

# INDIVIDUAL CHILD CARE AGREEMENT

<b>Title IV-E Agency:</b> _____	<input type="checkbox"/> Relative/Kinship Home	<u>Reimbursement Per diem:</u>
<b>Agency Address:</b> _____ _____	<input type="checkbox"/> Agency Foster Home (FFH)	<b>Maintenance:</b> \$ _____
<b>Phone:</b> _____	<input type="checkbox"/> Purchased Foster Home	<b>Administration:</b> \$ _____
<b>Fax:</b> _____	<input type="checkbox"/> Group Home Placement	if applicable:
	<input type="checkbox"/> Residential Treatment	Case Management: \$ _____
	<input type="checkbox"/> Psychiatric Hospital	Transportation: \$ _____
	<input type="checkbox"/> Independent Living Facility	Other Direct Services: \$ _____
		Behavioral Health Care: \$ _____
		Other costs: \$ _____
		<b>Total:</b> \$ _____

By execution of this agreement, \_\_\_\_\_ agree(s) to provide substitute care services for  
(\*Substitute caregiver name(s) or Provider name)

\_\_\_\_\_, a Title IV-E agency, on behalf of \_\_\_\_\_, born on \_\_\_\_\_,  
(Title IV-E Agency Name) (Child's name) (Date of birth)

for whom the agency has custody or is facilitating a placement in substitute care. The child was/will be placed in substitute care on

\_\_\_\_\_. Estimated length of placement is for/through \_\_\_\_\_. The child's current case plan goal is as follows:

Reunification  PPLA  Adoption  Other. The agency representative placing the child is \_\_\_\_\_.

The worker responsible for the child is \_\_\_\_\_. The worker can be reached at  
(\_\_\_\_) \_\_\_\_\_.

**\*NOTE:** "Substitute caregiver" refers to any of the following, as appropriate to the substitute care setting referenced in this specific ICCA: relative or kinship caregiver, agency foster parent, network foster parent/agency, group home caregiver, residential facility caregiver, or psychiatric hospital caregiver. "Substitute care setting" refers to any of the following, as appropriate to the placement setting referenced in this specific ICCA: relative/kinship home, agency foster home, network foster home, group home, residential facility, or psychiatric hospital.

\*\* By signing this ICCA, the substitute caregiver expressly understands and agrees that no contractual or other legally enforceable relationship has been established.

## SECTION 1: CHILD STRENGTHS/SKILLS

Child's positive attributes and strengths:

Child's skills, talents, interests and hobbies:

## SECTION 2: HISTORICAL/BACKGROUND INFORMATION ON THE CHILD

Describe history of abuse and/or neglect and/or dependency (both past and current, identify inter-generational influences, if applicable):

This is a sample document developed to meet the requirements contained in rules 5101:2-42-90 (A)-(T); 5101:2-42-05 (D)-(G); 5101:2-5 (10) & as applicable; 5101:2-7 (01)-(17); 5101:2-9-21 of the Ohio Administrative Code. The use of this template is not required.

**DEVELOPMENT ISSUES:**

Does the child exhibit developmental delays?  YES  NO  U/A  
(consider toilet training, bedwetting, social/motor skills, speech/language, etc.)  
If YES, the child exhibits the following developmental delays:

Physical?  YES  NO  U/A  
Explain: \_\_\_\_\_  
Intellectual?  YES  NO  U/A  
Explain: \_\_\_\_\_  
Social/emotional?  YES  NO  U/A  
Explain: \_\_\_\_\_

**PHYSICAL HEALTH CARE ISSUES:**

Does the child have current/immediate health care needs?  YES  NO  U/A  
If YES, describe: \_\_\_\_\_

Does the child currently take medication(s)?  YES  NO  U/A  
If YES, kind and dosage of each (indicate what each medication is treating): \_\_\_\_\_

Does the child have allergies?  YES  NO  U/A  
If YES, describe: \_\_\_\_\_

**(Refer to “Child’s Education and Health Information” form (01443) for more specific information regarding health care issues)**

**MENTAL HEALTH ISSUES:**

Has the child had a psychological and/or psychiatric evaluation?  YES  NO  U/A

If YES, most recent date tested: \_\_\_\_\_ Results of testing: \_\_\_\_\_

Testing completed by: \_\_\_\_\_ Recommendations: \_\_\_\_\_

**SECTION 3: ATTACHMENT/BONDING AND FAMILIAL RELATIONSHIPS**

Does the child demonstrate significant attachment to caregivers (e.g., parents, relatives, foster parents, prospective adoptive parents, facility staff, etc.)?

YES  NO  U/A Describe: \_\_\_\_\_

Does the child demonstrate significant attachment to siblings (toward all, toward some, etc.)?

YES  NO  U/A  N/A Describe: \_\_\_\_\_

\_\_\_\_\_ (a Title IV-E agency) believes that parent/child and sibling relationships for children in substitute care have intrinsic value. It is the Agency’s policy to require ongoing parental visits when children are placed out-of-home and to encourage sibling visits when siblings are placed in separate substitute care settings. Visits should occur as outlined in Section 10 of this ICCA. It is the responsibility of both the assigned social worker and the substitute caregiver(s) to work together to assure that parent/child and sibling visits take place.

