

## PLACEMENT AGENCY - FOSTER FAMILY AGENCY AGREEMENT CHILD PLACED BY AGENCY IN FOSTER FAMILY AGENCY

Name of Child:	FFA Name:
Birth Date of Child:	Date Placed With FFA:
Case Number:	Date First Entered Foster Care:

Please select the Level of Care from the drop down menu:

The Placement Agency will pay \$ \_\_\_\_\_ per month in return for the above named child’s care and supervision as defined in Welfare and Institutions Code 11460 and other applicable law and regulations. First payment to be made within 45 days after placement with the subsequent payments to be made monthly.

**FOR PRIVATE ADOPTION AGENCY REIMBURSEMENT PROGRAM (PAARP) PARTICIPANTS:** The County Placement Agency will pay \$8,000 of PAARP compensation to dually licensed foster family and adoption agency. The County shall compensate the agency \$4,000 at the time the adoptive placement agreement is signed and \$4,000 at the time of finalization of the adoption, or one payment of \$8,000 if the adoption agency opts to be paid in full at finalization.

<b>Agency Agrees To</b>	<b>Foster Family Agency Agrees To</b>
<ol style="list-style-type: none"> <li>1. Provide the Foster Family Agency (FFA) with knowledge of the background and needs of this child. This shall include but not be limited to the social work assessment, medical reports, educational assessments, psychiatric/psychological evaluations, most recent Child and Adolescent Needs and Strengths assessment (CANS) and identification of special needs. This shall be made available to the FFA within 14 days from date of placement.</li> <li>2. Inform the FFA, before placement, of this child’s behaviors and proclivities that might be harmful to others (including pets) in the home, school or neighborhood.</li> <li>3. Work with the FFA in the development and progress of a needs and services plan. The county placing agency will notify and invite the FFA to participate in any <u>Child and Family Team (CFT)</u> meetings to discuss the child’s needs and services plan.</li> <li>4. <u>Ensure a facilitated CFT is convened as necessary and within 60 days of the child’s arrival in order to ensure the ongoing needs of the child are met in support of the child’s needs and services plan. Reconvene for subsequent CFT at least once every six months.</u></li> </ol>	<ol style="list-style-type: none"> <li>1. Provide this child with foster/resource parent(s) who have been approved to care for the child’s needs in accordance with applicable laws and regulations and educational stability requirement.</li> <li>2. Conform to applicable Title 22, Division 6 regulations and all laws governing foster care.</li> <li>3. Notify the agency within 24 hours (unless there is a separate written agreement with the placing agency) by phone followed in writing of significant changes in the child’s health, behavior or location as well as significant issues including suspected physical or psychological abuse, death, injury, unusual incidents, absence of a child, placement issues and school non-attendance and all items listed under Section 80061 of Title 22, Division 6.</li> <li>4. <u>Proactively request and support CFT processes to ensure the ongoing needs of the child are met in support of the child’s needs and services plan.</u></li> <li>5. Work together with the placing agency to encourage the maintenance of the familial-child relationship and include the child’s family members, as indicated in the needs and services plan, in treatment planning and/or CFTs whenever possible and cooperate with the reunification process.</li> </ol>

<p style="text-align: center;"><b>Agency Agrees To (Continued)</b></p>	<p style="text-align: center;"><b>Foster Family Agency Agrees To (Continued)</b></p>
<p>5. Work with FFA staff toward successful completion of the child’s needs and services plan, a positive placement outcome and timely permanency for the child. Provide the FFA a JV 220A, Prescribing Physician’s Statement, if applicable, upon approval by the juvenile court, and subsequent renewals.</p> <p>6. Work together with the FFA to develop and maintain positive relationships with the child’s parents (or guardians) and other family members, and cooperate with the reunification process, e.g. provide written information regarding a child’s <u>educational</u>, medical and transportation needs.</p> <p>7. Maintain contact with the child monthly or as specified in the child’s approved case plan.</p> <p>8. <u>Expediently convene a CFT meeting to develop and implement a placement preservation strategy when notified by the Foster Family Agency that the placement may be disrupted, unless the social worker or placing agency determine that remaining in the placement will pose an imminent risk to the health and safety of the child, youth, other children or others in the home, the court orders removal, the parent or guardians request removal (voluntary placement), removal is from an interim placement directly into an adoptive home, or the foster youth’s CFT and the foster youth if they are 10 years of age or their representative if they are less than 10 years of age, unanimously agree to waive the requirement to hold a CFT and develop a placement preservation strategy.</u></p> <p>9. <u>Not to make a placement change between the hours of 9:00 p.m. and 7:00 a.m., unless a mutual agreement to do so is made by the current and prospective caregivers, the social worker or probation officer, and the youth over the age of 10 or that youth’s representative.</u></p> <p>10. <u>Serve written notice to Foster Family Agency 14 days prior to making a placement change if after implementing the placement preservation strategy it is determined a placement change is necessary.</u></p>	<p>6. Use constructive alternative methods of discipline; not use corporal punishment; deprivation of meals, monetary allowances, visits from parents, or home visits; threat of removal or any degrading or humiliating punishment.</p> <p>7. Respect and keep confidential information given about this child and their family.</p> <p>8. Work with the placing agency to develop and submit to them a needs and services plan that develops an understanding of the responsibilities, objectives and requirements of the agency in regard to the care of this child, including the information listed on page 4 of this form, within 30 days of placement of the child. The needs and services plan shall be up-dated at least every six months.</p> <p>9. Written progress reports shall be provided at least every six months or more frequently by mutual agreement.</p> <p>10. <u>FFAs shall complete SW time studies as requested by CDSS, to identify IV-E allocable and non-allocable activities in accordance with federal/state law and instructions provided by CDSS.</u></p> <p>11. Notify the agency of any unintended move of the child between approved homes prior to the move and do not make a placement change between the hours of 9:00 p.m. and 7:00 a.m., unless a mutual agreement to do so is made by the current and prospective caregivers, the social workers or probation officer, and the youth over the age of 10 or that youth’s representative.</p> <p>12. Immediately notify the agency prior to an unplanned placement disruption and participate in a CFT to develop and implement a placement preservation strategy unless there is an imminent threat to the health and safety of the child, youth, other children, or others in the home.</p> <p>13. If, after the placement preservation strategy has been implemented and the foster/resource parent(s) request removal of the child, notify the agency immediately and work with the agency to transition the child to a new placement within 14 days.</p>

