## Host Home Individual Child Care Agreement (ICCA)

Entrance Date:	Case Manager:	
First Name	*MI *Last Name	
*Date of Birth	(mm/dd/yyyy) *SS#	
Basic Demographic Inform	nation	
Parent/Guardian Phone:	Transgender Male to Female Transgender Female to M	
This agreement is entered into to	on// by and between the Legal Guardian/Custodian, a minor child in the custody of the Legal Custodian/ Gu	n listed below Jardian
Address, City, State, Zip Code:		
Telephone Number:	Fax Number: Emergency Number:	
Representative:	Emergency Number:	
Telephone Number: (740) 596-1 Representative: Jen Waldron (7 Host Home Provider Name:		-2
Telephone Number:	Resource ID Number:	
Total Reimbursement Per Diem Maintenance: Non-Maintenand Total	s for Services Rendered: \$s  ace \$s  ted above will be in effect for the duration of the placement, up	, , , , , , , , , , , , , , , , , , ,
Contact Person / Number Family Contact: Persons who ha	er: ave permission to contact the child (check all that apply) er	

<ul><li>American Indian or A</li><li>Native Hawaiian or ol</li><li>Asian</li><li>Black or African Ame</li></ul>	ther Pacific Islander	□ White (HUD) □ Other □ Other Multi-racial	
*Ethnicity  Hispanic/Latino NonHispanic/N None Specified Don't Know Refused  Sexual Orientation: Choose Heterosexual Gay Questioning/Unsure	on-Latino	ow the youth describes h Bisexual Determined	is/her sexual orientation.
Services Provided			
Emergency Shelter			
Entry Dates			Make and Provide the Assessment
Preventative Services			
Dates			
Services Provided			
			***
Accessor in Section 1			
Health and/or Menta	l Health Informa	rtion	
Emergency Medical Needs: Sunavailable, the hospital emethe Provider and Agency as sthe time of treatment, please information to:	Substitute / Host Home ergency room shall be u soon as possible, and in present the medical ca	Provider shall transport of ised and substitute / Host in compliance with the Oh rd. If there is no medical	t Home Provider shall notify io Administrative Code, At
Has the child experienced an	y of the following childh	nood illnesses?	
Rubella		Inknown	
Rubeola		Inknown	
Chicken Pox Whooping Cough		Inknown Inknown	
Mumos	Tes Tho Tu		
Mumps Hepatitis	Yes No U		
Medications (including birth co	ontrol):		â
Name:		Dos	age:
Name:		LIOC	300.
Name: Family Doctor: Mental Health Provider: Name of Provider:	Name:	Dos	age:
Mental Health Provider	Naille	Adency,	
Name of Provider:		Name of Provider	
~			
Revised	2		6/28/2013

