

TAF Grandparents as Caregivers Program



**KANSAS**

DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

Economic and Employment Support

Grandparents as Caregivers Program

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Purpose of this Guide

Finding services and resources can be a long, frustrating process that can sometimes seem overwhelming. Determining where to begin can be the most difficult and time consuming task of all. This guide has been developed as a joint effort between the Kansas Department on Aging and the Department of Social and Rehabilitation Services. It gives grandparents raising grandchildren a quick overview of services, programs and general information to get needed assistance. It also provides tips for grandparents or other relatives providing kinship who are considering taking on the responsibility of raising their grandchildren. This guide is by no means an exhaustive listing of all agencies and services available to grandparents raising grandchildren. We have attempted to list resources and services that are statewide that serve as clearinghouses for further referrals.

For additional information, please contact Marva Williams with the Relatives as Parents Program (RAPP). RAPP works to help relatives who are raising children; especially as it relates to grandparents raising grandchildren.



Contacts

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Assistance in developing the guide was also provided by the Kansas State Department of Education, the Kansas Health Policy Authority, Attorney Suzanne Carey McAllister and grandparents who are now raising their grandchildren. We express thanks to all of them for their invaluable contributions.

How to Use this Guide

While we recognize you will have some of your own situations that are unique to your family, we have chosen to highlight some of the sections with a descriptive scenario of the more common situations occurring in families today. You will find the scenarios called out as featured stories.

The main sections can be found on the following pages;

Page 07:	Child Development, Health and Safety Needs
Page 29:	Child Care, Schools and Educational needs
Page 33:	Challenges Facing Today's Children
Page 36:	Tips for Grandparents and Grandchildren
Page 37:	How to Obtain Important Documents
Page 39:	How to Apply for Financial Aid
Page 42:	Grandparent Legal Rights
Page 48:	Coping Strategies for Grandparents
Page 52:	Resources and Contact Information for Grandparents

For ease and readability, we have used the following symbols in the guide;



A light bulb for ideas, tips and information.



A telephone for phone numbers.

A Special Note to Grandparents

Grandparents raising their grandchildren, and other relatives acting as surrogate parents, experience all kinds of emotional ups and downs. Do any of the emotions or challenges below sound familiar? If so, you are not alone. The emotions and many more represent the feelings of grandparents who are confronted with the challenge of raising their children's children. Parenting is a difficult, emotional job even in the best of situations. Remember to take a moment now and then to commend yourself for what you are doing - making a difference in a child's life by giving her or him the chance to be a safe, loved and nurtured child.

Emotional Ups and Downs

- Faith that your grandchildren's lives will be stable and sound.
- Satisfaction in knowing you are making a better life for your grandchildren.
- Comfort in knowing your grandchildren are safe with you.
- Gratification in knowing you are making a difference in your grandchildren's lives.
- Patience to cope with yourself and your grandchildren.
- Courage to take on the responsibility of parenting, which is a big commitment.
- Inspiration that comes from hearing your grandchildren say, "I love you."
- Gain in personal satisfaction knowing you are strong enough for this task.

- Sense of order when things go right. Happiness that you made it through another day.
- Pride in yourself and your grandchildren for persevering through tough times.
- Compassion in your relationships with your grandchildren, their friends and others.
- Hope that the situation will get better.
- Determination and persistence that you will not be denied the services you are eligible for to support your grandchildren.

Challenges

- Denial of the current situation; unrealistic expectations that the parents will become responsible.
- Fear of how you will be able to financially and emotionally care for your grandchildren.
- Guilt thinking you should have or could have done things differently with your own child.
- Anger at your child for abandoning or not being a responsible parent.
- Sacrifice in order to keep your family together.
- Loss of the grandparent-grandchild relationship, as well as peer contacts.
- Frustration when things don't go as planned.
- Sadness at the loss of a child and of the typical grandparent role.
- Disappointment in not being able to do the things you wanted at this stage in your life.
- Confusion in understanding the issues facing today's children.
- Embarrassment at having to ask for assistance for raising your "new family."
- Isolation from your friends and "child-free" social networks.
- Determination to work through the bureaucratic maze.

Helpful Resources for General Information on Raising Grandchildren

<u>Doctors</u>	<u>Hospitals</u>	<u>Libraries</u>
Contact your grandchild's pediatricians or clinic to locate other valuable resources and referrals.	Many hospitals sponsor programs and activities regarding child development and child rearing. Call your local hospital to find out if they offer such programs, and if so, request to be put on their mailing list.	Libraries are a great source for parenting books and materials. There are many good books, video tapes and guides that can help answer your questions.

Child Development, Health and Safety Needs

Child Development

Children are unique individuals. They think, look, act and grow in different ways. This is part of what makes them so special. The *Ages and Expectations Chart* (figure 1) gives examples of what you might expect at certain ages.

Children may have been exposed to emotional or physical traumas or prenatal conditions that could make their development and behavioral patterns different from other children their own age. Talk to your medical professional about your grandchild's development.



For more information about obtaining Medicaid/HealthWave coverage for your grandchildren, call HealthWave at 1-800-792-4884.

Child Development Feature Story

Wanda never thought much about when children should begin doing key developmental tasks such as pulling themselves up, crawling, walking and talking. After all, she had made the decision not to have children of her own. Her husband, Jim, had children from a previous marriage. Now, Jim suffers from medical problems, and at age 40 Wanda is caring for Jim and raising her stepchild's two year old.

Wanda's situation is not unusual. Many grandparents raising their grandchildren are concerned that they lack the knowledge and ability it takes to raise a child. Some grandparents and relative caregivers may be parenting for the first time in their lives. Others may have been away from the role of parent for so long that they do not remember or simply do not know the latest "ins" and "outs" of parenting today. Things change, new technologies, ideas and practices affect the ways we raise and care for our children.

Ages & Expectations Chart

Figure 1

Age	Expectations
1	Play games like patty cake and peek-a-boo, sits up without support, pulls into a standing position, feeds self finger foods, knows own name and repeats sounds.
2	Makes two word sentences, walks alone, eats with a spoon, names toys and people, recognizes self in mirror, can point and name ears and nose.
3	Toilet trained, plays simple games, counts out loud on fingers, and rides a tricycle.
4	Begins thinking in an organized manner, knows about 1,000 words.
5	Plays logically, able to perform activities in sequential order.
6	Able to learn and recognize difference between right and wrong.
7	Able to concentrate well on tasks at hand, often self-absorbed to the point of appearing withdrawn, shows sensitivity to others.
8	Curious about all things they are learning-including sexuality, high energy, and often acts impulsively.
9	Acts with independence, likes to learn facts, rules and standards, takes on more responsibility and engages in chores around the house.

Source: Grandparents Guide: Helping to raise your children's children, Phoenix, AZ Second Time Around, Kalamazoo, MI.

Special Needs and At-Risk Children

Children with special needs include those with physical or mental disabilities, emotional or behavioral disabilities.

Children who had prenatal exposure to drugs and alcohol are considered at-risk. Prenatal (and often environmental) exposure to harmful substances and behaviors can result in the child being deprived of certain age-appropriate development steps.

If you are concerned about your grandchild's development or are raising a child who has a disability, there are programs that can help you. Also, schools are a valuable resource for children with special needs.

Children who have disabilities are mainstreamed into most classrooms. Ask about a valuable program at your grandchild's school.

Early Intervention

Early intervention is for families with infants or toddlers ages birth through three years old who have concerns about how their child is developing. In Kansas, the state's early intervention program is called **Tiny K**. If you are concerned about your grandchild's walking, talking, crawling, seeing, understanding, or hearing, find out more about early intervention assessment and services.

After age three, the Special Education Program through your local public school can help with testing, classes, speech therapists, occupational therapists and physical therapists.

Early Intervention Cost

There is no cost to families regardless of their income. The program is mandated by Federal and State law.

For more information on statewide early intervention services contact:

Birth to 3 years of age

Carolyn Nelson
Department of Health and Environment
785-296- 6136

After 3 years of age

Margie Hornback
Department of Education
785-296-1944 or 1-800-203-9463

Special Needs/At-Risk Children Feature Story

Ray's heart felt heavy as he waited for the assessment report on his grandson. His grandson Nathan was only six years old and he had already lived a tough life. His mother was in jail, and his father was nowhere to be found. Ray had hoped the boy would "settle down" by the time he started school, but when that didn't happen he knew he needed professional help for Nathan.

Immunizations

Your grandchild not only needs immunizations because they protect him from diseases. They are also required by schools and child care providers.

Recommended Childhood and Adolescent Immunization Schedules and a Catch-Up Immunization Schedule for children and adolescents who start late or who are more than one month behind, by age group, vaccine, and dosage interval are depicted in figure 2, 3 and 4.

For more information on immunizations and programs that offer free or low cost immunizations, call the County Health Department in your area, or go to <http://www.kdheks.gov/immunize/schedule.htm>.

Recommended Childhood and Adolescent Immunization Schedule

Persons Aged 0 through 6 Years

Department of Health and Human Services – Center for Disease Control and Prevention

Figure 2 - United States 2009

Vaccine	Age										
	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Hepatitis B ¹	HepB	HepB		See footnote 1	HepB						
Rotavirus ²			RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP	See footnote 3	DTap				DTaP
<i>Haemophilus influenzae</i> type b ⁴			Hib	Hib	Hib ⁴	Hib					
Pneumococcal ⁵			PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus			IPV	IPV	IPV						IPV
Influenza ⁶					Influenza (yearly)						

Vaccine	Age										
	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Measles, Mumps, Rubella ⁷						MMR	See footnote 7				MMR
Varicella ⁸						Varicella	See footnote 8				Varicella
Hepatitis A ⁹						HepA (2 doses)					HepA Series
Meningococcal ¹⁰											MCV

 Range of Recommended Ages  Certain High-Risk Groups

Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 1-800-822-7967

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. The final dose should be administered no earlier than age 24 weeks.

- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg (anti-HBs) after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).

4-month dose:

- Administration of 4 doses of HepB to infants is permissible when combination vaccines containing HepB are administered after the birth dose.

2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks or older (i.e., 15 weeks 0 days or older).
- Administer the final dose in the series by age 8 months 0 days.
- If Rotarix® is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4 through 6 years.

4. Haemophilus influenzae type b conjugate vaccine (Hib).

(Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB® or Comvax® [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- TriHiBit® (DTaP/Hib) should not be used for doses at ages 2, 4, or 6 months but can be used as the final dose in children aged 12 months or older.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- Administer PPSV to children aged 2 years or older with certain underlying medical conditions (see MMWR 2000;49[No. RR-9]), including a cochlear implant.

6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6 months through 18 years.
- For healthy non-pregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or TIV may be used.

- Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
 - Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)
- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.
8. Varicella vaccine. (Minimum age: 12 months)
- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
 - For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)
- Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
 - Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
 - HepA also is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See MMWR 2006;55(No. RR-7).
10. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV] and for meningococcal polysaccharide vaccine [MPSV])
- Administer MCV to children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other high-risk groups. See MMWR 2005;54(No. RR-7).
 - Persons who received MPSV 3 or more years previously and who remain at increased risk for meningococcal disease should be revaccinated with MCV.

Recommended Childhood and Adolescent Immunization Schedule Persons Aged 7 through 18 Years

Department of Health and Human Services – Center for Disease Control and Prevention
Figure 3 - United States 2009

Vaccine	Age		
	7-10 years	11-12 years	13-18 years
Tetanus, Diphtheria, Pertussis ¹	See footnote 1	Tdap	Tdap
Human Papillomavirus ²	See footnote 2	HPV (3 doses)	HPV Series
Meningococcal ³	MCV	MCV	MCV
Influenza ⁴	Influenza (yearly)		
Pneumococcal ⁵	PPSV		
Hepatitis A ⁶	HepA Series		
Hepatitis ⁷	HepB Series		
Inactivated Poliovirus ⁸	IPV Series		
Measles, Mumps, Rubella ⁹	MMR Series		
Varicella ¹⁰	Varicella Series		



This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 7 through 18 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of the series.

Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 1-800-822-7967.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL®)
 - Administer at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.
 - Persons aged 13 through 18 years who have not received Tdap should receive a dose.
 - A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose; however, a shorter interval may be used if pertussis immunity is needed.
2. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)
 - Administer the first dose to females at age 11 or 12 years.
 - Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
 - Administer the series to females at age 13 through 18 years if not previously vaccinated.
3. Meningococcal conjugate vaccine (MCV).
 - Administer at age 11 or 12 years, or at age 13 through 18 years if not previously vaccinated.
 - Administer to previously unvaccinated college freshmen living in a dormitory.
 - MCV is recommended for children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other groups at high risk. See MMWR 2005;54(No. RR-7).
 - Persons who received MPSV 5 or more years previously and remain at increased risk for meningococcal disease should be revaccinated with MCV.
4. Influenza vaccine.
 - Administer annually to children aged 6 months through 18 years.
 - For healthy non-pregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or TIV may be used.

- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
5. Pneumococcal polysaccharide vaccine (PPSV).
 - Administer to children with certain underlying medical conditions (see MMWR 1997;46[No. RR-8]), including a cochlear implant. A single revaccination should be administered to children with functional or anatomic asplenia or other immunocompromising condition after 5 years.
 6. Hepatitis A vaccine (HepA).
 - Administer 2 doses at least 6 months apart.
 - HepA is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See MMWR 2006;55(No. RR-7).
 7. Hepatitis B vaccine (HepB).
 - Administer the 3-dose series to those not previously vaccinated.
 - A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB® is licensed for children aged 11 through 15 years.
 8. Inactivated poliovirus vaccine (IPV).
 - For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
 - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
 9. Measles, mumps, and rubella vaccine (MMR).
 - If not previously vaccinated, administer 2 doses or the second dose for those who have received only 1 dose, with at least 28 days between doses.
 10. Varicella vaccine.
 - For persons aged 7 through 18 years without evidence of immunity (see MMWR 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if they have received only 1 dose.
 - For persons aged 7 through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
 - For persons aged 13 years and older, the minimum interval between doses is 28 days.

Catch-Up Immunization Schedule for Children and Adolescents

Children and adolescents aged 4 months through 18 years who start late or who are more than 1 month behind
 Department of Health and Human Services – Center for Disease Control and Prevention Figure 4 - United States 2009

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

Catch-Up Schedule for Persons Aged 4 Months through 6 Years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after the first dose)		
Rotavirus ²	6 weeks	4 weeks	4 weeks ²		
Diphtheria, Tetanus, Pertussis ³	6 weeks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁴	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12-14 months No further doses needed if first dose administered at age 15 months or older	4 weeks ⁴ 8 weeks (as a final dose) ⁴ if current age is 12 months or older and second dose administered at younger than age 15 months No further doses needed if first dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	

Catch-Up Schedule for Persons Aged 4 Months through 6 Years

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Pneumococcal ⁵	6 weeks	<p>4 weeks if first dose administered at younger than age 12 months</p> <p>8 weeks (as final dose for healthy children)</p> <p>if first dose administered at age 12 months or older or current age 24 through 59 months</p> <p>No further doses need for healthy children if first dose administered at age 24 months or older</p>	<p>4 weeks if current age is younger than 12 months</p> <p>8 weeks (as final dose for healthy children)</p> <p>if current age is 12 months or older</p> <p>No further dose needed for health children if previous dose administered at age 24 months or older</p>	<p>8 weeks (as final dose)</p> <p>This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for high-risk children who received 3 doses at any age</p>	
Inactivated Poliovirus ⁶	6 weeks	4 weeks	4 weeks	4 weeks⁶	
Measles, Mumps, Rubella ⁷	12 months	4 weeks			
Varicella ⁸	12 months	3 months			
Hepatitis A ⁹	12 months	6 months			

Catch-Up Schedule for Persons Aged 7 through 18 Years

Tetanus, Diphtheria/Tetanus, Diphtheria, Pertussis ¹⁰	7 years¹⁰	4 weeks	4 weeks	6 months if first dose administered at younger than age 12 months	
Human Papillomavirus ¹¹	9 years	Routine dosing intervals are recommended ¹¹			
Hepatitis A ⁹	12 months	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated Poliovirus ⁶	6 weeks	4 weeks	4 weeks	4 weeks⁶	
Measles, Mumps, Rubella ⁷	12 months	3 months if the person is younger than age 13 years			
Varicella ⁸	12 months	4 weeks if the person is aged 13 years or older			

1. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB® is licensed for children aged 11 through 15 years.

2. Rotavirus vaccine (RV).

- The maximum age for the first dose is 14 weeks 6 days. Vaccination should not be initiated for infants aged 15 weeks or older (i.e., 15 weeks 0 days or older).
- Administer the final dose in the series by age 8 months 0 days.

- If Rotarix® was administered for the first and second doses, a third dose is not indicated.
3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).
 - The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.
 4. Haemophilus influenzae type b conjugate vaccine (Hib).
 - Hib vaccine is not generally recommended for persons aged 5 years or older. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in persons who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy; administering 1 dose of Hib vaccine to these persons is not contraindicated.
 - If the first 2 doses were PRP-OMP (PedvaxHIB® or Comvax®), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
 - If the first dose was administered at age 7 through 11 months, administer 2 doses separated by 4 weeks and a final dose at age 12 through 15 months.
 5. Pneumococcal vaccine.
 - Administer 1 dose of pneumococcal conjugate vaccine (PCV) to all healthy children aged 24 through 59 months who have not received at least 1 dose of PCV on or after age 12 months.
 - For children aged 24 through 59 months with underlying medical conditions, administer 1 dose of PCV if 3 doses were received previously or administer 2 doses of PCV at least 8 weeks apart if fewer than 3 doses were received previously.
 - Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions (see MMWR 2000;49[No. RR-9]), including a cochlear implant, at least 8 weeks after the last dose of PCV.
 6. Inactivated poliovirus vaccine (IPV).
 - For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
 - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
 7. Measles, mumps, and rubella vaccine (MMR).
 - Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.
 - If not previously vaccinated, administer 2 doses with at least 28 days between doses.
 8. Varicella vaccine.
 - Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.

- For persons aged 12 months through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
 - For persons aged 13 years and older, the minimum interval between doses is 28 days.
9. Hepatitis A vaccine (HepA).
- HepA is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See MMWR 2006;55(No. RR-7).
10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).
- Doses of DTaP are counted as part of the Td/Tdap series
 - Tdap should be substituted for a single dose of Td in the catch-up series or as a booster for children aged 10 through 18 years; use Td for other doses.
11. Human papillomavirus vaccine (HPV).
- Administer the series to females at age 13 through 18 years if not previously vaccinated.
 - Use recommended routine dosing intervals for series catch-up (i.e., the second and third doses should be administered at 2 and 6 months after the first dose). However, the minimum interval between the first and second doses is 4 weeks. The minimum interval between the second and third doses is 12 weeks, and the third dose should be given at least 24 weeks after the first dose.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years (Figures 2, 3 & 4) are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>). Copyright: Department of Health and Human Service Centers for Disease Control and Prevention

Healthy Eating Habits

Children learn from adults. If you practice good, healthy eating habits, chances are your grandchildren will too. The food guide pyramid can be used to ensure that your grandchildren are eating a variety of foods and getting an adequate supply of vitamins and nutrients for growth and health.

Tips for Healthy Eating

1. Establish a consistent eating routine.
2. Keep healthy snacks.
3. Avoid eating too much junk food and sweets.
4. Avoid foods high in fat and cholesterol.
5. Read food labels carefully.



Remember, quality rather than quantity of food is the important factor for meeting your grandchildren's nutritional needs.

Healthy Tips for Exercising

1. Set a good example, be active.
2. Establish a routine, set aside activity time.
3. Move it! Instead of sitting, get up and move.
4. Give gifts that encourage physical activity.



Your food and physical activity choices each day affect your health - how you feel today, tomorrow and in the future.

My Pyramid Plan

One size does not fit all. "My Pyramid" plan can help you choose the foods and amounts that are right for you. Make smart choices from every food group. Find your balance between food and physical activity and get the most nutrition out of your calories. Find out more at www.mypyramid.gov

The Six Food Groups	
Meat/Beans	Go lean on protein! Choose low-fat or lean meats and poultry. Bake, broil, or grill it! Vary your choices with more fish, beans, peas, nuts and seeds. Add chickpeas, nuts, or seeds to a salad.
Milk	Get your calcium-rich foods! Go low-fat or fat free! If you don't or can't consume milk, choose lactose-free products or other calcium sources.
Oils	Make the most of your fat sources from fish, nuts, soybean and olive oils. Limit solid fats like butter, stick margarine, shortening and lard.
Fruits	Eat a variety of fruits. Choose fresh, frozen, canned or dried fruit. Go easy on fruit juices. Eat fruit at meals and as a snack.
Grains	Make ½ your grains whole. Eat at least 3 ounces of whole grain bread, cereal, crackers, rice or pasta every day. Look for "whole" before the grain name on the list of ingredients.
Vegetables	Vary your veggies! Eat more dark green and orange veggies. Eat more dry beans and peas. Eat spinach, broccoli, carrots, and sweet potatoes.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

WIC provides specific supplemental food for good health and nutrition during critical times of growth and development. The program is available for children birth to age 5 and children in SRS custody are eligible for this service at no charge. As caregivers, grandparents can apply for WIC for their grandchildren. Program participation is based on income, child's age and medical or health risk.



For more information on WIC, contact the Kansas Department of Health and Environment at 1-800-332-6262 or your local Health Department office.



Other helpful resources for obtaining information regarding food, special diets and eating health include your local county extension service office, hospitals and schools.

Dental Needs

Your grandchildren's teeth are important. They help children stay healthy by allowing them to chew foods properly. In the past, dental extraction was a common cure for dental problems. Now there are treatments that make pulling teeth almost an obsolete practice. Talk to your dentist to establish a healthy plan for keeping your grandchild's teeth healthy and strong.

Here are some tips on keeping your grandchildren's teeth healthy.

Did you know even infants need dental care?

Good dental care begins before you see the first tooth in your grandchild's mouth. Infants need to have their gums wiped with a soft, damp cloth or gauze pad after each feeding.

Do not put babies to bed with a bottle at night or at nap time.

Milk, formula and other sweet drinks contain sugar. Sucking on a bottle filled with liquids with sugar in them can cause tooth decay.

Teething.

Children begin to "cut" their first tooth between the ages of 4-10 months. Teething may cause excess drooling, crying, fussiness and an unhappy baby. Be alert to the fact that children who are teething may be tempted to put things into their mouths to soothe themselves. By age 2 -2 ½ years, about 10 teeth in each jaw will be visible.

Ask your dentist when to bring your grandchildren in for their first visit.

Make sure you are brushing teeth with a fluoride toothpaste and soft bristle toothbrush.

Sources: American Association of Pediatric Dentistry, National Institute of Dental Research



If your grandchild has Medicaid or HealthWave coverage, call the Medical Assistance Customer Service Center at 1-800-766-9012 for dental coverage questions and provider information.

Insurance/Medical Coverage

Private Insurance

Many grandparents have difficulty obtaining health insurance for their grandchildren. Grandparents who are retired are often on Medicare, an insurance program that covers older persons.

Grandparents who are still working may find it difficult (if not impossible) to add grandchildren to their employer-based policy. As a result, many grandparents seek Medicaid/HealthWave coverage for their grandchildren. If you have employer-based health insurance, ask about dependent coverage for grandchildren in your custody.

Medicaid

Medicaid pays for covered hospitalization and medical services for persons who qualify financially.

In many cases, grandchildren being raised by grandparents do qualify for Medicaid/HealthWave. You do not need to be receiving public assistance for your grandchildren to receive Medicaid/HealthWave. Your grandchildren may also be eligible for Medicaid/HealthWave if they are receiving Temporary Assistance for Families (TAF) or Supplemental Security Income (SSI).



To apply for Medicaid or HealthWave for your grandchildren you must be the child's primary caregiver. You will need to show verification of citizenship and identification for each person requesting assistance. Proof of income is required to determine eligibility for Medicaid/HealthWave. **Your income, as a grandparent, is not considered if you are only asking for the children in your care.**

You do not need to have legal custody of your grandchildren for them to receive Medicaid/HealthWave.



Children receiving Medicaid/HealthWave may be enrolled in a managed care program. You can access the HealthWave application form at any SRS office, SRS access point, or by calling HealthWave at 1-800-792-4884 to request an application form be sent to you. You may apply online at www.srskansas.org and click *Apply for Services*. Applications and additional program information can be found at www.kansashealthwave.org.



For more information about Medicaid and HealthWave for children call 1-800-792-4884 or visit www.kansashealthwave.org.

