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| --- | --- | --- | --- |
| **CHILD(REN) / YOUTH PLACED** | **DATE OF BIRTH** | **CHILD(REN) / YOUTH PLACED** | **DATE OF BIRTH** |
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|  |  |  |  |
| Is/are being placed with: | | | |

**This Placement Agreement provides necessary and important information to ensure the safety and well-being of the child placed in your home. Information about the child or youth or their families is confidential and must only be shared with people directly involved in the case plan. Consult your assigned caseworker for assistance about sharing information with others.**

Contact Information:

Regular Contacts and Day-to-Day Needs

The caseworker for the child being placed in your care is .

You can reach them at  phone or  email.

They work out of the  office. The office phone number is . The office is open during typical business hours Monday – Friday, 8:00 am - 5:00 pm.

Emergency Contacts

For daytime placement emergencies, please contact the caseworker or their office. Be sure to communicate that you are having a placement emergency and must speak with someone immediately.

For after-hours placement emergencies or to report child abuse or neglect 5:00 pm – 8:00 am, Monday through Friday, and all weekend hours and holidays, contact Central Intake at 1-800-301-1868.

If you or anyone in your household is in danger or experiencing a medical emergency, call 911 and request police assistance.

Requirements for Children and Youth in Their First 30 Days of Placement

There are unique requirements in the first 30 days for the child or youth who have just been removed from their family.

I agree to:

* Schedule and attend the needed appointments marked below and follow through with all recommendations discussed during the appointments.

Inform the assigned case worker of any concerns, recommendations, and follow-up noted at the appointments.

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| **Needed** |  |
| Yes  No | An Initial Health Screen as soon as possible; no later than 5 days after initial entry into care. Required when a child has a non-emergent illness, chronic health issue, injury, or health concern. Urgent issues should be treated in the Emergency Department or Urgent Care. (If EPSDT is completed in the first five days, the Initial Health Screen is not needed). |
| Yes  No | A Well-Child examination called the Early Periodic Screening Diagnosis and Treatment (EPSDT) is required in the first 30 days of out-of-home care. |
| Yes  No | Complete a dental exam within 60 days. |
| Yes  No | A screening with the Child Health and Education Tracking (CHET) program staff.  Note: A CHET screener will contact you to set an appointment. |

Ongoing Requirements for Children and Youth

I agree to:

* Schedule and attend ongoing medical, dental, and mental health services, including an [EPSDT](https://www.dcyf.wa.gov/services/health-for-youth/epsdt) exam according to the recommended schedule of examinations:
  + 6 exams in the first year of life (newborn; at 1, 2, 4, 6, and 9 months);
  + 5 exams between 1 and 3 years of age (at 12, 15, 18, 24, and 30 months);
  + Annual exams between 3 and 20 years of age.

You can find more information at <https://www.dcyf.wa.gov/services/health-for-youth/epsdt>.

Use the [Voucher for Interim Pharmacy and Medical Services for Foster Children](https://www.coordinatedcarehealth.com/content/dam/centene/Coordinated%20Care/foster-care/pdfs/508_AHCC-InterimVoucher.pdf) to make appointments or refill currently prescribed medication, until you receive the child’s Provider One card. If you did not receive a voucher, visit the [Coordinated Care website](https://www.coordinatedcarehealth.com/content/dam/centene/Coordinated%20Care/foster-care/pdfs/508_AHCC-InterimVoucher.pdf) and print a voucher, [https://bit.ly/3NGFfYf](https://www.coordinatedcarehealth.com/content/dam/centene/Coordinated%20Care/foster-care/pdfs/508_AHCC-InterimVoucher.pdf)

* Keep the child or youth enrolled in the school they are currently attending unless told otherwise by the caseworker. Talk with the caseworker, if you believe a new school needs to be discussed.
* Support the child or youth’s relationship with their parents and siblings by supporting Family Time (visits).
* Support the child or youth’s unique needs regarding race, religion, culture, sexual orientation, and gender identity. These include cultural, educational, and spiritual activities in your home and community, including tribal activities within the child or youth’s tribal community or extended tribal family.
* Ask the caseworker for help if you need help managing the child or youth’s behaviors. You may not use any corporal (physical) punishment.
* Participate in shared planning meetings. A shared planning meeting is an opportunity to offer input and insight about the child or youth’s safety, permanency, and well-being.
* Tell the caseworker:
  + Concerns regarding the child or youth, such as abuse or neglect, medical, behavioral, developmental, or educational issues.
  + When you need support to care for the child or youth. Asking for support and help are a normal part of parenting and does not mean you are unable to care for the child or youth.
  + If the child or youth needs to move from your home, provide a minimum of a 14-day notice to the child’s assigned caseworker, unless there is an emergency, to ensure appropriate planning can occur.

Requirements for Infants from Zero to One Year

I agree to:

* Follow safe sleep guidelines.

\_\_\_\_\_\_ Initial here to confirm you understand Safe Sleep and agree to follow the practices in the [Safe Sleep Guidelines](https://www.nichd.nih.gov/sites/default/files/2019-02/Safe_Sleep_Environ_update.pdf). You may access these at <https://www.nichd.nih.gov/sites/default/files/2019-02/Safe_Sleep_Environ_update.pdf>.

