



ALTERNATIVE RESPONSE SAFETY SUPPORT AGREEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 497 (12-2024)

Parent(s) Name(s)

Safety Support Name

Telephone Number

Address

City

State

ZIP Code

Family and community support is of the utmost importance to individuals struggling with substance use disorders. During the course of a Child Protection Services Assessment involving a Substance Exposed Infant, family and community Safety Supports are required to be involved in a *Plan of Safe Care*. Safety Support persons agree to serve as resources for providing safety for the infant, support for the parent, parent education, and encouragement for families to safely care for substance exposed infants in their own homes and communities.

The primary role of the Safety Support is to ensure the safety and well-being of the substance exposed infant.

As a condition of being a designated Safety Support person, I agree to the following:

1. I agree to support the parent(s) throughout the entire duration of the Child Protection Assessment. I may continue to provide safety support after the Child Protection Assessment is closed.
2. I agree to sign an SFN 433, Child Abuse and Neglect Inquiry, or an SFN 1059, Authorization to Disclose Information, to allow the CPS worker to complete a check of the Child Abuse and Neglect Index and I understand that a court website, sex offender registry, and local law enforcement check will also be performed to ensure that I am a safe and appropriate caregiver.
3. I agree to provide care for the following infant. If I am under the influence of alcohol or drugs I will not accept care for the baby, myself.

Name of Infant

4. I agree to contact the CPS worker if I am unable to provide care for the infant.
5. I agree to contact the CPS worker anytime the Plan of Safe Care is not followed or is violated or when there are concerns for the infant's safety. Examples: Being in the care of someone under the influence of drugs or alcohol, using drugs or alcohol around the baby, being unable to supervise or properly care for the baby.
6. I will have contact with the parent(s) by phone or in person:

Number of Days per Week

Time

7. I will provide support any time he/she contacts me.
8. I will hold the parent(s) accountable for following the Plan of Safe Care and Safety Plan.
9. I agree to encourage strength and hope and will listen to and support the parent(s).
10. I will offer direct and honest input even when it may be difficult to discuss.
11. I will encourage and will provide assistance when I can for the parent(s) to attend treatment, support meetings etc.
12. I will not judge or criticize the parent(s).
13. I agree to be open and honest with Child Protection Services staff.
14. I will support the parent(s) even if they relapse and I understand that as long as the Plan of Safe Care is followed the infant will remain in the family home.

By signing this form, I consent to being a Safety Support person for:

I understand the expectation of infant safety, my role in assuring safety for the infant and the expectation to contact the agency when there is a risk or danger to the infant, during the assessment and continuing after the CPS intervention ends. I understand that as long as the Plan of Safe Care is followed the infant will remain in the family home. I understand and accept all of the responsibilities outlined above.

Safety Support Signature	Date
Child Protection Services (CPS) Worker Signature	Date

- ☐ CPS Index Check (SFN 433)
- ☐ Court Check