



**AGREEMENT TO FURNISH SHELTER CARE**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CHILDREN AND FAMILY SERVICES  
SFN 928 (9-2022)

This agreement is entered between the Department of Health and Human Services and:

Licensed Foster Care Provider (Provider)	Provider Number
License Effective Date	License Expiration Date

This agreement is in addition to the family foster care license issued by the Department. The licensed foster care provider agrees to provide temporary shelter care services.

- To eligible children in need of a safe placement including children involved with Human Service Zone Child Protective Services, In-Home and or Foster Care programs,
- Engage with the child and his/her family to best meet the child's temporary needs,
- Engage with the agency worker or case manager regarding the child's placement, demeanor, strengths, and challenges,
- Participate in any transition or planning meetings with agency staff pertaining to the child,
- Participate in the treatment plan or medical appointments scheduled on behalf of the child,
- Maintain a foster care license,
- If electing to offer on-call, the foster care provider will accept emergency placements during the on-call week or request to change weeks with another provider prior to the start of the on-call rotation.

The agreement will terminate when the foster care license expires or the family requests to no longer offer/provide the service, which ever is first.

Department shall reimburse the Provider:

- **Daily Rate:** The total amount of reimbursement per child under this shelter care agreement may not exceed the daily rate established by the Department. Shelter care/ safe bed placements cannot exceed 7 calendar days.
- **On-Call Retainer:** If a licensed foster care provider commits to offer on-call services for emergency placements and is approved as an on-call provider, a weekly retainer (Friday through Thursday) is issued to the provider.

Provider shall keep confidential all records relating to this agreement except when the records must be open for inspection by Department or its designated representatives.

It is agreed that this agreement does not constitute an employer/employee relationship between Department and Provider, that this agreement may be terminated by either party by giving 30-days' written notice, and that there are no other agreements, either oral or written, that impact this agreement.

**Signature Section:**

Provider's Signature	Date
Provider's Signature	Date
CFS Licensing Unit Signature	Date