

AGENCY – RELATIVE/NON-RELATIVE EXTENDED FAMILY MEMBER PLACEMENT AGREEMENT

Child Placed by Agency in Relative or Non-Relative Extended Family Member Home

COMPLETE IN TRIPPLICATE
 One copy to: Caregiver
 Child's Service Record
 FC App Clerk

The agreement will be initiated when the child is placed in the home of a relative or non-relative extended family member.

NAME OF CHILD		PARENT'S NAME	
BIRTHDATE OF CHILD	DATE PLACED	CASE/REFERRAL NUMBER	
CAREGIVER'S NAME/RELATIONSHIP TO CHILD		PAYMENT ADDRESS	
THIS IS A: <input type="checkbox"/> RELATIVE PLACEMENT <input type="checkbox"/> NON-RELATIVE EXTENDED FAMILY MEMBER PLACEMENT		TYPE OF PLACEMENT (SELECT ONE): <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CONCURRENT PLAN <i>A TEMPORARY PLACEMENT MAY BECOME THE CONCURRENT PLACEMENT.</i>	
1 ST RELATIVE CAREGIVER'S: DOB _____ ETHNICITY _____		2 ND RELATIVE CAREGIVER'S DOB _____ ETHNICITY _____	

ANTICIPATED DURATION OF PLACEMENT IS: _____ MONTHS

The Agency will pay the approved rate for room and board, clothing, personal needs, recreation, transportation, education, incidentals and supervision if the child is eligible for foster care. If the child is ineligible, the relative will be advised to apply for CalWORKs.

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(s), amount and conditions shall be set forth here: _____

Are there any special problems/needs? YES NO

If yes, explain: _____

Agency Agrees To:	Caregiver Agrees To:
<ol style="list-style-type: none"> 1. Provide the caregiver with knowledge of the background and needs of the child necessary for effective care. This may include a social work assessment, medical reports, educational assessment, and identification of special needs when necessary. This shall be made available to caregivers within 14 days from date of placement. 2. Develop a plan for the child and share pertinent aspects with the caregiver. 3. Involve caregiver in future planning for the child. The placement shall be reviewed within 6 months. 4. Assist the child in adjusting to the placement. 5. 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. 6. Provide procedure for grievances of caregivers. 7. Contact the child and caregiver at least once a month. If case plan would indicate less frequent contacts, the caregiver will be informed. 8. Inform caregiver if child has any tendencies toward dangerous behavior. 9. 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. 10. Provide authorization for medical treatment signed by this child's parent(s), legal guardian(s) or the Juvenile Court. 11. Provide a clothing allowance as permitted to meet initial clothing needs. 12. In cooperation with caregiver arrange for visiting by parents or relatives. 13. Provided the following background information to the caregiver on the date of this placement as dated below: _____ Medical _____ Dental _____ Education _____ Placement _____ Family _____ Behavioral The following is not available: _____ and these will be obtained by contacting: <input type="checkbox"/> Parents <input type="checkbox"/> Health Providers <input type="checkbox"/> Schools <input type="checkbox"/> Other _____ These will be provided as soon as they are available, but no later than 30 days. 14. Provide assistance with emergencies. Phone numbers are: (530) 642-7100 for the Placerville area and (530) 573-3201 for the South Lake Tahoe area. 	<ol style="list-style-type: none"> 1. Provide this child the nurture, care, clothing, and training suited to his needs. 2. Develop an understanding of the responsibilities, objectives, and requirements of the Agency in regard to the care of this child. 3. Recognize the Agency's responsibility for planning for this child, as given by the court or the parent(s). 4. Recognize any limitations of consent imposed by the court or the parent. 5. Increase their knowledge and ability to care for this child. 6. Encourage the child's relationships with his parents and relatives. 7. Cooperate in visiting arrangements between child and parents. 8. 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 the discipline. 9. Respect and keep confidential information given about the child and his family. 10. Immediately notify agency of significant changes in this child's health, behavior, or location. 11. Accept the child's special problems as given above in my provision of care. 12. Help with termination of placement including return to his own parents, another relative's home, or adoptive placement. 13. 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. 14. Conform to the licensing/approval requirements. 15. Provide state and federal agencies access to documentation when documentation is maintained on children in their care. 16. Give advance written notice to the licensing agency and the person or agency responsible for the child of any caretaker absence of 48 hours or longer. Absence may be reported by telephone in case of emergencies. 17. Notify the agency immediately if an application is made on behalf of this child for any kind of income. Examples include: child support payments, Veteran's Benefits, Rail Road Retirement, Social Security, RSHDI and/or Supplemental Security Income/State Supplemental Program (SSI/SSP). 18. Provide to the Agency any new information regarding the child's health, dental, or education, including but not limited to physical or dental exams the child receives. This shall be provided to the Agency within 10 days from when the information is obtained.

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 the home.

SIGNATURE OF SOCIAL WORKER:	SIGNATURE OF CAREGIVER:
NAME:	ADDRESS:
TITLE:	
NAME OF AGENCY AND ADDRESS:	PHONE NUMBER:
PHONE NUMBER:	DATE:

The County officer or employee with responsibility for administering this Agreement is Janet Walker-Conroy, Assistant Director, Department of Human Services, or successor.