

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

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 subsequent payments to be made monthly.

PLACEMENT AGENCY AGREES TO	FOSTER FAMILY AGENCY AGREES TO
<ol style="list-style-type: none"> 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 and identification of special needs. This shall be made available to the FFA within 14 days from date of placement. 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. 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 child and family team meetings to discuss the child's needs and services plan. 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, and subsequent renewals. 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 medical and transportation needs. Maintain contact with the child monthly or as specified in the child's approved case plan. 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. Provide a MediCal 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. Inform the FFA of its clothing allowance policy and provide the funding consistent with those policies or any revised policies. Pay for medical costs incurred prior to the establishment of Medi-Cal eligibility. Verify and remit/reconcile any underpayments within 45 days of FFA notification of such underpayments. Notify the FFA within 12 months of suspected overpayments, in accordance with applicable laws and regulations. Provide a contact telephone number for emergencies and after business hours: Emergency # _____ 	<ol style="list-style-type: none"> Provide this child with foster parent(s) who have been certified to care for the child's needs in accordance with applicable laws and regulations. Conform to applicable Title 22, Division 6 regulations and all laws governing foster care. Notify the placing 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. 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 child and family teams whenever possible and cooperate with the reunification process. 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. Respect and keep confidential information given about this child and his/her family. 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 the reverse side of this form, within 30 days of placement of the child. The needs and services plan shall be updated at least every six months. Written progress reports shall be provided at least every six months or more frequently by mutual agreement. Give placing agency 7 day notice of intent to discharge or move this child. Notify the placing agency of any intended move of this child between certified homes prior to the move. The FFA has the authority to move a child in the case of imminent risk to the child or family. The FFA shall notify the placing agency within 24 hours of such move. 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 placing agency caseworker/probation officer on a flow basis every month as visits are completed. Provide state and federal agencies access to records as provided by state and federal law. 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.) Follow any requirements associated with the county's clothing allowance policy and procedures. Remit any overpayment in full to the county welfare department upon receipt of a notice of action or following the completion of due process. Inform county upon discovery of any apparent overpayment.

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 his 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 his parents in treatment program

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.

CHILD'S PLACEMENT WORKER REPRESENTATIVE'S NAME		PHONE	
PRINT:	SIGNATURE:	()	
COUNTY AND NAME OF AGENCY	TITLE	DATE	
FOSTER FAMILY AGENCY REPRESENTATIVE'S NAME		PHONE	
PRINT:	SIGNATURE:	()	
NAME OF AGENCY	TITLE	DATE	
FFA ADDRESS			

FOSTER FAMILY AGENCY (FFA) CWS/CMS CONTACT/SERVICE DELIVERY LOG

PRIMARY ASSIGNED COUNTY SOCIAL WORKER'S NAME

COUNTY:

FOSTER FAMILY AGENCY NAME/ADDRESS:

START DATE: _____ END DATE: _____

Contact Purpose:	Method:	Location:	Status:
<input checked="" type="checkbox"/> Deliver Service to Client	<input checked="" type="checkbox"/> In-Person	<input type="checkbox"/> COURT <input type="checkbox"/> CWS OFFICE <input type="checkbox"/> HOME--Referring to Biological or Reunification Home <input type="checkbox"/> IN-PLACEMENT--Certified Home <input type="checkbox"/> OTHER <input type="checkbox"/> SCHOOL	<input checked="" type="checkbox"/> Completed

Participants: [Include all contact participants including the FFA SW and child(ren)]	On behalf of Child (include name(s) and DOB(s) of all siblings present during visit who are also placed with the FFA):	Case Management Services										
	<table border="1"> <tr> <td>CHILD'S NAME:</td> <td>DATE OF BIRTH</td> </tr> <tr> <td>CHILD'S NAME:</td> <td>DATE OF BIRTH</td> </tr> <tr> <td>CHILD'S NAME:</td> <td>DATE OF BIRTH</td> </tr> <tr> <td>CHILD'S NAME:</td> <td>DATE OF BIRTH</td> </tr> <tr> <td>CHILD'S NAME:</td> <td>DATE OF BIRTH</td> </tr> </table>	CHILD'S NAME:	DATE OF BIRTH	CHILD'S NAME:	DATE OF BIRTH	CHILD'S NAME:	DATE OF BIRTH	CHILD'S NAME:	DATE OF BIRTH	CHILD'S NAME:	DATE OF BIRTH	<input checked="" type="checkbox"/> CM-SW Plan Contact
CHILD'S NAME:	DATE OF BIRTH											
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	Contact Party Type: <input checked="" type="checkbox"/> Staff person/Child											

Narrative: Required monthly visit completed by FFA social worker; narrative of this visit included in written progress report.

NAME OF FFA SOCIAL WORKER	DATE	NAME OF FFA SOCIAL WORK SUPERVISOR	DATE
FFA SW Phone Number: ()		FFA SW Supervisor Phone Number: ()	

*Siblings seen on different days and/or different homes/locations **MUST** be entered on separate forms.
 Unrelated children in the same home **MUST be entered on separate forms.