

**AGENCY - FOSTER PARENTS AGREEMENT**  
**Child Placed by Agency in Foster Home**

**Complete in Duplicate:**  
 One copy to: Foster parents  
 Child's Social  
 Service Record

*The agreement will be initiated when the child is placed in the facility and whenever the rate changes.*

NAME OF CHILD		PARENT'S NAME	
BIRTHDATE OF CHILD	DATE PLACED	CASE NUMBER	
FOSTER PARENT(S) NAME		ADDRESS	

Anticipated duration of placement is \_\_\_\_\_ months.

The agency will pay \$ \_\_\_\_\_ per \_\_\_\_\_ for room and board, clothing, personal needs, recreation, transportation, education, incidentals and supervision. First payment to be within 45 days after placement with subsequent payments no later than the 15th of the month following provision of care.

If additional amounts are to be paid, the reason, amount and conditions shall be set forth here: \_\_\_\_\_

Special problems/needs:  No  Yes If yes, explain. \_\_\_\_\_

**Special Permissions:** Special permission for substitute supervision is subject to Community Care Licensing granting an exception to the licensing regulation, which requires that substitute supervision in the foster home be limited to an adult.

- Child 15 years or older has permission to remain without adult supervision during temporary absences of the the foster parent(s), not to exceed six (6) consecutive hours in any one 72-hour period.
- Substitute supervision may be provided to the foster child by someone 16 years of age or older (not a foster child) during temporary absences of the foster parent(s), not to exceed six (6) consecutive hours in any one 72-hour period.
- Other (Explain) \_\_\_\_\_
- No special permissions granted.

AGENCY AGREES TO	FOSTER PARENTS AGREE TO
<ol style="list-style-type: none"> <li>Provide the foster parent with knowledge of the background and needs of the child necessary for effective care. This may include a social work assessment, medical reports, education assessment, and identification of special needs when necessary. This shall be made available to foster parents within 14 days from date of placement.</li> <li>Develop a plan for the child and share pertinent aspects with the foster parents.</li> <li>Inform foster parents they may give the same consents on behalf of the child as the parent, except for those prohibitions provided in Social Services Manual Regulations.</li> <li>Not remove the child with less than 7 calendar days written notice unless: the child is physically or psychologically endangered; court orders removal; parents or guardians order removal (voluntary placement); signed waiver obtained from foster parents; removal is from an interim placement directly into an adoptive home.</li> <li>Involve foster parents in future planning for the child. The placement shall be reviewed within 6 months.</li> <li>Assist the child in his use of foster care.</li> <li>Assist in the maintenance of the child's constructive relationships with parents and other family members and to involve parents in future planning for this child.</li> <li>Provide procedure for grievances of foster parents.</li> <li>Contact the child and foster parents at least once a month. If case plan would indicate less frequent contacts, the foster parent will be informed.</li> <li>Inform foster parents if child has any tendencies toward dangerous behavior.</li> <li>Provide Medi-Cal card or other medical coverage at time of placement. Arrange for medical examination within 30 days unless child has had such within past 6 months and information is available.</li> <li>Provide a clothing allowance as permitted to meet initial clothing needs.</li> <li>In cooperation with foster parents arrange for visiting by parents or relatives on: _____</li> <li><b>Provide assistance with emergencies. Telephone number for after-hours or weekends is: _____</b></li> </ol>	<ol style="list-style-type: none"> <li>Provide this child the nurture, care, clothing and training suited to his needs.</li> <li>Develop an understanding of the responsibilities, objectives, and requirements of the Agency in regard to the care of this child.</li> <li>Recognize the Agency's responsibility for planning for this child, as given by the court or the parents).</li> <li>Recognize any limitations of consent imposed by the court or the parent.</li> <li>Increase their knowledge and ability to care for this child.</li> <li>Encourage the child's relationships with his parents and relatives.</li> <li>Cooperate in visiting arrangements between child and parents.</li> <li>Not use corporal punishment, punishment in the presence of others, deprivation of meals, monetary allowances, visit from parent, home visits, threat of removal or any type of degrading or humiliating punishment, and to use constructive alternative methods of discipline.</li> <li>Respect and keep confidential information given about the child and his family.</li> <li>Immediately notify agency of significant changes in this child's health, behavior, or location.</li> <li>Accept the child's special problems as given above in my provision of care.</li> <li>Help with termination of placement including return to his own parents, relatives home, or adoptive placement.</li> <li>Give the agency prior notice of at least 7 days if removal of child is requested unless it is agreed upon with the agency that less time is necessary.</li> <li>Conform to the licensing/certification requirements.</li> <li>Provide state and federal agencies access to documentation when documentation is maintained on children in their care.</li> <li>Give advance written notice to the licensing agency and the person or agency responsible for the child of any (foster parent(s)) absence of 48 hours or longer. (Absence may be reported by telephone in case of emergencies.)</li> <li>Notify the agency immediately if an application is made on behalf of this child for any kind of income. Examples of income include, but are not limited to, child support payments. Veterans Benefits, Railroad Retirement, Social Security, RSHDI, and Supplemental Security Income/State Supplemental Program (SSI/SSP).</li> <li>Remit to Department of Public Social Services any income received on behalf of this child while in foster care up to the full cost of board and care plus medical cost. In addition, I will cooperate to have the Social Security Administration, or the appropriate agency, make the Department of Public Social Services the payee for any funds received on behalf of this child.</li> </ol>

**\*See Reverse Side of Form for Optional Long-Term Placement Intent**

*I have read the foregoing and agree to meet these requirements. The terms of this agreement shall remain in force until changed by mutual agreement of all parties or when this child is removed from home.*

SIGNATURE OF CHILD PLACEMENT WORKER		SIGNATURE OF FOSTER MOTHER	
TITLE	NAME OF AGENCY	SIGNATURE OF FOSTER FATHER	
ADDRESS		ADDRESS	
PHONE NUMBER	DATE	PHONE NUMBER	DATE

**Long-Term Placement Intent**

*I have read the foregoing and agree to meet these requirements. The terms of this agreement shall remain in force until changed by mutual agreement of all parties or when this child is removed from home. In signing this section the agency, foster parents and foster care child signify their desire that this child remain in this home as a permanent member of this family*

SIGNATURE OF CHILD PLACEMENT WORKER		SIGNATURE OF FOSTER MOTHER
TITLE		SIGNATURE OF FOSTER FATHER
NAME OF AGENCY		ADDRESS
ADDRESS		PHONE NUMBER
PHONE NUMBER	DATE	SIGNATURE OF FOSTER CARE CHILD