

**EXTENDED FAMILY PROGRAM AGREEMENT**

Under Section 8 of the *Child, Family and Community Service Act*



The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Child, Family and Community Service Act (CFCSA)*. Under certain circumstances, the collected information may be subject to disclosure as per the *CFCSA* and/or the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be discussed with the worker involved with this agreement.

**This is a tri-party agreement between parent(s), care provider(s), and the director to enable financial assistance and support services when an assessment indicates that a parent is temporarily unable to care for a child and the child's needs would be best met by an agreement.**

***This agreement is in regard to the following child(ren):***

**CHILD(REN)'S INFORMATION:**

Child(ren)'s Names

Child(ren)'s Birthday (yyyy mmm dd)

Aboriginal : Yes  No   
If yes, Community/Band: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Aboriginal : Yes  No   
If yes, Community/Band: \_\_\_\_\_

***And the parties listed below are entering into this agreement with each other and with the Director:***

**PARENT(S):**

Family Service File #: \_\_\_\_\_

Parent's Surname

Given

Telephone: ( ) \_\_\_\_\_

Address

Parent's Surname

Given

Telephone: ( ) \_\_\_\_\_

Address

The parent(s) has/have custody through: Court Order  Agreement  Other (de facto)

**CARE PROVIDER(S)**

Resource File #: \_\_\_\_\_

Name

Telephone: ( ) \_\_\_\_\_

Address

**A) TERMS AGREED TO BY THE PARENT(S):**

***I/We*** {Name(s) of Parents} \_\_\_\_\_

***Transfer care of my/our child(ren)*** {Name(s) of Children}

To the care provider(s): \_\_\_\_\_ {Careprovider}

Starting (yyyy mmm dd) \_\_\_\_\_ Ending (yyyy mmm dd) \_\_\_\_\_

**And further agree that I/we:**

- 1) Will maintain guardianship responsibility for the child(ren) regarding significant decisions affecting them;
- 2) Authorize the care provider(s) to:
  - a. make day-to-day decisions affecting the child(ren), including having the day-to-day care of the child(ren) and supervising their daily activities;
  - b. authorize a health care provider to examine the child(ren);
  - c. consent to necessary health care for the child(ren), if in the opinion of a health care provider, the health care should be provided without delay and I/we cannot be contacted prior to the necessary health care being provided;
  - d. consent to the child(ren)'s participation in routine school, social and recreational activities, including travel of a short duration within the province; and
  - e. access and manage supports, services and/or funding that may be available for the child/youth (e.g. Autism Funding, At Home Program, CYSN Family Support Services).
- 3) When necessary sign waivers of liability for the child(ren)'s participation in those activities.
- 4) Will co-operate with any access orders or agreements in place relating to the child(ren);
- 5) Will maintain contact with the child(ren) while the child(ren) is/are in the care of the care provider(s), consistent with the Additional Terms outlined below;
- 6) Will work toward the goals and comply with the expectations regarding care of the child(ren), reunification and an alternate permanent plan as outlined in the attached Extended Family Program written plan\* dated \_\_\_\_\_(including any amendments), and any Additional Terms stated below;
- 7) Will comply with a maintenance agreement or order made under section 97 of the CFCSA, if applicable; and
- 8) Will be responsible for informing Canada Revenue Agency (CRA) that my/our child(ren) is/are no longer in my/our care. When the child(ren) is/are returned to my/our care, I/we am/are responsible to apply for the reinstatement of the Child Tax Benefit, the BC Family Bonus Benefit, and any other child benefits administered by CRA.

I/We agree to provide:

Clothing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Transportation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Recreation/activity fees	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Medical coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____

**Additional Terms:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initials \_\_\_\_\_

**B) TERMS AGREED TO BY THE CARE PROVIDER(S):**

**As the care provider(s), I/we:**

- 1) Will assume responsibility for the full-time care, parenting, nurturing and safety of the child(ren) and make day-to-day decisions affecting the child(ren), including supervising their daily activities;
- 2) Agree to refrain from the use of physical punishments and behaviour management practices that can cause harm to the child(ren) physically, psychologically or emotionally, and to use forms of discipline that are non-violent, appropriate to the child(ren)'s level of development and take the best interests of the child(ren) into consideration;
- 3) Will ensure that the child(ren) has/have been provided with information about the Rights of Children in Out of Care Placements;
- 4) Agree to use the funds provided under this agreement to pay the daily costs of caring for the child(ren);
- 5) Will co-operate with any access orders or agreements in place relating to the child(ren);
- 6) Will inform the parent(s) of any alternative care arrangements such as child minding or respite;
- 7) Agree that it is my responsibility to be aware of any regulatory requirements associated with employment (e.g., Workers Compensation Act, Employment Standards Act) if hiring respite persons as employees;
- 8) Will notify the director and the parent(s) as soon as possible of any change in the household membership or ability to provide care for the child(ren);
- 9) Will notify the director of any new criminal charges made against myself/ourselves or against those age 18 years of age or older who live in my/our home, or who may spend significant and unsupervised time with the child and any child under 18 living in my home and notify of any criminal convictions of these same individuals;