**SECTION 4: LEGAL INVOLVEMENT/HISTORY OF DELINQUENT BEHAVIOR**

Has the child committed other violent acts or exhibited behaviors of concern?  YES  NO  U/A If YES, explain:

Record Sealed (per ORC 2151.358)

Has the child been adjudicated delinquent in Juvenile Court?  YES  NO \*If NO, proceed to Section 5. If YES, attach **REQUIRED Addendum A: "Juvenile Court Disclosure Form"** and provide information as outlined in Addendum A to:

Caregiver—for all placements – **Caregiver initials indicating receipt:** \_\_\_\_\_ (Addendum A)

Has the child been registered as a sexual offender, habitual offender, or predator?  YES  NO  U/A If YES, explain:

Were any other counties contacted regarding delinquency information on the child?  YES  NO  U/A If YES, indicate which county (ies) and briefly describe outcome:

Name of Probation Officer (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

**\*NOTE:** If the child is being placed in a foster home "in a county other than the county in which the child resided at the time he/she was removed from his/her home," complete **REQUIRED Addendum B**, and provide copies to the juvenile court and PCSA of the county in which the child is being placed (if the child has been adjudicated delinquent and/or unruly at any time within the placing county). The PCSA is to be provided information about the child per **Rule 5101: 2-42-90**.

Juvenile Court &  PCSA (for out of county placements, see note above) CW initials: \_\_\_\_\_ (Addendum B)

**SECTION 5: INFORMATION REGARDING THE CHILD'S NEED FOR PLACEMENT**

Current need for placement is due to (check all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Failure of previous placement        | <input type="checkbox"/> Neglect               | <input type="checkbox"/> Move to a more/less restrictive setting (circle)       |
| <input type="checkbox"/> Physical abuse                       | <input type="checkbox"/> Dependency            | <input type="checkbox"/> Unruly behavior (attach <b><u>Addendum A</u></b> )     |
| <input type="checkbox"/> Sexual abuse (familial/non-familial) | <input type="checkbox"/> Permanent surrender   | <input type="checkbox"/> Delinquent behavior (attach <b><u>Addendum A</u></b> ) |
| <input type="checkbox"/> Emotional maltreatment               | <input type="checkbox"/> Parent/Child conflict | <input type="checkbox"/> Other (specify): _____                                 |

What is the relationship between the perpetrator and child? \_\_\_\_\_

Indicate any placement restrictions (i.e. boys or girls only, no other children, location, etc.): \_\_\_\_\_

**SECTION 6: EMERGENCY/NON-EMERGENCY MEDICAL CARE and BILLING**

**EMERGENCY:** In emergency medical situations, the substitute caregiver will use the nearest medical facility available for prompt treatment. The medical provider will contact the agency at (\_\_\_\_\_) during normal business hours and at (\_\_\_\_\_) after hours (evenings and weekends) to verify custody and to obtain agency authorization for treatment. The substitute caregiver **is** permitted to sign medical authorization forms for non-invasive and/or emergency care; however, the substitute caregiver **is not** permitted to sign financial responsibility forms.

**NON-EMERGENCY:** The substitute caregiver is responsible to assure that the child receives routine medical care, including transportation to all medical, dental, and optical appointments. The substitute caregiver is responsible to supervise the administration of any medication given in the substitute care setting. The caregiver is also responsible to provide any/all reports to the agency following completion of any episode for routine medical, dental, or optical care. Non-emergency, routine medical care **does not** require prior approval by the agency.

**BILLING:** Medicaid card?  YES  NO  U/A Card #: \_\_\_\_\_  
Effective date of Medicaid: \_\_\_\_\_ Medicaid application pending?  YES  NO  U/A  
Title XIX eligible?  YES  NO  U/A  
Private insurance?  YES  NO  U/A Company: \_\_\_\_\_  
Other billing instructions: \_\_\_\_\_ [Refer to attached insurance card(s)]

**SECTION 7: CHILD BEHAVIOR AND CHARACTERISTICS (HISTORICAL AND CURRENT)**

**\*Attach REQUIRED Addendum C: "Child Behavior and Characteristic Checklist"\***

**SECTION 8: SERVICES TO BE PROVIDED TO THE CHILD AND THE CAREGIVER**

**SERVICES PROVIDED OR ARRANGED FOR BY THE AGENCY TO THE CHILD:**

- |  |   |  |
|--|---|--|
| *Casework counseling   | *Substitute care  | *Visitation with family and siblings                     |
| *Substance abuse assessment<br>(and/or treatment via referral) | *Comprehensive psychosocial assessment<br>(and/or treatment via referral) | *Developmental assessment<br>(and services via referral) |
| *Education services<br>(special or regular)                    | *Independent Living training<br>(for youth 16 and above)                  | *Other: _____  |

