

The Institute of Professional Practice, Inc.
The Professional Parenting Program
568 Preston Avenue
Meriden, CT 06450

Non-Discrimination Statement

The Professional Parenting Program believes that diversity enriches our lives. We will not discriminate on the basis of age, race, ethnicity, disability, religion, gender, sexual orientation, gender identity and expression, and embrace people from all background as part of our organizational community.

PROFESSIONAL PARENT AGREEMENT

Family name: _____

I (we) agree to the following:

I have read, understood and signed a copy of receipt for the following

- Connecticut Department of Children and Families regulations
- Confidentiality agreement (HIPPA)
- IPP/PPP Parent Manual and Policies and Procedures
- IPP/PPP Training Policy

I have read, understood and signed the following

- Confidentiality Agreement
- Disciplinary Agreement
- Other: _____
- Other: _____

I have read, understood, and agree to the following:

- I understand that I am a mandated reporter; as are all IPP staff members. I am required, by law, to report suspected abuse or neglect related to my experience as a foster parent to the DCF Hotline (1-800-842-2288).
- I understand that I will receive comprehensive training from IPP/PPP prior to having a child placed in my home. This training will cover basic information about the foster care system in Connecticut as well as a review of PPP's Trauma based model for understanding and responding to the needs of children as manifested in their behaviors.
- I understand that the decision about which children will be placed in my home will be made in collaboration with IPP staff. I will always be given the opportunity to ask questions and to participate in overcoming obstacles to potential placements.
- I understand that I will fully participate in a transition plan for children to be placed in my home before the actual placement date occurs.
- I understand that a stipend will be sent to my home monthly based on an overnight daily rate for each night that a foster child sleeps in my home.
- I understand that the stipend I receive is to be used solely for the care of the child. This stipend is to be used specifically to cover the child's allowance, babysitting, clothing and extra curricular activities.

- I understand that I am entitled to up to 18 days of respite annually. Arrangements for respite will be made with the provider team in a manner that provides therapeutic support for the child as well as the family. The respite provider must be approved by both DCF and IPP before finalizing arrangements. I will pay the respite provider directly and IPP will reimburse me for that payment.
- I understand that my Professional Parent Coordinator (PPC) will have contact with the foster family at least 4 times a month and at least one of those visits will be face to face and in the foster home. This is an opportunity for me to collaborate with my PPC regarding how my foster child is progressing and plans for any additional or any needed strategies in the future. This is also an opportunity to share our own stresses as parents and possible remedies.
- I understand that IPP will provide 24/7 support through an emergency cell phone. During regular work hours, my PPC will assist me. During after hours, the on-call case coordinator, who is familiar with my case, will assist me. Support is often by phone but may include a home visit. If necessary, the on-call worker may accompany me to the hospital.
- I understand that IPP will provide training opportunities that will allow me to work toward my annual post approval training credits (32 hours for Parent 1 and 16 hours for Parent 2). In addition, IPP will introduce me to other foster families. Some of these training programs may be offered at IPP by their staff and some may be offered by other institutions and agencies.
- I understand that foster children are covered by State health insurance
- I understand that as a therapeutic foster family in Connecticut I am eligible to participate in the CAFAP health insurance plan provided I meet their plan's eligibility requirements. (This is a plan that is payable at my own expenses.)
- I understand that there are "wrap around dollars" associated with the child placed in my home and that I will work with TFC Provider and DCF to properly utilize these funds when needed.
- I will be given a copy of my child's Overall Plan of Service (Service Plan) and I agree to participate in the development and implementation of that plan.
- I agree to abide by the Emergency Cell Phone Protocol. In addition, I will notify IPP and DCF immediately of any serious injury, serious illness or death of a child, any fire in the home or any unauthorized absence of a child.
- I understand and agree to notify my agency and DCF of any overnight travel before leaving on the trip.
- I understand that I am responsible for the transportation of my child; in addition to arranging and attending school, medical, mental health, dental, and/or any other appointments and community activities.
- I understand that I am responsible for taking my child for an annual physical, any necessary sick child visits, as well as two dental visits per year. I understand that I must keep documentation of these visits in a child file and give copies to IPP for their records.
- I understand that I must notify my agency and the DCF Hotline of any emergency room visits. I also understand that I must receive permission to treat from the DCF Hotline in a non life-threatening emergency. It is my responsibility to remain with my child for the duration of the ER visit.
- I understand that I am responsible for maintaining, administering and documenting the administration of all needed medications. Administration of all medications will be consistent with dosage expectations as directed by the child's prescribing physician. While I cannot change any of these directions, I can and should report observations and recommendations to the prescribing physician, DCF and IPP is appropriate.

- I understand that I am responsible for ensuring the child’s access to age and developmentally appropriate social, recreational and summer camp opportunities, including systematically setting aside money from the stipend to ensure funds are available.
- I understand that I am expected to treat all children in my home with respect and concern. I am being asked to “claim” these children as my own for the full time they reside with me and beyond if possible.
- I understand that I am expected to bring foster children on all family outings; this includes vacations if my foster child can safely travel.
- I understand that I am required to participate in treatment team meetings, ACRs, and other meetings related to the child’s care provision (e.g., education, mental health, etc.)
- I understand that IPP must be notified within 24 hrs of any changes regarding who is living in my home. This includes but is not limited to marriage, divorce, separation, anyone staying overnight at the home for any reason or any length of time. (NOTE: Overnight guests who stay for 2 weeks or more must be subject to a full background check and whenever possible, this should occur BEFORE they visit the home.) Long term visitors to the home and new household members must also provide medical reports indicating that they have had a physical within the past 12 months. Anybody moving into the home must undergo the New Household Member Assessment interview.
- I understand that all pets in the home must be up to date with immunizations and current veterinarian paperwork must be given to IPP for the parent file.
- I understand that if there are any medical issues or changes in employment, IPP must be notified within 24 hours.
- I understand that any improvements to the physical property must be reported to IPP and will be subject to inspection.
- I agree to notify IPP of any changes in the child’s sleeping arrangements prior to the change taking place.
- I understand that I must comply with the background check requirements for any member of my household age 16 and older.
- I understand that the addition of a pool, Jacuzzi or auxiliary heating system must be reported within 24 hours and inspection reports will be submitted for the file.
- I understand and agree to hold only one approval or license for any form of out of home care and will not accept another child for placement on a private basis.

Foster Parent

Date

Foster Parent

Date

IPP Staff

Date

Supervisor

Date