<p align="center"><b>Agency Agrees To (Continued)</b></p>	<p align="center"><b>Foster Family Agency Agrees To (Continued)</b></p>
<p>11. Continue paying for the child’s care as long as the child remains in placement or in the absence of the child the placing agency asks the FFA to retain an open placement.</p> <p>12. Provide a Medi-Cal card or other medical coverage and a Medical Consent form signed by the child’s parents, legal guardian or court at the time of placement.</p> <p>13. Inform the FFA of its clothing allowance policy and provide the funding consistent with those policies or any revised policies.</p> <p>14. Pay for medical costs incurred prior to the establishment of Medi-Cal eligibility.</p> <p>15. Verify and remit/reconcile any underpayments within 45 days of FFA notification of such underpayments.</p> <p>16. Notify the FFA within 12 months of suspected overpayments, in accordance with applicable laws and regulations.</p> <p>17. Provide for arrangements for school of origin travel as appropriate.</p> <p>18. Provide a contact telephone number for emergencies and after business hours:</p> <p>19. Emergency #: _____</p>	<p>14. <u>Prior to an unplanned placement disruption, proactively engage the CFT and county agency to stabilize the child.</u></p> <p>15. FFA social worker shall visit this child in private in their foster home at least once per calendar month and provide documentation of these visits to the agency caseworker/probation officer on a flow basis every month as visits are completed.</p> <p>16. Provide state and federal agencies access to records as provided by state and federal law.</p> <p>17. Notify the placing agency if the child receives any source of income such as income from work, SSI, SSA, child support, etc. Notify the county of any property the child obtains, including bank accounts. (It will be the county’s responsibility to verify the income/property.)</p> <p>18. Follow any requirements associated with the county’s clothing allowance policy and procedures.</p> <p>19. Remit any overpayment in full to the county welfare department upon receipt of a notice of action or following the completion of due process.</p> <p>20. Inform county upon discovery of any apparent overpayment.</p> <p>21. Immediately notify the placing agency of any changes to the child’s educational travel arrangements (if applicable) including a change in approved homes.</p>

**Initial needs and services plan summary shall include:**

- A. Medical and Dental needs
- B. Psychological/psychiatric evaluation obtained or scheduled
- C. Staffing review summaries
- D. Educational assessment
- E. Peer adjustment
- F. Relationship to adults
- G. Involvement in recreation programs
- H. Behavior 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 who will be performing these tasks, including agency service activity
- L. Identification of unmet needs
- M. Involvement of child and their parents in the treatment program

**Periodic update of needs and services plan shall include:**

- A. Current status of child’s physical and psychological health as well as confirmation of medical and dental exams
- B. Reassessment of child’s adjustment to the foster home, treatment program, peers and school
- 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 their parents in treatment program

<b><i>By this signature I attest that I have read this agreement and agree to fulfill these requirements and I am authorized on behalf of my agency to sign this. The terms of this agreement shall remain in force until changed by mutual consent, in writing, of both parties.</i></b>	
Child’s Placement Worker Representative’s Name:	Phone Number:
Child’s Placement Worker Representative’s Signature:	Date:
County Name and Agency:	Title:
Foster Family Agency Representative’s Name:	Phone Number:
Foster Family Agency Representative’s Signature:	Date:
Name of Agency:	Title:
FFA Address:	