(For other child-specific services that the Agency will provide to or arrange for the child, please refer to the Case Plan document)

**SERVICES PROVIDED BY THE AGENCY TO THE SUBSTITUTE CAREGIVER (Agency and Purchased foster caregivers):**

- |                        |                         |               |
|------------------------|-------------------------|---------------|
| *Casework counseling   | *Training and education | *Other: _____ |
| *Respite care services | *Crisis intervention    | *Other: _____ |

(For other specific services that the Agency will provide to the Substitute Caregiver, please refer to the Agency/Caregiver agreement or to general contractual agreements, as applicable)

**SERVICES PROVIDED BY THE SUBSTITUTE CAREGIVER AND/OR PROVIDER TO THE CHILD:**

- |  |  |  |
|--|--|--|
| *Supervision/care (full-time)                  | *Provision of basic needs<br>(food, clothing, shelter) | *Time and attention (nurture)  |
| *Alternative care<br>(emergency/non-emergency) | *Social and recreational<br>opportunities              | *Educational involvement<br>(registration, homework<br>school conferences) |
| *Medical, dental, optical care<br>(routine)    | *Life skills training                                  | *Other: _____  |

(For other specific services to be provided by the Substitute Caregiver and/or Provider to the child, refer to general contractual agreements)

**SECTION 9: SPECIAL NEEDS OF THE CHILD**

Special dietary instructions (consider food allergies, religious restrictions, etc.) or N/A: \_\_\_\_\_

Special therapy instructions (including physical, speech, hearing, etc) or N/A: \_\_\_\_\_

Special tutoring/educational assistance instructions or N/A: \_\_\_\_\_

Special instructions regarding learning disabilities (i.e. SED, SLD, etc.) or N/A: \_\_\_\_\_

Other special services that may require assistance from the substitute caregiver/provider or N/A: \_\_\_\_\_

**SECTION 10: VISITATION AGREEMENTS AND ARRANGEMENTS**

No visitation approved at the present time. If checked, explain why visitation is not occurring: \_\_\_\_\_

**PROHIBITED VISITATION CONTACTS (PER COURT ORDER, NO CONTACT IS ALLOWED):**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Reason for no contact order: \_\_\_\_\_  
Reason for no contact order: \_\_\_\_\_

**APPROVED VISITATION CONTACTS AND SPECIFICATIONS REGARDING VISITS:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Frequency, duration, location: \_\_\_\_\_ Supervised?  
 YES  NO  
 YES  NO

What are the transportation arrangements (including responsible party) for visits as outlined above? \_\_\_\_\_

**APPROVED OTHER FORMS OF CONTACT AND SPECIFICATIONS:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone \_\_\_\_\_ Letters \_\_\_\_\_ E-mail \_\_\_\_\_ Specifications/restrictions: \_\_\_\_\_  
\_\_\_\_\_

Additional information/specifics regarding contact with family: \_\_\_\_\_

**(Refer to Visitation Plan document for changes/modifications to these visitation agreements and arrangements)**

**SECTION 11: EDUCATIONAL INFORMATION**

**Complete "School Enrollment/Notification to School District" form and provide to the caregiver and school district. Provide a copy to the PCSA of the county in which the child is being placed (if child is being placed in "a county other than the county in which the child resided at the time he/she was removed from his/her home").**

Program type:  Regular  ED  SLD  CD  MD  OHI  MR/DD  Vocational Program

Alternative School or Specialized Program: (Name of School/Program: \_\_\_\_\_)

Current Individual Education Plan (IEP)?  YES  NO Current Multi-Factor Evaluation (MFE)?  YES  NO  
Due date: \_\_\_\_\_ Due date: \_\_\_\_\_

\*NOTE: A child in the custody of \_\_\_\_\_ (a Title IV-E Agency) who has an active IEP will be assigned a surrogate parent through the school system that is providing educational services to the child.

Educational achievements: \_\_\_\_\_  
\_\_\_\_\_

**(Refer to "Child's Education and Health Information" form (01443) for more specific information regarding educational services)**

## **SECTION 12: CARE AND DISCIPLINE OF A CHILD IN SUBSTITUTE CARE**

Discipline used with a child in custody **MUST** be in compliance with **Rule 5101: 2-7-09** (for all substitute caregivers) and **Rule 5101: 2-9-21** (for facilities). In all placement settings, the use of corporal punishment or any type of physically, emotionally, or verbally abusive discipline technique is absolutely forbidden as a means of discipline for children under the supervision of or in the care/legal responsibility of \_\_\_\_\_ (a Title IV-E Agency).

