Washington State Department of
CHILDREN, YOUTH & FAMILIES

Child Placing Agency & Tribal Agreement (CPA) Borrowed Bed Authorization

General Information

Provider Name _____ Provider Number_____

Client Name _____ Date of Birth_____ Case Number_____

Assigned Case Worker for the Young Person _____

Email _____ Phone Number _____ Borrowed Bed Start Date _____

Youth Caregiver Support Level: Select

Current service levels and rates are published in the CPA and Tribal CPA fee tables and posted at:
Contracted Services | Washington State Department of Children, Youth, and Families

☐ CPA Borrowed Bed ☐ Tribal CPA Borrowed Bed

Authorization

By signing this agreement, the CPA agency is agreeing to place the children or youth in one of their certified homes and the contractual requirements to support the caregiver at the Caregiver Support Level assessed will pause until the child or young person transitions out of Borrowed Bed Status

DCYF Case Worker Signature _____ Date_____

CPA Agency Name/Signature_____ Date_____

DCYF BRS Gate Keeper Name/Signature _____ Date_____
for CPA borrowed bed only

Tribal Case Worker Name/Signature _____ Date_____

- This Authorization must not modify or supersede terms of the CPA contract.
- DCYF agrees to reimburse the CPA Contractor only for services and under conditions set forth in the CPA contract or Tribal CPA Agreement.
- DCYF employees may refer to the Placing in Child Placing Agency (CPA) Certified Foster Homes policy for more information.