

**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 DCBS foster parent:
The identified caregiver(s) who seeks approval as a Department for Community Based Services (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 six dollars (\$6) 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 pre-service foster parent training for their desired approval type;
- E. Participate in case planning;
- F. Participate in home visits and visitation plans;
- G. Have the six dollar (\$6) 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 six dollars (\$6) per day upon the child entering DCBS custody AND the caregiver actively seeking approval as a DCBS foster home;
- C. Administer training, complete background checks, and complete the foster home study;
- D. Recommend approval of the relative or fictive kin caregiver(s) as the appropriate foster home type based on training and home study standards;
- E. Refer the family to the service array if the prospective caregiver(s) does not meet the minimum requirements for foster care approval; and
- F. Notify the regional billing specialist of any denials or approvals as outlined in 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 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 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 Kentucky Transitional Assistance Program (KTAP)).

Caregiver Signature

Date

Caregiver Signature

Date

Cabinet Representative Signature

Date