\_\_\_\_\_ (a Title IV-E Agency) staff, substitute caregivers/providers, approved adoptive parents, group home and residential treatment facility staff/childcare workers, volunteers including college interns shall use discipline techniques that stress praise and encouragement for desired behavior rather than punishment, shall treat each child with kindness, consistency, and respect, and shall provide humane, instructive discipline appropriate to the age and functioning level of the child, without discrimination on the basis of race, sex, religion, or cultural heritage. Children shall not be subjected to verbal abuse, swearing, or derogatory remarks about their custody status, family, ethnic or cultural background, race, or religion. No child shall be punished for bed-wetting, during the course of toilet training activities, or for actions over which he/she has no control. In addition, no child shall be threatened, using threats of personal physical violence or threats regarding removal from the home. All rules for and expectations of the child shall be explained to the child in a manner appropriate to his/her age and functioning level during initial orientation to the substitute care setting and prior to discipline for infractions of those rules/expectations. Such explanation applies to any child, regardless of placement setting.

Corporal punishment of children in Agency custody is prohibited by Ohio Administrative Code **Rule 5101: 2-7-09** and **Rule 5101: 2-9-21**. Substitute caregivers are responsible to know and adhere to **Rule 5101: 2-7-09**. In addition, substitute caregiver staff in group home, residential, and hospital settings are responsible to know and adhere to **Rule 5101: 2-9-21**. Any act of omission or commission on the part of a substitute caregiver (or other member of the household in foster care settings) which results in the death, injury, illness, abuse, neglect, or exploitation of the child shall result in the appropriate consequence as stipulated in **Rule 5101: 2-7-09** or **Rule 5101: 2-9-21**.

In addition, a substitute caregiver shall ensure that each child placed in the substitute care setting who is not capable of meeting his/her own personal hygiene needs is clean and groomed daily. A child's clothing and footwear shall be clean, well fitting, seasonal, and appropriate to the child's age and gender. Children capable of meeting their own personal hygiene needs shall be provided with adequate personal toiletry supplies appropriate to the child's age, gender, race, and cultural background. A substitute caregiver shall provide each child instruction on good habits of personal care, hygiene, and grooming appropriate to the child's age, gender, race, cultural background, and need for training.

## **SECTION 13: ADDITIONAL SPECIFICATIONS FOR CARE AND DISCIPLINE OF A CHILD IN GROUP HOME, RESIDENTIAL, OR PSYCHIATRIC CARE SETTINGS**

**(If placement setting is a relative/kinship or foster home, skip to Section 14: "Alternative/Emergency Care Plans/Supervision")**

Per **Rule 5101: 2-9-21**, the disciplinary policies of a residential facility shall be explained to the child and staff, and a copy made available to the person or Agency placing the child in the facility. The discipline policies/procedures of a residential facility shall be humane and instructive and shall be administered with fairness, consistency and respect and regardless of the child's race, sex, religion, or cultural heritage. In addition to prohibitions in **Rule 5101: 2-7-09**, residential facility administration/staff are prohibited from using any of the unusual punishments/practices as outlined in **Rule 5101: 2-9-21**.

Only administrators or employees with direct care responsibilities within a residential facility shall administer discipline to a child placed in that facility. If a residential facility places any restriction on a child's rights for longer than two (2) hours, the facility shall inform the child and the child's custodian of the reason for the restriction, provide a written report summarizing the conditions of and reasons for the restriction (to be placed in the child's record), inform any other individual on whom the child's restricted rights impinge, and document review of the decision on a weekly basis. Any restriction shall be included in the service plan and approved by the child's custodian.

## **SECTION 14: ALTERNATIVE AND EMERGENCY CARE PLANS AND SUPERVISION**

The substitute caregiver is responsible for the full-time care and supervision of the child, while the child is in care. If the child is not in the direct care of the substitute caregiver(s), alternative caregivers (in both emergency and non-emergency situations) may be used, but must have prior approval by the recommending Agency.

No child shall be left unattended for any period of time for any reason regardless of age unless written permission is provided by the Agency. Written documentation of permission for a child to be left unattended must outline the amount of time that the child can be left unattended and the documentation must be kept in the substitute caregiver record.

## **SECTION 15: PHYSICAL RESTRAINT PROCEDURE AND ALLOWANCE**

**USE OF PHYSICAL RESTRAINT IS STRICTLY PROHIBITED, UNLESS:** (INITIAL one below, if applicable)

\_\_\_\_\_ The caregiver has received Agency-approved training in specific and acceptable methods of physical restraint, the Agency has current documentation of such training on file, and the caregiver has been granted approval by the Agency to utilize physical restraints in accordance with the specifications listed in **Rule 5101: 2-7-09 (G)-(J)**. Physical restraint should be used **ONLY** in an effort to help the child **regain** self-control (it may not be utilized prior to a child losing control), The Agency must be notified immediately following the use of physical restraint, and a written report of the incident shall be submitted to the Agency by the caregiver within twenty four (24) hours of the incident.

\_\_\_\_\_ General or child-specific contractual arrangements with the therapeutic foster care network, group home care provider, residential treatment facility, or psychiatric hospital stipulates agreement to the use of physical restraint as a behavior management intervention. Physical restraint, if allowed within contractual arrangements, must be enacted in accordance with ODJFS rules **5101: 2-7-09** and **5101: 2-9-21**.

