



Placement Agreement

CHILD(REN) / YOUTH PLACED	DATE OF BIRTH

Is/are being placed with:

Caregivers are valuable partners with Department of Children, Youth, and Families (DCYF) and the child's family in achieving safe, quality placements for children / youth in need of out-of-home care. The well-being of children / youth in out-of-home care is best served by open communication and a positive working relationship between the caregiver, parents and DCYF.

This Placement Agreement provides necessary and important information to ensure the safety and well being of the child placed in your home. Information about children / youth or their families is confidential and must only be shared with people directly involved in the case plan. Consult your assigned Case Worker for assistance about sharing information with others. This agreement will assist you in understanding your role in helping meet the needs of the child, working with DCYF, the assigned worker, and the Court. It also identifies resources and supports you can utilize while providing care for children / youth in your home.

Important Contact Information:

Your assigned Case Worker _____ is available during regular business hours at _____ to help with questions about the child.

- Call **1-866-END HARM** after regular business hours to report suspected child abuse and neglect. This number will also connect you to the DCYF emergency after hours' staff.
- The Foster Parent and Caregiver Support Line at **1-800-301-1868** will provide support with managing difficult fostering situations after hours.

To improve the well-being of the children/youth in out-of-home care, it is important to work with DCYF and follow the specifics of the court order, including, but not limited to, the following:

Initial Placement (the first out of home placement):

1. Ensure the child receives within the first 30 days of placement:
 - An Initial Health Screen as soon as possible, but no later than five days after placement.
 - A Well-Child examination called the Early Periodic Screening Diagnosis and Treatment (EPSDT), within the first 30 days of the child's initial placement, if not already completed. (The initial Health Screening and the EPSDT exam may be scheduled at the same time; contact the child's medical provider for more information.)
 - A dental exam if a child has one tooth. The exam is not required if the child received a dental exam within the past 6 months.

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2. Also within the first 30 days of placement the Child Health and Education Tracking (CHET) Screener will contact you to set an appointment regarding the medical, developmental, and behavioral needs of the child. Please make sure both you and the child are available on the scheduled date.

Caregivers:

1. Contact your assigned Case Worker for a Voucher for Interim Pharmacy and Medical Services for Foster Children if the ProviderOne card was not received.
2. If the placement resulted in the child leaving their former school, immediately enroll the child in their new school. Include the assigned Case Worker as one of the child's contacts. Notify the assigned Case Worker if there are difficulties in enrolling the child in school.
3. Participate in developing a visit plan for the child / youth with parents, siblings, and/or family members, unless the court order specifies no contact. Make the child / youth available for scheduled visits.
4. Notify the assigned Case Worker of any unplanned parent / child / youth contact, such as phone calls, unexpected visits, etc.
5. Participate in shared planning meetings. A shared planning meeting is an opportunity to offer input and insight concerning the child's safety, permanency and well-being.
6. Advise the assigned Case Worker of any concerns regarding the child / youth, such as abuse, neglect, medical, behavioral, developmental, or educational issues.
7. Discuss with the assigned Case Worker, and implement appropriate discipline strategies or options suitable to the child / youth placed in your care. Corporal punishment is not allowed.
8. Follow through with any instructions from the child/youth's assigned Case Worker to comply with Indian Child Welfare Act requirements, when applicable and other cultural needs of the child/youth.
9. Ensure the child receives on-going medical, dental, and mental health services including an age appropriate EPSDT exam according to the federally recommended schedule of examinations: (5 exams in the first year of life; 3 exams between 12 months and 2 years of age; annual exams between 3 and 20 years of age).
10. Contact the Medicaid Customer Service Line at 1-800-562-3022 ext. 15480, Monday through Friday, 7:30 AM to 5:00 PM (Pacific Time) if you need assistance in locating a medical/dental provider or visit ProviderOne website at <http://hrsa.dshs.wa.gov/providerone/providers.htm>.
11. Monthly mileage expenses to a child's medical / dental appointments are reimbursable. The Caregiver Monthly Mileage Form can be downloaded at <http://www.dshs.wa.gov/ca/fosterparents/forms-policies.asp>.
12. Provide the health provider the child's ProviderOne Card when obtaining medical care.
13. Use the medical log to document medical / dental care appointments, contacts, and results/recommendations of the appointments.

To further ensure the safety and well-being of the child/youth, the caregiver also agrees to cooperate with DCYF in the following ways:

1. Complete a Criminal History Background Check and a child abuse and neglect check on all persons 16 years and older who may have unsupervised access to the child;
2. Inform the assigned Case Worker of any changes of persons residing in the home, and completion of a Criminal History Background Check and a child abuse and neglect check if that person meets the criteria listed above in #1;
3. Inform the assigned Case Worker of any issues that may impact your ability to care for the child/youth. This includes working cooperatively with the assigned Case Worker to plan for a new placement if you determine that the child/youth cannot remain in your home; and
4. If you request a child to be removed from your home, provide a minimum of 14 days notice to the child/youth's assigned Case Worker, unless there is an emergency to ensure appropriate planning can occur.
5. All caregivers must complete a fingerprint check. For relative caregivers or suitable persons that completed an NCIC check or BCCU check prior to the placement of the above named child/youth, fingerprint checks **must be completed and returned to the assigned Case Worker within 10 days of the NCIC or BCCU check.**
6. Return all requested information as quickly as possible.
7. For children birth to one year, I agree to follow Infant Safe Sleep Guidelines.