	Mental Health Diagnoses: _				
	Alcohol Abuse:  Ves  No	Drug Abuse:  Yes  N	lo Both a	alcohol and drug abuse: 🗓 🖰	Yes U No
	History of Self Destructive E	Behavior/Suicide Attempts: 🗆	Yes No		
	Hospitalization:				
	History of Seizures:   Yes	□ No			
	Allergies (including food, dri	ug, and environmental):			
	Sexual Transmitted Infection	ns:			
	Physical Disabilities:				
	HIV/AIDS: Tyes Ti No	Hearing Impaired:   Ye	s 🗓 No	Vision Impaired: U Yes	LINO
	Other				
		·			
	Special Needs, Medical, or	Dietary Instructions:			
	<u> </u>				
	Foster Care Information Youth in Foster Care	1			
	1 Yes	FI No		Pant Pant	
	1	No outh when he/she exited for		□ Past	-4.45
	youth's age at most recent exit)		ster care (lor)	youth in care multiple times, reco	ra ine
	yourn's age at most recem exit)				
	Youth Impacted by a Disru	Inted/Broken Adention?			
		ihted/proveit Adobtioits	Pill Ma		
	LI Yes		No		
	Vouth Impacted by a Dieny	ented/Broken Countiemship	2		
	Youth Impacted by a Disru	ipted/Broken Guardiansnip			
Earm	Yes	state shild welfers seemen	□ No		
POTTING	er, not current, ward of the presently wards of the state (for wi	state child welfare agency	NOTE: FYSB	funds are not intended to suppor	rt youth
vouth").	. However, some youth previously is	nom the state is legal guardian) que o foster care have been dischamed	to current toster	care/child welfare status (e.g., "s inchave reached an are of lenal	ystem
indepen	ndence in your state. (Specific rules	about age, etc., vary by state.) Su	ch youth are no l	onger a public responsibility and	can be
helped I	by the FYSB BCP. For youth of this	s type, please answer the following of	question:		
			37		
If the ye	outh is no longer a state ward but	t was in foster care previously in	his or her life, p	lease enter the number of mon	ths or the
Loues	describing the number of years the				
<u> </u>		s no longer in the system but elect YES to indicate the you			er
	wellare agen	су			
	Number of months:				
	· · · · · · · · · · · · · · · · · · ·				
	Not applicable (mor	e than 11 months (enter years below	v) or never in chi	d welfare or foster care)	
	Number of Months	(enter 1-11 for the number of mon	ths in child welfa	re or foster care)	
	Number of years (if over 12				
	Not Applicable (les	ss than 1 year- enter months	above or nev	er in child welfare or foster	care)
	(1 - 2)				
	(3 – 5)				
	(More than 5)				
Youth	who is a former, not curre	<u>nt, ward of the public juver</u>	ile justice sy	/stem: NOTE: FYSB funds ar	e not
intended	d to support youth who are presently	wards of the state (for whom the st	ate is legal quare	tian) due to current juvenile justic	e status
(td.g., 5)	ystem youth"). However, some yout it system or reached an age of legal	in previously under the supervision (	or care of juvenile	justice agencies have been disc	charged
longer a	public responsibility and can be hel	ped by the FYSB RCP For youth o	nic rules about a! f this type: nless:	ge, etc., vary by state.) Such you a answer the following question	ıtın are no
	respectation of the tipe to the tipe	parally man rob dor. Toryouth o	· ····a type, pieas	e answer the ronowing question.	

