



Relative Placement and Financial Agreement (Relative Foster Parent)

Date: _____

Name of Child: _____ DOB: _____

This is to acknowledge that on this date I am accepting responsibility for the child(ren) listed above placed in my home. I have advised the case manger that I am currently interested in being considered as a relative foster parent. I understand that my home must be approved within 180 days of the child’s placement in my home. I also understand that before I am approved as a relative foster parent and begin receiving a per diem, I must meet all of the pre-service training and evaluation requirements.

I understand that I may apply for Temporary Assistance for Needy Families (TANF), Food Stamps, Medicaid, and Child Care benefits for the child(ren) placed in my home, however I must meet all of the eligibility requirements to receive any assistance. I also understand that I may receive the Enhanced Relative Rate until I am approved as a relative foster parent. I understand that a favorable Relative Care Assessment, is required before I may receive the Enhanced Relative Rate (ERR). I cannot receive the ERR, TANF and a Foster Care Per Diem.

This also acknowledges that I understand and agree to comply with all aspects of the Relative Care Assessment (RCA) and the assessment to become a foster parent which include a Live Scan Criminal Records Check, (all adult household members eighteen or older), a drug screen, and a medical. I understand that placement of the child(ren) is contingent upon a satisfactory RCA with all required reports.

_____ Primary Caretaker _____ Relationship to Child

_____ Secondary Caretaker _____ Relationship to Child

_____ Social Services Case Manager