DCYF will:

1. Provide you with known and available information concerning the medical, educational, psychological and behavioral needs of the child/youth.
2. Develop a Caregiver Support Plan (DCYF 10-428) with caregivers of medically fragile children.
3. Ensure you receive timely notice of court hearings, shared planning meetings, etc.
4. Provide you with information on:
 - a. Foster Care Licensing and contact information
 - b. Training opportunities
 - c. TANF Financial Benefits
 - d. Medical / Medicaid Coverage
 - e. Other available services
5. Complete the Family Home Study.

Because the child/youth is in the custody of the DCYF, the court may remove the child/youth if:

- a determination is made that the placement is not in the best interests of the child/youth,
- any part of this agreement is violated,
- a determination is made the emergency placement of the child/youth cannot be continued, or
- the relative or suitable person's home is not approved for placement.

I have received a copy of the Child Information / Placement Referral form (DCYF 15-300). Yes No

Infant Safe Sleep Guidelines have been discussed with me and I have received a copy of the Infant Safe Sleep Guidelines form, DCYF 22-1577. Yes No N/A

CAREGIVER _____	CAREGIVER _____	ASSIGNED CASE WORKER _____
DATE	DATE	DATE

Caregiver Authorization

DATE

This is to verify that _____, born _____, has been placed in foster care under the supervision of DCYF. The authority for this supervision is:

- Police Custody.
- Court Order # _____.
- Voluntary Placement Agreement, dated _____.

DCYF has authorized the placement of the above-named child in the home of

_____ effective _____. DCYF authorizes the above-named caregiver(s) to engage in the activities indicated below:

- Routine Medical and Dental Care**
Arrange for routine medical and dental care on behalf of the child by a licensed physician, nurse or dentist. Routine care includes an Early Periodic Screening, Diagnosis, and Treatment examination within 30 days of initial placement and immunizations as needed. The caregiver must discuss routine care needs with the assigned DCYF case worker who will incorporate routine care needs into the child's written service plan.
- Mental Health and Substance Abuse Services and Treatment**
Arrange for mental health and substance abuse evaluations and treatment as needed and directed.
- Dispensing Prescribed and Over-the-Counter Medications**
Dispense medications prescribed for this child as indicated by the health care provider on the prescription bottle. Use reasonable discretion to dispense "over the counter" medications listed in WAC 110-148-1575 (found at <http://app.leg.wa.gov/WAC/default.aspx?cite=110-148-1575>) and 110-145-1860 (found at <http://apps.leg.wa.gov/wac/default.aspx?cite=110-145-1860>).
- Emergent Medical or Dental Care**
Arrange and consent, without prior notice to the assigned worker, to such emergent medical care as is necessary to prevent death or serious injury to the child. In cases in which prior notice is not given, the caregiver will notify the assigned worker as soon as possible after the child's medical needs are met.
- Educational Decisions**
Enroll the child in school and make routine educational decisions on behalf of the child.
- Out-of-State Travel Over 72 Hours**
Transport the child outside the State of Washington during the period _____ to _____. Prior notice of this travel has been given to the child's assigned worker and the approval for such travel is documented in the child's case record. (*Per DCYF Practices and Procedures 6100*)

Please feel free to contact the assigned DCYF worker at _____ if you have further questions.

DCYF WORKER'S NAME (PRINTED)

DCYF SUPERVISOR'S NAME

DCYF SUPERVISOR'S PHONE NUMBER

It is appropriate for above named caregiver to receive and share information that is necessary to meet the emergent and routine health related needs of the child. This information is consistent with the requirements of HIPPA (Health Insurance Portability and Accountability Act).

If there are questions about the prescribed service or treatment, the medical provider or pharmacist should **contact the assigned DCYF worker at _____ immediately**. It is not appropriate to deny services or seek parental consent. Doing so compromises the child's safety and confidentiality.

The foster parent or relative caregiver for this child is **NOT** financially responsible for any medical or health related services. Children in out-of-home placement are eligible for Washington State's Medicaid Program. Washington State also has reciprocating agreements with many states for Medicaid coverage while the child is outside Washington State. To verify Medicaid eligibility, the child's ProviderOne number, or scope of coverage, please contact the Washington State Foster Care Medical Team at 1-800-562-3022 ext. 15480, Monday through Friday, 7:30 AM to 5:00 PM (Pacific Time) Medical Providers can verify eligibility by checking HCA's Provider One system <http://hrsa.dcyf.wa.gov/providerone/providers.htm>

Copy to case file



Washington State Department of
CHILDREN, YOUTH & FAMILIES

..... This certifies that

is a Caregiver with the State of Washington
Department of Children, Youth, and Families

Authorizing Signature

LIC_0014A (08-2020)

Expiration Date (One Year)