



ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
And

(Name of University)

- CHILD WELFARE STUDENT STIPEND AGREEMENT -

I, _____, agree to the terms herein of the Division
Of Children and Family Services (DCFS) and _____
Name of University

In exchange for payment of a stipend in the amount of \$_____ per semester (for
a maximum of two semesters).

The stipend will be paid during the _____ semester, _____ and the
_____ semester, _____.
Year Year

SECTION I:

I certify that I:

- 1. Am a student in good standing (not on probation or otherwise in jeopardy of not
graduating) in the final year of the Social Work participating degree program at the
university named herein;
2. Have an interest in child welfare and have completed or will complete before
graduation one (1) or more courses/seminars with an emphasis in child welfare.
3. Am willing to accept employment with DCFS within sixty (60) days of graduation;
4. Have provided complete and accurate information for an Arkansas Central Registry
check, Arkansas State Police criminal background check (and, if required, a check
by the Federal Bureau of Investigation), the State Vehicle Safety Program, and a
drug/alcohol screen;
5. Understand that DCFS is required by law or policy to complete these background
inquiries for all persons working directly with children and families;
6. Understand that DCFS is not my employer during the stipend semesters and does
not provide me with any benefits other than the stipend.
7. If the entire default amount cannot be paid in full at the time of the default, the
Employee must make regular monthly payments. The period for making financial
repayment cannot exceed the work time that the employee owes DCFS. Family
Medical Leave Act time or any time on leave without pay will not count toward
repayment.

SECTION II:

I agree to:

1. Complete the number of hours required by the University for field placement while based in an assigned DCFS county office under the joint supervision of a University field instructor and DCFS supervisor;
2. Maintain confidentiality and perform all assignments during field placement in compliance with the standards of DCFS, the University, and the professional Code of Ethics of the National Association of Social Workers;
3. Repay any stipend monies received if my field placement is terminated or employment denied due to the results of the Arkansas Central Registry or criminal background check, or the State Vehicle Safety Program check, or a drug/alcohol screen; failure to maintain academic progress as defined in Section I-1& 2 above, or failure to graduate within one (1) semester after completion of my field placement; or unsatisfactory performance in my field placement; or failure to comply with minimum conduct standards;
4. Arrange for the University to send my official transcript to DCFS Professional Development Unit within twenty (20) working days after graduation;
5. Work for DCFS as a full time employee for a minimum of one (1) year following graduation;
6. Complete and submit a State of Arkansas Employment Application that 1) Lists "Family Service Worker" as the title of the job sought, and 2) Selects from counties designated by DCFS (see Section IV-1 below), to the DCFS Professional Development Unit no later than six (6) weeks before my expected graduation date;
7. Actively participate in the employment process by accepting interviews and being available for employment for sixty (60) days following my date of graduation;
8. Accept employment in any county designated by DCFS as needing staff (see Section IV-1 below);
9. Repay the entire stipend received if I refuse an offer of employment from DCFS made within sixty (60) days after the date of my graduation;
10. Repay the amount of stipend prorated according to the length of time worked if I choose to quit working for DCFS prior to fulfilling my obligation. If I cannot pay the entire amount in full at the time of default, I will make regular monthly payments not to exceed the work time owed.
11. Any FMLA time taken or Leave Without Pay taken will not count toward the obligated time.

SECTION III:

DCFS agrees to:

1. Make funds available for stipends;
2. Provide field placement opportunities;
3. Provide full-time employment for a minimum of one year following graduation in any position other than that of primary investigator;
4. Furnish Students with performance standards, including policies, rules, and regulations, pertinent to Students' field placement.

SECTION IV:

DCFS reserves the right to:

1. Designate counties where staff are needed and require that students apply, be interviewed, and accept employment, if offered, in those counties;
2. Not employ a Student after graduation or, if employment is not offered within sixty (60) days after graduation, release a Student from any obligation to accept employment or to repay the stipend;
3. Terminate or renegotiate this Agreement upon thirty (30) days written notice to the Student in the event of insufficient funds, a reduction in force, or for other reason;
4. Report offenses that constitute a breach of contract to the DHS Office of Administrative Services and the DHS Office of Chief Counsel.

This Agreement shall commence on the date of the last signature below and shall terminate upon completion of all obligations herein.

IN WITNESS WHEREOF, the parties have executed this Agreement:

By signing this Agreement I declare that, to the best of my knowledge, the information presented is true and factual. I certify that I will make every effort to fully cooperate during the employment interview. I further certify that I have received, read and understand DCFS Policy XI-C.

Student 's Name

Student 's Signature

Date

County of _____ State of _____

Signed and Sealed before me this _____ day of _____, _____.

Month Year

NOTARY PUBLIC

My Commission Expires:

SECTION V:

Additional Required Signatures -

1. University Field Instructor:

Name (Print)

Signature

Date

2. University Title IV-E Coordinator:

Name (Print)

Signature

Date

3. DCFS Area Director:

Name (Print)

Signature

Date

4. DCFS Director:

Name (Print)

Signature

Date