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## Relative Placement and Financial Agreement

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 not interested in being considered as a relative foster parent. I understand that if at anytime this changes, and I want to become a relative foster parent, I may contact the case manger. 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. After receipt of a favorable Relative Care Assessment, I may receive the Enhanced Relative Rate (ERR). I cannot receive the ERR and TANF.

This also acknowledges that I understand and agree to comply with all aspects of the Relative Care Assessment (RCA) which include a Live Scan Criminal Records Check, (all adult household members eighteen or older), a drug screen, and to provide a medical statement. 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