



# FOR YOUR INFORMATION

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Issue 26-03

Date: 01/23/26

## **SUPERVISED INDEPENDENT LIVING PLACEMENT APPROVALS, SUPERVISED INDEPENDENT LIVING SETTINGS, AND TEMPORARY ABSENCES FROM TRANSITIONAL HOUSING PROGRAMS**

This FYI is to inform staff of updates from [ACL 21-95](#), including:

- The expansion of Supervised Independent Living (SIL) settings, which now include Transitional Living Settings (TLS),
- Supervised Independent Living Placement ([SILP](#)) inspections to be conducted virtually,
- The allowance for a Transitional Housing Programs (THP) to be paid up to 14 days while a non-minor dependent (NMD) is absent, and
- The Department's responsibilities in conducting an evaluation of the County's placement resources and programs in relation to the needs of youth and NMDs placed in out-of-home care on a regular basis.

### **Supervised Independent Living Settings**

In 2011, the SIL setting was created as a flexible placement type for NMDs participating in Extended Foster Care. The passing of [AB 1979](#) now allows for a TLS under the definition of SIL. Federal guidance allows for maximum flexibility for SIL settings, while ensuring the placement is safe for NMDs.

Accordingly, there are now three types of SIL settings defined in California law, including the following:

- A SILP, as specified in a NMD's transitional independent living case plan,
- A residential housing unit certified by the THP provider operating a THP program for NMDs,
- A temporary TLS approved by the County to support youth who are entering or re-entering foster care (please refer to [Extended Foster Care: Re-Entry of Non-Minor Former Dependents](#) for detailed re-entry criteria and housing [resources](#) for those who do not qualify for re-entry) or transitioning between placements.

A SIL setting is not to include: detention facilities, forestry camps, or any other facility operated primarily for the detention of children who are determined to be delinquent.

### **Transitional Living Setting**

SIL now includes a TLS which may include such independent living settings as hotels, motels, designated rooms, or other alternative housing options (i.e., sleeping on a couch, church, youth resource center, Airbnb or Airbnb like housing, friend or family's home, shared rooms, etc.) that



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provide short-term (between 1 and 120 days) housing during NMD entry or re-entry, or while transitioning between placements.

- Children's Social Workers (CSWs) should speak with the NMD about housing options including with family and non-relative extended family member;
  - Transitional Housing Placement Program
  - Transitional Housing Program-Plus
  - Los Angeles Homeless Services Authority-Independent Living Program Housing
- If housing is not found, consider [Transitional Housing Programs](#) and submit referral;
- The use of a hotel/motel is a last resort. Active efforts must be made to exhaust all other temporary and/or permanent housing resources, such as the ones mentioned above before seeking approval for the hotel/motel.

TLS are not subject to the individual approval requirements like those of a SILP. They are intended to be temporary transitional settings. Furthermore, a TLS approved by the county is not subject to licensing requirements that other housing providers, such as transitional housing placement programs, etc. Counties have significant discretion in determining what constitutes a TLS to meet the needs of the NMD. However, the short-term TLS cannot include a youth homelessness prevention center or an adult homeless shelter, as those types of shelter placements are not eligible for Aid to Families with Dependent Children – Foster Care funding.

- If a NMD is in a TLS, the CSW must continue active efforts to secure permanent housing;
- Efforts must be documented in Child Welfare Services/Case Management System (CWS/CMS);
- If a permanent housing plan will not be implemented by the 7th calendar day, then a [Child and Family Team Meeting \(CFTM\)](#) should be completed, as is required when all placement changes are being considered.

## Transitional Living Setting Initial Assessment and Payment Process

1. Regional/Emergency Response Command Post CSWs will complete the initial assessment to assess that the TLS meets the NMD's basic needs. Some guidelines to consider, which are flexible, are listed below. Not meeting the guidelines listed below does not preclude the NMD from using this as a TLS; however, the CSW should discuss any concerns with NMD.
  - access to running water;
  - access to a functional toilet;
  - a secure door, with working lock/key;
  - appropriate ventilation;
  - appropriate heating during the cool weather seasons;
  - no co-sleeping with infants
- a. Once the TLS has been assessed, complete the [DCFS 5540](#) to initiate the payment process. Please refer to the sample DCFS 5540 attached at the end of this FYI.



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- b. **Regional Administrator (RA) must approve and sign all DCFS 5540 TLS request** regardless of the amount;
  - c. **RA must email the completed DCFS 5540 to BFA Administrative Deputy, Kym Renner at [RenneK@dcfs.lacounty.gov](mailto:RenneK@dcfs.lacounty.gov) and Special Assistant, Anna Holzner at [holzna@dcfs.lacounty.gov](mailto:holzna@dcfs.lacounty.gov).** If a submission is sent on RA's behalf, **RA must be copied on email.** The TLS Payment generally takes 3-5 business days to process.
2. If the NMD has no other options for a TLS, staff may utilize a hotel that has been arranged by DCFS as a last resort. To access one of the hotels/motels, staff must contact their RA/Division Chief for approval.
- \*Note: Hotels/motels do not require a physical assessment.

### Annual SILP Inspection Update

Effective September 25, 2020, AB 1979 amended WIC section 11402.2, subdivision (b), allowing a county to elect to complete the SILP unit inspection through methods other than an in-person visit, including, but not limited to, videoconferencing and telephone calls that include pictures of the living space – this is still allowed. Also, required SILP forms may still be completed by the NMD with electronic signatures. However, the allowance for a SILP to be temporarily approved pending the submission of required forms by the NMD, based on the NMD's agreement that the forms will be submitted, expired as of June 30, 2021.

