



# ICPC Foster/Adoptive Care Service Agreement

CHILD IDENTIFYING INFORMATION:				
Child's Last Name 1:	Child's First Name:	Middle:	Date of Birth:	Person ID:
Race:	Sex:	Funding Source:		
Child's Last Name 2:	Child's First Name:	Middle:	Date of Birth:	Person ID:
Race:	Sex:	Funding Source:		
Child's Last Name 3:	Child's First Name:	Middle:	Date of Birth:	Person ID:
Race:	Sex:	Funding Source:		
Child's Last Name 4:	Child's First Name:	Middle:	Date of Birth:	Person ID:
Race:	Sex:	Funding Source:		
FOSTER/ADOPTIVE PARENT(S) INFORMATION:				
Foster/Adoptive Parent Last Name:	Foster/Adoptive Parent First Name:	Foster/Adoptive Parent Address:	Adoptive Parent Phone Number:	
Foster/Adoptive Parent Last Name:	Foster/Adoptive Parent First Name:	Foster/Adoptive Parent Address:	Adoptive Parent Phone Number:	
AGENCY INFORMATION:				
Agency Name and Primary Contact:	Agency Address:	Agency Phone Number:	Agency Email Address:	
I. PARTIES TO THE SERVICE AGREEMENT				
<p>This Agreement is between the state of Tennessee, Department of Children's Services (TN DCS) and the Agency providing placement and supervision services for _____, who is to be placed with, _____.</p> <p>This agreement serves as an addendum, not a replacement, to the Unique Care Agreement (UCA), entered into between TN DCS and _____.</p> <p>Any conflicting terms contained within this document shall be subordinate to the terms and conditions of the TN UCA.</p>				
II. RIGHTS AND RESPONSIBILITIES OF ALL PARTIES TO THE AGREEMENT <u>PRIOR</u> TO PLACMENT OF THE CHILD INTO THE FOSTER/ADOPTIVE HOME.				

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- A.** The **Agency** agrees to provide the following services before placement of the child into the foster/adoptive home:
1. A child specific home study and accompanying documentation that meets the state of Tennessee IV-E reimbursement requirements and any applicable requirements through the Interstate Compact on the Placement of Children (ICPC). A copy of the home study must be provided to Tennessee DCS prior to the child being placed in the home.
  2. Once the home study is approved through ICPC, assist in developing a transition plan to include the facilitation of the visitation process between the child and the foster/adoptive family.
  3. Assist the foster/adoptive family in understanding the unique needs of the child, and developing a plan to ensure the child's safety, permanency, and well-being needs are adequately addressed.
- B.** The **Tennessee Department of Children's Services** agrees to provide the following before permanent placement of the child into the foster/adoptive home:
1. Fully disclose all known information concerning the child to ensure the Agency and family are prepared and understand the unique needs of the child and how best to meet his/her needs.
  2. Enter the family home study information into the Tennessee Child Welfare Information System (TFACTS), and explain the foster care payment system, as applicable. This will include providing the foster/adoptive family with a Substitute W-9.

### III. RIGHTS AND RESPONSIBILITIES OF ALL PARTIES TO THE AGREEMENT AFTER TO PLACMENT OF THE CHILD INTO THE FOSTER/ADOPTIVE HOME.

- A.** The **Agency** agrees to provide the following upon placement of the child(ren) into the foster/adoptive home:
1. Initiate contact with the family within seventy-two (72) hours of the child(ren) being physically placed in the foster/adoptive home.
  2. Conduct in home visits \_\_\_\_\_ time per month.
  3. Home visits should, at minimum, assess the following and be documented in a monthly ICPC report:
    - a. Suitability of the foster/adoptive home placement;
    - b. Continued commitment of the foster/adoptive family;
    - c. The child's adjustment to the foster/adoptive home/family;
    - d. The foster/adoptive family adjustment to the child (ren);
    - e. Foster/Adoptive placement stability;
    - f. Safety of the child in the foster/adoptive home environment;
    - g. Current services and supports provided to the foster/adoptive family, and any additional support and services; determined necessary to maintain the foster/adoptive placement and meet the unique needs of the child and family;
    - h. Documentation of all contacts with the child, foster/adoptive family and any service providers;
    - i. All medical appointments that occurred during the month and the outcome of those appointments, to include specific recommendations;
    - j. Current medications; and
    - k. Overall well-being of the child(ren)



