



Iowa Department of Human Services

## Communicable Diseases General Agreement

Foster or Adoptive Parent Names

### I agree to accept a foster or adoptive child who is known to:

- Yes    No   have AIDS
- Yes    No   have tested HIV positive
- Yes    No   have Hepatitis
- Yes    No   have Meningitis

### If yes to the above:

We  have  will soon receive training in the care of children or youth who are HIV-infected.

We understand that although we have agreed to care for Hepatitis, Meningitis, or HIV-infected children, we can refuse the placement of a specific child for reasons other than the child's communicable disease status.

We understand that we may withdraw this agreement at any time by notifying the Department in writing of the decision to withdraw this agreement.

Foster or Adoptive Parent Signature	Date
Foster or Adoptive Parent Signature	Date
Contractor Home Study Worker Signature	Date

Original: DHS Licensing File or Adoptive Study File   Copy: Foster or Adoptive Parent   Copy: Contractor File