## **SECTION 16: RIGHTS AND RESPONSIBILITIES**

### **RIGHTS AND RESPONSIBILITIES OF THE AGENCY, SUBSTITUTE CAREGIVER, & PROVIDER**

For any substitute care placement to be successful, efforts of the entire child welfare team must be directed toward the goal of permanency. Permanency means the child is placed in a safe, permanent family (birth, relative, kinship, or adoptive) without further need of custodial and placement services from the Agency. Each team member must recognize the scope of his/her rights and responsibilities, and must work cooperatively with other team members to achieve permanence for the child. Permanency planning commences immediately upon the Agency's first contact with the child and family, and culminates with the child's timely return to the birth family or with timely permanence established with a relative, kinship, or adoptive family, and termination of Agency involvement.

### **AGENCY RIGHTS AND RESPONSIBILITIES**

In accordance with Ohio law, \_\_\_\_\_ (a Title IV-E agency), has responsibility to provide services to a child and/or family that will help preserve and maintain the family unit. If a situation cannot be corrected through appropriate and timely interventions and risk to the child remains unacceptably high with regard to safely maintaining the child in the home, the Agency has the responsibility to seek temporary custody of the child and remove the child from his/her home. Placement in a relative or kinship home is always preferred to the Agency assuming custodial status with placement in a more restrictive substitute care setting. When the child has been removed from the home, statutes require (in most cases) that the Agency make reasonable efforts to help the parents understand and meet their responsibilities. If reasonable efforts to rehabilitate the family are either not required or not successful, and neglect, abuse, and/or dependency conditions continue and are likely to continue, the Agency has the responsibility to seek termination of parental rights and secure an alternative, permanent home for the child.

\_\_\_\_\_ (a Title IV-E agency) will ensure that a child is placed with substitute caregivers who are both willing and able to provide a safe and nurturing environment in which to live. The Agency will assure that substitute caregivers meet all Agency requirements and ODJFS rules with regard to substitute caregiving. The Agency will function as a partner with substitute caregivers in meeting the child's individual needs and in accomplishing the case plan goals, and will meet with the substitute caregivers on a monthly basis.

The Agency will advocate for a more intensive level of care for a child when that child cannot be safely maintained within the community and/or requires treatment intervention that indicates a more intensive level of placement. This process will be enacted per policies and procedures specific to \_\_\_\_\_ (a Title IV-E agency).

When a child is placed in the temporary custody of \_\_\_\_\_ (a Title IV-E agency), Ohio Revised Code stipulates that the Agency has the “right to have physical care and control of the child and to determine where and with whom the child shall live, and the right and duty to protect, train, and discipline the child and to provide the child with food, shelter, education and medical care, all subject to any residual parental rights, privileges, and responsibilities.” The Agency will carry out this mandate through a coordinated team approach and will ensure that the substitute caregiver has a significant and active role in that process.

### **SUBSTITUTE CAREGIVER RIGHTS AND RESPONSIBILITIES**

The substitute caregivers will ensure the safety and well-being of a child or sibling group placed in their care. Substitute caregivers are responsible to adhere to all Agency procedures/policies and ODJFS rules related to providing substitute care. Substitute caregivers will actively participate as a team member and partner with \_\_\_\_\_ (a Title IV-E agency) in meeting the child’s individual needs and accomplishing the case plan goals. The substitute caregivers understand that **ALL** information provided by the Agency or other sources as well as information learned from the child or family, is **STRICTLY CONFIDENTIAL** and is not to be shared with anyone other than Agency personnel without specific consent from the Agency. Information is confidential while the child is placed and remains confidential upon and after the child leaves the substitute care setting.

The daily responsibilities of the substitute caregivers for the care of the child include: offering appropriate love and affection, providing support during the initial adjustment and ongoing, using instructive, non-physical discipline techniques, transporting to appointments and visitation, and meeting the child’s physical, emotional, intellectual, and social needs. Substitute caregivers must allow the child to practice his/her chosen faith/religion, unless the Agency directs otherwise. These responsibilities must be met to promote the healthy development of the child. To be properly equipped for this task, substitute caregivers must regularly participate in training episodes (relative and kinship caregivers, while encouraged to attend training, are exempt from the training requirement). Substitute caregivers (foster caregivers) have the right to training and are responsible to complete the minimum number of annual training hours as outlined by the Agency for the type of foster care license the family holds. Substitute caregivers are also responsible to follow all Agency policies, procedures, mandates, and directives as well as all ODJFS **Rules 5101: 2-5 (as applicable)** and **5101: 2-7 (01)-(17)**.

Substitute caregivers have the right and responsibility to participate in Semi-annual Administrative Reviews (SARs) as well as other treatment-oriented team meetings, the right to be kept informed of the child/family’s case plan (and service planning meetings that review progress therein), the right to access the child’s social worker, the right to request a grievance review, the right and responsibility to keep logs of child behavior and activity as well as documentation/records in accordance with **Rule 5101: 2-7-04** and **Rule 5101: 2-5-10**, and the right to notice prior to removal of a child from the home. The substitute caregiver (for foster/adoptive homes) may not accept placements from other agencies without \_\_\_\_\_ (a Title IV-E agency) approval and will not allow a child placed in the substitute care setting to change placements (or level of care) without prior approval from the agency.

