



Beth Powell's
In-Family Services
Trauma-Informed Psychotherapy,
Licensed Clinical Social Work and Neuro-Behavioral Education

To the CPS case manager and supervisor for _____,
who is in current CPS Guardianship: Name of Child

I do not have a provider contract with your agency. I have been asked by the foster-to-adopt/foster-to-PMC custodian of the child named above to provide outpatient psychotherapy services for this child. In order to work with this child and family in therapy, I need the following approval from you.

1. I am legally and ethically responsible, according to my licensure, to assess my clients according to my experience, my licensure, my expertise and my training. Please see www.infamilyservices.net. If my standards for assessment and treatment are not agreeable to the state guardians, then I am unable to accept the child as a client. Some CPS case workers have asked me to provide the exact treatment protocol suggested by the CANS assessor for the child before I have assessed the child. **I must perform my own assessment and make my own recommendations for the treatment I provide.** Are you in agreement?

Circle and Initial: **Yes** **No**

2. **In order to work with children who are in current CPS custody, I can only interface with the custodial parent and only provide the parent with the client paperwork.** I am unable to create documents aside from the current documents I provide, nor send documentation to any of the other professionals involved in this child's case. I am unable to communicate with anyone associated with the child's case other than the custodial parent unless that person accompanies the parent to the child's sessions with me.

After I finish the assessment of the child's outpatient behavioral health needs, I create a pro-bono report and treatment plan. The parent is free to distribute that plan to requesting entities. Ensuing therapy session progress notes are given to the parent. The parent is free to distribute the notes to requesting entities. I cannot assist in any manner outside of the therapy session. Are you in agreement? **Circle and Initial:** **Yes** **No**

Date: _____

(Print) CPS Case Manager or Supervisor Name and Title:

(Signature) CPS Case Manager or Supervisor Name and Title:
