



DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)

Long Term Care Agreement for Foster Parents or Relative Caregivers

RE: CHILD'S NAME

This agreement is entered into between Children's Administration and _____ (foster parent/relative caregiver name) as a Long Term Care Agreement.

It has been determined in a share planning meeting that it is in _____ (child's name) best interest to remain in the home of _____ (foster parent/relative caregiver name) and be raised by them as a member of their family until he/she reaches the age of 18. It has also been determined that other permanent plans, such as return home, adoption, third party custody and guardianship are not appropriate options for this child.

I/We, _____ (foster parent/relative caregiver name), agree to be the caregiver(s) for _____ (child's name) until he/she reaches the age of 18. I/We will not ask for him/her to be removed from our home, except under serious, unusual circumstances that cannot be alleviated by services provided by Children's Administration.

I/We understand that this is a foster care placement and that the child will continue to be a dependent child and will remain in the custody of the Department of Social and Health Services.

Children's Administration will not move this child from this placement unless the child's safety, health or well-being are at risk in the placement or in the case of a placement with licensed foster parents, the foster parents are no longer licensed.

The term of this Agreement shall be from the date it is executed until the child's 18th birthday.

DATED this _____ day of _____, 20_____.

FOSTER PARENT/RELATIVE CAREGIVER SIGNATURE (1)

DCYF REPRESENTATIVE (REGIONAL ADMINISTRATOR)

Parent's Statement:

I, _____ (mother/s name) and/or I, _____ (father's name) agree that the best permanent plan for _____ (child's name) is a long term care agreement with _____ (foster parent/relative caregiver name). I/We understand the terms of the agreement between the foster parent/relative caregiver and Children's Administration and I/we agree with those terms.

PARENT'S SIGNATURE

PARENT'S SIGNATURE

Child's Statement:

I, _____ (child's name) agree that a long term care agreement with _____ (foster parent/relative caregiver's name), until I reach age 18, is what I desire and what I believe is best for me. I understand that I will be treated as a member of the foster parent/relative caregiver family, with all of the rules, responsibilities and expectations of any foster child in the family, and they will act as my parents. I understand that the Department of Social and Health Services continues as my legal custodian. I have read the Long Term Care Agreement and I agree with it.

CHILD'S SIGNATURE

(1) MAY BE LICENSED FOSTER PARENT OR UNLICENSED RELATIVE OF SPECIFIED DEGREE.