- 10) Acknowledge that the Canada Revenue Agency (CRA), not the director, is responsible for responding to questions, and making eligibility decisions, about the Child Tax Benefit and any other child benefits administered by CRA;
- 11) Acknowledge it is the role of the Canada Revenue Agency to determine whether the payments made under this Agreement are considered income under the IncomeTax Act;
- 12) Will notify the director immediately if the parent(s) retake care of the child(ren);
- 13) Will notify the parent(s) and the director immediately if there has been a critical injury or other serious incident involving the child(ren), as outlined in ministry standards;
- 14) Will work toward the goals and comply with the expectations regarding care of the child(ren), reunification and an alternate permanent plan as outlined in the attached Extended Family Program written plan\* dated \_\_\_\_\_(including any amendments), and any Additional Terms stated below; and
- 15) Acknowledge that I/we will be responsible for repaying any overpayment made under this Agreement in circumstances where:
  - a) I/we fail to provide notice to the Director as required by this Agreement; or
  - b) for any reason the Director determines that an overpayment has been made under this Agreement.

**Additional Terms:**

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Initials \_\_\_\_\_

**C) TERMS AGREED TO BY THE DIRECTOR:**

***The director agrees to:***

- 1) Provide supports and services as outlined in the Extended Family Program (EFP) written plan \* to assist parent(s) to strengthen their capacity to meet the needs of the child(ren);
- 2) Provide financial assistance for the care of the child(ren) as outlined below, as well as services to the care provider(s) as outlined in the EFP written plan to maintain the care provider(s) placement and meet the needs of the child(ren);
- 3) Support the goals as mutually agreed upon regarding care of the child(ren), reunification and an alternate permanent plan as outlined in the attached EFP written plan\* dated \_\_\_\_\_(including any amendments), and any Additional Terms stated below;
- 4) Provide the care provider(s) with all the information known to the director relevant for the care of the child(ren);
- 5) Review expectations of the care provider(s) regarding criminal record checks according to criminal record check policy;
- 6) Provide information to the care provider about the child(ren)'s rights;
- 7) Provide information to the care provider about reporting critical injuries and serious incidents involving the child(ren), as outlined in ministry standards; and
- 8) Along with providing an opportunity to discuss and ask questions, provide information to parent(s), care provider(s) and the child(ren) on the Rights of Children in Out of Care Placements, the pertinent MCFD or Delegated Aboriginal Agency complaints process, and other relevant services, including those of the Representative for Children and Youth, The B.C. Ombudsperson, the Helpline for Children, and the After Hours Support Line for Out of Care Care-Providers.
- 9) Provide payment to the care provider to a maximum of \$554.27 Cdn per month for a child aged 0 to 11 or \$625.00 Cdn per month for a child age 12 or over.

**Additional Terms:**

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Initials \_\_\_\_\_

**D) DURATION AND TERMINATION OF THE AGREEMENT:**

We agree that:

- 1) The parent(s) may end this agreement at any time. Whenever possible, the parent(s) will give \_\_\_\_\_days notice to support transition planning;
- 2) The care provider(s) may end the Agreement at any time by giving 7 days oral or written notice to the other parties;
- 3) The director may end this Agreement by giving 7 days written notice to the parent(s) and care provider(s);
- 4) This Agreement starts on the day of \_\_\_\_\_, and will end on the day of \_\_\_\_\_, unless ended earlier by the parent(s) or the care provider(s) or the director;
- 5) If on the expiry of this Agreement, it is not possible to make contact with the parent(s) for further consent, all parties agree that the director, in consultation with the care provider(s), can extend this agreement for up to 30 days; and
- 6) The director, a parent, care provider or child may request a review or an amendment to this Agreement at any time.

**\* The Extended Family Program (EFP) written plan pertaining to this agreement is dated and attached to this agreement, and will be amended as required throughout the course of this agreement subject to the agreement of all parties. The EFP written plan to meet the needs of the child(ren) outlines: goals and expectations of reunification; alternate permanent plans; services and supports to children and family; and connections to all other plans in place to forward the care and welfare of the child(ren) that are the subject of this agreement.**

**Signatures of Parties:** I have reviewed this Agreement and I agree with the terms and conditions which apply to me:

Parent Name:	Parent Signature:	Date Signed(yyyy mmm dd):
Parent Name:	Parent Signature:	Date Signed(yyyy mmm dd):

Care Provider Name:	Care Provider Signature:	Date Signed(yyyy mmm dd):
Care Provider Name:	Care Provider Signature:	Date Signed(yyyy mmm dd):

Director Name:	Director Signature:	Date Signed(yyyy mmm dd):
Team Leader Name:	Team Leader Signature:	Date Signed(yyyy mmm dd):

**Signature of Children (Youth): [OPTIONAL]**

I/We have reviewed this agreement, and I/we am/are in agreement that I/we will reside with:

\_\_\_\_\_ (Name(s) of care provider(s))

Name:	Signature:	Date Signed(yyyy mmm dd):
Name:	Signature:	Date Signed(yyyy mmm dd):

<b>PRACTITIONER'S NAME AND DISTRICT OFFICE ADDRESS:</b>