

Contract #: Boiler Foster Parents Agreement Form SOC 154 Group Home
SHEET

Date Prepared: 6/11/08

Need Date: 6/11/08 RUSH

PROCESSING DEPARTMENT:

Department: Human Services, SS
Dept. Contact: Jasara Bento
Phone #: 7312

CONTRACTOR:

Name: Group Home Substitute Care Provider
Address: Varies
Phone: Varies

Department
Head Signature: *Janet Walker Conway Jr.*
Doug Nowka, Director

CONTRACTING DEPARTMENT: Human Services

Service Requested: Substitute care provider services – Emergency or Court-Ordered placement of child/children

Contract Term: Emergency: Up to 30 days Contract Value: Varies Emergency: Up to \$1000
Court-Ordered: Until Court orders release or other placement of child/children Court-Ordered: State regulated and funded

Compliance with Human Resources requirements? Yes: x No: _____

Compliance verified by: Patti Barton

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: ✓ Disapproved: _____ Date: 6-10-08 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

*Form SOC 154 approved for agency + group home placements (emergency or court-ordered) for substitute care provider services.
To be signed by ASST. Dir. or designee per POS delegated authority.*

RISK MANAGEMENT: (Must approve all contracts, MOU's and boilerplate grant agreements)

Approved: ✓ Disapproved: _____ Date: 6/11/08 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____