

**CHILD WELFARE
CHILD PLACEMENT AGREEMENT**

Child's Name: _____ **TIPS#:** _____ **DOB:** _____

AUTHORIZATION FOR EMERGENCY SERVICES

This is to certify that _____ is/are foster parent(s)/caretaker(s) for
(Foster Parents'/Caretaker's Name)

_____, who is in State custody, and is/are authorized to obtain
(Foster Child's Name)

emergency medical care on the child's behalf.

CHILD'S CURRENT WORKER/SUPERVISOR CONTACT INFORMATION

(Worker's Name) (Work) _____ (Home) _____
(Phone No.) (Phone No.)

(Supervisor's Name) (Work) _____ (Home) _____
(Phone No.) (Phone No.)

DCFS Office for Worker & Supervisor responsible for case: _____

Date of next case planning meeting: _____

COURT OF JURISDICTION

DCFS Office for Court of Jurisdiction: _____

Judge: _____ Docket Number: _____

Name of Court: _____ Court Address: _____

Child's Attorney: _____

Child's CASA _____

Worker: _____

PARENT'S CURRENT WORKER/SUPERVISOR CONTACT INFORMATION

(Worker's Name) (Work) _____
(Phone No.)

(Supervisor's Name) (Work) _____
(Phone No.)

CHILD SPECIFIC INFORMATION

(The following three blank spaces do not need to be completed if a copy of the child's 98-B, listing the physician and dentist and school serving the child prior to this placement, is provided to the foster parent/caretaker at the time of placement.)

Child's Current Doctor _____
(Name) (Address)

Child's Current Dentist _____
(Name) (Address)

Child's Current School _____
(Name) (Address)

CHILD CARE REQUIREMENTS

Foster Parent/Caretaker agrees to comply with all State and Regulatory requirements that apply to this program. This includes licensing regulations and any other DCFS agreement to which Foster Parent/Caretaker is a party. I agree to not use the following punishments or permit their use by others with the child: cruel, severe, or humiliating action; corporal punishment (i.e. physical punishment inflicted in any manner upon the body); denial of food, shelter, clothing, implementation of the case plan, or other basic services. I agree to notify law enforcement and the child's DCFS worker immediately if any extraordinary circumstances happen with the child, such as hospitalization, severe injury, death, missing, run away, victim of a crime, or kidnapped.

CHILD'S INITIAL SCREENING AND SPECIAL CARE PROVISIONS

Describe the known needs and behaviors of the child and the required services to meet those needs/behaviors, including those which are recent in development and/or have not been addressed in the child's current DCFS Case Plan. Provide any known educational information (including IEP or 504 needs) or health problems, including infectious diseases (e.g. TB, STD's, hepatitis, etc.), needs (e.g. known conditions/allergies, medications, pending appointments, etc.) and childcare information, (e.g. food preferences, formula, bedtime, etc.) for the Foster Parent/Caretaker. List any behaviors of the child that require special attention (i.e., running away, self-injurious behavior, criminal activities, sexually acting out, involvement with Office of Juvenile Justice OJJ) or the police or FINS, etc.), explain any history of child's substance use/addiction and/or prenatal exposure to alcohol/drugs. List the information/special provisions:

Identify and describe for foster parent/caretaker risk factors based on the child's history and vulnerability, which will require specific supervision/actions/equipment to provide care and prevent maltreatment.

Describe history of physical or sexual abuse/neglect of child including information regarding extent of abuse, e.g. child violently shaken, or child fondled by maternal/paternal relative, etc.

Describe any known specialized training requirements for the foster parent/caretaker, which are necessary to meet the medical and/or behavioral needs of the child.

The above information was provided by _____ on _____
Name / Relationship Date

CHILD VISITATION RESOURCES

The child should be assisted and encouraged to maintain contact and/or visit with the following individuals as indicated below. Provide a copy of the child's case plan including the visitation plan, if available. If the case plan has not been completed yet provide a copy when the form is completed at the first case planning meeting.

Name	Relationship	Method (phone, in person, mail, etc.) & Frequency	Information needed for contact (phone number, mailing address, email address, geographic address for location of visit, etc.)

This agreement provides a basic commitment between the parties.

I certify by my signature below that the DCFS worker and I have discussed the child-care responsibilities and authorization for emergency services information presented on this form. I certify that I agree to fulfill these expectations. I understand failure or inability to fulfill these responsibilities may require corrective action or removal of the child.

Foster parents/caretaker must check the statement below, which applies to the child's health and education information.

- ☐ Yes, I received a copy of the child's health and education record, including a current IEP, if applicable.
- ☐ No, Copies were not available, but worker discussed known health and education information and advised copies would be provided on or before the next case planning meeting.
- ☐ No, Copies were not made available and no health and education information was discussed.

Foster parents/caretaker must check the statement below, which applies to child's health care coverage.

- ☐ Yes, the child's health care coverage, medical services and availability have been discussed with me.
- ☐ No, the child's health care coverage, medical services and availability were not discussed with me.

(Foster Mother or other Caretaker Signature)

(Date)

(Foster Father Signature)

(Date)

To the extent available and accessible, I have reviewed and shared all health, education and behavioral information pertinent for the care of this child.

Name of Worker Making Placement (Print)

Placing Worker's Signature

(Date)

Office of Worker Making Placement

Phone Number for Worker Making Placement