Summit County Children Services

264 South Arlington Street Akron, Ohio 44306

Foster / Adoption Parents Caregiver Agreement

| | Caregiver(s) Street Address | | | | |
|----|---|----|--|--|--|
| | | | | | |
| | | | | | |
| | City and Zip Code Date | | | | |
| | | | | | |
| 8 | The Agency Agrees To: | | The Caregiver Agrees To: | | |
| 1) | Give a description of the child's behavior, personality, development, his problems and needs, as available. | 1) | Regularly share with the agency and document as directed the child's behavior, problems and adjustment throughout the time the child is in our home. | | |
| 2) | Provide any information about the child's family that is pertinent to caregivers effectively carrying out their role as substitute parents. | 2) | Recognize the meaning of and help the child with his feelings about his birth family. | | |
| 3) | Prepare the caregiver, when possible, for the child's sense of loss in being separated from his own parents. | 3) | Recognize the meaning of separation for the child and make every effort to accept the child's difficulties in adjusting to a new home. | | |
| 4) | Establish a visitation plan for the child and his birth family as appropriate and mandated by law and agency standards. | 4) | Make no visitation arrangements or other plans with the child's birth parents without first consulting the agency. | | |
| 5) | Keep confidential any information regarding the caregiver as mandated by law and agency standards. | 5) | Keep information about the child and his family confidential and discuss same only with appropriate agency staff members or other professional persons designated by the agency. | | |
| 6) | Arrange, when possible, pre-placement visits prior to placement of infants and children. | 6) | Cooperate and participate in placement activities as a means of helping the child make a gradual transition into our home. | | |
| 7) | Use your home for a child needing emergency placement only when necessary and by mutual agreement. | 7) | Accept, when possible, children needing emergency placement. | | |
| 8) | Give the caregiver the child's medical and psychiatric/emotional history when known, and as allowed by law, which may include such information as: childhood diseases, immunization records, illness history, hospitalization history, medication history, allergies, special diet and any medical, emotional or dental needs the child may have. | 8) | Assume responsibility for scheduling, participating in, and transporting the child to all medical, dental and psychiatric/ psychological appointments, trainings and support groups. | | |

| | The Agency Agrees To: | | The Caregiver Agrees To: |
|-------|--|----------|--|
| 20) | Provide the caregiver with guidelines, training and policy materials that may help them better understand agency programs, rules and policies. | 20) | Read and understand all agency caregiver policies, and all ODJFS rules provided by the agency and abide by the required notifications. (Please see mandated notification policy). |
| 21) | Provide caregiver with the child's developmental and educational information when that information becomes available to the agency and assist in enrolling the child in school or other learning/vocational program. | 21) | Actively participate in the child's education and development by assisting with and checking homework, scheduling and attending school conferences, participating in school activities and bringing problems with school to the attention of the agency. |
| 22) | Provide information to the caregiver regarding a child's religious affiliation, if applicable, and whenever possible. | 22) | Support the birth parents' wishes regarding religious participation or lack of participation by their child while the child is in the temporary custody of the agency. Caregivers will direct conflicts/problems regarding religious participation to the agency for assistance. |
| 23) | Provide caregiver with the life book, medical logs and other materials that will assist the family in caring for the child's physical and emotional needs. | 23) | Maintain life books, medical logs and other documents as required by the agency. |
| 24) | Provide information to caregiver about siblings of the child and place siblings together whenever possible and not clinically counterindicated. | 24) | Assist child in maintaining frequent sibling contact as much as possible and whenever not clinically counter-indicated. |
| - | | | |
| Signa | ture of Social Worker | | Signature of Caregiver |
| | • | | |
| Date | | | Signature of Caregiver |
| | To be signed in duplicate. One copy retained by | o caregi | ver, one copy secured in agency resource file. |
| * | For Foster Parents. This agreement will be in e | ffoot fo | r as long as your home is licensed by the Obi- |

^{*} For Foster Parents: This agreement will be in effect for as long as your home is licensed by the Ohio Department of Job and Family Services.

CWLA 2.3 OJFS 5101:2-5 ODJFS 5101:2-7

^{*} For Adoptive Parents: This agreement will be in effect from the date of homestudy approval to the expiration date of home study and does not apply to children in finalized adoptions.