### **PROVIDER (FOR PURCHASED CARE) RIGHTS AND RESPONSIBILITIES** **(In addition to the “Substitute Caregiver Rights and Responsibilities” outlined above)**

The provider will ensure the safety and well-being of a child placed in the care of a foster home in its network, group home, residential treatment facility, or psychiatric hospital. The provider will adhere to all Agency, ODJFS, and ODMH rules/regulations related to providing substitute care services. The provider will function as a partner with \_\_\_\_\_ (a Title IV-E agency) in meeting the child’s individual needs and in accomplishing the case plan goals. The provider will fulfill all agreements and provide all services as stipulated in the current contract between \_\_\_\_\_ and \_\_\_\_\_ (Provider name).  
(Contract agent)

The provider will furnish to the Agency (and the contract agent, if not the Agency) regular reports outlining the child’s initial and ongoing adjustment to placement, progress regarding treatment goals and objectives, and timeframe for discharge (if applicable). Such reports will be provided as stipulated per general contractual arrangements between the provider and the Agency (and/or contract agent).

### **ADOPTION & FOSTER CARE ANALYSIS AND REPORTING SYSTEM (AFCARS)**

The substitute caregiver or agency providing services must provide to \_\_\_\_\_ (a Title IV-E agency) all applicable data to enable \_\_\_\_\_ (a Title IV-E agency) to report to ODJFS such information as required by the Social Security Act, CFR, & AFCARS.



**SECTION 17: ADDENDUMS AND RELATED FORMS—(initial if included; select N/A if not included)**

- \_\_\_\_\_ N/A  A: Juvenile Court Disclosure form--provided to the caregiver(s) only (REQUIRED, if applicable)
- \_\_\_\_\_ N/A  B: Written Information Provided to Juvenile Court/PCSA (REQUIRED, if applicable)
- \_\_\_\_\_ \*\*\* C: Child Behavior and Characteristic Checklist (REQUIRED)
- \_\_\_\_\_ \*\*\* Child's Educational and Health Information form (NON-ADDENDUM; PLACEMENT FORM)
- \_\_\_\_\_ N/A  School Enrollment/Notification to School District form (NON-ADDENDUM; PLACEMENT FORM)

**SECTION 18: SIGNATURES**

I/We understand the information contained within this Individual Child Care Agreement (ICCA). I/We further understand my/our rights and responsibilities as they relate to the information contained within the ICCA. I/We agree to abide by the ICCA as written and agree to contact the Agency representative should any changes, conflicts, or problems arise. I/We further understand that all information contained within this ICCA document is true and accurate as disclosed to the best of knowledge as of the signature date. I/We acknowledge the confidentiality of the information contained within this ICCA and agree to strictly adhere to all agency policies and guidelines regarding confidentiality and the sharing of information.

I/We understand that if any information is unavailable and/or incomplete within this ICCA at the time of signature, the missing information will be provided as follows: \_\_\_\_\_.

I/We further understand that any change to the information contained within this ICCA document (after the date of signature) will be communicated to me/us via the ICCA amendment form.

Name of Substitute Caregiver(s) – ***please print***: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature of Substitute Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Substitute Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Provider (Network\*, Facility, etc.): \_\_\_\_\_ Date: \_\_\_\_\_

I have completed and explained the requirements of this ICCA to the Substitute Caregiver(s) and/or Provider.

Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Signature of a Network Foster Care Agency (“recommending agency”) signifies that the “placing agency” [Title IV-E agency] obtained a written agreement signed by the recommending agency [Network] stating how the home is to be used and that all affected parties are in agreement” per Rule 5101: 2-42-05(D) of the OAC.**

**DISTRIBUTION OF THE ICCA**

- Original to Agency Child’s file
- Copy to Foster Family Record (if Agency Foster Home)
- Copy to Substitute Caregiver (Agency/purchased)
- Copy to Provider (if purchased placement, e.g.: purchased foster care agency, group home, residential facility, psychiatric hospital, etc.)

**SCHOOL ENROLLMENT AND NOTIFICATION  
TO SCHOOL DISTRICT AND PROVIDER OF SERVICE**

**To be completed by the Title IV-E Worker and provided to the school district upon placement for all school-age children.  
This information must be provided to the local PCSA or Provider where the child is placed.**

**TO PUPIL SERVICES OFFICE OF:**

<b>Local District of Service</b>	
----------------------------------	--

**Information Required for the Enrollment of Children in Substitute Care:**

<b>Student's Name</b>	<b>Date of Birth</b>	<b>Grade Level</b>
<b>Was the student previously enrolled in a Special Education Program?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