4. Keep the Tennessee Department of Children's Services, specifically the Family Service Worker (FSW) or the Permanency Specialist, as appropriate, abreast of significant issues or events that could potentially jeopardize placement stability or lead to postponement of permanency. Communication can be via telephone, e-mail, or written reports. However, if any of the previously mentioned events occur, the FSW or Permanency Specialist shall be notified immediately and any pertinent event shall also be documented in a monthly ICPC report provided to the TN DCS.
5. Coordinate with the foster/adoptive family and the Tennessee Department of Children's Services to ensure the child(ren) has the appropriate medical, dental, and mental health services and supports (i.e., EPSD&T, Dental Screenings, Mental Health Services, and emergency care). Supports and services, as outlined in paragraph 3 above, shall be documented in a monthly ICPC report provided to the TN Department of Children's Services.
6. Participate in Child and Family Team Meetings concerning the child(ren), as requested by TN DCS.
7. Assist the foster/adoptive family in applying for Medicaid for the child(ren) within three (3) days from the date the child(ren) is physically placed in the foster/adoptive home, utilizing the following documentation:
  - Financial/Medical Plan
  - Documentation for Title IV-E
  - 100 B form to confirm the date of foster placement
  - Placement and Supervision Contract
8. If the child is state funded, and not categorically eligible for Medicaid in the receiving state, assist the family in identifying providers in the state of placement that will apply to become a TennCare provider to ensure the child has insurance coverage while being placed out of state.
9. Ensure corporal punishment is not used and that the foster family abides by the disciplinary practice agreement. The Agency shall be responsible for securing signatures for the written agreement from the foster/adoptive family. A copy of the signed agreement shall be forwarded to the TN Department of Children's Services and included in the 1st ICPC monthly report submitted to Tennessee.
10. Provide the foster/adoptive family with the Home Safety Checklist, DCS form 0676 to ensure they have been provided with pertinent information available to TN DCS at the time of placement of the child into the foster home. The Agency shall be responsible for securing signatures of the foster/adoptive family and forwarding a signed copy of the Foster Home Placement Checklist to TN DCS via the 1st monthly ICPC report submitted to Tennessee.



11. Assist the foster/adoptive family completing the adoption finalization process to include the following **FOR ADOPTION ONLY:**

- a. Identifying an attorney to finalize the adoption;
- b. Coordinating with the TN DCS to obtain consents for the adoption of child(ren);
- c. Preparing and submitting the Confidential Court Report (s);
- d. Completing the home study update;
- e. Coordinating with TN DCS to complete the Applications and Agreements for Adoption Assistance;
- f. Provide the Tennessee Department of Children's Services with information required to finalize the adoption;
- g. If the foster/adoptive placement disrupts, the foster/adoptive parent agrees to return all Full Disclosure materials and information to the Tennessee Department of Children's Services; and
- h. Assist the TN Department of Children's Services in returning the child(ren) to Tennessee.

**B.** The **Tennessee Department of Children's Services** agrees to provide the following upon placement of the child in the foster/adoptive home:

1. Provide the foster/adoptive family with a Home Safety Checklist, DCS form 0676 to ensure that the foster family has been provided with pertinent information available to TN DCS at the time of placement.
2. Pay the Agency, monthly, as per the services rendered in the Schedule and Description Fees and Services, in this agreement, and in accordance with the TN UCA Agreement entered into between TN DCS and the Agency, until permanency is achieved. Total payments shall not exceed the maximum liability contained within the TN UCA or the Foster Care/Adoption Service Agreement, unless amended.
3. Participate in open communication and information sharing concerning the child to ensure the agency has the necessary information to determine how to best meet the child's needs, and the TN DCS is kept abreast regarding the status of the foster placement.
4. Provide the Agency with 24 hour emergency contact information for any case of emergency that will require communication with the TN Department of Children's Services.
5. Provide the Agency with all required documentation and information needed to achieve permanency for the child.
6. Maintain legal custody of the child until permanency is achieved.
7. Make arrangements to return the child to Tennessee upon the request of the foster family in accordance with the ICPC requirements.