Other Health Services

Child and Adolescent Health Services

Local health departments receive grants to provide and/or facilitate access to preventative and primary care services. Local agencies use these funds to fill gaps in services.

Services include school entry physicals, immunization outreach and administration, oral health services, substance use (alcohol & tobacco) prevention, lead poisoning prevention, school health services, outreach to families to promote KAN-Be-Healthy and HealthWave services, and services to address childhood abuse and neglect.

Insurance/Medical Coverage Feature Story

Betty always worried about her own medical bills. After all, Medicare only covers so much. She knew she couldn't afford private insurance for her two grandchildren living with her.

A grandparent in a similar situation told her that Medicaid/HealthWave was often available to children. Betty was embarrassed at the thought of applying for assistance, but there wasn't anything else she could do. The children needed medical care.



Screening services include vision, hearing, scoliosis and community health assessment coalition efforts. For more information, call 785-296-1300.

Mental Health

The Kansas Department of Social and Rehabilitation Services (SRS) funds mental health community centers throughout Kansas.

The centers provide emergency intervention, assessment and counseling to provide therapeutic services for children who demonstrate symptoms of emotional difficulties.



You may find out about the mental health center in your area by calling 1-888-582-3759.



Children who have been approved for HealthWave may also use their Medicaid medical card for mental health services. For more information call 1-866-896-7293.



For a complete listing of community mental health centers throughout the state of Kansas, please visit the Association of Community Mental Health Centers of Kansas at www.acmhck.org or call 785-234-4773.

Safety

Keeping your grandchildren safe may seem like a full-time job, and at times it will be. However, by establishing good safety practices for you and your grandchildren, you are not only setting a good example, but will also help protect your grandchildren from potential dangers and accidents.



Consider the following tips:

Car Safety

Use proper safety belt restraints at all times in a moving vehicle.

Make sure infants and young children are in “approved” child safety seats in cars.

Safety Feature Story

The social worker told Bill and Janet that the children would be at the police station downtown. Getting ready for the trip, Janet looked around her house. It was by no means child proof. What she had considered “comfortable clutter” now just looked like safety risks.



To make sure car seats are appropriate, correctly installed and to get free or discounted child safety seats, call the SAFE KIDS Coalition at 1-800-332-6262.

The SAFE KIDS Coalition is a national non-profit organization dedicated solely to the prevention of unintentional childhood injury, the number one killer of children ages 14 and under. Besides helping to distribute car seats, SAFE KIDS helps families by distributing smoke alarms in local communities, life jackets, fire safety and bicycle safety. Contact the Kansas SAFE KIDS Coalition at 785-296-1223.



Never leave young children alone in cars. Children under 12 years old should never ride in the front seat.

Home Safety

Keep small objects such as needles, pins, coins, beads, etc. away from small children. These objects can be deadly if swallowed.

Keep all cords and strings, including blinds and curtain cords away from cribs.

Never let children play with plastic bags.

Help prevent poisoning by keeping all cleaning supplies, medicines and cosmetics out of reach or in child proof cabinets.

Install smoke detectors and carbon monoxide detectors and check batteries twice a year.

Hold a mock fire drill with your grandchildren. Plan escape routes and arrange for a safe meeting place outside in case of fire.

Never allow children to fall asleep with bottles in mouths.

Never leave small children alone in or near water, including bathtubs and pools.

Avoid exposing infants to people with respiratory infections. Avoid crowds.

Carefully clean anything that comes in contact with the babies.

Have people wash their hands before holding or playing with the babies.

SIDS (Sudden Infant Death Syndrome) often occurs in association with relatively minor respiratory (mild cold and gastrointestinal infections with vomiting and diarrhea).

Make sure cribs have a snug fitting mattress and narrowly spaced slats. There should be nothing in the bed but the baby - no covering, no pillows, no bumper pads and no toys. Soft mattresses and heavy covering are associated with the risk for SIDS.

Consider using a baby monitor by the child's crib if:

- the child weighed less than 3.5 pounds at birth,
- had a sibling who died of SIDS,
- was exposed to cocaine, heroin, or methadone during mother's pregnancy,
- was the second or succeeding child born to a teenage mother, or
- had an apparent life-threatening event occur.

Tell your doctor if you are concerned about SIDS with your infant. Many communities have special programs to help manage babies at high risk of SIDS.

Sleep baby on his or her back.

Personal Safety

Teach your grandchildren the following personal safety tips listed below.

1. Memorize their full name, address, and phone number, including area code, state and zip code.
2. Use the telephone and make calls to the operator and how to dial emergency numbers.
3. Understand what a "stranger" means.
4. Never enter a stranger's car or home.
5. Keep the doors locked and only admit authorized people to their homes.
6. Use a code word; a code word is a special word only you and your grandchild know.
7. Use a code word if you are having another person pick up your grandchild from school or child care so he or she can verify that the person is safe.
8. Play and walk with friends.
9. Avoid alleys as well as poorly lit, lonely or deserted areas.
10. Never wander away from you or your yard unless they tell you and receive permission.
11. Tell you if something strange or uncomfortable has happened to them.
12. Never give information about themselves (including home phone) to anyone except authorized persons.

Child Care, School and Educational Needs

Child Care

Finding child care is a concern for grandparents and caregivers. One of the first steps to finding the child care option that is right for your family is to know the type of child care available.



The different types of child care include;

1. Licensed Day Care Home

A facility in which care is provided for a maximum of ten children under 16 years of age and includes children under eleven years of age related to the provider. The total number of children in care at any one time is based on the ages of the children in care. The license is usually issued for the provider's own home, but may be used at a location other than the provider's home. The license identifies the address of the facility.

2. Group Day Care Home

A facility in which care is provided by two adults for a maximum of twelve children under 16 years of age and includes children under eleven years of age related to the provider. The license is usually issued for the provider's home but may be issued at a location other than the provider's home.

3. Registered Family Day Care Home

A providers own home where care is provided for no more than six children from birth to 16 years of age and with no more than three children under 18 months of age. All children under 12 years of age related to the provider are included in the total count.

4. Child Care Center

A child care facility where care and educational activities are provided for 13 or more children, ages two weeks to 16 years of age for more than three hours and less than 24 hours per day including day time, evening and night time care. Before and after school care for school age children may be provided.

5. Preschools

A facility which provides learning experiences for children who have not attained the age of eligibility to enter kindergarten and who are 30 months of age or older.

Child Care Feature Story

Finding child care wasn't how Bev had planned to spend the weekend. She knew her son, Gary, was having difficulty with the children after their mother died, but she didn't think the situation was that bad. When she received the call from Child Protective Services saying the children had been abandoned, she knew she had to act fast. There was so much to do...and she couldn't take the time away from her job. Bev needed to find a place for the children to stay while she worked, and she needed that place by Monday morning.

Finding the Right Type of Child Care

There are many pros and cons to the different types of child care. You may find it helpful to make a list of your child's needs, i.e., hours open, individualized attention, trained workers, planned activities to help you decide which is best for your family.

Talking to other parents, grandparents and co-workers is an excellent way to learn about child care options. Ask if they are aware of the place you are considering. One grandparent offers the following advice to those seeking child care, "ASK, ASK, ASK!"



To help you in the decision making process and to receive referrals for child care providers, contact your Child Care Resource & Referral Agency (R&R) 1-877-678-2548.

Getting Financial Help with Child Care

Grandparents may be eligible to receive childcare assistance without a family share (co-pay) deduction if their grandchild receives TAF. Otherwise, grandparent's income is used to determine eligibility for childcare assistance. The grandparent must be working to receive child care assistance.

For further assistance or TAF, contact SRS at 1-888-369-4777 or your local SRS office.

Other Subsidized Child Care Alternatives

There are a variety of Head Start programs in Kansas. These programs generally provide free half-day school-year care for eligible, low-income, three to five year old children. Some programs also provide full-day, year-round care. Pre-kindergarten programs sponsored by public school districts in Kansas also offer half-day, school-year care at no cost for four year olds who meet eligibility guidelines set by each local district. Call your local school district office for information and availability.

Kansas Early Head Start, a child development program for prenatal women and infants and toddlers provides child care when a child enrolled in the program has a parent(s) or legal guardian who is working, attending school or a job training program. Child care is offered to those parents or legal guardians who meet the income guidelines and participate in home visits. Kansas Early Head Start is offered in 32 counties. A map of the Head Start/Early Head Start Programs is provided at www.srskansas.org.

Family Caregiver Support Program (FCSP)

The Family Caregiver Support Program is a multifaceted service delivery system that responds to the needs of the caregiver. Under FCSP the following services may be provided: assistance, information, individual counseling/support groups/training, respite care, supplemental services, (such as bathroom items, chores, homemaker, nutrition counseling, repair/maintenance/renovation and transportation, or relative services). Contact the Kansas Department On Aging at 1-800-432-3535 for further information.

Additional Information About Child Care Facilities

Health certificates are required for all persons sixteen years of age and older in contact with children.

Medical records on all children and youth in care must be on file at the child care facility.

Information about licensing procedures and copies of regulations may be obtained from the county health department.

School and Educational Needs

To enroll your grandchildren, the enrollment procedure is usually as follows;

1. Call the school district office, listed in your area, to obtain the name and address of where your grandchildren will be attending school.
2. When you register your grandchildren in school, you will need;
 - a. birth certificate,
 - b. immunization records,
 - c. school records (if attended another school), and
 - d. proof of residency.

If your grandchildren have been enrolled in another school, the previous school records will be needed. Schools have forms for requesting school records and immunization records. Additionally, the schools can help you fill out the necessarily forms and obtain needed documents. You may be asked to prove your grandchildren live with you, often this can be done by a letter from a landlord, clergy, or doctor. Ask the school what type of documentation is required. In most cases, guardianship is not a statutory requirement for enrolling a child in school.

Remember, it is in the best interest of your grandchildren to ask for help with directions, homework, school fees which can be waived, and anything else that will help your child.

Interaction with Schools, Teachers, Therapists, Counselors and Staff

Get to know your grandchildren's teachers. Inform teachers you are raising your grandchildren. Teachers may want to send things home to "grandma" instead of "mom" if that is what you prefer. Let the teacher know you want to be informed of your grandchild's progress.

Keep the line of communication open between you, your grandchildren and the school.

Attend open houses and meetings. Try to attend all parent-teacher conferences. Schedule personal meetings with teachers and counselors to talk about your grandchildren. If you cannot make fact-to-face contact, arrange for a phone conference.

Get help with homework if needed. Teachers may be able to provide extra help with homework and tutoring. Let them know if you are having trouble finding time or simply do not understand the homework well enough to help your grandchild.

Talk with school nurses and counselors. Counselors often have advice and resources for grandparents on social service programs in the community. This includes programs for behavioral and learning problems and other special needs. Contact the school nurse for information and resources on health and nutrition needs. Nurses and counselors can often provide information on talking with your grandchildren about difficult topics such as sexuality, drug and alcohol abuse, gangs and peer pressure.

School and Educational Needs Feature Story

Sylvia kept postponing the visit with her granddaughter Marty's fifth grade teacher. How could she tell the teacher that the reason she is not involved in Marty's homework is because she doesn't understand it? Sylvia was not only intimidated by the school work, but she also feared she was embarrassing her granddaughter at school.

Sex Education and Other Sensitive Issues

Children are growing up very fast these days. As a result, schools are attempting to keep pace. Some schools do this by talking about important and serious issues in the classroom. For example, many classes integrate human sexuality and intimate relationship information into course work. Your grandchildren may also learn about things such as: AIDS and HIV, teen pregnancy, sexually transmitted diseases, child and juvenile violence, gangs, domestic violence, substance abuse, and other social problems. Talk with your grandchildren's school about these subjects. You may want to plan special discussions with your grandchildren to see how they feel about these subjects.

Other School Programs that May be Available to You

Many schools have programs that offer before and after school child care. Most of these programs are for working parents and caregivers. Talk to the school about these programs.

School Lunch Programs

Public schools have free and reduced lunch plans for children who qualify. When you enroll your grandchildren in school, ask about eligibility and guidelines for registration in the lunch program.

The Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973

Children with special needs have specific rights in the public school system. Schools are required to assess children with learning disabilities, assist families with placement decisions, structure a large part of the student's weekly schedule, modify educational programs to the child's needs, prepare individualized educational plans (IEPs), provide a free and appropriate education and provide appropriate services by the school nurse or health service.

Challenges Facing Today's Children

As you know, things are different today. Children learn about drugs, alcohol, sex, gangs and violence at very early ages. Your grandchild's history might include some of these behaviors. As a result, he or she may not know what is right and wrong.