Revised

YES			stem but was in foster care previously in his or her
153	life, please select YES to indicate the youth is a former ward of the state child welfare agency		
	i wenare agen	<u>Cy</u>	
Number of m	onths:		
			ears below) or never in child welfare or foster care)
Nun	ber of Months	(enter 1-11 for the number	er of months in child welfare or foster care)
Number of	voore /if over 12	months shock and	
		months, check one) than 1 year- enter r	months above or never in child welfare or foster care
(1 –		rundir i yodi. Ontoi i	THE MEDICAL PROPERTY OF THE PR
(3 -	5)		
(Mor	e than 5)		
Livina Citu	stion At Entm.		
	ation At Entry meless? (by HU	ID definition)	
u Yes	meless r (by ⊓o □ No	o deminion)	•
U 162	T140		
Housing Sta	tus:		
Literally Ho			□ Stably Housed
		k of losing housing	□ Don't Know
n Housed and	at risk of losing	housing	□ Refused
s Client Chr	onically Homele	155?	
			vidual with a disabling condition who has either been continuously homeles
□ Yes	a yea	ar or more OR has had at lea:	st four (4) episodes of homelessness in the past three (3) years. The individing an emergency shelter (not transitional housing) during these episodes.
	THE THE PARTY OF T	mave been on the streets of	in an energency sector (not possitional norstid) onisid these shipodes
Extent of Ho	nelessness		
o First ti	me homeless	m Chronic: 4 time	
		iii Official, 4 time	es in past 3 years
ព 1-2 tim	es in the past	□ Long term: 2 ye	· · · · · · · · · · · · · · · · · · ·
	·		ears or more
Prior Living S	Situation (Where	a Long term: 2 ye	ears or more
Prior Living S Adult For Emerge	Situation (Where oster Care ency Shelter, include	a Long term: 2 yes e was the client las ding hotel or motel	ears or more  t night?)  Don't Know
Prior Living S Adult For Emerge	Situation (Where	a Long term: 2 yes e was the client las ding hotel or motel	ears or more  t night?)  Don't Know  Description Foster care by the property of the property o
Prior Living S	Situation (Where oster Care ency Shelter, include	a Long term: 2 yes e was the client las ding hotel or motel	ears or more  t night?)  Don't Know
Prior Living S  Adult For Emerge paid for word Hospita  Jail, Pri	Situation (Where oster Care oncy Shelter, including the emergency shelf (non-psychiatric) son or Juvenile Fare	E Long term: 2 yes was the client las ding hotel or motel elter voucher cility	ears or more  t night?)  Don't Know  Description Foster care home or foster care group home Hotel or motel paid for without emergency shelter voucher  Other
Prior Living S  Adult For Emerge paid for word Hospital	Situation (Where obter Care ency Shelter, including the ency shelf (non-psychiatric) son or Juvenile Farby Client, no housi	Long term: 2 yes was the client las ding hotel or motel elter voucher cility ing subsidy (Select if	ears or more  t night?) Don't Know  Foster care home or foster care group home Hotel or motel paid for without emergency shelter voucher Other Owned by client, with housing subsidy (Select if client)
Prior Living S  Adult For Emerge paid for word Hospita  Jail, Pri Owned client wa	Situation (Where ency Shelter, including ith emergency shell (non-psychiatric) son or Juvenile Fare by Client, no housis living with his/h	Long term: 2 yes was the client las ding hotel or motel elter voucher cility ing subsidy (Select if ter parents and the	ears or more  t night?) Don't Know  Foster care home or foster care group home Hotel or motel paid for without emergency shelter voucher Other Owned by client, with housing subsidy (Select if client was living with his/her parents and the family is
Prior Living S  Adult For Emerge paid for word Hospita Jail, Price Owned client was family is	Situation (Where ency Shelter, including ith emergency shelf (non-psychiatric) son or Juvenile Farby Client, no housing living with his/hoot receiving hou	Long term: 2 yes was the client las ding hotel or motel elter voucher cility ing subsidy (Select if her parents and the using subsidy)	ears or more  t night?) Don't Know  Foster care home or foster care group home Hotel or motel paid for without emergency shelter voucher Other Owned by client, with housing subsidy (Select if client was living with his/her parents and the family is receiving housing subsidy)
Prior Living S  Adult For Emerge paid for word Hospita Dail, Price Owned client was family is a Perman	Situation (Where ency Shelter, including ith emergency shelf (non-psychiatric) son or Juvenile Fare by Client, no housing living with his/hout receiving hou ent Housing for for	Long term: 2 yes was the client las ding hotel or motel elter voucher cility ing subsidy (Select if her parents and the using subsidy)	ears or more  t night?) Don't Know  Foster care home or foster care group home Hotel or motel paid for without emergency shelter voucher Other Owned by client, with housing subsidy (Select if client was living with his/her parents and the family is receiving housing subsidy) Place not meant for habitation inclusive of 'non-housing
