

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Administration for Children, Youth & Families
FOSTER ADOPTION AGREEMENT

Having been informed to my satisfaction of the background and current status of the following child:

_____, born on _____
Full Name of Child Month, Day, Year

I, _____ and I, _____
Full name of Foster Adoptive Parent Full name of Foster Adoptive Parent

agree to assume parental responsibility. I understand that this child is not legally free for adoption.

The Arizona Department of Economic Security (Department) agrees:

- 1. To provide foster adoptive parents with information on health, education and social aspects of the child placed, as prescribed in A.R.S. 8-514.B.
2. To pay a foster home fee, provide funds for clothing and provide comprehensive medical and dental care in accordance with Department policy, so long as the foster adoptive parents maintain a foster home license, and until such time as the child is legally free. Legally free is defined as severance obtained on, or relinquishments signed by all parents (legal, biological and alleged).
3. To inform foster adoptive parents immediately if the plan for adoption must be changed.
4. To consent to the parents adoption of the child by the foster adoptive parents so long as it is in the child's best interest.

The Foster Adoptive Parents agree:

- 1. To work cooperatively with the Department in planning for the child's welfare.
2. To provide foster care for the child in accordance with the Foster Care Agreement.
3. To do whatever is necessary to maintain Foster Care Licensing and Adoptive Certification.
4. To pursue adoption if the child becomes legally free.
5. To inform the Department immediately if the plan for adoption is no longer appropriate.

I understand that I am accepting this child on a foster care basis, and that while the plan for the child is adoption, I can in no way be guaranteed that the child will be freed for adoption by me. Further, I understand that if it is felt by either myself or the Department that this placement is not in the best interest of the child, the child may be removed from my home.

Signature of Foster Adoptive Parent Date

Signature of Foster Adoptive Parent Date

Approved and agreed to by the Arizona Department of Economic Security representatives who have signed below:

Signature of Child's Worker Date

Signature of Worker's Supervisor Date

Signature of District Program Manager Date

Date of Placement

Equal Opportunity Employer/Program - Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-3598; TTY/TDD Services: 7-1-1. - Español en el reverso.