

**Attachment A**  
**LDSS ATTESTATION – Qualified Individual MEETS ESTABLISHED CRITERIA**

Local departments of social services (LDSSs) are required to have acquired resource(s) to facilitate the role and function of the Qualified Individual (QI) in preparation for FFPSA requirements, effective September 29, 2021. LDSSs can elect to contract with individual(s) and/or agencies on the list established from the Letter of Interest (LOI) issued by the New York State Office of Children and Family Services (OCFS) or to procure the services of the QI independently, including contracting with a voluntary authorized agency or employing the QI. This serves as an attestation by the LDSS that the agency and/or individual(s) named below, meets the QI criteria established by OCFS.

LDSS: \_\_\_\_\_ LDSS Commissioner Name: \_\_\_\_\_

Is the agency and/or individual(s) procured from OCFS' list created by QI Letter of Interest (LOI)?  YES  NO  
 If QI is not from LOI list, do they meet QI requirements outlined below?  YES  NO

If **agency**, name of agency: \_\_\_\_\_

Name(s) of individual clinician(s) at agency:

Clinician's name: _____	Clinical License: _____
Clinician's name: _____	Clinical License: _____
Clinician's name: _____	Clinical License: _____
Clinician's name: _____	Clinical License: _____
Clinician's name: _____	Clinical License: _____
Clinician's name: _____	Clinical License: _____

If independent **individual(s)** facilitating the role of the QI:

Clinician's name: _____	Clinical License: _____
Clinician's name: _____	Clinical License: _____
Clinician's name: _____	Clinical License: _____

**New York State Office of Children and Family Services (OCFS) QI requirements:**

*The QI must have a professional clinical license, in accordance with 14 NYCRR 823.6 and/or a social work license in accordance with Title 8, Article 154, section 7704 of New York State Education Law AND at least 2 years of experience in the child welfare field. To meet the requirement of two (2) years of experience in the child welfare field, applicants must have worked for or under contract with a child welfare program in their professional capacity as a licensed clinician for a minimum of two (2) years within the last fifteen (15) years. Child welfare programs include, but are not limited to, a local department of social services, a voluntary authorized agency, a residential agency serving children or families, a community-based provider, and/or other entity that addresses issues of child safety as they pertain to abuse and neglect and provides or coordinates services for children and families to address challenges such as substance abuse, mental health, and domestic violence.*

- o Professional clinical licensure can include the following: physician, psychiatrist, psychologist, nurse practitioner, psychoanalyst, registered nurse, clinical social worker, marriage and family therapist, mental health counselor, master social worker, or creative arts therapist

- Note:**
- QI cannot be employed by or associated with the QRTP where the child is referred.
  - QI cannot be the child's case manager or case planner as defined in 18 NYCRR 428.2
    - o NYS regulations define case planning to include the ability to authorize and coordinate the provision of services.
    - o While the QI may evaluate and make recommendations regarding services for children in foster care in NYS, the QI may not authorize or coordinate the direct provisions of any services.
    - o However, the QI may conduct case assessment activities which are required in the context of case planning as per Social Security Act section 471(a)(16).

**ATTESTATION**

I hereby certify, under penalty of perjury, that I am authorized to subscribe and submit this attestation of behalf of LDSS name: \_\_\_\_\_. I further certify that the information contained in this attestation is accurate, true and complete in all material respects. I further certify that I understand all rules and requirements of procuring an agency and/or individual(s) to facilitate the role of a QI.

Name of authorized LDSS Representative: \_\_\_\_\_

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

Please submit the signed attestation to the OCFS Family First mailbox: [FamilyFirstNY@ocfs.ny.gov](mailto:FamilyFirstNY@ocfs.ny.gov)