

## Unreimbursed Routine Substitute In-Home/Out-of-Home Caregivers

This form is used to document routine substitute caregivers. The foster parent provides or arranges for care and supervision appropriate to the child's age, level of development and individual needs. A plan is established by the foster parent for the care and supervision of the child, as needed, by a *competent and reliable adult* in their absence due to *employment, training, or for personal situations*.

Foster Parent Name: \_\_\_\_\_ County: \_\_\_\_\_

Substitute Caregiver (SC) Name: \_\_\_\_\_

SC Address: \_\_\_\_\_ SC Zip Code: \_\_\_\_\_

SC Phone Number: \_\_\_\_\_ SC Cell Number: \_\_\_\_\_

SC Maiden or Previously Used Name: \_\_\_\_\_

Case Manager: \_\_\_\_\_

*Review Form 29, DFCS Safety Agreement and any additional supervision, safety and discipline guidelines with the substitute caregiver. Ensure that two copies are signed. (Copy 1 to the SC; Copy 2 to DFCS Case Manager)*

### **Completed by the Substitute Caregiver:**

*Sign below to indicate your agreement to follow the supervision, safety and discipline standards as outlined in Form 29 and as instructed by the foster parent.*

*I agree to follow the supervision, safety and discipline standards as outlined in DFCS Form 29 and instructed by the foster parent.*

*I do **not** agree to follow the supervision, safety and discipline standards as outlined in DFCS Form 29 and instructed by the foster parent. Therefore, I understand that I cannot be a substitute caregiver.*

\_\_\_\_\_  
**Unreimbursed Substitute Caregiver Signature**

\_\_\_\_\_  
**Date**

***Forward completed form and 1 signed copy of Form 29 to the case manager who will complete the CPS, Sexual Offender's, Pardons and Parole and Department of Corrections screenings.***

### ***Internal DFCS Use Only:***

CPS Screening Completed

Department of Corrections Screening Completed

Sexual Offender's Registry Screening Completed

Pardons and Parole Screening Completed

All screenings are negative for the unreimbursed substitute caregiver listed above.

Other \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

DIVISION OF FAMILY AND CHILDREN SERVICES

FC\_316

GA. DHR (REV. 5/15/2008)

File Original in Foster Parent Record; Provide a Copy to the Foster Parent