

**NORTHERN CALIFORNIA FAMILY CENTER
FOSTER PARENT AGREEMENT**

I, _____, agree to work with N.C.F.C. Foster Program beginning _____ in the position of Foster Parent(s) at a reimbursement rate between \$1059 through \$1416 per month

I/We understand that I/We am/are to supervise N.C.F.C. Foster children, twenty-four hours a day, for as many days that the child is in my/our keeping. I/We assure that we will incorporate the child as a member of my/our family in activities such as meals, recreation, and access to common areas of the house. I/We will be paid monthly beginning the tenth (10) day of the month following placement and pro-rated for the number of days the child was placed.

I/We understand that I/We am/are solely responsible for my/our own belongings and will take, suitable precautions for their protection. I/We am/are not to allow foster children to drive or start vehicles unless agency approved. I/We must have at least the minimum auto insurance coverage for the State of California to transport foster children. I/We guarantee that I/We will not discuss the foster child(ren)'s background outside of the facilities without prior authorization by N.C.F.C., in order to maintain confidentiality.

I/We will notify the Social Worker of all arrests, tickets, injuries or illnesses. I/We realize that even off-duty time in the community reflects upon the Agency, foster home and foster child(ren) and that I/we will conduct myself/ourselves accordingly.

Special Conditions

- 1.
- 2.
- 3.

I/we understand that failure to follow employment contract, all or in part, can result in loss of certification

Foster Parent Signature

Foster Parent Signature

Date

Date

Social Worker Date

Executive Director Date

Depending on the age of the child.