The Agency shall bill the TN Department of Children's Services monthly as per the Schedule of Fees and Services Description, and in accordance with the TN UCA Agreement, until permanency is achieved for the child(ren).



IV. SERVICE DESCRIPTION AND FEES (Select all that apply)			
Service Month 1	Service	Service Cost	Service Description
	<input type="checkbox"/> Child & Family Visits, time per month		
	<input type="checkbox"/> Child Specific Home-study		
	<input type="checkbox"/> Court Report		
	<input type="checkbox"/> ICPC Report		
	<input type="checkbox"/> Other		
Service Month 2	Service	Service Cost	Service Description
	<input type="checkbox"/> Child & Family Visits, time per month		
	<input type="checkbox"/> Child Specific Home-study		
	<input type="checkbox"/> Court Report		
	<input type="checkbox"/> ICPC Report		
	<input type="checkbox"/> Other		
Service Month 3	Service	Service Cost	Service Description
	<input type="checkbox"/> Child & Family Visits, time per month		
	<input type="checkbox"/> Child Specific Home-study		
	<input type="checkbox"/> Court Report		
	<input type="checkbox"/> ICPC Report		
	<input type="checkbox"/> Other		
Service Month 4	Service	Service Cost	Service Description
	<input type="checkbox"/> Child & Family Visits, time per month		
	<input type="checkbox"/> Child Specific Home-study		
	<input type="checkbox"/> Court Report		
	<input type="checkbox"/> ICPC Report		
	<input type="checkbox"/> Other		
Service Month 5	Service	Service Cost	Service Description
	<input type="checkbox"/> Child & Family Visits, time per month		
	<input type="checkbox"/> Child Specific Home-study		
	<input type="checkbox"/> Court Report		
	<input type="checkbox"/> ICPC Report		
	<input type="checkbox"/> Other		

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Service Month 6	Service	Service Cost	Service Description
	<input type="checkbox"/> Child & Family Visits, time per month		
	<input type="checkbox"/> Child Specific Home-study		
	<input type="checkbox"/> Court Report		
	<input type="checkbox"/> ICPC Report		
	<input type="checkbox"/> Other		
Service Month 7	Service	Service Cost	Service Description
	<input type="checkbox"/> Child & Family Visits, time per month		
	<input type="checkbox"/> Child Specific Home-study		
	<input type="checkbox"/> Court Report		
	<input type="checkbox"/> ICPC Report		
	<input type="checkbox"/> Other		
Service Month 8	Service	Service Cost	Service Description
	<input type="checkbox"/> Child & Family Visits, time per month		
	<input type="checkbox"/> Child Specific Home-study		
	<input type="checkbox"/> Court Report		
	<input type="checkbox"/> ICPC Report		
	<input type="checkbox"/> Other		
Service Month 9	Service	Service Cost	Service Description
	<input type="checkbox"/> Child & Family Visits, time per month		
	<input type="checkbox"/> Child Specific Home-study		
	<input type="checkbox"/> Court Report		
	<input type="checkbox"/> ICPC Report		
	<input type="checkbox"/> Other		

<b>Total Service Cost Amount</b>	\$
<b>PART V. SIGNATURES:</b>	
This agreement is approved and entered into between the Tennessee Department of Children's Services and the Agency.	
Authorized Agency Representative:	Date:
Authorized Tennessee Department of Children's Service Representative:	Date:

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