Prior Living S  Adult For Emerge paid for word pail, Price Owned client was family is persons (s	Situation (Where eacter Care ency Shelter, including the ency shelter, including the ency shelter, including the ency shelter, including the ency Client, no housing living with his/hot receiving housent Housing for for each as SHP, S+C	Long term: 2 yes was the client las ding hotel or motel elter voucher cility ing subsidy (Select if the parents and the using subsidy) rmerly homeless	ears or more  t night?) Don't Know  Foster care home or foster care group home Hotel or motel paid for without emergency shelter voucher Other Owned by client, with housing subsidy (Select if client was living with his/her parents and the family is receiving housing subsidy)
Prior Living S  Adult For Emerge paid for war Hospita  Jail, Pri  Owned client war family is Perman persons (con the persons for the persons of the persons	Situation (Where eacter Care ency Shelter, including the ency shelter, including the ency shelter, including the ency shelter, including the ency Client, no housing living with his/hot receiving housent Housing for for each as SHP, S+C	E Long term: 2 yes was the client las ding hotel or motel elter voucher cility ing subsidy (Select if her parents and the using subsidy) rmerly homeless or SRO Mod Rehab) er psychiatric facility	ears or more  t night?) Don't Know  Foster care home or foster care group home Hotel or motel paid for without emergency shelter voucher Other Owned by client, with housing subsidy (Select if client was living with his/her parents and the family is receiving housing subsidy) Place not meant for habitation inclusive of 'non-housing service site (outreach programs only) Refused
Prior Living S  Adult For Emerge paid for ware paid for ware client ware family is persons (a Psychia Rental to Rental to Rental to Rental to Prior Emerge particular persons (a Psychia persons (a Rental to	Situation (Where extended to ster Care ency Shelter, including the ency shelter, including the ency shelter, including the ency shelter, no housing the such as SHP, S+C tric Hospital or other ency client, no housing the ency client, no housing the ency client, no housing the ency client, with VASI	E Long term: 2 yes was the client las ding hotel or motel elter voucher cility ing subsidy (Select if her parents and the using subsidy) rmerly homeless or SRO Mod Rehab) er psychiatric facility ag subsidy	ears or more  t night?) Don't Know  Foster care home or foster care group home Hotel or motel paid for without emergency shelter voucher Other Owned by client, with housing subsidy (Select if client was living with his/her parents and the family is receiving housing subsidy) Place not meant for habitation inclusive of 'non-housing service site (outreach programs only)
Prior Living S  Adult For Emerge paid for ware paid for ware paid. Prior Department of the persons of the perso	Situation (Where extended the content of the conten	E Long term: 2 yes was the client las ding hotel or motel elter voucher cility ing subsidy (Select if her parents and the using subsidy) rmerly homeless or SRO Mod Rehab) er psychiatric facility ag subsidy H housing subsidy member's room,	ears or more  t night?) Don't Know  Foster care home or foster care group home Hotel or motel paid for without emergency shelter voucher Other Owned by client, with housing subsidy (Select if client was living with his/her parents and the family is receiving housing subsidy) Place not meant for habitation inclusive of 'non-housing service site (outreach programs only) Refused Rental by client, with other (non-VASH) housing subsider Safe Haven
Prior Living S  Adult For Emerge paid for ware paid for ware paid. Prior Department of the prior Depar	Situation (Where extended the content of the conten	E Long term: 2 yes was the client las ding hotel or motel elter voucher cility ing subsidy (Select if her parents and the using subsidy) rmerly homeless or SRO Mod Rehab) er psychiatric facility ag subsidy	ears or more  t night?) Don't Know  Foster care home or foster care group home Hotel or motel paid for without emergency shelter voucher Other Owned by client, with housing subsidy (Select if client was living with his/her parents and the family is receiving housing subsidy) Place not meant for habitation inclusive of 'non-housing service site (outreach programs only) Refused Rental by client, with other (non-VASH) housing subside