Many grandparents are raising children who are developmentally deprived, but socially advanced. For example, a child may have trouble reading on a third grade level, but has the survival instincts or "street smarts" of an older teenager. The events that led up to your grandchildren being placed in your home may warrant a special approach in parenting.

Talk to a counselor or family therapist, check with your grandchildren's school for additional information and referrals on getting help with parenting.

Alcohol and Drug Abuse

Young people are being exposed to alcohol, tobacco and drugs as early as elementary school. The younger someone starts to use alcohol and drugs, the more likely she or he is to develop problems. Consider the following facts and information from the US Department of Health and Human Services.

- Young people who use alcohol and drugs also are more likely to be victims or perpetrators of violence, engage in unplanned and unprotected sex, experience school failure, or be seriously injured from driving or engaging in other risky behavior while impaired.
- Easy access and availability of alcohol, tobacco, and illicit drugs make it difficult to keep young people out of harm's way.
- Young people who use tobacco are more likely than others to drink heavily later or use illicit drugs.
- Over the past two to three years, annual use of marijuana doubled among 8th graders, grew by two-thirds among 10th graders, and increased by two-fifths among 12th graders.
- Fewer young people see the harm in using drugs.

For more information about drugs or alcohol abuse and prevention, call Alcoholics Anonymous, Narcotic Anonymous or your nearest Regional Prevention Center listed in the glossary of this book.

Challenges Facing Today's Children Feature Story

Anna and her friends were good children. They did well in school, but got into trouble. Les and Cathy were proud of their granddaughter Anna, but they didn't understand why she needed to dress the way she did with baggy pants, stomach showing and of all things a tattoo. This wasn't the way things were when they were younger!



The 24 hour hotline number for Alcohol and Drug Abuse service is 1-800-586-3670.

Gangs

Criminal gang activity is a growing problem in our society. Steve Nawojczyk, a leading national expert on gangs and gang-related dynamics, offers the following information on gangs:

It is not illegal to be in a gang, and many adults are currently involved in activities that meet Webster's definition for a gang. However, when gangs engage in activities that break the law, their actions are considered illegal. Gangs may be a part of a larger city or national gang, or they may remain local.

Joining a gang that has a reputation, good or bad, gives a youth looking for a purpose something to be involved in.

Participants have said the mere interaction of members listening to

one another's problems and sharing the ups and downs are often what entices them to join a gang. Once in a gang, youth may find quitting the gang difficult and in some cases dangerous.

Most police departments have juvenile gang specialists. For more information on gang prevention and intervention, contact your local police department.

Sexuality and Children

You may have difficulty talking to your grandchildren about sexuality. Most parents do. However, children learn about sexuality early in their lives. They may get information at school, from their friends or through television or music. It is important they get correct information from you.

For information on talking to your grandchildren about sexuality issues, contact local community centers, health and family planning clinics, the Local Parent Teacher Association, or the counselor at your grandchildren's school.

Five Reasons Young People Give for Using Alcohol, Tobacco, and Illicit Drugs

1. To feel grown up
2. To satisfy curiosity
3. To take risks and rebel
4. To relax and feel good
5. To fit in and belong

Six Reasons Young People Join a Gang

1. Identity
2. Love
3. Discipline
4. Belonging
5. Recognition
6. Money



Some tips to help you talk to your grandchildren about sexuality include;

1. Find out what your grandchildren's questions are.
2. Make sure you know the facts about AIDS and other sexually transmitted diseases, birth control and pregnancy.
3. Talk about the things you see on TV or in the community that deal with sexuality. Ask your grandchildren how they feel about certain topics.

Child Abuse

Statutes define "abuse and neglect" as harm or threatened harm to a child's health or safety by a person responsible for the child's health or safety.

Harm or threatened harm can occur through non-accidental physical or mental injury, sexual abuse, neglect, or failure or omissions to provide protection from harm or threatened harm.



If you suspect a child is being abused or neglected, please telephone the Kansas Protection Report Center at 1-(800)-922-5330. Every call is taken seriously and every effort will be made to protect your identity. Telephone lines are staffed 24 hours a day. In the event of an emergency contact your local law enforcement or call 911.

Tips for Grandparents and Grandchildren

Communication Tips

Good communication creates a win-win situation for both grandchildren and grandparents. Learning good communication skills help children (and adults) develop confidence, feelings of self-worth and good relationships with others.

- Teach your grandchildren good listening skills.
- Practice listening and talking. Talk with your grandchildren about school, friends and their feelings.
- Respect your grandchildren. If you talk to your grandchildren as you do your peers, they will be more likely to tell you when things are right and /or wrong in their life.
- Children are never too old to be told they are loved. Saying and hearing “I love you” is important at any age.
- Give your undivided attention when your grandchildren want to talk to you. Don’t read, watch TV, fall asleep or make yourself busy with other tasks.
- Set routines for bedtime, meals and chores. Routines will help your grandchildren feel safe, and let them know your expectations.
- Remind them of your rules—just saying no is not enough. Young children often need reminders.

Tips for Setting Limits

Start with only a few rules. The more rules you have, the harder it will be for your grandchildren to remember them.

Be sure you know why you are saying no. Explain your reasons for saying no. Be sure your grandchildren understand your reasons.

Give kids a voice. Kids need a voice in setting limits. They need a chance to tell you what they think and feel. Even a child of 5 or 6 can talk with you and help you make rules they are more likely to obey.

Say what you mean. Be very clear about your limits.

Culture and Tradition Tips

Many grandparents have strong, traditional and cultural ties to their heritage. They may find that even though their children were raised in a bicultural household, their grandchildren were not. Grandparents need to be aware that their grandchildren’s background may be different. They may not know about long-standing family cultures and traditions. For instance, grandparents may have a bilingual household, and the grandchildren have been mainstreamed into speaking only English.

The hairstyles, dress and language of today's children and teenagers might try the patience of traditional adults. It is important for grandparents to be sensitive to their grandchildren's need to look, dress and act like others their age.

Tips on Adolescent/Youth Counseling

Youth counseling programs specialize in the treatment of adolescents, usually age twelve or thirteen through seventeen, who have adjustment problems, behavior problems, emotional disturbances, a personality disorder or incipient mental illness.

Child guidance programs specialize in the treatment of children from infancy to age twelve who have adjustment problems, behavior problems, emotional disturbances, a personality disorder or some form of mental illness.

Local youth service agencies are dedicated to providing high-quality services to children, youth and families. These community based services can include individual and group counseling, mentoring, parenting classes, first offender programs, shelters, community intervention centers and services for at-risk youth.

How to Obtain Important Documents

If you are raising a child that is not your own, you will need certain papers and documents in order to apply for assistance or medical services, to complete school registration and for identification purposes.

Birth Certificate

For a copy of a birth certificate, contact the Bureau of Vital Statistics in the state and county of your grandchild's birth. In Kansas, only parents and guardians of children can obtain birth certificates. Attempt to get the birth parents to obtain the birth certificate for you. If this is not possible you will need to get an order from a judge giving you permission to obtain a birth certificate for your grandchild. This can be done through guardianship process in civil court. Once you have permission you will need to furnish the following information;

1. Full name at birth of the person for who you are requesting the certificate
2. Date of birth
3. City or county of birth
4. Parent's full names as they appear on the birth certificate, including the mother's maiden name.

There is a fee for obtaining a birth certificate. Check with the Bureau of Vital Statistics of the birth state for all fees and forms of payment.

Important Document Feature Story

Tim didn't have any records for his granddaughter, Rebecca. The way things were going, he was surprised that Rebecca had shoes and clothes in her bag when his son so abruptly dropped her off. Tim knew son, who had been living on the streets for the past three months, would not have the child's birth certificate.



If your grandchild was born in Kansas, contact the Kansas Department of Health and Environment, Office of Vital Statistics, Curtis State Office Building, 1000 SW Jackson, Suite 120, Topeka, Kansas 66612.

The office's telephone number is 785-296-1400.

If the child is in state custody, SRS can obtain the birth certificate for you at no charge to you.

Social Security Card



If your grandchild does not have a Social Security card, or if it is lost; you can apply for either a new or a replacement card. You do not have to be the child's legal guardian to obtain Social Security cards for them. US citizens need a copy of their birth certificate or baptismal record.



For information on obtaining a Social Security Card, contact Social Security Administration at 1-800-722-1231 or go in person to the Social Security Office located nearest to you.

Medical Card

If you have not raised your grandchild from birth, you may not have her or his medical records. Try to obtain all medical records from your grandchild's birth parents. If they do not have the records, ask them to sign a medical consent to have the records released. Also your pediatrician's office or clinic may be able to obtain a copy of the medical records that the school has on file.

If you do not have prior medical records and your grandchild has a medical appointment, you may find it helpful to make a list of all the illnesses and conditions you can remember your grandchild having experienced, including information regarding the birth parents' medical history (if you know it), and any medical conditions or behavior during the mother's pregnancy. This can be helpful if doctors have to "reconstruct" your grandchild's medical history.

How to Apply for Financial Assistance

Financial assistance programs may be available to you.

Temporary Assistance for Families (TAF) – Grandparents as Caregivers (GPCP)

TAF provides a monthly cash benefit available on the Vision or Electronic Benefit Transfer (EBT) card to help families care for children. Most children being cared for by grandparents receive child-only cash benefits under the TAF-GPCG program. Cash benefit varies depending on where you live in the state.

You should be aware that certain factors must be established for eligibility of a benefit.

You must;

1. prove you are related to the child through birth certificates and/or other legal documents,
2. prove the child is living with you,
3. provide social security numbers for each child apply for assistance,
4. have proof of health insurance if you have it,
5. provide information about the birth parents. You will be required to cooperate in attempting to obtain child support from the parents, as required by law, and
6. provide proof of any income and/or assets belonging to your grandchild.

Grandparents' assets or income are not considered in determining eligibility for the TAF - GPGC programs.

General eligibility criteria to determine eligibility for TAF-GPCG programs:

Eligibility Criteria	TAF Grandparents as Caregivers Program
Child's Status	Must live with grandparents or other qualify relative (aunt, cousin, great-grandparent, etc)
Parent's Status	The parent must not live with the child and grandparent
Resource Limit	Child's resources must be under \$2000
Income Limit	Child's income must typically be under \$175
Child Support Enforcement	Must cooperate with Child Support Enforcement CSE will explore good cause for not cooperating

Tips on How to Collect Child Support Payments

Child Support regulations are based upon the concept that children are entitled to the support of both parents. This recognizes that there are costs associated with raising children. Child support is designed to partially offset these expenses and even out the burden based upon the parent's respective incomes. Even though you may be taking care of your grandchildren in your home, the birth parents may be held financially responsible.

Certain programs, such as TAF and Child Care Assistance, require cooperation in attempting to collect child support payments from birth parents. When a case is opened, even a child-only case, SRS Child Support Enforcement Division will automatically initiate a child support case.



To get help with collecting child support, establishing paternity or information on other Child Support Enforcement services, call 1-888-369-4777.

Other Federal Benefits

Earned Income Credit and Supplemental Security Income are two federal benefits available through the Internal Revenue Service and the Social Security Administration.

Earned Income Credit (EIC)

The EIC is a special benefit for low and moderate income working people who are raising children. The program provides assistance to working grandparents who qualify by reducing the amount of taxes owed or by giving you money back.

The EIC is a tax credit program administered by the IRS. You file for the EIC when you file your tax return. There are also Advance Earned Income Credit payments available that allow those who qualify to get part of their EIC in advance instead of waiting until after the end of the year.

Kansas Social and Rehabilitation Services Clients Rights

Applicants and recipients of benefits and services administered by SRS have the right to;

1. Be treated with courtesy and dignity.
2. Receive prompt service.
3. Receive clear explanations of the laws and rules that determine eligibility for benefits and services.
4. Have benefits and services explained in preferred language if not able to understand English.
5. Have forms read and explained if unable to read forms because of limited eyesight or other inability to read.
6. Have the opportunity for an appeal and a fair hearing in case of denial or reduction of benefits or services. Discuss with a SRS supervisor any complaint regarding benefits or services or treatment by SRS staff.
7. Contact the SRS office of Customer Service at 785-296-4687 regarding any complaint that has been discussed with, but not resolved by the local office supervisory staff.
8. Receive, upon request, a further explanation of applicant or client rights.



