DPP-179
(R. 3/23)

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 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 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 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 the DCBS Standards of Practice.

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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