	th of Stay	
	□ One week or less	
	More than one week, but les	ss than one month
	☐ One to three months	
	More than three months, bu	t less than one year
	One year or longer     Don't Know	
	B Refused	©
	- 11010000	
กอกเทร	s prior to entrance. (If the youth did not st	ode to indicate the living situation in which the youth spent at least 6 of the 12 pend more than 6 months at one residence during the 12 months prior to entrance, in which he or she spent the most time during that period.
	In a shelter	
	On the street	
	In a Private Residence	
-	In a Residential Program	
· ıveni	in a Correctional Institute o	r Detention Center: Secure facility operated in conjunction with the
·	In a Mental Hospital: Facility In the Military: In a facility op	providing treatment for psychiatric illness. erated by a military organization or a residence approved for
ıllıtar	y personnel.	
-	In Another Living Situation:	Other living situation not described above.
,	Do Not Know: The staff does	not have enough information on the youth's living situation to
in C	itly choose a response.  ode of Last Permanent Addres	
urrei	ation Summary ntly in School or working on ar ryes = □ No	ny Degree?
urre:	ntly in School or working on an Yes Do No Status: Choose the code desc	ribing the youth's school status. If school was not in session at the
choo ne of	ntly in School or working on an Yes No  No  Status: Choose the code description of the youth's entrance, this question attending School Regularly	ribing the youth's school status. If school was not in session at the ion should pertain to the school year just completed.  The youth is enrolled in an educational program (includes GED) and attends.
urrei choo ne of	ntly in School or working on an Yes No ol Status: Choose the code desc If the youth's entrance, this questi	ribing the youth's school status. If school was not in session at the ion should pertain to the school year just completed.  The youth is enrolled in an educational program (includes GED) and attends classes regularly, without extended absenteeism.  The youth is enrolled in an educational program (includes GED) and attends.
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choone of	or the youth's entrance, this question Attending School Irregularly  Attending School Irregularly	ribing the youth's school status. If school was not in session at the ion should pertain to the school year just completed.  The youth is enrolled in an educational program (includes GED) and attends classes regularly, without extended absenteeism.  The youth is enrolled in an educational program (includes GED) and attends classes 1-3 days per week on average.
choone of	ntly in School or working on an Yes No  No  Status: Choose the code describe youth's entrance, this question Attending School Regularly  Attending School Irregularly  Graduated High School	ribing the youth's school status. If school was not in session at the ion should pertain to the school year just completed.  The youth is enrolled in an educational program (includes GED) and attends classes regularly, without extended absenteeism.  The youth is enrolled in an educational program (includes GED) and attends classes 1-3 days per week on average.  The youth has earned a high school diploma.  The youth has earned a General Equivalency Diploma.  The youth has formally withdrawn from school prior to completing the course of
choone of 1 2 3 4	ntly in School or working on an Yes No  No  Status: Choose the code descrite youth's entrance, this questing Attending School Regularly  Attending School Irregularly  Graduated High School  Obtained GED	ribing the youth's school status. If school was not in session at the ion should pertain to the school year just completed.  The youth is enrolled in an educational program (includes GED) and attends classes regularly, without extended absenteeism.  The youth is enrolled in an educational program (includes GED) and attends classes 1-3 days per week on average.  The youth has earned a high school diploma.  The youth has earned a General Equivalency Diploma.  The youth has formally withdrawn from school prior to completing the course of study.  The youth has been temporarily removed from school through official school
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chocone of 1 2 3 4 5 6 7 8	ntly in School or working on an Yes No  No Status: Choose the code descrite youth's entrance, this questing Attending School Regularly  Attending School Irregularly  Graduated High School  Obtained GED  Dropped Out  Suspended  Expelled  Do Not Know	ribing the youth's school status. If school was not in session at the ion should pertain to the school year just completed.  The youth is enrolled in an educational program (includes GED) and attends classes regularly, without extended absenteeism.  The youth is enrolled in an educational program (includes GED) and attends classes 1-3 days per week on average.  The youth has earned a high school diploma.  The youth has earned a General Equivalency Diploma.  The youth has formally withdrawn from school prior to completing the course of study.  The youth has been temporarily removed from school through official school action.  The youth has been permanently removed from school through official school action.
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chocone of 1 2 3 4 5 6 7 8	ntly in School or working on an Yes No  No No No No No No No No No No No No No N	ribing the youth's school status. If school was not in session at the ion should pertain to the school year just completed.  The youth is enrolled in an educational program (includes GED) and attends classes regularly, without extended absenteeism.  The youth is enrolled in an educational program (includes GED) and attends classes 1-3 days per week on average.  The youth has earned a high school diploma.  The youth has earned a General Equivalency Diploma.  The youth has formally withdrawn from school prior to completing the course of study.  The youth has been temporarily removed from school through official school action.  The youth has been permanently removed from school through official school action.  No information is available on the youth's school status.
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choo ne of 1 2 3 4 5 6 7 8	ntly in School or working on an Yes No  No Status: Choose the code descrite youth's entrance, this questing Attending School Regularly  Attending School Irregularly  Graduated High School  Obtained GED  Dropped Out  Suspended  Expelled  Do Not Know  Name:  of for not attending:	ribing the youth's school status. If school was not in session at the ion should pertain to the school year just completed  The youth is enrolled in an educational program (includes GED) and attends classes regularly, without extended absentaeism.  The youth is enrolled in an educational program (includes GED) and attends classes 1-3 days per week on everage.  The youth has earned a high school diploma.  The youth has earned a General Equivalency Diploma.  The youth has formally withdrawn from school prior to completing the course of study.  The youth has been temporarily removed from school through official school action.  The youth has been permanently removed from school through official school action.  No information is available on the youth's school status.