If YES, check which Special Education Program:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> HI (Hearing Impairment)       | <input type="checkbox"/> SLD (Specific Learning Disability)   | <input type="checkbox"/> ED (Emotional Disturbance) → former SBH |
| <input type="checkbox"/> VI (Visually Impairment)      | <input type="checkbox"/> MD (Multiple Disability) → former MH | <input type="checkbox"/> CD (Cognitive Disability) → former DH   |
| <input type="checkbox"/> OHI (Other Health Impairment) | <input type="checkbox"/> Speech/Language Impairment           | <input type="checkbox"/> Autism                                  |

<b>Current placement or Foster Home</b>					
<b>Address</b>		<b>City</b>			
<b>State</b>	<b>Zip</b>	<b>Home Phone Number</b>			
		<b>Work Phone Number</b>			

<b>Name of biological/custodial parent(s) at the time of placement</b>					
<b>Address</b>		<b>City</b>			
<b>State</b>	<b>Zip</b>	<b>Home Phone Number</b>			
		<b>Work Phone Number</b>			

<b>School District of residence at time of placement</b>			
<b>Did the court specify the School District responsible for the cost of education?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, name of School District financially responsible</b>			
<b>Journal Entry Number</b>		<b>ODYS Case Number (I/A)</b>	

**\*IMPORTANT: ATTACH COPY OF JOURNAL ENTRY**

<b>Describe safety and well-being concerns regarding the child, the students, teachers and school personnel</b>

<b>Provide a brief description of the reasons why the child was removed from his/her home</b>

<b>Describe the services the child is currently or will be receiving</b>

**AGENCY WITH CUSTODY OF THE CHILD**

<b>Agency Name</b>		<b>Agency Phone</b>	
<b>Agency Address</b>			
<b>Worker Name/Signature</b>		<b>Date</b>	
<b>Supervisor Name/Signature</b>		<b>Date</b>	

**PROVIDER CONTACT RESPONSIBLE FOR MONITORING PLACEMENT**

<b>Provider Agency</b>		<b>Provider Phone</b>	
<b>Provider Address</b>			
<b>Provider Contact Name</b>			

**FOR SCHOOL DISTRICT OF ATTENDANCE USE ONLY**

<b>Approved by</b>		<b>Date</b>	
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Ohio Department of Job and Family Services  
**ADDENDUM "A"**  
**JUVENILE COURT DISCLOSURE FORM**  
 (to be completed by Title IV-E Agency Worker)

A. LIST **ADJUDICATED UNRULY CHARGES**, DATES, AND DISPOSITION:

Charge	Date	Disposition

B. LIST **ADJUDICATED DELINQUENT CHARGES**, DATES, AND DISPOSITION:

Charge	Date	Disposition

C. LIST **PENDING UNRULY AND/OR DELINQUENT CHARGES** AND COURT DATES:

Charge	Unruly/Delinquent	Adjudication Date

D. CHECK IF THE CHILD HAS BEEN **ADJUDICATED DELINQUENT** FOR COMMISSION OF ANY OF THE FOLLOWING OFFENSES (CHECK ALL THAT APPLY):

- |  |  |
|--|--|
| <input type="checkbox"/> MURDER  | <input type="checkbox"/> AGGRAVATED ASSAULT                        |
| <input type="checkbox"/> AGGRAVATED MURDER   | <input type="checkbox"/> RAPE                                      |
| <input type="checkbox"/> VOLUNTARY MANSLAUGHTER  | <input type="checkbox"/> SEXUAL BATTERY                            |
| <input type="checkbox"/> INVOLUNTARY MANSLAUGHTER  | <input type="checkbox"/> GROSS SEXUAL IMPOSITION                   |
| <input type="checkbox"/> ASSAULT   | <input type="checkbox"/> CONSPIRACY INVOLVING AN ATTEMPT TO COMMIT |
| <input type="checkbox"/> FELONIOUS ASSAULT   | <input type="checkbox"/> AGGRAVATED MURDER OR MURDER.              |
| <input type="checkbox"/> ANY OTHER OFFENSE THAT WOULD BE A FELONY IF COMMITTED AS AN ADULT, AND THE CHILD, UPON COMMITTING THE OFFENSE, WAS FOUND TO BE USING OR IN POSSESSION OF A FIREARM. |  |

**\*\*ANY CHECK ABOVE REQUIRES A REPORT (PROVIDED BY THE JUVENILE COURT THAT PLACED THE CHILD IN AGENCY CUSTODY) THAT CONTAINS, AT A MINIMUM, THE FOLLOWING INFORMATION:**

1. A description of the child's social history.
2. Unless a child's record has been sealed pursuant to Section 2151.358 of the Revised Code, a description of all the known acts committed by the child that resulted in the child being adjudicated delinquent and the disposition made by the court. If the agency knows the child's record has been sealed, the foster caregiver shall be informed in writing by the agency that the child's record of prior delinquency adjudication has been sealed.
3. A description of any other violent acts committed by the child of which the Title IV-E agency or PCPA is aware.
4. The substantial and material conclusions and recommendations of any psychiatric or psychological examination conducted on the child or, if no psychiatric or psychological examination of the child is available, the substantial and material conclusions and recommendations of an examination to detect mental and emotional disorders conducted in compliance with the requirements of Chapter 4757 of the Revised Code by a licensed independent social worker, licensed social worker, licensed professional clinical counselor, or licensed professional counselor.

