

# FOR YOUR INFORMATION

FYI FYI FYI FYI FYI FYI FYI FYI FYI FYI

Issue 18-05 (REV)

Date: 02/09/18

## EARLY INFANT SUPPLEMENT (EIS)

This FYI has been revised to clarify when EIS payment requests will not be accepted.

The purpose of this FYI is to provide information regarding the availability of Early Infant Supplement (EIS) payments for DCFS-supervised pregnant youth **in a formal placement** in preparation for the birth of their infant. **The address provided on the EIS request must match the pregnant youth's placement address reflected in CWS/CMS.**

As of 02/09/18, DCFS provides an EIS monthly payment of \$415.00 to pregnant youth in the 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> month of pregnancy, prior to the birth of the baby. For pregnant youth who have not reached the age of majority (18 years old), EIS payments are issued to an out-of-home caregiver (relative caregivers, foster caregivers, non-related extended family members, Foster Family Agencies, group home/STRTP and Transitional Housing Placement Program (THPP) provider). For pregnant non-minor dependent (NMD) youth, EIS payments are issued directly to the youth, unless a specialized caregiving circumstance warrants otherwise.

Pregnant youth residing in the home of one or both parents (HOP) are not eligible to receive EIS payments from DCFS since they are eligible to receive financial assistance from the Department of Public Social Services (DPSS) to prepare for the birth of their baby. However, if a pregnant youth residing in home of parent is denied assistance by DPSS due to not having an eligible immigration status, DCFS will provide EIS payments with verification of ineligibility from DPSS.

### Description of EIS

EIS funds are designated to be used by the pregnant youth to purchase items or services to help prepare for the birth of the baby. For example, items may include diapers, formula, clothing, crib, bassinet, car seat, etc., and services may include a birth preparation or parenting class. Funds may also be used to purchase maternity clothes.

To implement the EIS, a copy of an official medical record given directly to the pregnant youth from a health care provider, containing both verification of pregnancy and the Expected Delivery Date, is required. A determination of the 7<sup>th</sup>, 8<sup>th</sup>, or 9<sup>th</sup> month of pregnancy for the purpose of implementing the EIS payment(s) will be based on the Expected Delivery Date provided in the medical record.

If the pregnant youth does not have an official medical record from her health care provider containing the required information, the CSW is to request a verification of pregnancy letter (verification letter) from the health care provider on formal letterhead with an Expected Delivery Date.



If you have any questions regarding this release please e-mail your question to:

[Policy@dcfs.lacounty.gov](mailto:Policy@dcfs.lacounty.gov)

(right click to open footer section and access link)

A [DCFS EIS Health Care Provider Request](#), including a signature line for the pregnant youth authorizing the health care provider to disclose the youth's pregnancy and Expected Delivery Date is attached.

CSWs are encouraged to discuss the availability of EIS payments with the youth, and if appropriate, with the caregiver/provider. An [EIS Fact Sheet](#) is provided to facilitate the discussion.

Signatures of the caregiver or authorized FFA/Group Home/STRTP/THPP representative and the pregnant youth under the age of 18 should be obtained on the [Early Infant Supplement \(EIS\) Payment Agreement](#) by the CSW at the time the discussion takes place. No EIS Payment Agreement is required for NMDs.

CSWs are encouraged to request a health care provider verification letter of pregnancy, if other medical documentation is not available, as soon as possible. The health care provider may submit the verification letter of pregnancy to the CSW by mail, email or fax. EIS payments will be made retroactive to the 7<sup>th</sup> month of pregnancy if the payment request is submitted after the 7<sup>th</sup> month of pregnancy. EIS payment requests will not be accepted after the Expected Delivery Date reflected in the verification letter of pregnancy or other medical documentation, or after the delivery of the infant, whichever occurs first.

After receiving the medical documentation containing verification of pregnancy and the Expected Delivery Date from the pregnant youth, or the verification letter with the Expected Delivery Date from the health care provider, CSWs will complete a [DCFS 5540, Special Payment Authorization/Request](#) (see [sample DCFS 5540](#) attached) with a request to implement three months of EIS payments. Further, CSWs are to complete all yellow highlighted mandatory fields and attach the medical documentation or the completed DCFS Health Care Provider Request, as well as the verification letter.

The Early Infant Supplement (EIS) Payment Agreement signed by the pregnant youth under the age of 18 and the caregiver or authorized FFA/Group Hope/THPP representative is also attached to the DCFS 5540. CSW obtains approval signatures from the SCSW, ARA, and RA. All forms are subsequently scanned and emailed to the DCFS EIS Inbox: [DCFS-EIS@dcfs.lacounty.gov](mailto:DCFS-EIS@dcfs.lacounty.gov). Submission of EIS payment requests via the DCFS 5540 will only be possible at or after the youth's 7<sup>th</sup> month of pregnancy.