Revised

Monthly Non-Cash Income Sources — (check all that a	apply and complete income detail below)
Supplemental Nutrition Assistance Program (Food Stamps)	TANF Child Care Services
B MEDICAID	□ TANF Transportation Services
o MEDICARE	Other TANF-Funded Services
a SCHIP	<ul> <li>Section 8, Public Housing or rental assistance</li> </ul>
D Special Supplemental Nutrition Program for WIC	Other Source
n Veteran's Administration (VA) Medical Services	
• •	fonthly Amount:
	lonery Amount
Referral Information	
Who referred the youth to the BCP? Choose one code for the youth was advised about, sent, or directed to the Basic	
1 Self-Referral: The youth came to the agency v	without any direction from another person or
organization.	
2Individual	
3 Street Outreach Program 4 Temporary Shelter	
<ol><li>Coperated by Your Ager</li></ol>	ncy or Another Agency)
6 Hotline	
<ol> <li>Other Agency or Program (Operated by Your</li> <li>Juvenile Justice: Agencies such as juvenile of</li> </ol>	
facilities, or probation and parole workers	courts, correctional institutions, and detention
9 Law Enforcement/Police: A legally recognized	d law enforcement body for a town, city, or
county, such as a sheriff's department.	
10 Religious Organization: Church, temple, or a spiritual or religious teaching.	other organized group espousing the tenets of
11 Mental Hospital: Facility providing treatment t	for psychiatric illness.
12School: A school.	•
13. Other Organization: Another organization not	described above.
<ol> <li>Do Not Know: Insufficient information is availate the agency.</li> </ol>	able to determine now the youth was referred
Denoting Denoise and	
Reporting Requirements:  For a child in the custody of an agency, the	and provider appure that all
applicable data enable the agency to report to ODJ	
the Social Security Act (42 USC Section 679) and 4	45 CFR Parts 1355, 1356, and 1357 for the
Adoption and Foster Care Analysis and Reporting S	System (AFCARS) will be provided to the
agency having custody of the child by the	or provider.
Amendments:	
This writing constitutes the entire agreement between	en the parties with respect to all matters
herein. This ICCA may be amended only be a writin	ng signed by the two parties. However, it is
agreed by the parties that any amendments to laws correlative modification of the ICCA, without the net	or regulations cited nerein will result in cessity for executing written amendments. The
impact of any applicable law, statute, or regulation i	not cited herein and enacted after the date of
execution of the ICCA will be incorporated into this	ICCA by written amendment signed by both

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parties and effective as the date of enactment of the law, statute, or regulation. Any other written amendment to this ICCA is prospective in nature.

## Construction:

The ICCA shall be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this ICCA be found to be unenforceable by operation of statue or by administrative or judicial decision, the operation of the balance of this ICCA is not affected thereby; provided however, the absence of the illegal provision does not render the performance of the remainder of this ICCA impossible.

Signature of the Parties
We hereby agree to the terms and conditions of this Individual Child Care Agreement

Custodian	Date:
Sojourners Representative:	Date:
Caregiver	Date:
YP Signature	Date: