

Therapeutic Foster Care Program Agreement to Provide and Accept Services

This form is for use by parents, the Iowa Department of Health and Human Services (department), service providers and the Therapeutic Foster Care Program when a child in foster care is being referred to a Therapeutic Foster Care setting.

The signed form must be kept by the Social Work Case Manager to demonstrate proper consent and agreement for provision of such services in the Therapeutic Foster Care Program. Copies will be provided to Therapeutic Foster Care team members, including but not limited to signors of this agreement.

Children in Therapeutic Foster Care receive daily care, guidance, and modeling from specialized, highly trained, and skilled foster parents. The parent and child receive support and supervision from a Therapeutic Foster Care Resource Parent(s) and other team members with the purpose of stabilizing a child's mental/behavioral health issues, facilitating children's timely and successful transition into permanent placements (e.g., reunification, adoption, or independent living), and achieving individualized goals and outcomes based upon a comprehensive, multifocal care plan.

Part A: Therapeutic Foster Care Resource Parent(s) Understanding

I, (service provider), acknowledge and understand that I will be responsible for the care and safety of (name of child) while I am providing such foster care services court ordered by Iowa Code Chapter 232. Further, I will deliver services in accordance with the Therapeutic Foster Care Service Agreement and the Therapeutic Foster Care Service Plan, in partnership with the parent and other Therapeutic Foster Care Team members.

Therapeutic Foster Care Resource Parent(s) Signature:

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Part B: Parent's Agreement

Part B: Parent's agreement to provision of services by Therapeutic Foster Care Resource Parents, the department, and others providing services to the child in a Therapeutic Foster Care setting when foster care services are pursuant to a court order under Iowa Code Chapter 232 and the department has referred the child for Therapeutic Foster Care services.

I, (parent/guardian), hereby commit and agree to the provision of Therapeutic Foster Care services when foster care services are pursuant to a court order under Iowa Code Chapter 232 and the department has referred the child for Therapeutic Foster Care services. These services will be provided by (name of provider). I understand that the service provider named will care for my child in their home and be a team member in developing and implementing a Therapeutic Foster Care Service Plan. I understand Therapeutic Foster Care is an intensive program that requires my commitment to the partnership with the Therapeutic Foster Care Resource Parent and other team members to stabilize and safely return the child to my home.

Other information for the team to be aware of:

Parent(s)/Guardian(s) Agreement:

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____