

**Department of Children's Services
INSTRUCTIONS FOR USE OF FORM
CS-0927**

**Border Agreement Kinship Home Placement Checklist and Consent
for Medical Treatment**

This form is designed to give disclosure to a non-custodial kinship caregiver and to provide the caregiver permission to seek medical treatment for a child(ren) placed in his/her home. It is to be completed prior to a placement and is for the exclusive use of staff participating in an authorized non-custodial border agreement.