

Enhanced Relative Rate Placement Agreement

I (We), _____ and _____,

am (are) committed to providing a home for our relative, _____, a child in the temporary legal custody of _____ County Department of Family and Children Services (DFCS).

In accepting this responsibility, I (we) knowingly enter into an agreement with DFCS regarding his/her overall health, care and well-being while in my (our) home and care. It is my (our) understanding that once the child is placed in my home the following will apply, and we are, hereby, agreeing to these **Terms and Conditions:**

1. I (We) agree to abide with DFCS and the Juvenile Court requirements regarding this child's care.
2. I (we) agree to provide the child with a nurturing and stable home environment.
3. I (We) agree to protect the child from harm or maltreatment.
4. I (We) agree to assure that his/her health, emotional, psychosocial, educational and physical needs are met.
5. I (We) agree to provide adequate clothing, appropriate for weather conditions and the child's special needs.
6. I (We) agree to provide for child's dietary needs including any special foods or supplements required for him/her.
7. I (We) agree to seek and obtain mental health and /or counseling services if recommended for the child.
8. I (We) agree to notify the agency of changes in the household circumstances which may affect the child, such as
 - a). person(s), over age 17, moving into or out of the household,
 - b). caregiver(s) name changes,
 - c). change of address
 - d). child runs away, is kidnapped or whereabouts are unknown,
 - e). child is seriously injured, becomes critically ill, or dies,
 - f). child is incarcerated and expected to be retained beyond his/her 18th birthday,
 - g). child marries
 - h). child receives support or benefit payments in an amount greater than \$400.00
 - i). DFCS CPS investigation is substantiated
 - j). child is returned to the legal custody of the birth parent(s), or
 - k). any circumstance causing the child to be at risk and/or no longer requiring this placement and/or ERR.

It is my (our) understanding that staff from _____ County DFCS office will do the following (or arrange same) with the social services agency in the county/state where I (we) reside:

1. Maintain monthly contact with me (us) and the child and have a face-to -face visit each month. One contact every other month will be in my home.

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2. Complete an annual review of my home and update the relative care assessment.
3. Send me (us) written notification of the continuation (specifying the amount) or termination of the ERR payments. The dates of the eligibility period will be included in the notification letter.
4. Provide ERR payment in the amount of \$ _____ per day to help defray expenses for the child's care.
5. Refer me (us) to service providers who are appropriate resources for addressing identified needs of the child.
(child care, wrap-around, etc.)

I (we) understand and will abide by the court's and agency's expectations that I (we) will provide our relative, _____, with a safe, protective and nurturing home environment while placed in my (our) home.