If a current (within the past 12 months) psychological assessment/exam does not exist, an updated psychological must be completed within 60 days of placement with the substantial and material conclusions provided to the substitute caregiver.

**If this is an emergency placement, the above information will be provided within 96 hours of placement**

**ADDENDUM "B"**

**WRITTEN INFORMATION PROVIDED TO JUVENILE COURT REPRESENTATIVE  
AND PCSA IN COUNTY OF PLACEMENT**

(to be completed by the placing Title IV-E Agency Worker and sent to Juvenile Court and PCSA  
within 5 days of placement of children in an out-of-county foster home)

<b>Date</b>	
<b>Child's Name</b>	
<b>Date of Birth</b>	
<b>Foster Caregiver's Name</b>	
<b>Foster Caregiver's Address</b>	

<b>*Provide a brief description of the facts supporting the adjudication that the child is unruly or delinquent.</b>

<b>*Describe services the child is currently receiving or will be receiving.</b>

**\*Agency that has custody/legal responsibility of the child**

<b>Agency Name</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Caseworker Name</b>	
<b>Supervisor Name</b>	

**\*Worker responsible for monitoring placement (if a purchased placement)**

<b>Name</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Agency Name</b>	
<b>Agency Address</b>	

**ADDENDUM "C"**

**CHILD BEHAVIOR AND CHARACTERISTIC CHECKLIST**

Child Name: _____ Date: _____ Completed by: _____	Current	*Current Frequency	Historical	*Historical Frequency	Comments
<b>DEVELOPMENTAL:</b>					
Physical Delays					
Cognitive/Intellectual Delays					
Social Delays					
Emotional Delays					
Sensory Delays (speech/hearing)					
<b>BEHAVIORAL:</b>					
Biting					
Foul Language					
Severe Anger					
Tantrums					
Shy/Introverted					
Fears/Phobias					
Witness to Violence					
Bizarre Behavior					
Verbally Aggressive toward Adults					
Verbally Aggressive toward Children					
Verbally Aggressive toward Peers					
Physically Aggressive toward Adults					
Physically Aggressive toward Children					
Physically Aggressive toward Peers					
Physically Aggressive toward Animals					
Sexually Active with Self (Masturbation)					
Sexually Active with Adults					
Sexually Active with Other Children					
Sexually Active with Peers					
Sexually Active with Animals					
On Birth Control					
Cross-Dressing					
Sexual Identity/Orientation Issues					
Sex Offender/Predator					
Encopresis/Enuresis					
Hygiene Problems					
Fire-Setting					
Runaway					
Destructive Vandalism					
Shoplifting					
Stealing					
Lying					
Avoids Responsibility/Blames Others					
Unruly (Adjudicated?)					
Delinquent (Adjudicated?)					
Gang Activity					
Sleeping Disorder					
Smoking					
Multiple Out-of-Home Placements					
<b>PHYSICAL:</b>					
Pre-natal Exposure to Drugs/Alcohol					
Health Problems					
Physical Handicap/Disability					

Child Name: _____ Date: _____ Completed by: _____	Current	*Current Frequency	Historical	*Historical Frequency	Comments
<b>EDUCATIONAL/SCHOOL:</b>					
Learning Delays					
Specific Learning Disability (SLD)					
Cognitive Disability (CD) → former DH					
Emotional Disability (ED) → former SBH					
Multiple Disability (MD) → former MH					
Other Health Impaired (OHI)					
Truant/Excessively Absent					
In-School Suspension					
Out-of-School Suspension					
Detention					
Expulsion					
<b>EMOTIONAL/PSYCHOLOGICAL:</b>					
Hyperactive					
Impulsive					
Attention Deficit					
Attachment Difficulties					
Reactive Attachment Disorder					
Bulimia					
Anorexia					
Post-traumatic Stress Disorder					
Oppositional/Defiant					
Conduct Disorder					
Anxiety					
Depression					
Suicidal Ideation/Plan					
Suicidal Gesture/Attempt					
Self-mutilation/Self-injurious Behavior					
Rocking/Head-banging					
Disorder of Thought					
Disorder of Mood (Feelings)					
Disorientation of Time/Place/Person					
Autism/PDD					
Substance Use					
Substance Abuse					
Substance Addiction					
Substance Recovery					
<b>OTHER:</b>					

\*List current and/or historical “frequency” of behavior as: daily, weekly, 2x/week, monthly, 3x/month, 1x incident, etc.

For the behavioral/health concerns identified in this Addendum, what treatment/services will be required to address the needs?

What is the plan to meet the needs identified above?

(Also refer to Case Plan document for child-specific service needs and how those will be addressed)

**NOTE:** The information reported in this Addendum has been gathered/ obtained from a variety of sources and is true and accurate to the best of knowledge at the time this Addendum is completed/dated.