**Relative Caregiver Agreement**

**Child Placed in Out-Of-Home Care by Agency**

**Use of Form:** The use of this form is voluntary. This form meets the requirements pursuant to [Wis. Stat. s. 48.64(1m)](https://docs.legis.wisconsin.gov/document/statutes/48.64%281m%29) that the agency shall enter into a written agreement with the out-of-home care provider if the agency places a child with a relative other than a parent, a foster home or group home or under a court order or places a child in a foster home, group home, or shelter care facility pursuant to [Wis. Stat. s. 938.22 (2) (c)](https://docs.legis.wisconsin.gov/document/statutes/938.22%282%29%28c%29)  or under a voluntary agreement pursuant to [Wis. Stat. s. 48.63](https://docs.legis.wisconsin.gov/document/statutes/48.63). Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wis. Stats].

**Instructions:** The agency responsible for overseeing the care and maintenance of a child placed in out-of-home care shall review this agreement with the relative caregiver. This form shall be signed by the relative caregiver and supervising agency or licensing agency.

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| Agency Name      |
| Relative Caregiver(s) Full Name      |
| Child Full Name (First, Middle, Last)      |
| **GENERAL PROVISIONS** |
| **Agency Agrees:** | **Relative Caregiver(s) Agrees:** |
| 1. | To place children according to the conditions of the court order, license and statutory authority. | 1. | To abide by conditions of the court order. |
| 2. | To place only children needing the care and maintenance that the relative caregiver(s) can reasonably provide. | 2. | To accept for placement only those children whose needs can be met in our home. |
| 3. | To provide all pertinent reliable information available to help the relative caregiver(s) decide whether or not to accept placement. | 3. | To share information which is necessary for the care for the child place in out-of-home care pursuant to [Wis. Admin. Code ch. DCF 37](https://docs.legis.wisconsin.gov/code/admin_code/dcf/021_099/37/). |
| 4. | To provide the foster parents with access to guidelines and policies used by the agency in operating its foster care program. | 4. | To work with the agency, as well as the birth or adoptive parents, relatives, and child, as appropriate, in planning for and providing services to the child. |
| 5. | To provide information to the out-of-home care provider pursuant to [Wis. Admin Code ch. DCF 37](https://docs.legis.wisconsin.gov/code/admin_code/dcf/021_099/37/) (Information for Out-of-Home Care Providers. Part A and B) which is necessary for effective care of the child. | 5. | To allow the supervising, placing, or licensing agency access to the child and the home. |
| 6. | To involve the relative caregiver(s), as well as the birth or adoptive parents, other relatives, and child, as appropriate, in the development and revision of the plan for the child. | 6. | If the child is removed from an adoptive placement, to make no claim against the placing agency for the expenses of care, clothing, or medical treatment. |
| 7. | To establish a plan for agency contacts and to provide prompt assistance with emergencies. | 7. | If the child leaves the home, provide the child's record to the supervising agency or child welfare professional. |
| 8. | To give written notice of intent to remove the child when a child has been in the home for 6 months or more. The notice shall state reasons for such removal and inform foster parents that the child may not be removed before completion of a hearing pursuant to [Wis. Stat. s. 48.64 (4)(a)](https://docs.legis.wisconsin.gov/document/statutes/48.64%284%29%28a%29) or [(c)](https://docs.legis.wisconsin.gov/document/statutes/48.64%284%29%28c%29), if requested, or 30 days from receipt of the notice, whichever is later, unless the safety of the child requires it. |  |  |
| 9. | To provide information concerning the appeal process for grievances of relative caregiver(s) as established in [Wis. Stat. s. 48.64 (4)(a).](https://docs.legis.wisconsin.gov/document/statutes/48.64%284%29%28a%29) |  |  |
| **SIGNATURES** |
|  |       |  |  |  |
|  | Agency Name |  |  |  |
|  |  |  |       |  |
|  | **SIGNATURE** – Child Welfare Professional |  | Date Signed |  |
|  |  |  |       |  |
|  | **SIGNATURE** – Relative Caregiver |  | Date Signed |  |
|  |  |  |       |  |
|  | **SIGNATURE** – Relative Caregiver |  | Date Signed |  |