and return to the Sergeant-at-Arms