

**AGENCY — GROUP HOME AGREEMENT**  
Child Placed by Agency in Group Home

Name of Child	Parent's Name
Birthdate of Child	Date Placed
Case Number	

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

The agency will pay \$ \_\_\_\_\_ per \_\_\_\_\_ for room and board, clothing, personal needs, recreation, transportation, education, incidentals, supervision and social services. First payment to be made within 45 days after placement with subsequent payments to be made monthly.

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

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

Agency Agrees To	Group Home Agrees To
<ol style="list-style-type: none"> <li>Provide the group home with knowledge of the background and needs of the child necessary for effective care. This shall include a social work assessment, medical reports, educational assessment, psychological/psychiatric evaluations, and identification of special needs when necessary. This shall be made available to group home within 14 days from date of placement.</li> <li>Work with the group home toward development of a treatment plan.</li> <li>Work toward termination of child's placement with group home staff.</li> <li>Continue paying for this child's care as long as eligible and the group home maintains child on an active status or until the agency requests that placement be terminated.</li> <li>Assist in the maintenance of this child's constructive relationships with parents and other family members, and to involve parents in future planning for this child.</li> <li>Contact this child in the group home at least once a month. If case plan would indicate less frequent contact, the group home will be informed.</li> <li>Inform group home if child has any tendencies toward dangerous behavior.</li> <li>Provide a Medi-Cal card or other medical coverage at the time of placement.</li> <li>Provide authorization for medical treatment, signed by this child's parents or legal guardian.</li> <li>Provide a clothing allowance as permitted to meet initial clothing needs.</li> <li>Provide assistance with emergencies. Telephone number for after-hours or weekends is: _____</li> </ol>	<ol style="list-style-type: none"> <li>Provide this child with the nurture, care, clothing, treatment and training suited to his needs.</li> <li>Follow admission requirements related to medical screening, physical examination, medical testing and immunization.</li> <li>Develop an understanding of the responsibilities, objectives and requirements of the agency in regard to the care of this child and work with the agency in planning for this child.</li> <li>Encourage the maintenance of the natural parent-child relationship and include the child's parents in the treatment plan when possible.</li> <li>Not use corporal punishment, punishment before the group, deprivation of meals, monetary allowances, visits from parents, 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>Work toward termination of placement on a planned basis with maximum involvement of the child, parents and the agency.</li> <li>Conduct a staffing or review on this child at least quarterly.</li> <li>Submit an initial diagnostic summary to the agency within three(3) months from the date of placement. This summary shall include information listed on the reverse side of this agreement form.</li> <li>Submit ongoing written evaluations to the agency quarterly. These evaluations shall include information listed on the reverse side of this agreement form.</li> <li>Immediately notify agency of significant changes in this child's health, behavior or location.</li> <li>Submit copies of any pertinent information such as school reports, medical reports and psychological/psychiatric reports as completed.</li> <li>Give agency prior notice of at least 7 days of intent to discharge this child unless it is agreed upon with the agency that less notice is necessary.</li> <li>Conform to the licensing requirements.</li> <li>Provide state and federal agencies access to documentation when documentation is maintained on children in their care.</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>

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

Signature of Children Placement Worker		Signature of Authorized Group Home Representative	
Title	Name of Agency	Title	Name of Group Home
Address		Address	
Phone Number	Date	Phone Number	Date

cc: To group home, child's(ren's) social service record.

SOC 154' (6/00) Required Form — No Substitute Permitted

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

**Initial diagnostic summary shall include:**

- A. Medical and dental needs
- B. Psychological/psychiatric evaluations obtained
- C. Staffing review summaries
- D. Educational assessment
- E. Peer adjustment
- F. Relationship to staff
- G. Involvement in recreation program
- H. Behavioral problems
- I. Short-term treatment objectives (goals established for next 3 months)
- J. Long-range goals including anticipated length of placement
- K. Tasks planned to reach objectives and goals and staff who will be performing these tasks, including agency service activity
- L. Identification of unmet needs
- M. Involvement of child and his parents in the treatment program

**Quarterly evaluations shall include:**

- A. Current status of child's physical and psychological health
- B. Reassessment of child's adjustment to the group home, program, peers, school and staff
- C. Progress toward short-term objectives and long-range goals including tasks which have been performed to reach these objectives and goals
- D. Reassessment of unmet needs and efforts made to meet these needs
- E. Modification of treatment plan, tasks to be performed and anticipated length of placement
- F. Involvement of child and his parents in treatment program