



KINSHIP PLACEMENT/AGREEMENT
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CFS-ECONOMIC ASSISTANCE
 SFN 423 (10-2023)

Today's Date

SECTION 1: KINSHIP PLACEMENT

Name			
Address	City	State	ZIP Code
Home Telephone Number	Work Telephone Number	Cell Phone Number	
Relationship to the Child Placed in Your Home			Placement Date

Names of Persons Living at Home	Date of Birth

Has the family considered and ensured that they can care for additional children for whom placement is being considered?
 Yes No

Is there anyone in the household who has suffered from domestic violence?
 Yes No

List any special instructions for the following:

Medical	School
Daycare	Car Seat

Name of Social Worker	Human Service Zone Office
Telephone Number	Emergency Telephone Number

This is a temporary placement arrangement. Copy of Kinship reviewed for final decision regarding placement. It is understood that there is no monetary compensation for care.

Confirm Receipt of Kinship Care Agreement (Initials)	Date
--	------

SECTION II: KINSHIP AGREEMENT

Name of Agency
Kinship Provider(s)
Regarding Placement of (Children):

AGENCY RESPONSIBILITIES:

1. The Agency in consultation with the family members has a responsibility for overall planning for the child(ren). The Agency has the responsibility to ensure that the placement is in the best interest of the child(ren).
2. The Agency will review needs for medical and other financial options as soon as possible after placement.
3. The Agency and/or child's legal parent must give prior approval for any medical treatment or care (e.g. consent for treatment under anesthesia).
4. Provide you with all relevant information about the child, including the expected length of placement.
5. Provide advance notice to you before the child(ren) is/are removed from your care whenever possible.
6. Recognize you as a member of the decision-making team and a vitally important component of the plan for the care of the child placed in your home.
7. If the Agency receives a referral alleging abuse or neglect of a child placed in your home, the Agency will do an assessment of those allegations of abuse and neglect.

KINSHIP PROVIDER'S RESPONSIBILITIES:

1. I/We understand that the agency has the responsibility to reunite the child(ren) with the birth or legal family, and I/we agree to participate in the reunification process as requested by the Agency.
2. I/We understand that I/we have no legal right to the child(ren) placed in my/our care without the explicit consent of the Agency. If the permanent placement of the child(ren) with a family other than the birth or legal parents becomes the plan for the child(ren), I/we understand that the continued placement of the child(ren) in my/our home will be reassessed.
3. I/We will respect and support the child's connection with his/her legal parents and significant others.
4. I/We agree to participate as members of the decision making team and will be involved in the development of the case planning for the child(ren); including participation on the Permanency Planning committee.
5. I/We will be responsible for the care of the children placed in my/our home. I/We will share information with the Agency concerning the child's progress in our home and at school.
6. I/We will be responsible for seeking emergency medical treatment and notifying the Agency as soon as possible. (Refer to #3 under Agency Responsibilities)
7. I/We will report to the placing worker within 48 hours, (excluding weekends and holidays), any change of address, major illness in the family or changes in the family composition.
8. I/We will not take money for the care of the child(ren) except with the knowledge of the Agency.
9. I/We will respect the child(ren)'s cultural traditions and religious beliefs.
10. I/We agree to hold confidential any information pertaining to the child and the birth or legal parents.

11. If I/we cannot continue to keep the child(ren) or properly care for him/her/them, I/we will notify the placing Agency so they will be able to make other plans for the child(ren). We further agree to allow the placing Agency adequate time (at least 72 hours/three work days) to arrange alternate placement of the child(ren) except in emergency situations or other situations where it is not in the child(ren)'s best interest to remain in our home.

12. I/We will cooperate with any assessment of abuse or neglect involving a child placed in our home.

13. I/We shall report any incidents of known or suspected child abuse or neglect to the Human Service Zone Office.

14. I/We certify that:

No one residing in my/our household has ever been convicted of a crime, to include; DUI, Domestic Violence, assault and shoplifting.

No one in my/our household has ever been investigated for alleged child abuse or neglect.

Comments (if any)

Note: The agency may be conducting both a criminal records check and a child protective services check of your validity in these statements. If you have been convicted in the past, are currently charged with such a crime or have been investigated for child abuse or neglect, do not sign this document before discussing conviction, charges or investigation with the social worker.

15. I/We understand that I/we must secure the permission of the agency before making plans for taking the child(ren) out of the county, state, or country. Travel authorizations are as follows:

THE AGENCY AND KINSHIP FAMILY AGREE:

Describe contact between the Agency and the Kinship Family

Describe visitation and contact between the child(ren) and the birth or legal family

Describe support services that may be necessary to ensure stability for the child(ren)'s placement and are subject to management approval and funding availability

At the discretion of the Agency, the child(ren) may be moved upon receipt of a report of abuse in your home. The removal of the child(ren) does not mean the Agency believes you are guilty. The removal of the child(ren) is a procedure used by the Agency for the protection of the child(ren) until the validity of the report can be checked out.

I/We agree to report any problems regarding care of the child(ren) to the Social Worker:

Name of Social Worker	Telephone Number
-----------------------	------------------

If unable to contact the Social Worker, I/we will contact his/her supervisor at the same number.

For emergencies during non-working hours, I/we will contact:

Name of Emergency Contact	Telephone Number
Name of Emergency Contact	Telephone Number

I/We have read, understand and agree to perform my/our outlined responsibilities and abide by the contents of this agreement.

Social Worker Signature	Date
Kinship Provider Signature	Date
Kinship Provider Signature	Date
Kinship Provider Signature	Date

Human Service Zone Office			
Address	City	State	ZIP Code