For a pregnant youth in placement under the age of 18, the \$415.00 EIS payment will be made to the out-of-home caregiver (relative caregivers, foster caregivers, non-related extended family members, Foster Family Agency, group home/STRTP, and Transitional Housing Placement Program (THPP) provider). Concurrently, for a NMD, the EIS payment is made directly to the youth. EIS payments are issued timely as separate checks.



If you have any questions regarding this release please e-mail your question to:

[Policy@dcfs.lacounty.gov](mailto:Policy@dcfs.lacounty.gov)

(right click to open footer section and access link)

Upon approval of the DCFS 5540 packet, an EIS notification letter explaining the purpose of the EIS and how funds are to be used will be mailed to the pregnant youth and when applicable, to the caregiver/provider, by the DCFS Child Welfare Health Services (CWHS) Section.

Any items purchased with EIS funds are the property of the pregnant youth, and will follow the youth should she leave the placement.

Upon the birth of the youth's infant, if circumstances arise that require the infant to be detained, the items purchased through use of the EIS funds are made available to assist the parenting youth to reunify more rapidly with her child whenever safely possible. If funds remain unused when the pregnant or parenting youth leaves the placement, the caregiver is expected to purchase a gift card for the baby in the amount of the remaining funds and provide the gift card to the youth prior to the youth leaving the placement.

Should the youth be unavailable due to AWOL or other circumstances, the caregiver is expected to notify the DCFS CWHS Section at: (213) 351-5714 and to return the funds to DCFS. Should the funds not reach the youth from the caregiver, the youth is also asked to contact the DCFS CWHS Section.

Any pregnant youth who received one or more EIS payments but does not deliver or who chooses not to parent after delivery, is NOT required to return the EIS payment(s).

As soon as the infant is born and is under the care of the now parenting youth, the CSW must initiate an Automated DCFS 280 request to start the official Infant Supplement payment of \$900 per month, or \$1,379 per month for group home/STRTP placements, and to begin Medi-Cal coverage for the infant.

The CWHS Expectant and Parenting Youth (EPY) (formerly Pregnant and Parenting Teen (PPT)) Conference Facilitators help promote the EIS as appropriate during PPT Conferences. The PPT Conference Facilitators are available for any questions regarding EIS payments. These staff can be reached at [mendeh@dcs.lacounty.gov](mailto:mendeh@dcs.lacounty.gov) and [melenaa@dcs.lacounty.gov](mailto:melenaa@dcs.lacounty.gov).

## PROCEDURE

### CSW Responsibilities:

1. Provide a copy of the [EIS Fact Sheet](#) to the pregnant youth and, as applicable, to the youth's caregiver/Foster Family Agency, group home/STRTP, and Transitional Housing Placement Program (THPP) provider, and discusses the availability and purpose of the EIS payments; namely, to promote the purchase of necessary items for the arrival of the soon-to-be born infant;
2. Obtain the signatures of the caregiver or authorized FFA/Group Home/STRTP/THPP representative and the pregnant youth under the age of 18 on the [Early Infant Supplement](#)



If you have any questions regarding this release please e-mail your question to:

[Policy@dcs.lacounty.gov](mailto:Policy@dcs.lacounty.gov)

(right click to open footer section and access link)

[\(EIS\) Payment Agreement](#), at the time the discussion takes place. No EIS Payment Agreement is required for NMDs.

