

**DEPARTMENT / FOSTER PARENT  
AGREEMENT**  
Michigan Department of Human Services

Family Name				
F.H. Number				Agreement Number
County	District	Section	Unit	Worker

This is an agreement between the \_\_\_\_\_ County Department of Human Services and \_\_\_\_\_, foster parents, for the provision of foster care services to children placed in their care.

**The DHS agrees:**

1. To provide the foster parents with a written and verbal explanation of the foster home licensing rules and regulations.
2. To provide foster parents with:
  - a. Medical consent authorizing routine medical and dental treatment.
  - b. Written procedures for obtaining medical and dental care, including emergency procedures.
3. To pay the foster parent at the current department rate, stated in writing to the foster parents, and to assure that such payments are made regularly as long as the department has legal authority to make such payments.
4. To provide or otherwise obtain those medical and dental services required by the child and to meet the special clothing needs of each child upon initial placement in the foster home. The authority for making necessary appointments and purchases shall be with the foster parents in agreement with the department.
5. To obtain necessary written permission for surgery from the child's parent, guardian or from the probate court.
6. To share with the foster parents such information about the child, and the child's family including background, placement planning and visitation rights of the natural family, that will help the foster family to meet the child's needs.
7. Not to require the foster family to accept a child, if, in their opinion, it would not be in the best interests of the child or foster family or if this would place the foster family in non-compliance with licensing rules.
8. To determine if a child has had a physical examination within 12 months prior to placement in foster care, or if not, to ensure that one is obtained within 30 days after placement.
9. To provide regular services — including a first contact within 5 business days after placement, to provide at least monthly contact with the foster child and foster parent, to assist the foster parents in providing for the child's physical and emotional needs; and to give the foster parents a 24 hour phone number through which they can contact a department representative.
10. To provide an explanation for removing a child from the foster home and to provide an opportunity for the foster parents to help prepare the child for this separation; and to provide at least 3 days notice before removing any child who has been in the foster home for more than one month, unless the removal is required by a court order or emergency; to notify the foster parent/kinship caregiver of the intended change of placement and inform them of the right to appeal to the Foster Care Review Board the proposed change, if the move is for certain reasons. A DHS-30, Foster Parent Notification of Move, will be sent to the provider with this information.
11. That after receiving two weeks notice from the foster parents of the need to remove a child from their home (see number 9 of foster parents' agreement), the department shall remove the child within that time period or within a mutually agreed upon time.
12. To maintain the quality of the foster home program through an active and regular routine training of foster parents and evaluation of foster homes to assure the compliance with licensing standards.
13. To explain fully to foster parents any changes in their license or reasons whereby a license is revoked or not renewed;
14. To provide local office administrative review of all decisions to move a child who has been in placement for more than six months to another foster care placement when the foster parent objects to the change.

**The foster parents agree:**

1. That their home shall be licensed in accordance with the rules of the Bureau of Children and Adult Licensing and that they will comply with the licensing rules.
2. To immediately notify the department of changes in the composition of the household. To inform the department about plans to move and out-of-state travel plans, four weeks in advance.
3. To immediately notify the department of any illness, hospitalization, or accident of a foster child, or a member of the foster home family that may have a significant impact on the physical or emotional condition of any family member.

AUTHORITY: P.A. 280 of 1939. RESPONSE: Required. PENALTY: License may not be issued.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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4. To keep specific financial, school, immunization and other records including all necessary receipts as requested by the department.
5. To have a plan acceptable to the department for the provision of care and supervision of the child by a competent person whenever the foster parent is absent from the home.
6. To keep information concerning the child's (or his family's) physical, mental and social background, or the child's past and present problems confidential, and to share this information only with appropriate persons specifically authorized by the department including the child's attorney, counselor or therapist, treating or emergency physician, teachers, school administrators or temporary caretakers as needed; other appropriate person as specifically authorized by the department.
7. To admit representatives of the department into the home upon request and to cooperate with the department's monitoring program for the maintenance of foster home quality.
8. To accept the department's final responsibility for decisions regarding the foster child's health and welfare.
9. To notify the department at least two weeks in advance of any condition which requires termination of the care of a particular child (see number 10 of Department agreement), unless an emergency situation arises within the family or home so that physical or emotional care for the child can no longer be provided.
10. To cooperate with the department in the plan of care for each child and to share all information about the child which might be significant to continued case planning.
11. To cooperate in planned visits or placement with the child's natural parents, or with other persons important in the child's life.
12. To attend foster parent training when requested to do so by the department.
13. To hold the department harmless for property loss or damage caused by a foster child or that child's biological family.
14. Not to accept a child into care without the prior permission of the certifying department.
15. To provide care for the following types of foster children.

Number of  
Children

Sex

Age Range

Race-Ethnic

- |                            |                            |                            |                              |                                |  |  |
|----------------------------|----------------------------|----------------------------|------------------------------|--------------------------------|--|--|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> M | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 10-12 | <input type="checkbox"/> White                     | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | <input type="checkbox"/> F | <input type="checkbox"/> 3-5 | <input type="checkbox"/> 13-15 | <input type="checkbox"/> Black                     | <input type="checkbox"/> Hispanic                          |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 6 |                            | <input type="checkbox"/> 6-9 | <input type="checkbox"/> 16 +  | <input type="checkbox"/> Pacific Islander<br>Asian | <input type="checkbox"/> Other (Specify)                   |

Special Provisions

This is a regular  restricted  agreement between the \_\_\_\_\_ County Department of Human Services and \_\_\_\_\_, foster parents (Address, Phone No.) \_\_\_\_\_

Specify Restrictions, if any:

Effective Date	Expiration Date	
Foster Father		Date
Foster Mother		Date
Worker		Date
Local Office Director		Date