ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Children & Family Services

Foster Home Agreement Addendum

This addendum to the Agreement signed on _____ by the Division of Children and Family Services and _____ (*foster parents*) is for the provision of foster home services in accordance with the case plan for _____ (*child's name*), _____ (*birthdate*), _____(*SSN*), _____ (*case number*).

The child is a relative? Yes ☐ No ☐

The above named child shall be placed in the foster parent's home on _____ and shall remain there until the case plan goals have been met, the case plan is changed, or the child is moved to a different placement, determined by the Division to be in the child's best interest.

As the foster parents of the above named child I have:

☐ received copies of all pertinent information including the case plan.
☐ been told why this child is being placed.
☐ been told what the board rate shall be ($_____ per month).
☐ been informed of the staffing frequency and invited to attend as follows: _____.
☐ been notified of the frequency of the Family Service Worker's visits as follows: _____.
☐ been told that progress reports shall be submitted _____.
☐ been informed of the visitation plan as follows: _____
☐ been informed of any special medical needs of the child.
☐ been informed that updated copies of the child's case plan will be given to me _____.
☐ been informed that the names of the DCFS persons responsible for working with the family are: _____.

The child may be removed from my home when: _____

We, as foster parents, shall have the following contact with the child's natural family:
_____

_____ _____
Foster Parent Date Foster Parent Date

As the Family Service Worker for the above named child I agree to:

☐ send copies of all pertinent information including the case plan.
☐ keep the foster parents informed of all scheduled staff meetings, visitation plans, court hearings, any impending plan to remove the child from the home in keeping with the terms of this agreement and of any changes in the child's case plan.

_____
DCFS Family Service Worker Date

As the DCFS County Supervisor, I agree to supervise the Family Service Worker and this placement in keeping with the terms of this agreement and the policy of the Division of Children and Family Services.

_____
DCFS County Supervisor Date

Routing:
1 copy Foster Parent
1 copy Foster Home Case Record