**ADDENDUM A  
TO FOSTER FAMILY AGENCY AGREEMENT**

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**Administrator:** The County Officer or employee with responsibility for administering this Agreement is \_\_\_\_\_, or successor.  
(Print Name and Title) Social Services Department

**Requesting Contract Administrator Concurrence:**

By: \_\_\_\_\_ Dated: \_\_\_\_\_  
Health and Human Services Agency

**Requesting Department Head Concurrence:**

By: \_\_\_\_\_ Dated: \_\_\_\_\_  
Don Semon, Director  
Health and Human Services Agency



KIM JOHNSON  
DIRECTOR

## PRIVATE ADOPTION AGENCY REIMBURSEMENT PROGRAM (PAARP) (posted July 1, 2020)

**Adoption Agency Completes Sections I & II**  
**County Agency Completes Section III**

**Child is placed with your dually licensed adoption agency**

1st Claim \$4,000 (*Placement*)    2nd Claim \$4,000 (*Final*)    Claiming both \$8,000 (*Placement & Final*)

**Child is not placed with your dually licensed adoption agency**

1st Claim \$3,300 (*Placement*)    2nd Claim \$3,300 (*Final*)    Claiming both \$6,600 (*Placement & Final*)

### SECTION I

(COMPLETED BY ADOPTION AGENCY)

ADOPTION AGENCY	ADOPTION AGENCY NUMBER
ADDRESS	CITY & ZIP
CONTACT PERSON	E-MAIL ADDRESS
TELEPHONE	

### SECTION II

(COMPLETED BY ADOPTION AGENCY)

CHILD'S ADOPTIVE NAME (USE FIRST NAME ONLY)	
STATE ADOPTION CASE NUMBER	CMS/CWS CHILD IDENTIFIER NUMBER

### SECTION III

(COMPLETED BY COUNTY AGENCY)

DATE ADOPTION PLACEMENT AGREEMENT SIGNED	DATE ADOPTION FINALIZED (if applicable)
FORM AD 907 ATTACHED (OR STATE APPROVED COUNTY APA FORM)  <input type="checkbox"/> YES <input type="checkbox"/> NO	

**I certify that the above information is accurate to the best of my knowledge.**

SIGNATURE OF AUTHORIZED OFFICIAL OF PRIVATE ADOPTION AGENCY	DATE
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**I certify that the above information is accurate to the best of my knowledge and authorized for PAARP funding.**

SIGNATURE OF PLACING COUNTY SOCIAL WORKER	DATE
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## INSTRUCTIONS

1. Adoption Agency Completes Sections I & II.
2. County Agency Completes Section III.
3. "Child is placed with your dually licensed adoption agency"- This is the box that should be checked only if your agency is dually licensed as both a Foster Family Agency (FFA) and an Adoption Agency and the child is placed with your agency. Mark the box that match's the agency's claim. Note that pursuant to W&IC 16122, "One-half of the compensation shall be paid at the time the adoptive placement agreement is signed, unless the adoption agency opts to be paid in full at the time of finalization of the adoption. The remainder shall be paid at the time the adoption petition is granted by the court."
4. "Child is not placed with your dually licensed adoption agency"- This is the box that should be checked if your agency is dually-licensed as both a FFA and an Adoption Agency, but the child is placed with another agency (i.e. the county) and the county has explicitly requested the assistance of your agency to complete the adoption. Mark the box that matches the agency's claim. Note that pursuant to WIC 16122, "One-half of the compensation shall be paid at the time the adoptive placement agreement is signed, unless the adoption agency opts to be paid in full at the time of finalization of the adoption. The remainder shall be paid at the time the adoption petition is granted by the court."
5. Section I – Enter name, adoption agency number, address, contact person, e-mail address and telephone number.
6. "Child Adoptive Name"- Enter only the child's adopted first name.
7. "State Case Number/ADA - Enter the state case number for each placement.
8. "CMS/CWS child identifier number" – Enter child's 19-digit number.
9. "Placing County Agency" – name of the county where the child is a dependent.
10. "Form AD 907" attached (for first claim) or State Approved County Adoption Placement Agreement Form
11. "Date when Adoption Placement Agreement was signed" – Date on the AD 907 APA form or the State Approved County APA Form.
12. "Date when adoption was finalized" – Date when the Adopt 215 is stamped by the County Court Clerk's Office.
  - Please note that if the private adoption agency submits this form for only the initial claim when the Adoption Placement Agreement is signed, this box will be blank.
  - When the adoption is finalized, the private agency must complete and submit this form again with the adoption finalization date in order to be reimbursed for a final claim.
13. "Signature of Authorized Official of Private Adoption Agency" – Provide signature of the agency's representative possessing certification authority.
14. "Signature of Placing County Social Worker" - Provide signature of the placing county social worker.
15. The Private Adoption Agency shall submit this form to the County Placing Agency Social Worker.
16. The County Placing Agency Social Worker shall submit this form to the County Placing Agency Eligibility Unit.