

**RELATIVE/FICTIVE KIN CAREGIVER AGREEMENT
STATEMENT OF RIGHTS AND RESPONSIBILITIES PRIOR TO FOSTER PARENT
APPROVAL
Cabinet for Health and Family Services
Department for Community Based Services**

TWIST #: _____

Name of Caregiver(s) _____

Street and No. _____ City _____ County _____ State _____ Zip Code _____

Email Address _____ Phone Number _____

The following is a statement of your rights and responsibilities prior to approval as a Department for Community Based Services (DCBS) foster parent: The identified caregiver(s) who seeks approval as a DCBS foster home shall:

- A. Provide for the child's safety and well-being, including facilitation of education, physical health care services, and mental health care;
 - B. Receive funding in the amount of twelve dollars (\$12) per day upon the child entering DCBS custody, AND the caregiver(s) actively seeking approval as a DCBS foster home;
 - C. Participate in a foster home study, including background checks, home visits, and required documentation;
 - D. Participate in the minimum required foster parent training for their desired approval type;
 - E. Participate in case planning;
 - F. Participate in home visits and visitation plans;
 - G. Have the twelve dollars (\$12) per diem ceased if they fail to meet the requirements of a foster care approval as outlined in DCBS Standards of Practice and within four (4) months of the child entering out-of-home care (OOHC);
 - H. Review the service array upon any denial to determine the appropriate legal option moving forward; and
 - I. Begin receiving the appropriate foster care per diem upon foster home approval;
1. The Cabinet for Health and Family Services shall:
- A. Provide specified information regarding the foster care approval types and requirements;
 - B. Provide funding in the amount of twelve dollars (\$12) per day upon the child entering DCBS custody, has signed the DPP-179, AND the caregiver is actively seeking approval as a DCBS foster home;
 - C. Shall start payments based upon the date the DPP-179 is signed;
 - D. Administer training, complete background checks, and complete the foster home study;
 - E. Recommend approval of the relative or fictive kin caregiver(s) as the appropriate foster home type based on training and home study standards;
 - F. Refer the family to the service array if the prospective caregiver(s) does not meet the minimum requirements for foster care approval; and
 - G. Notify the regional billing specialist of any denials or approvals as outlined in the DCBS Standards of Practice.

I understand and accept the rights and responsibilities. I understand that if I fail to pursue foster parent approval in a timely manner or if I am denied as a foster parent, ongoing payment will stop. I understand that if the child leaves DCBS custody, I will not be eligible to apply to foster this child at a later date. I understand that if I decide to take custody, I will only be eligible for financial benefits through Family Support (fictive kin are not eligible to apply for the Kentucky Transitional Assistance Program (KTAP)).

Caregiver signature _____ Date _____

Caregiver signature _____ Date _____

Cabinet representative signature _____ Date _____