

**INTER-COUNTY AGREEMENT
ON THE PLACEMENT OF CHILDREN**

THIS AGREEMENT made this _____ day of _____, 20____, by and between the _____ County Department of Social Services hereinafter called the RESIDENT COUNTY, and _____ County Department of Social Services hereinafter called the SUPERVISING COUNTY, concerning the safety resource, kinship/foster care placement of:

Name of Child:	Status of the child (custody with DSS?)

The agreement will be effective on the _____ day of _____, 20____, and ending on the _____ day of _____, 20____.

PLACEMENT

The child(ren) are place with _____ (Name), who reside at _____ . The placement provider is _____ (Relationship, licensed foster parent, kinship, safety resource, other).

This placement is sanctioned by _____ (Court, DSS).

The Initial Kinship Care Assessment was completed on _____ (Date).

The Comprehensive Kinship Care Assessment is due/has been completed on _____ (Date).

PAYMENT

If Applicable

That in consideration of the representations made by the Supervising County and the Resident County, the Resident County will pay to the Supervising County the amount of \$_____ per month for board, for children in the custody of the Resident County. The first payment will be made _____ day of _____, 20____, and subsequent board payments will be made no later than the _____ of each month. Children that are placed with a safety resource do not qualify for board payments.

ACTIVITIES

The Supervising County will accept full responsibility for the supervision of child upon receipt of agreement from the Resident County.

Activities will include: (if applicable)

- _____ Completion of the Comprehensive Kinship Care Assessment.
- _____ Monitoring the placement through visits conducted _____ (Weekly, monthly, other)
- _____ Provide documentation of visits to the child and the placement resource that is current within 7 business days.

- _____ Except in instances where placement disrupts, will not initiate placement planning for child without prior agreement from Resident County. In the event emergency replacement is made, the Supervising County will inform Resident County immediately.
- _____ Will not engage in a treatment or planning relationship with child's parents and relatives, except upon request of the Resident County.
- _____ Will take necessary measures to maintain the confidentiality of case situation.
- _____ Will submit a written evaluation of this child's adjustment of foster care every _____ months to Resident County.
- _____ Other activities _____

The Resident County retains responsibility for the child and will provide the following: (if applicable)

- _____ Documentation specific to the placement resource (Kinship Assessment, etc)
- _____ Communication regarding the status of the child and the placement resource (for example if the conditions of the safety resource change)
- _____ Will make prompt plans for the removal of child from placement upon receipt of a written request form the Supervising County, or the placement disrupts.
- _____ If the placement disrupts the following actions will be taken: Discussion surrounding who files the petition, who picks the child up, etc
- _____ Should this child cause damage to the foster parents' property restitution plan is as follows:

- _____ Keep the Supervising County appropriately informed concerning the future planning for this child, through the use of Child and Family Team meetings.
- _____ Payment for clothing costs and other expenses (allowances) will be made in the following manner:

- _____ Payment of medical, physician, and hospital costs will be made as follow _____

(Director of Resident County)

(Director of Supervising County)

- 1 Copy - Resident County Department of Social Services
- 2 Copies - Supervising County Department of Social Services,
one of which is signed and returned to Resident County
- 1 Copy - Childrens Service Representative (CPR)