

Sample Safety Resource Placement Memo of Agreement

I agree to be a safety resource placement for: _____ *[insert name(s) of child(ren)]*

as a part of a Child Protective Services safety plan developed on this date: _____.

I understand that this is a voluntary arrangement made by the parent(s) _____ *[insert name(s) of parent(s)]* and that **the parents retain legal custody of their child(ren)**. They retain all their rights and parental authority, and can give or refuse permission and make decisions about the child(ren)'s confidentiality, education, medical treatment, etc.

1. I understand that the child(ren) are not in foster care; DSS does not have custody of the child(ren).
2. I understand this arrangement is intended to be temporary according to the time frame outlined in the safety plan.
3. I understand there is **no guaranteed financial assistance** (e.g., foster care board rate, clothing allowance, etc.) provided to me for the care of the child(ren) regardless of the length of time the child(ren) are in my home.
 - I understand that if I am a relative to the above named child(ren) I may apply for child-only Work First/TANF benefits in the county in which I reside. That department will determine whether I qualify for benefits.
 - I understand that I will need to apply for Medicaid on behalf of the child(ren) in the county in which I reside.
 - I understand that I may apply for Food Assistance in the county in which I reside and that eligibility for that assistance is determined according to the income of the entire household.
 - I understand that I am responsible for arranging for day care as needed, and may apply for day care subsidy in the county in which I reside as indicated.
 - I understand that I may contact the child support unit at DSS in the county in which I reside and seek child support or work out another financial support arrangement directly with the parent.
4. DSS approved of this safety resource placement based upon an initial kinship assessment. I understand that if this arrangement continues beyond 30 days, it will be necessary for DSS to complete a more thorough assessment. I agree to cooperate by providing needed information in any assessment or home study process.
 - I understand that criminal record checks of all adults in the household will be conducted and that other background checks, including drug screens, may be completed.
 - **I understand that if any concerns that have the potential of placing the child(ren) at risk of harm are identified in these assessments or home studies, there is a possibility the child(ren) will be moved from my home.**
 - I understand that if DSS takes court action and it is necessary for the child(ren) to enter DSS custody, it may be necessary for the foster care licensing process to be completed for the child(ren) to remain in my home for an extended period.
5. Because DSS does not hold custody, the agency is not responsible for nor does it have the authority to either limit or arrange for contact between the child(ren) and the parents. It is my responsibility to arrange for contact between the parent and the child(ren) at a time and place that is mutually convenient for the parent and myself. I understand that any limits on parental access to the child(ren) are voluntary on the part of the parent unless a court order has otherwise established limitations.
 - If I feel contact between the parent and child(ren) is harmful to the child(ren) in some way, I must report that to DSS; I understand DSS may not be able to intervene unless sufficient grounds for a court order exist.
6. I understand that by agreeing to provide a safety resource placement for the child(ren), I am agreeing to assure the basic needs of care and supervision are met and that the child(ren) receive any identified needed services to address medical or behavioral health concerns. This may include assisting with transportation to and from appointments and following recommendations from service providers. **I understand that if I am unable or unwilling to meet the needs of the child(ren), the child(ren) may be removed from my home.**
7. I understand that the current plan is for the child(ren) to return to the care of the parent(s). I will work with the parent(s), DSS, and other service providers to promote this plan. This may include meetings with the parent(s) and regular DSS visits in my home. If I have concerns about child safety and/or the parent(s)' ability to care for the child(ren), I will notify the CPS social worker. **I agree to notify the social worker immediately if the child(ren) leave my home or of any changes related to the care of the child(ren)**. I understand that DSS has the responsibility of assessing the safety and well-being of the child(ren).

Safety Resource Placement Provider

Safety Resource Placement Provider

Social Worker

Social Work Supervisor