A SILP no longer needs to be assessed annually if the NMD remains continuously in the previously assessed unit while still demonstrating the ability to live independently as assessed via the [SOC 157A](#) agreement form, and if the CSW is not aware of any updated safety concerns. The role of the CSW is to identify any issues in the home, which pose immediate safety threats, and/or issues that could potentially lead to impacts on the safety and well-being of the NMD if not addressed.

Additionally, a county may elect to certify that a SILP unit continues to meet health and safety standards once every 12 months, if the caseworker has no information to suggest the presence of any updated safety concerns. This enables counties to utilize a SILP unit that has been approved within the prior 12 months, and that is being vacated by the current tenant, or to permit the addition of another NMD without further approval of that SILP unit.

The three SILP forms utilized in the reassessment process ([SOC 157A](#), [SOC 157B](#), and [SOC 157C](#) – optional) remain applicable to the NMD population. None of these forms are required annually for NMDs who remain in the same placement (same location, address, and unit) for over 12 months. This includes those who reside in college dorms, room rentals, an apartment setting, single residency occupancy, or on or near a tribal reservation. However, the abovementioned forms are still required to be completed when an NMD moves to a new SILP location regardless of the length of time the NMD resided in the previous placement.



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## **Continued Payment for Temporary Absences in a Transitional Housing Placement**

ACL 21-95 encourages counties to continue to approve payment during temporary absences from a THP program as a best practice, consistent with federal law, to prevent NMD housing instability. A county may continue to approve payment to a THP provider for a period of up to 14 days in a calendar month in which the NMD is absent from the placement, if the NMD provides notice to the THP provider that they intend to return to that placement within 14 days, or if the THP provider has reason to believe the NMD will be returning within 14 days. If the county continues to pay the board and care costs for up to 14 days during the NMD's absence, the THP provider shall not provide a removal notice or fill an NMD's place in the program. Counties are encouraged to discuss the NMD's placement responsibilities, while ensuring that the NMD understands the policy and will cooperate by clearly communicating their plans with their caseworker.

## **DCFS Evaluation of Placement Needs**

On a regular basis, DCFS must conduct an evaluation of the county's placement resources and programs in relation to the needs of youth and NMDs placed in out-of-home care. The Department must examine the adequacy of existing placement resources and programs and identify the type of additional placement resources and programs needed. DCFS must specifically examine both of the following:

- Placements that are out-of-county shall be assessed to determine the reason the placement was necessary; also additional placement resources and programs should be identified which need to be developed and available to allow a child to remain within the county and as close as possible to their home;
- The county's ability to meet the emergency housing needs of NMDs in order to ensure that all NMDs have access to immediate housing upon reentering foster care or for periods of transition between placements;
- Each out-of-county and out-of-state placement must be documented in the CWS/CMS because the California Department of Social Services will utilize that data to evaluate out-of-county and out-of-state placements and to assist in the identification of resource and placement needs.

If you have any questions regarding this release, please email your question to:

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

# SPECIAL PAYMENT AUTHORIZATION/REQUEST

Date 01/01/2026

Case Name Jane Smith		State ID Number 1234567		Placement Date 01/01/2026
Child/Youth Name Joe Smith		Date of Birth 02/22/2002		Placement Type <b>TLS</b>
Street Address 12345 Oak St.		City Los Angeles	State CA	Zip Code 90020
Person Services Are Requested For <b>Joe Smith</b>		Caregiver Name <b>N/A</b>		Telephone Number <b>N/A</b>
Type of Services Requested	Timeframe (Start/Stop Dates)	Frequency (How Often)	Amount (Cost per Session)	
<input type="checkbox"/> Respite Care ..... <input type="checkbox"/> Payment of medical and dental bills..... <input type="checkbox"/> Funeral Expenses..... <input type="checkbox"/> Counseling..... <input type="checkbox"/> Temporary in-home caretakers..... <input type="checkbox"/> Child care ..... <input type="checkbox"/> Court ordered services (attach Minute order stating the service) <input type="checkbox"/> Orthodontia..... <input type="checkbox"/> Computers ..... <input type="checkbox"/> Specialized educational equipment ..... <input type="checkbox"/> Tutoring ..... <input type="checkbox"/> Glasses..... <input checked="" type="checkbox"/> Other items required to stimulate the child's physical and/or emotional growth. (SPECIFY ITEM) <b>TLS</b> .....	1/1/2026- 1/7/2026	7 days (cannot exceed 7 days per request)	\$42	
TOTAL AMOUNT			\$294	

## VENDOR/CAREGIVER INFORMATION:

**TAX ID/SOCIAL SECURITY #**

Name: Joe Smith

(9-DIGIT # REQUIRED FOR PAYMENT)

Address: 12345 Oak St.

City/State/Zip Code: Los Angeles, CA 90020

Contact Name (Vendors Only): Phone/Fax: (213)

654-3210

Email (Vendors Only):

CSW Name	CSW Signature	CSW Telephone	CSW Office/SPA
SCSW Signature	ARA Signature	RA Signature RA <b>must</b> sign and email (copied if being sent on behalf) completed form to <b>Kym Renner/Anna Holzner</b>	

**Note:** Please send the DCFS 5540 to **Kym Renner** at [RenneK@dcfs.lacounty.gov](mailto:RenneK@dcfs.lacounty.gov) and **Anna Holzner** at [holzna@dcfs.lacounty.gov](mailto:holzna@dcfs.lacounty.gov). The subject line should state "TLS Payment Request – Name of NMD/designee – Case #".