To obtain qualifying information on EIC, contact the Internal Revenue Service at 1-800-829-1040 or the AARP Grandparent Information Center at 1-88-687-2277 to request the EIC Tax package for Grandparents Raising Grandchildren.

Supplemental Security Income (SSI)

SSI provides financial assistance in the form of monthly payments to low income elderly, blind or disabled individuals including children. If your grandchild has a disability, he/she may qualify for assistance.

Parents or guardians can apply for blind or disabled children under 18 years of age. You will need to provide the following;

- grandchild’s social security card or records of social security numbers, birth certificates, or other proofs of age,
- the names, addresses and phone numbers of doctors, hospitals, and clinics, and
- documents verifying citizenship status.



For more information contact your local Social Security office or call 1-800-772-1231.

Housing Assistance

With the addition of grandchildren, your present housing situation may not be appropriate. The residence may now be too small, may have safety hazards or housing code violations, may exclude children or children may violate private lease agreements. To assist grandparents in locating safe, adequate, and affordable housing, contact the Kansas Department on Aging or your local Area Agency on Aging.



The Kansas Department on Aging can be contacted by calling 785-296-4986 or 1-800-432-3535.

Questions to Ask When Applying for TAF, Food Stamps or Other Financial Assistance

1. What documents will you need from me?
2. What information do I have to provide?
3. What forms do I need to complete?
4. How will I know when we have been approved for benefits?
5. When will I receive the payment/medical card, etc?
6. How often do I have to update my records and what is the process? Is it a yearly review, every three months, etc?
7. Do I have a right to appeal your decision if I am unhappy with it?
8. If we move, or the child returns home, when do I need to notify you and how?
9. If I have additional questions, how do I reach you?
10. If you are not available, who may I call?
11. May I have a copy of the policy regarding this program for my understanding and records?

Grandparent Legal Rights

Glossary of Legal Terms

Custody -The care, control and maintenance of a child, which may be awarded by a court to grandparent/grandparents in a custody case.

Mediation- Private, informal dispute resolution process in which a neutral third person, the mediator, helps disputing parties reach an agreement. The mediator has no power to impose a decision on the parties. Mediation can be used for child custody and visitation rights issues.

Public mediation services are available through Kansas Legal Services. Call the toll free Central Intake Line at 1-800-723-6953. You should feel free to ask for information about the assigned mediator, including the mediator's experience in disputes like yours.

Parental Unfitness -Parental unfitness exists when a parent's character and habits are such that provisions for the child's welfare cannot reasonably be expected from the parent or for some other reason the parent is unable to care for the child.

The unfitness that is necessary to deprive a parent of custody must be positive and not comparative, i.e., the mere fact a child may be better cared for by a grandparent is not sufficient to justify taking a child from a parent.

Visitation - The statutory right of access to a grandchild, granted to a grandparent or grandparents in a court proceeding if it is in the best interest of a grandchild.

Grandparent Rights

Written in May 2006 by Suzanne Carey McAllister, *Grandparent "Rights": A Summary of Kansas Law* helps explain a few aspects of the rights of grandparents.

Suzanne Carey McAllister is a clinical faculty member at the University of Kansas School of Law. She has written extensively on the area of grandparent visitation rights and has made numerous presentations on the subject. These materials below were extracted primarily from two sources:

1. Linda D. Elrod and James P. Buchele, *Kansas Law and Practice, Kansas Family Law Handbook* (West Group), and
2. Suzanne Valdez Carey (McAllister), "Grandparents' Issues: Kinship Caregiving, Visitation, and Related Matters," *Advising the Elderly Client* (Chapter 37 (West Group, 2003) with Laurie Hanson).

Grandparent "Rights": A Summary of Kansas Law

For many grandparents serving as primary caregivers of grandchildren, one of the most difficult of life's challenges may be involvement with the legal system. Legal proceedings can be financially burdensome and difficult to navigate. Moreover, such proceedings are emotionally draining on everyone involved, including the children.

The following mini-summaries provide a general description of the legal proceedings in Kansas in which a grandparent may seek “rights” with their grandchild. This information is general in nature and is not intended to serve as a substitute for legal advice. It is important to consult a family law or elder law attorney about your rights as a grandparent and about the legal options available to you in Kansas.

Informal Custody:

This is an arrangement in which the parent has agreed (either explicitly or implicitly) to allow the grandparents to serve as primary caregivers of the child without a court order. Frequently, the parent has abandoned the child altogether, leaving the child in the complete care of the grandparent. Because this arrangement is informal in nature, the grandparent has no legal rights to the child. Typically, the grandchild lives with the grandparents, who provide both the financial and emotional support of child rearing. It is usually the case that the parent is physically, emotionally, and financially absent from the child’s life. These types of arrangements are the hardest for grandparents for many reasons. For instance, because these arrangements are not formalized by the court, the grandparent is forced to bear the financial burden of child rearing, often times without the assistance of the parent. Moreover, the nonexistent parent could reappear at any time to reclaim the child, thereby upsetting the child’s stable living environment.

Power of Attorney (POA):

The power of attorney (POA) is a legal arrangement in which the parent grants authority to grandparents to serve as agents of the parent to perform certain parental tasks such as enrolling the child in school or obtaining medical care for the child (e.g., wellness checkups and immunizations). The advantages of this arrangement are twofold. First, there is documentation formalizing the grandparent’s authority to care for the child’s basic needs. Second, court approval is unnecessary for the POA to have effect. The disadvantage of the POA is that the parent may revoke it at any time. Furthermore, while the POA gives the grandparent the right to act for the parent in certain matters concerning the grandchild, the POA may be insufficient for the grandparent to obtain state financial assistance or medical benefits for the child.

Legal Custody:

In general, in Kansas and nationally, it is difficult for grandparents to obtain legal custody of grandchildren. The parental preference doctrine recognized under the Federal Constitution guarantees that a fit parent has the right to rear his or her child without State interference. If the parent’s fitness is questioned, however, the State and other third parties including grandparents may be able to request court intervention to ensure that the welfare of the child is protected. In Kansas, there are different contexts in which “parental fitness” may be challenged by a grandparent, including divorce and paternity actions, and cases involving abuse or neglect of children. Proving “parental unfitness” in Kansas is difficult, and has been found to include conduct or conditions in which the parent is addicted to drugs, is

incarcerated, has abused the child, or has abandoned the child for a period of time. Only if the court finds that the parent is “unfit” can it grant legal custody of a child to a third party such as a grandparent. Legal custody, if granted by the court, gives grandparents legal authority to make all decisions concerning the child. Below are general descriptions of proceedings in which grandparent custody may be considered and awarded by the court:

1. Non-parental (grandparent) custody in divorce proceedings or paternity actions: In divorce proceedings or paternity actions, a court may grant custody of child to a nonparent (such as grandparents) only if: (1) the child is in need of care, or (2) if the parent is unfit. (See summary of termination of parental rights proceedings below for a definition of “parental unfitness.”) Custody and residency orders in divorce and paternity proceedings are temporary in nature and require the court to refer a transcript of the proceedings to the county or district attorney for prosecution under the CINC code. (See summary of CINC proceedings below.) In rare cases, a court may grant custody and residency of child to a grandparent, if the parents who are divorcing or involved in a paternity action, agree that such an arrangement is in the best interest of the child.
2. Child in Need of Care (CINC) proceedings: In Kansas, a child in need of care is one who “lacks parental care and control.” A child who is “physically, mentally, sexually, or emotionally abused or has been abandoned” by the parent is also a child in need of care. The State, through SRS, may conduct an investigation into the well-being of a child if a report is made to SRS or a law enforcement agency (such as the police department) that a child is abused or neglected. The CINC code stresses that SRS should try to resolve these sensitive familial issues without court intervention. Once an investigation is completed by SRS, the case may or may not be referred to the local district attorney’s (or county attorney’s) office for prosecution under the CINC code. In extreme circumstances where the child may be in danger, the child is removed from the home and placed in protective custody. Intervention of this nature is warranted only when necessary to protect the health and welfare of the child. The State or the court may call upon the grandparents to serve as the custodians of the child. Alternatively, the grandparents may intervene in the proceedings as “interested parties” to request that physical custody of the child be granted to them. While the CINC action is pending and awaiting disposition by the court, any out of home placement of the child or custody arrangement remains temporary in nature. Keep in mind that the overall goal of the CINC action is to reintegrate the child with the parent. Ultimately, if a court determines that the child is need of care, it may order continued out of home placement and/or custody with the party whom the child is living. If the court determines that the child is not in need of the care, the CINC case is usually dismissed and the child is returned to the legal custody and control of the parent.
3. Termination of Parental Rights Proceedings: In the most severe Child in Need of Care cases, the CINC action may evolve into a termination of parental rights proceeding in which the court may legally sever the parent/child relationship. Unfortunately, in these

cases, efforts to reintegrate the child with the parent have failed. The process whereby parental rights are terminated requires the court to find, by clear and convincing evidence, that the parent is unfit "by reason or conduct which renders the parent unable to care properly for the child and that the conduct or condition is unlikely to change in the foreseeable future." The court may not terminate parental rights merely on the basis of the child's best interests because the child has been thriving under the primary care of a third party, such as a grandparent, without a showing of parental unfitness. In Kansas, notice of a termination of parental rights proceeding must be given to the child's grandparents even if the grandparents are not acting as the child's custodians or primary caregivers. Should the court terminate a parent's rights, the court's role is to ensure that the child is placed in a permanent family setting. Generally, the court's options for fulfilling its goal of permanence for the child include granting custody to a relative of the child (including the grandparents), adoption by family (including grandparents) or unrelated third parties, and long term foster care.

Adoption:

In an adoption proceeding, the court establishes a legal parent/child relationship between a child and a third party (who is not the biological parent of the child). The child's biological parent or parents' rights have been legally severed either by death, a voluntary act of the parent, or in a termination of parental rights proceeding.

1. Grandparent rights after adoption of the grandchild by a third party: In Kansas, if a child is adopted by unrelated third parties, the child has new parents and new grandparents by virtue of the adoption. Thus, the biological grandparent no longer has rights to the child because he or she is no longer the legal grandparent. Notice to a grandparent of a pending adoption may or may not be required by law and depends largely on the type of adoption that has been filed with the court.
2. Grandparents as adoptive parents: Grandparents may be allowed to adopt their grandchild. In Kansas, the primary consideration in determining whether to allow the grandparent or any other third party to adopt the child is the "welfare of the child." As such, the court may consider a wide range of factors including the age and financial status of the grandparent.

Guardianship:

Guardianship is a legal procedure in which the grandparent may be granted authority to act as the child's custodian in situations in which the parent is unavailable, has died, or is unfit. Unlike CINC actions or termination of parental rights cases, these proceedings can be filed by the grandparent and are probably the most common procedure by which grandparents obtain legal custody of a grandchild. If the guardianship is granted by the court, the grandparent (the guardian) has the power to make all decisions concerning the child. Under recent revisions to the Kansas guardianship law, a child (known as the ward) over the age of 14 who is not a disabled person, may nominate a particular person to serve as his guardian and the court shall give proper consideration to his request. A guardianship can be

terminated only by order of the court. In general, if the parent requests court-ordered termination of a guardianship, the parent bears the burden of proving that the guardianship is no longer warranted.

The difference between obtaining custody of grandchild through a CINC action, a termination of parental rights proceeding, or a guardianship, may be one of degree so it is important to discuss all legal custody options with an attorney licensed to practice law in Kansas.

Visitation:

In Kansas, grandparents may request court-ordered visitation with their grandchild. It is often the case that such formal requests are made when the parent has terminated all contact between the child and grandparent or has dramatically limited the grandparent's access to the grandchild. A court may award grandparent visitation when the grandparent successfully proves that:

1. there is a substantial relationship between the grandparent and grandchild, and
2. grandparent visitation would be in the child's best interest.

To prove substantial relationship, a grandparent must demonstrate more than a blood kinship or a mere tangential or sporadic relationship with the child. In cases where the parent is allowing some visitation to occur, the court should give deference to the parent's decision concerning visitation by adopting the parent's proposed visitation schedule. In situations where the parent has denied grandparent visitation altogether, the courts in Kansas have had a difficult time determining whether to grant visitation or not. Often the court focuses on the motives underlying the parent's decision to deny visitation. If the court finds the motives to be unreasonable, the court may award grandparent visitation over the parent's objection. Because these cases often pit the parent against the grandparent, leaving the child stuck in the middle, it is important to consider alternatives to litigation when seeking visitation with a grandchild. Mediation is a process that may be used to assist all parties to arrive at an agreed upon visitation schedule with the grandchild. Also, once an action for grandparent visitation has been filed, the court may order that mediation take place.

Lastly, keep in mind that should a grandparent decide to file a request for court-ordered visitation, the court shall order that the grandparents pay the court costs and attorney's fees of the parent.

Kansas Legal Services

You can obtain the phone number of your nearest Kansas Legal Services Office by calling 1-800-723-6953. Legal Aid may be able to assist you with guardianship or adoption issues. To take advantage of low cost or no cost assistance, you will need to meet certain income or other qualifications before service can be provided.

Kinship Foster Care

When a child has been abused or neglected by their parent and has been placed in the custody of SRS by court order, SRS seeks to place the child with someone whom the child or parents know.

Kinship Foster Care is temporary or long term care that is provided by a grandparent, other relative or responsible adult with an existing bond with a child.

Legal custody of the child resides with the state agency, SRS. The kinship caregivers have only physical custody of the child. Kinship foster parents cannot make any major decisions regarding the care of the child without first obtaining consent of SRS.

Kinship foster care services include money or assistance for food, clothing, shelter, daily supervision, school supplies, personal needs of the child, medical and dental care, social services and supportive services such as counseling. Services may also include monitoring, respite, transportation and in and out of home services. Kinship foster care parents must follow the rules and regulations outlined by SRS. Kinship caregivers who meet the relationship requirements may be eligible for TAF, prior to the payment of kinship foster care. Those kinship caregivers who do not meet the relationship requirements of TAF, may still be eligible for Food Stamps or Child Care Assistance.

For information on Kinship Foster Care, contact your nearest SRS office.

Permanent Guardianship

Permanent guardianship subsidy provides financial assistance to those who provide care for children who have been in SRS custody for whom the permanency plans of reunification and adoption have been ruled out. An eligible child is one who: is in SRS custody at the time that the permanent guardianship is established; has an order of permanent guardianship; is not receiving SSI; has a guardian who is an adult eligible to receive TAF. As a grandparent, you may become the child's legal guardian and as long as you live in Kansas and the child remains in your home, you will receive a subsidy.

Coping Strategies for Grandparents

How to Deal with Problems with the Birth Parents

Depending on the particulars of the situation for which you became a grandparent caregiver, you may at some point encounter problems with your grandchildren's birth parents. If you have legal custody of your grandchildren, you may be able to get either a protective order or arrange for supervised visitation in court.

Protective Order: This is an order issued by a judge that orders the parent to stay away from you, your grandchildren and your home. Failure to abide by a court order is cause for police arrest. You file for a protective order at the office of the district court in your county.

Supervised Visitation: If you are worried about the safety of your grandchildren during visitation with birth parents, you may ask a judge to order that all visitation by your grandchildren and the birth parents to be supervised.

Both protective orders and supervised visitation may be modified as situations change or as the court determines.

Negative Interactions with Birth Parents

According to the book *Grandparent Caregivers: A National Guide* by Ginchild-Abeje and Perez-Porter there may be occasions where the parents are not in a stable living situation or are participating in activities that you think could have negative effects on your grandchild during visitation. If this is the case, you may want to consider the following suggestions:

1. Ask the parents to schedule visits for a particular time so you have time to prepare the children.
2. Ask other cooperative relatives to be present for the visit.
3. Ask the court to limit the parents' contact with the children at the time the guardianship order is issued (if there are problems with visits or phone calls).
4. If there is a previous order, a motion to modify the order may need to be initiated if the problems with uncooperative parents persist. However, the parent can also file a motion to change the original order.
5. If there is a real risk that the parents may endanger the children, that is, if the parents have left them alone in the past or with an irresponsible person, taken them someplace dangerous or physically abused them, then visits should take place under the supervision of the guardian or a mutually agreed upon person. If the parents do not agree to this you may have to ask the court to resolve this matter.

Coping with Problem Birth Parents Feature Story

Mary didn't normally allow personal fights to occur in front of her co-workers, but one day her daughter stormed into her office demanding that the children be returned. Her daughter was a crack-cocaine addict and this was the third time she had shown up at Mary's office. Mary knew this behavior had to stop now.

6. When you are upset or angry with the child's birth parents, do not degrade the parents in front of your grandchildren. You can let your grandchildren know that you can be angry and upset with someone's behavior and still love and care about them.

Factors to Consider in Determining What are Reasonable Expectations for Visitation

Not only should the parent should be free from substance abuse for the visit, the visitation schedule should take into account the child's bedtime, regularly scheduled activities and school. It should also accommodate the parent's schedule including work, counseling, mandatory programs and available free time if in work release.

Grandparent Visitation Rights

Remember, visitation of your grandchild is not a right. The law provides that grandparents have reasonable rights of visitation only if a court deems visitation to be in the best interest of the child.



For information on legal services, call your Local Legal Aid Office or Kansas Lawyer Service. Kansas Legal Aid Services Toll Free number is 1-800-723-6953.

Coping in General

One of the best ways you can help yourself and your grandchildren through tough times is to take care of yourself, both physically and mentally.

- Eat right
- Get plenty of rest
- Exercise regularly
- See your doctor regularly
- Talk to your doctor about any physical, mental or emotional problems you are experiencing.

Grandparent Support Groups

The number of support groups for grandparents raising grandchildren is increasing in Kansas. Many of them offer child care so that both grandparents and their grandchildren have a chance to socialize. For many grandparents, support groups offer their only respite from child care duties.

To find the support group in your area, go to www.kcsl.org, check the map site and then click Parents Helping Parent-Grandparents/kinship.

Coping Feature Story

Rosemarie was nervous about going to her grandparent support group meeting. Shy at first about speaking up in the group, she just sat and listened. Within the first five minutes she began to hear that others were in similar situations. Finally, she had found a place where people understood what she was going through.

How Support Groups Can Help

Support groups can help by;

- offering emotional support to grandparents who feel alone,
- creating a network of grandparents who are in care-giving situations,
- offering guidance, assistance and advice to grandparents in their efforts to care for their grandchildren,
- giving grandparents ideas on formulating positive solutions to difficult problems,
- serving as a clearinghouse for resources and information,
- offering a safe, understanding place for grandparents to discuss and blow off steam the emotional ups and downs of raising their grandchildren, and
- providing tools for advocacy and awareness of the issues facing grandparents raising grandchildren.

Tips for Organizing a Grandparent Support Group

If there is not already an established support group in your area, you may want to consider organizing one. There are many different ways to go about doing this.

The following tips may help you get started.

- Learn from others. Contact Kansas Children's Service League (KCSL) or an established support group in other cities and ask for advice in starting a support group. The Kansas Department on Aging, can also help you locate existing support groups in the state, ask for the Relatives as Parents Program (RAPP).
- Contact professionals in the community. Ask for help from family counselors, therapists, local health associations, hospitals, social service agencies, etc, in getting a support group started. If any of the people you contact have expertise in issues facing grandparents raising grandchildren, ask if they would be willing to facilitate group meetings or serve as special speakers once the group is formed.
- Talk to school superintendents for permission to distribute support group meeting information at schools to the principals and counselors.
- Facilities such as schools and libraries may have meeting rooms that the group could use at little or no charge. The facility will need to have a separate room for child care. Explain the importance of support groups. Do not be bashful about asking for free space.
- Use public service announcements to generate interest. Local newspapers, radio broadcasts, television spots and church newsletters are good places to put notices of meetings and articles about grandparents raising grandchildren.

- Be patient in your attempts to organize a support group. Planning and organizing a group takes time, effort, and lots of perseverance. Remember, the benefits of the group will make all your time and efforts worthwhile.



For more information on Grandparents Raising Grandchildren support groups call the Kansas Department on Aging at 1-800-432-3535, or RAPP at 785-291-3357. For general information call AARP Grandparent Information Center at 1-202-434-2296.

Taking Care of Yourself

Taking Care of Yourself Feature Story

It had been months since Andrea had seen her other grandchildren. She was now spending all of her time parenting her son's children and she felt guilty because she didn't have the time or energy to visit her other grandchildren. She knew it would be a relief to be able to be just a "grandparent" for a day with the other children.

Stress Reducing Suggestions for Grandparent Caregivers

Adapted from Illinois Task Force on Grandparents Raising Grandchildren Tip Sheet, the following tips may help reduce the stress of caring for your grandchildren.

- Remind yourself that your adult circumstances are not your fault.
- Join a support group. This an excellent place to get information, ideas and emotional support.
- Take care of your own health, and take time for yourself.
- Do something you enjoy.
- Walk or exercise regularly.
- Consult your religious community and personal faith for strength and assistance.
- Concentrate on the task at hand. Don't dwell on the past. Looking too far ahead can also be overwhelming. If you can't take a day at a time try to accomplish one thing at a time.
- Learn to say no. Set limits with grandchildren and stick to them.
- Practice patience. Let those you are caring for do as much for themselves as possible.
- Focus on the positive and keep a sense of humor.
- Insist on quiet time for yourself.
- Accept reality. See things as they are and not how you wish them to be.
- Eliminate painful and disturbing thoughts and self-pity. Negative emotions contribute to stress.
- Reward yourself. Even small rewards will help your emotional state of being.
- Avoid isolation. Make an effort to maintain new friendships, even if by telephone.
- Look into parenting classes to learn new methods for helping children develop self-esteem, confidence and responsibility.

Resources and Contact Information for Grandparents

Kansas Resources

Kansas Department on Aging
503 South Kansas Avenue
Topeka, Kansas 66603
Toll Free: 1-800-432-3535
<http://www.agingkansas.org>

Kansas Department of Social and
Rehabilitation Services
Docking State Office Building
915 SW Harrison
Topeka, Kansas 66612
Toll Free: 1-888-369-4777
<http://www.srskansas.org>

Children's Mercy Hospital Family Friends
Program
3101 Broadway, Suite 575
Kansas City Missouri 64111
Phone: 816-234-3676
<http://www.children's-mercy.org>

Kansas Children's Service League
1365 North Custer
Wichita, Kansas 67201
<http://www.kcsl.org>

Kansas Health Policy Authority
Landon State Office Building
900 SW Jackson, Room 900-N
Topeka, Kansas 66612
Phone: 785- 296-3981
www.da.ks.gov/hpf

HealthWave
PO Box 3599
Topeka, Kansas 66601-9738
Toll Free: 1-800-792-4884
TTY: 1-800-792-4292
www.kansashealthwave.org

National Resources

AARP Grandparent
601 East Street N.W.
Washington , DC 20049
Phone: 202-434-2296

Generation United
1333 H Street, Suite 500W
Washington DC 20005
Phone: 202-289-3979
<http://www.gu.org>

The Brookdale Foundation
126 East 56th Street
New York, NY 10022
Phone: 212-308-7355
<http://www.brookdalefoundation.org>

Local Provider Service Area Agencies on Aging

PSA 01 Wyandotte-Leavenworth

9400 State Avenue Suite#111
Kansas City, Kansas 66112
Phone: 913-573-8532
Toll Free: 1-888-661-1444
Fax: 913-328-4577

PSA 02 Central Plains AAA

510 N Main Room 502
Wichita, Kansas 67203
Phone: 316-660-7298
Fax: 316-383-7757

PSA 03 Northwest Kansas AAA

510 W 29th Street Suite B
Hays, Kansas 67601
Phone: 785-628-8204
Toll Free: 1-800-432-7422
Fax: 785-628- 6096

PSA 04 Jayhawk AAA

1720 SW Topeka Boulevard
Topeka, Kansas 66612
Phone: 785-235-1367
Toll Free: 1-800-798-1366
Fax: 785-235-2443

PSA 05 Southeast Kansas AAA

1 West Ash
Chanute, Kansas 66720
Phone: 620-431-2980
Toll Free: 1-800-794-2440
Fax: 620-431-2988

PSA 06 Southwest Kansas AAA

240 San Jose Drive
Dodge City, Kansas 67801
Phone: 620-225-8230
Toll Free: 1-800-742-9531
Fax: 620-225-8240

PSA 07 East Central Kansas AAA

132 South Main
Ottawa, Kansas 66067
Phone: 785-242-7200
Toll Free: 1-800-633-5621
Fax: 785-242-7202

PSA 08 North Central Flint Hills

401 Houston
Manhattan, Kansas 66502
Phone: 785-776-9294
Toll Free: 1-800-432-2703
Fax: 785-776-9479

PSA 09 Northeast KANSAS AAA

526 Oregon
Hiawatha, Kansas 66434
Phone: 785-742-7152
Toll Free: 1-800-883-2549
Fax: 785-742-7154

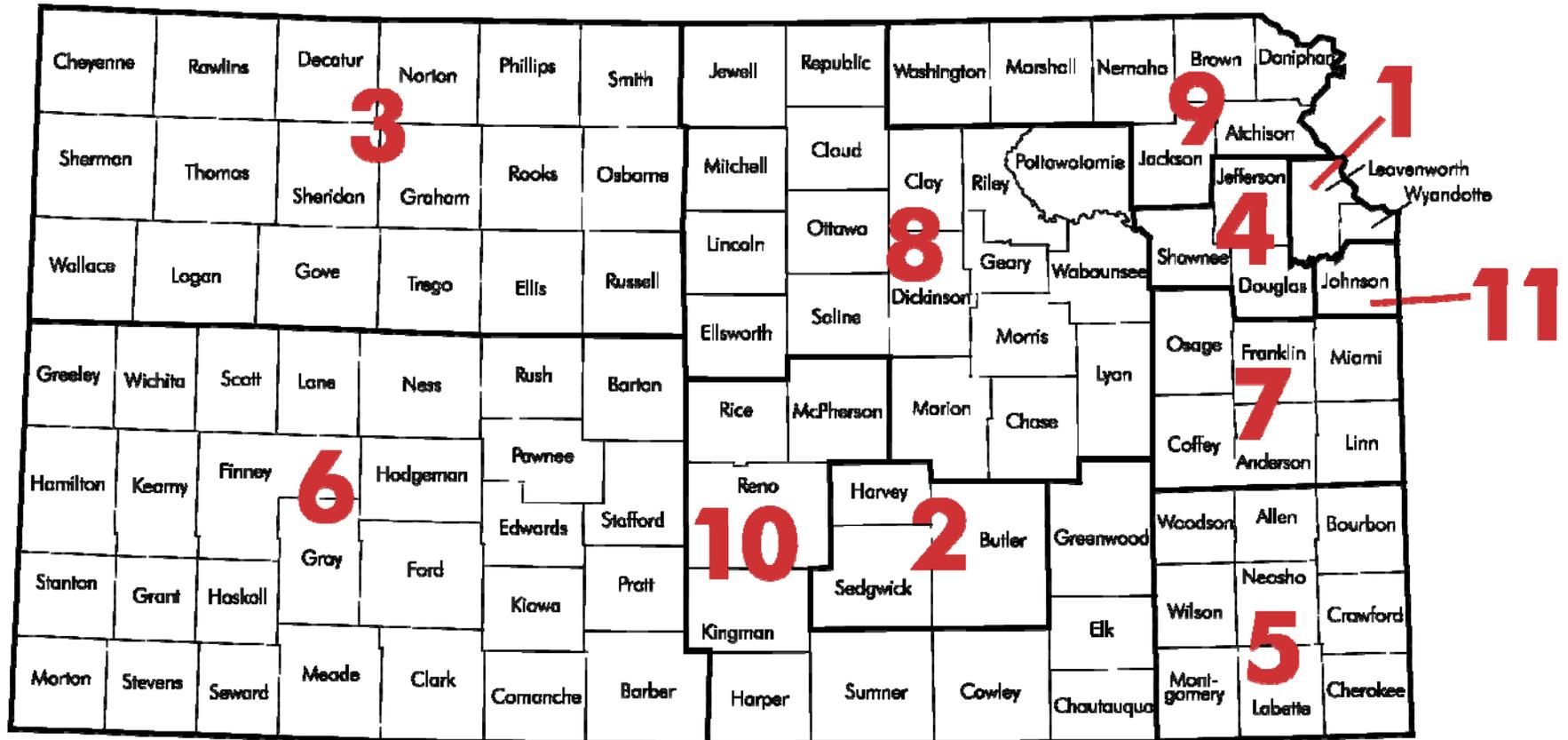
PSA 10 South Central Kansas AAA

304 South Summit
Arkansas City, Kansas 67005
Phone: 620-442-0268
Toll Free: 1-800-3 62-0262
Fax: 316-442-0296

PSA 11 Johnson County AAA

11811 South Sunset Drive, Suite # 1300
Olathe, Kansas 66061
Phone: 913-715-8800
Toll Free: 1-888-214-4404
Fax: 913-715-8825

Local Provider Service Area Agencies on Aging Map



Kansas Head Start Programs

Cowley County Head Start - USD #470

600 S-B Street PO Box 1028
Arkansas City, KS 67005
Phone: 620-441-2075

Mid-Kansas Community Action Program Head Start

730 Cliff Drive
Augusta, KS 67010
Phone: 316-775-3000

Clay County Child Care Center

314 Court Street
Clay Center, KS 67432
Phone: 785-632-2195

Bright Beginnings HS/EHS - USD #443

200 West Comanche, Suite A
Dodge City, KS 67801
Phone: 620-227-1614

Blue Valley Community Action HS

P. O. Box 273
Fairbury, NE 68532
Phone: 402-729-2278

Kansas Children's Service League (KCSL)

705 Ballinger
Garden City, KS 67846
Phone: 620-276-3232

Southeast Kansas Community Action Program (SEK-CAP) Head Start

401 Sinnet
Girard, KS 66743
Phone: 620-724-8204

Hays Head Start - USD #489

323 West 12th Street
Hays, KS 67601
Phone: 785-623-2430

Northeast Kansas-Community Action Program (NEK-CAP) Head Start

PO Box 380, Route #4
Hiawatha, KS 66434
Phone: 785-742-2222

Kickapoo Tribe of Kansas Head Start

PO Box 271
Horton, KS 66439
Phone: 785-486-3685

Reno County Head Start -USD 308

330 Charles Avenue
Hutchinson, KS 67501
Phone: 620-665-4850

Geary County Head Start - USD #475

1811 Elmdale Avenue
Junction City, KS 66441
Phone: 785-238-1042

Project Eagle

4th and State Avenue
Kansas City, KS 66101
Phone: 913-281-2648

Economic Opportunity Foundation (EOF) Inc. Head Start

2940 North 17th
Kansas City, KS 66102
Phone: 913-621-5437

Community Action Partnership of Mid- Nebraska

114 East 11th, PO Box 2288
Kearney, NE 68848
Phone: 308-865-5694

Opportunity Preschool - USD #383

1700 Leavenworth
Manhattan, KS 66502
Phone: 785-587-2045

Prairie Band Potawatomie HS/EHS
15380 K. Road
Mayetta, KS 66509
785-966-2527

McPherson/Marion County Head Start
128 N Park St
McPherson, KS 67460
Phone: 620-241-9590

Northwest Kansas Educational Service Center
703 West 2nd Avenue
Oakley, KS 67748
Phone: 785-672-3125 ext. 145

Olathe Head Start - USD #233
1700 West Sheridan
Olathe, KS 66061
Phone: 913-780-7410

East Central Kansas (ECKAN) Head Start
PO Box 40
Ottawa, KS 66067
Phone: 785-242-5481 ext. 202

Head Start of Shawnee Mission
8155 Santa Fe
Overland Park, KS 66204
Phone: 913-649-9714

Heartland Programs - USD #305
700 Jupiter
Salina, KS 67401
Phone: 785-309-5000

Sheldon Child Development Center Head Start
1155 Southwest Seabrook
Topeka, KS 66604
Phone: 785-273-8249

Community Action, Inc.
1000 SE Hancock
Topeka, KS 66607
Phone: 785-235-9561

Futures Unlimited Inc. HS/EHS
2410 North A Street
Wellington, KS 67152
Phone: 620-326-8909

Child Start Inc. - Head Start/Early Head Start
1069 South Glendale
Wichita, KS 67318
Phone: 316-682-1853

Kansas Department of Health and Environment District Offices

District 1 Southeast Office

302 West McArtor
Dodge City, Kansas 67801-6089
Phone: 620-225-0596
Fax: 620-225-3731

District 2 South Central Office

130 South Market, Suite
6050 Wichita, Kansas 67202-3802
Phone: 316-337-6020
Fax: 316-337-6023

District 3 Southeast Office

1500 West 7th Street
Chanute, Kansas 66720-9701
Phone: 620-431-2390
Fax: 620-431-1211

District 4 Northeast Office

Curtis State Office Building
1000 SW Jackson, Suite 340
Topeka, Kansas 66612-1365
Phone: 785-368-8110
Fax: 785-296-1231

District 5 North Central Office

2501 Market Place, Suite D
Salina, Kansas 67401
Phone: 785-827-9639
Fax: 785-827-1544

District 6 Northwest Office

2301 East 13th Street
Hays, Kansas 67601-2651
Phone: 785-625-5663
Fax: 785-625-4005

Kansas Family Regional Prevention Centers

South Central RPC

130 East 5th Box 711
Newton, Kansas 67144
Phone: 316-283-6743
Fax: 316-283-6830

Southeast Kansas RPC

PO Box 189
Girard, Kansas 66743
Phone: 620-724-6281

Shawnee RPC

2209 Southwest 29th Street
Topeka, Kansas 66611
Phone: 785-266-8666
Fax 785-266-3833

East Central Kansas RPC

3312 Clinton Parkway
Lawrence, Kansas 66047
Phone: 785-841-4138

Southwest Kansas RPC

801 Campus Drive
Garden City, Kansas 67846
Phone: 316-276-9624
info@ksrpc-southwest.org

Northwest Kansas East

209 East 7th Street
Hays, Kansas 67601
Phone: 785-625-5596

Johnson County/Leavenworth County/Miami County RPC

600 Lamar, #130

Mission, Kansas 66202
Phone: 913-362-1990

Northwest Colby RPC

990 South Range #7
Colby, Kansas 67701
Phone: 785-462-8152
Fax: 785-462-8152

Northeast Kansas RPC

431 Houston Street
Manhattan, Kansas 66502
Phone: 785-387-4372

Wichita/Sedgwick County RPC

1421 East 2nd Street
Wichita, Kansas 67214
Phone: 316-262-2421
Fax: 316-262-8688

Central Kansas RPC

PO Box 2117
Salina, Kansas 67402
Phone: 785-825-6224
Fax: 785-825-5596

Wyandotte County RPC

7250 State Avenue
Kansas City, Kansas 66112
Phone: 913-596-9685
Fax: 913-596-0008

Flint Hills RPC

1000 Lincoln
Emporia, Kansas 66801
Phone: 316-343-2211 ext 252

For the location of any Kansas County RPC go to www.kansasfamily.com/coalitions.cfm

Social and Rehabilitation Services Regional Offices

Kansas City Metro Region

400 State Avenue Kansas City, Kansas
66101
Phone: 913-279-7000
Fax: 913-279-7701

Southeast Region

1500 West 7th
Chanute, Kansas 66720
Phone: 620-431-5000
Fax: 620-431-5055

Northeast Region

500 Southwest Van Buren
Topeka, Kansas 66603
Phone: 785-296-2500
Fax: 785-296-5895

West Region

1710 Palace Drive
Garden City, Kansas 67846
Phone: 620-272-5800
Fax: 620-272-5835

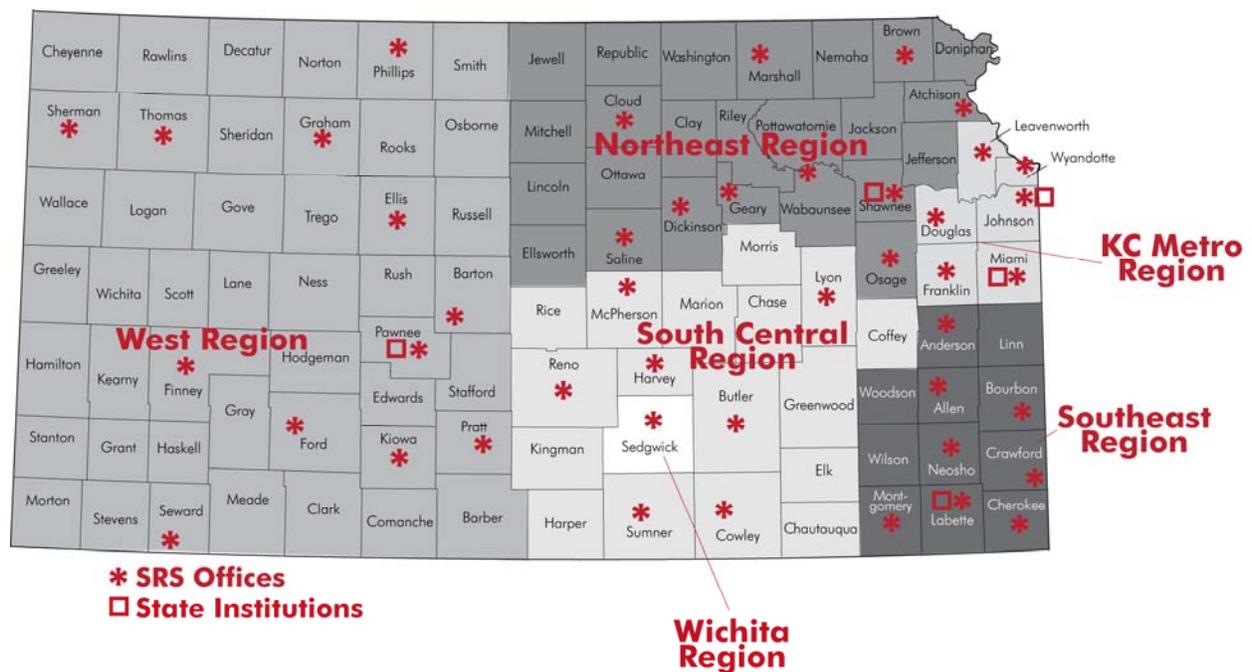
South Central Region

1700 Wheeler
Emporia, Kansas 66801
Phone: 620-342-2505
Fax: 620-342-2808

Wichita Region

230 East William
Wichita, Kansas 67202
Phone: 316-337-7000
Fax: 316-337-6789

Social and Rehabilitation Services Regional Office Map



Kansas Support Groups for Grandparents and Other Relative Caregivers

Please advise the Kansas Department on Aging of new groups, groups that were omitted or are no longer meeting by contacting Marva Williams at 785-291-3357 or 1-800-432-3535.

Group in Atchison

Contact: Roberta Keys (KCSL)
Place: Atchison United Methodist Church
Address: 501 Kansas Avenue, Atchison, Kansas
Phone: 785-988-4249
Day: 3rd Monday of each month
Time: 6:00 PM to 7:00 PM
Meets: Year Round
Email: roberta@rainbowtel.net

Group in Augusta

Contact: Brenda Arrera (KCSL)
Place: Augusta Methodist Church
Address: 2420 Ohio Street, Augusta, Kansas
Phone: 316-992-1739
Day: 4th Wednesday of each month
Time: 7:00 PM to 8:00 PM
Meets: Year Round
Email: balo645@hotmail.com

Group in Dodge City

Contact: Brandy James (KCSL)
Place: First Christian Church
Address: 711 5th Avenue, Dodge City, Kansas
Phone: 620-640-8807
Day: 2nd Tuesday of each month
Time: 6:30 PM to 8:00 PM
Meets: Year Round
Email: bjames@kcscl.org

Group in Garden City

Contact: P.J. Saunders (KSCL)
Place: Senior Center of Finney County
Address: 907 North 10th, Garden City, Kansas
Phone: 620-640-8807
Day: 3rd Tuesday of each month
Time: 7:00 PM to 8:00 PM
Meets: Year Round

Group in Hutchinson

Contact: Judy Mitchell

Place: Judy's Home

Address: 2201 South Bonebrake, Hutchinson, Kansas 67501

Phone: 620-663-4134

Day: 2nd Thursday of each month

Time: 7:00 PM to 9:00 PM

Meets: Year Round

Email: grandmajem@cox.net

Groups in Kansas City

Contact: Carolyn McGlothen (Children's Mercy Hospital)

Place: Wyandotte County Health Department

Address: 619 Ann, Kansas City, Kansas

Phone: 816-778-5350

Day: 2nd and 4th Thursday of each month

Time: 5:30 PM to 7:30 PM

Meets: Year Round

Group in Kansas City

Contact: Jean Constantine (KVC)

Place: KVC

Address: 1223 Meadowlark Lane, Kansas City, Kansas

Phone: 913-890-7509

Day: Last Thursday of each month

Time: 6:00 PM to 7:30 PM

Email: jconstantine@kvc.org

Additional Information: Open to all relatives of foster children regardless of placement or services.

Group in Lawrence

Contact: Valerie Murphy (KCSL)

Place: Redeemer Lutheran Church

Address: 5700 North Lawrence Avenue, Lawrence, Kansas

Phone: 785-841-2488

Day: 1st Sunday of each month

Time: 4:00 PM to 5:30 PM

Meets: Year Round

Email: murphymfs@cs.com

Group in Liberal

Contact: Doretta Dalay (KCSL)
Place: Liberal Recreation Youth Center
Address: 1109 West 7th Street, Liberal, Kansas
Phone: 620-290-4610
Day: 2nd Thursday of each month
Time: 6:00 PM to 7:00 PM
Meets: Year Round

Group in Manhattan

Contact: Charle Charleton (KCSL)
Place: Manhattan Public Library
Address: 629 Poyntz Avenue, Manhattan, Kansas
Phone: 785-410-3848
Day: 3rd Tuesday of each month
Time: 6:00 PM to 7:00 p.m.
Meets: Year Round
Email: charlebarle2000@yahoo.com

Group in Pittsburg

Contact: Rosemary Glidewell (KCSL)
Place: First Church of the Nazarene
Address: 816 East Quincy, Pittsburg, Kansas
Phone: 620-232-1210 ext. 463
Day: Last Thursday of each month
Time: 6:00 – 7:00 p.m.
Meets: Year Round
Email: rosemary@pittks.org

Group in Topeka

Contact: Sharla Pfeffer, Facilitator
 Connie Sonderoth, Co-Facilitator
 Jenni Barron, Facilitator – English/Spanish Interpreter
Place: St. Francis Hopsital, Second Floor Meeting Room
Address: 1700 Southwest 7th, Topeka, Kansas
Phone: 785-286-2329 or 785-231-0763
Day: Third Tuesday of each month
Time: 6:30 PM to 8:00 PM
Meets: Year Round
Email: kaye4454@cox.net
Additional Information: Grandparents as caregivers support group

Group in Topeka

Contact: Sharla Pfeffer, Facilitator

Jenni Barron, Facilitator – English/Spanish Interpreter

Place: St. Francis Hospital, Second Floor Meeting Room

Address: 1700 Southwest 7th, Topeka, Kansas

Phone: 785-286-2329 or 785-231-0763

Day: Second Tuesday of each month

Time: 6:30 PM to 7:30 PM

Meets: Year Round

Email: kaye4454@cox.net

Additional Information: A support group for the families of incarcerated persons

Group in Troy

Contact: Roberta Keys (KCSL)

Place: Doniphan County Public Library

Address: 105 North Main, Troy, Kansas

Phone: 785-988-4249

Day: 4th Monday of each month

Time: 6:00 PM to 7:00 PM

Meets: Year Round

Email: roberta@rainbowtel.net

Group in Wichita

Contact: Diana Forshee (KCSL)

Place: Kansas Children's Service League

Address: 1365 North Custer, Wichita, Kansas

Phone: 316-807-6245

Day: 1st and 3rd Mondays of each month

Time: 6:15 PM to 7:45 PM

Meets: Year Round

Email: blnlady@cox.net

Updated July 2009

Parents Helping and Kinship Support Groups

Kinship Support Groups are for Kin Raising Extended Family

County: **Butler**

City: Augusta

Sponsor: MID-CAP

Facilitator: Brenda Arrera

Place: MID-CAP Address: 730 Cliff Dr.

Phone: 316- 321-4906

Day: 4th Wednesday of the month

Time: 7:00 p.m. – 8:00 p.m.

Meets: Year Round

Focus: Grandparents Raising Grandchildren

Email: bjgore@kcsl.org

County: **Butler**

City: Augusta

Sponsor: MID-CAP

Facilitator: Brenda Arrera

Place: MID-CAP

Address: 730 Cliff Dr.

Phone: 316- 321-4906

Day: 4th Wednesday of the month

Time: 7:00 p.m. – 8:00 p.m.

Meets: Year Round

Focus: Grandparents Raising Grandchildren

Email: bjgore@kcsl.org

County: **Douglas**

City: Lawrence

Sponsor: Redeemer Lutheran Church

Facilitator: Valerie Murphy

Place: Redeemer Lutheran Church

Address: 2700 N. Lawrence Avenue

Phone: 785- 841-2488

Day: 1st Sunday of each month

Time: 4:00 p.m. – 5:30 p.m.

Meets: Year Round

Focus: Grandparents Raising Grandchildren

Email: murphymfs@cs.com

County: **Sedgwick**

City: Wichita

Sponsor: Kansas Children's Service League

Facilitators: Diana Maynard

Place: Kansas Children's Service League
Address: 1365 N. Custer
Phone: 316- 807-6245
Day: 1st and 3rd Mondays of the month
Time: 6:15 p.m. – 7:45 p.m.
Meets: Year Round
Focus: Grandparents Raising Grandchildren
Email: blnlady@cox.net

County: **Shawnee**
City: Topeka
Sponsor: YMCA
Facilitators: Sharla Pfeffer
Place: YMCA – Downtown Branch Address: 421 Southwest Van Buren
Phone: 785- 286-2329
Day: 3rd Tuesday of the month
Time: 6:30 p.m. – 7:30 p.m.
Meets: Year Round
Focus: Grandparents Raising Grandchildren
Email: kaye4454@aol.com

County: **Shawnee**
City: Topeka
Sponsor: YMCA
Facilitators: Sharla Pfeffer
Place: YMCA – Downtown Branch Address: 421 Southwest Van Buren
Phone: 785- 286-2329 Day: 3rd Tuesday of the month
Time: 6:30 p.m. – 7:30 p.m.
Meets: Year Round
Focus: Spanish Speaking Grandparents Raising Grandchildren
Email: Not Available

County: **Shawnee**
City: Topeka
Sponsor: YMCA
Facilitators: Linda Palmer
Place: YMCA – Downtown Branch
Address: 421 Southwest Van Buren
Phone: 785- 969-1906
Day: 1st Monday of the month
Time: 6:00 p.m. – 7:00 p.m.
Meets: Year Round
Focus: Families of Incarcerated Persons
Email: palmtree514@yahoo.com

Families Together

Families Together is the Parent Training and Information Center serving Kansas families who include son/daughter with disabilities.

Parent Training and Information Centers (PTIs) are funded by the U.S. Department of Education, Office of Special Education Programs. PTIs serve families of children and young adults from birth to age twenty-two with all disabilities including physical, mental, learning, emotional, and attention deficit disorders. Families may include grandparents, foster parents, adoptive parents, and kinship.

Families Together provides a variety of services including training and informing parents and professionals, helping families obtain an appropriate education and services for their children with disabilities, and working to improve education results for all children. Additionally Families Together helps families resolve problems between families and schools or other agencies and connect children with disabilities to community resources that address their needs.

Families Together is dedicated to a society that includes all people. They offer families the security of belonging to a support network of other parents that face similar goals, challenges, and needs.

Families Together office locations and contact information:

Garden City Parent Center

1518 Taylor Plaza
Garden City, KS 67846
Phone: 620-276-6364
Toll Free: 1-888-815-6364
Fax: 620-276-3488
Email: gardencity@familiestogetherinc.org
Toll Free Spanish Line: 1-800-499-9443
Spanish Email:
espanol@familiestogetherinc.org

Kansas City Parent Center

1333 Meadowlark Lane, Suite 103
Kansas City, Kansas
Phone: 913-287-1970
Fax: 913-287-1972
Email: kansascity@familiestogetherinc.org

Topeka Parent Center

501 Jackson, Suite 400
Topeka, Kansas 66603
Phone: 785-233-4777
Toll Free: 1-800-264-6343
Fax: 785-233-4787
Email: topeka@familiestogetherinc.org

Wichita Parent Center

3033 West 2nd, Suite 106
Wichita, Kansas 67203
Toll Free: 1-888-815-6364
TTY Phone: 316-945-7747
Fax: 316-945-7795
Email: wichita@familiestogetherinc.org

Statewide Espanol – Spanish Only 1-800-499-9443 or 620-276-2380

Sources

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Social Security Administration. Supplemental Security Income. SSA Publication No. O5-11000.

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915 SW Harrison
Topeka, Kansas 66612-1505

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