3. If available, obtain an official medical record from the pregnant youth, containing both verification of pregnancy and the Expected Delivery Date.
4. If such official medical record is not available, obtain the pregnant youth's signature on the [EIS Health Care Provider Request](#) authorizing the health care provider to disclose the youth's pregnancy and Expected Delivery Date. (See attached [EIS Health Care Provider Request](#)).
5. Submit the [EIS Health Care Provider Request](#) signed by the youth authorizing the health care provider to disclose the youth's pregnancy and Expected Delivery Date to the health care provider via mail, email or fax.
6. Complete the [DCFS 5540, Special Payment Authorization/Request](#) with a request to implement three months of EIS payments at \$415 each. Complete all yellow highlighted mandatory fields and attach an official medical record containing verification of pregnancy and the Expected Delivery Date, or if unavailable, the completed DCFS Health Care Provider Request, as well as the verification letter from the health care provider, and the EIS Payment Agreement signed by the caregiver or authorized FFA/Group Home/STRTP/THPP representative and the pregnant youth under the age of 18. The EIS Payment Agreement is not required for NMDs. Obtain approval of DCFS 5540 from SCSW, ARA, and RA;
  - Note: Submission of EIS payment requests will only be possible at the youth's 7th month of pregnancy or beyond via the DCFS 5540.
7. Scan and email the approved DCFS 5540, the official medical record containing verification of pregnancy and the Expected Delivery Date, or if unavailable, the completed DCFS Health Care Provider Request and the verification letter, as well as the EIS Payment Agreement signed by the caregiver or authorized FFA/Group Home/STRTP/THPP representative and the pregnant youth under the age of 18 to the DCFS EIS In-box: [DCFS-EIS@dcfs.lacounty.gov](mailto:DCFS-EIS@dcfs.lacounty.gov).
8. Notify the DCFS CWHS Section in a timely manner by sending an email to the DCFS EIS In-box: [DCFS-EIS@dcfs.lacounty.gov](mailto:DCFS-EIS@dcfs.lacounty.gov). If the youth's situation changes, (i.e., if the youth is no longer pregnant, no longer a dependent, or if there is a change in the youth's address).
9. As soon as the infant is born and under the care of the now parenting youth, initiate an Automated DCFS 280 request to start the official Infant Supplement payment of \$900 per month or \$1379 per month for group home/STRTP placements, and to begin Medi-Cal coverage for the infant.

**SCSW Responsibilities:**

If you have any questions regarding this release please e-mail your question to:

[Policy@dcfs.lacounty.gov](mailto:Policy@dcfs.lacounty.gov)

*(right click to open footer section and access link)*

1. Review the official medical record or verification letter with the Expected Delivery Date for accuracy of the DCFS 5540 payment request based on the youth's Expected Delivery Date.
2. If accurate, approve the DCFS 5540 EIS payment request and forward it to the ARA and RA for review and approval.
3. If the case is in the process of being transferred to another CSW, or in the absence of the CSW, if the youth's situation changes, (i.e., if the youth is no longer pregnant, no longer a dependent, or if there is a change in the youth's address) notify the DCFS CWHS Section by sending an email to the DCFS EIS In-Box: [DCFS-EIS@dcs.lacounty.gov](mailto:DCFS-EIS@dcs.lacounty.gov).



If you have any questions regarding this release please e-mail your question to:

[Policy@dcs.lacounty.gov](mailto:Policy@dcs.lacounty.gov)

*(right click to open footer section and access link)*



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

BOBBY D. CAGLE
Director

GINGER PRYOR
Chief Deputy Director

Board of Supervisors

HILDA L. SOLIS
First District

MARK RIDLEY-THOMAS
Second District

SHEILA KUEHL
Third District

JANICE HAHN
Fourth District

KATHRYN BARGER
Fifth District

Date:

Licensed Caregiver Name: \_\_\_\_\_

or Name of FFA, Group Home/STRTP, or THPP: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Name of Pregnant Youth: \_\_\_\_\_

Early Infant Supplement (EIS) Payment Agreement

I, \_\_\_\_\_, understand that the above named pregnant youth,
Name of Caregiver or authorized FFA/Group Home/STRTP/THPP representative
under the age of 18, in my care is eligible to receive three EIS payments from the Los Angeles County
Department of Children and Family Services (DCFS), in the amount of \$415 per month, in her 7th, 8th and 9th
month of pregnancy, for a total of \$1,245 to prepare for the birth of her infant.

I hereby agree to provide 100% of the DCFS EIS funds to the pregnant youth and to supervise the purchase of
needed baby items such as diapers, formula, clothing, a crib, a bassinet, a car seat, and/or services for the youth
such as birth preparation or parenting classes. I understand that any tangible items purchased with EIS funds
belong to the youth and will follow her should she leave my care.

I, with the input and help of the youth in my care, agree to track the funds that are received and spent. If the
youth should leave my care and unspent EIS funds remain, I agree to purchase a gift card in the amount of the
remaining funds and to provide the gift card to the youth before the youth leaves my care. If the youth is
unavailable, I agree to contact the DCFS Child Welfare Health Services Section at (213) 351-5714 and to return
the unused funds to DCFS.

If I, as the caregiver or the youth, have questions about compliance with the terms of this Agreement, I will
contact the DCFS Child Welfare Health Services Section at the aforementioned number.

I, \_\_\_\_\_, hereby acknowledge that I have read the above information and
Print Name of Caregiver
that I will comply with the stated directives.

Signature of Caregiver: \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, have read and acknowledge the above information.
Print Name of Pregnant Youth

Signature of Youth: \_\_\_\_\_ Date \_\_\_\_\_

**DCFS EARLY INFANT SUPPLEMENT (EIS) HEALTH CARE PROVIDER REQUEST**

Date: \_\_\_\_\_

Dear Health Care Provider:

I am the Los Angeles County Department of Children and Family Services (DCFS) Children’s Social Worker (CSW) for the pregnant youth identified below. DCFS offers financial support to pregnant youth receiving DCFS services in their 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> month of pregnancy so that the pregnant youth can obtain necessary supplies and services to prepare for the birth of her child.

In order to qualify for this financial assistance, a verification of pregnancy letter with the Expected Delivery Date is required from the youth’s health care provider on formal letterhead.

As noted below, the pregnant youth hereby gives written authorization for you to provide a verification letter on formal letterhead of her pregnancy with her Expected Delivery Date.

Please fax or email or send your letter and a copy of the DCFS Health Care Provider Request with the youth’s approval signature to disclose her pregnancy (this document) to my attention at (\_\_\_\_)\_\_\_\_\_. My mailing and email address is listed below.

Submission of the verification letter is greatly appreciated within seven (7) calendar days from the date of this letter.

Thank you very much for your assistance.

Sincerely,

Name: \_\_\_\_\_

Children’s Social Worker

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**AUTHORIZATION OF YOUTH TO RELEASE CONFIDENTIAL HEALTH INFORMATION**

I, \_\_\_\_\_, DOB: \_\_\_\_\_, hereby authorize  
(Print Name of Youth) (mm/dd/yyyy)

\_\_\_\_\_ to provide a verification letter of my pregnancy with my Expected  
(Print Name of Health Care Provider)

Delivery Date to my DCFS CSW noted above. Thank you.

\_\_\_\_\_  
Signature of youth

\_\_\_\_\_  
Date







# FACT SHEET

## Early Infant Supplement (EIS)

In order to help pregnant youth under the supervision of Los Angeles County Department of Children and Family Services (DCFS) adequately prepare for the birth of their baby, DCFS has established a monthly Early Infant Supplement (EIS) payment of \$415 in the 7th, 8th, and 9th month of pregnancy to a minor pregnant youth's out-of-home caregiver, (relative caregivers, foster caregivers, non-related extended family members, Foster Family Agency, group home/STRTP, and Transitional Housing Placement Program (THPP) provider), or directly to a pregnant non-minor dependent (NMD). Here are highlights of the EIS funds:

- EIS funds are designated to be used by the pregnant youth to purchase items or services to prepare for the birth of the baby such as diapers, formula, baby clothing, a crib, a bassinet, a car seat, and/or services such as birth preparation or parenting classes. Funds may also be used to purchase maternity clothes.
- **All items purchased with EIS funds are the personal property of the pregnant youth.**
- If funds remain unused when the pregnant or parenting youth leaves the placement, the caregiver/provider is expected to purchase a gift card in the amount of the remaining funds and provide the gift card to the youth prior to the youth leaving the placement.
- Any pregnant youth who received one or more EIS payments but does not deliver or who chooses not to parent after delivery, is NOT required to return the EIS payment(s).
- To implement the EIS, an official medical record given directly to the pregnant youth by a health care provider containing the Expected Delivery Date, or a "verification of pregnancy letter" (verification letter) with an Expected Delivery Date is required from a health care provider on formal letterhead. A determination of the 7<sup>th</sup>, 8<sup>th</sup>, or 9<sup>th</sup> month of pregnancy for the purpose of implementing the EIS payment(s) will be based on the Expected Delivery Date provided in the document/verification letter from the health care provider.
- If the pregnant youth is unable to provide the DCFS CSW with an official medical record containing the Expected Delivery Date, the DCFS CSW will obtain the pregnant youth's signature on the DCFS Health Care Provider Request form authorizing the health care provider to disclose information regarding the youth's pregnancy.
- The DCFS CSW will obtain the signatures of the caregiver or authorized FFA/Group Home/STRTP/THPP representative and the pregnant youth under the age of 18 on the Early Infant Supplement (EIS) Payment Agreement verifying that 100% of the EIS funds will be utilized to purchase needed baby items or services for the youth in preparation of the birth of the infant. The EIS Payment Agreement is not needed for non-minor dependent (NMD) youth because the payments will go directly to the NMD youth.
- EIS payment requests will not be accepted after the Expected Delivery Date reflected in the verification letter from the health care provider or after the delivery of the infant.
- The DCFS Child Welfare Health Services (CWHHS) Section will send a notification letter to the caregiver/provider or the pregnant NMD at the time the initial EIS payment is requested.
- Pregnant youth residing with one or both of their parents are not eligible for EIS payments from DCFS, but can apply for financial assistance from the Department of Public Social Services (DPSS).