* Watch the [Period of Purple Crying](http://www.purplecrying.info/what-is-the-period-of-purple-crying.php) video and follow PURPLE Crying strategies. You may access this at <http://www.purplecrying.info/what-is-the-period-of-purple-crying.php>.

\_\_\_\_\_\_ Initial here to confirm you have watched the Period of Purple Crying video, understand the concepts and agree to follow the strategies discussed in the video.

* Follow the Plan of Safe Care (when applicable)

\_\_\_\_\_\_ Initial here to confirm that you were included in developing a Plan of Safe Care.

\_\_\_\_\_\_ Initial here to confirm that you received a copy of the Plan of Safe Care.

Requirements for Relatives or Suitable Other Unlicensed Caregivers

I agree to:

* Complete a criminal history background check and a child abuse and neglect check on all persons 16 years and older who may have regular unsupervised access to the child or youth. [See Prudent Parenting Guide](https://www.dcyf.wa.gov/publications-library/CWP_0078).
* Ensure all household members required to complete fingerprints attend their scheduled fingerprint appointment and submit fingerprints no later than 10 days after approval for placement.
* Inform the assigned caseworker of any changes of persons residing in the home to complete a criminal history background check and a child abuse and neglect check.
* Actively participate in a Family Home Study through the Licensing Division.
* Allow DCYF access to my home and to the child or youth placed in my home.

I am interested in becoming licensed to care for this specific child or youth. Yes  No

I have received a copy of the Child Information / Placement Referral form [DCYF 15-300](https://dcyf.wa.gov/forms?field_number_value=15-300&title=). Yes  No

Requirements for DCYF

DCYF agrees to:

* Provide you with known and available information about the child or youth’s medical, educational, psychological, and behavioral needs.
* Develop a Caregiver Support Plan [DCYF 10-428](https://dcyf.wa.gov/forms?field_number_value=10-428&title=) if you are caring for a medically fragile child.
* Give you timely notice of court hearings, shared planning meetings, and family time.
* Provide you with information about:
  + Foster care licensing <https://www.dcyf.wa.gov/services/foster-parenting>
  + Training through the Alliance <https://cpe.socialwork.uw.edu/alliance-courses>
  + Caregiver support through the Alliance CaRES <https://alliancecares.org/>
  + TANF Financial Benefits
  + Medical / Medicaid Coverage
  + Other available services
* Complete your Family Home Study.

The child or youth is in the custody of the DCYF and may be removed if the court determines:

* The child’s health, safety or welfare would be jeopardized,
* The placement is hindering efforts at reunification,

Or if the child is placed on a Voluntary Placement Agreement (VPA):

* A decision is made that the placement is not in the best interests of the child or youth,
* Any part of this agreement is violated.

Signatures

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| --- | --- | --- |
| CAREGIVER  DATE | CAREGIVER  DATE | ASSIGNED CASE WORKER  DATE |

Additional Support Information

* Keep track of transportation expenses on the [Caregiver Monthly Transportation Reimbursement form](https://www.dcyf.wa.gov/forms?field_number_value=07-090&title=) available at <https://www.dcyf.wa.gov/forms?field_number_value=07-090&title>=.
* Request a clothing voucher for children or youth in their first or initial placement.
  + Caregivers can request additional clothing vouchers if the child or youth has a unique or exceptional clothing need not met through local community resources or the standard clothing allowance in the foster care monthly payment (if the child is placed in a licensed foster home).
  + For assistance finding a provider or for care coordination for medical or behavioral health needs, contact Apple Health Core Connections (AHCC): Call 1-844-354-9876, then press 1 and enter extension 6102194
  + Email [AHCCTeam@coordinatedcarehealth.com](mailto:AHCCTeam@coordinatedcarehealth.com).
* The child or youth’s medical insurance coverage card will be mailed to you.
  + Caregivers are mailed a new medical coverage card. While you wait for the card, you can ask the caseworker to look up the child or youths’ Provider One or Apple Health Core Connections identification number in FamLink.
* Use the Medical Log (<https://www.dcyf.wa.gov/forms?field_number_value=10-455&title>=) to document medical/dental care appointments, contacts, and recommendations from the appointments.
* Contact the Alliance Caregiver Retention, Education, and Support (CaRES) program for support throughout your fostering or kinship journey. They connect caregivers to peer mentors who can listen, problem-solve, and help identify local resources. Visit the CaRES website for information about support groups, events, and more!
  + Visit the CaRES website https://alliancecares.org/
  + Email [alliancecares@uw.edu](mailto:alliancecares@uw.edu)
  + Call 206-221-4913
* More resources and information are available on the DCYF Foster Parenting and Kinship Care webpages at <https://www.dcyf.wa.gov/services/foster-parenting>.



This certifies that

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Is a Caregiver with the State of Washington

Department of Children, Youth, and Families

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*Authorizing Signature LIC\_0014A (08-2020) Expiration Date (One Year)*