

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 Information

Who has custody of the young person? _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Address: _____

***Gender**

- Male
- Female
- Transgender Male to Female
- Transgender Female to Male
- Other
- Don't Know

This agreement is entered into on ___ / ___ / ___ by and between the Legal Guardian/Custodian listed below to _____, a minor child in the custody of the Legal Custodian/ Guardian

Name: _____

Address, City, State, Zip Code: _____

Telephone Number: _____ Fax Number: _____

Representative: _____ Emergency Number: _____

Email Address: _____

Provider Name: Sojourners Care Network

Address: 605 1/2 West Main St. McArthur, Ohio 45651 (PO Box 312)

Telephone Number: (740) 596-1117, (800) 237-5277

Fax Number: (740) 739-4357

Representative: Jen Waldron (740) 418-9089

Host Home Provider Name: _____

Address, City, State, Zip Code: _____

Telephone Number: _____ Resource ID Number: _____

Total Reimbursement Per Diem for Services Rendered: \$ _____

Maintenance: \$ _____

Non-Maintenance: \$ _____

Total: \$ _____

The reimbursement rate stipulated above will be in effect for the duration of the placement, unless amended by a subsequent Individual Child Care Agreement.

cc: Host Home Provider
Operations Coordinator

General Information

Estimated Length of Stay: _____ days

Transportation Arrangements

Drop Off Location: _____

Pickup Location: _____

Contact Person / Number: _____

Family Contact: *Persons who have permission to contact the child (check all that apply)*

- Father
- Mother
- Sister(s)
- Brother(s)
- Grandparents
- Other: _____

*Primary Race

- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Asian
- Black or African American (HUD)
- White (HUD)
- Other
- Other Multi-racial

***Ethnicity**

- Hispanic/Latino
- NonHispanic/Non-Latino
- None Specified
- Don't Know
- Refused

Sexual Orientation: Choose **one** code indicating how the youth describes his/her sexual orientation.

Heterosexual _____ Gay _____ Lesbian _____ Bisexual _____
 Questioning/Unsure _____ Not Known or Not Determined _____

Services Provided

_____ Emergency Shelter

Entry Dates _____

_____ Preventative Services

Dates _____

Services Provided

Health and/or Mental Health Information

Emergency Medical Needs: Substitute / Host Home Provider shall transport child to child's physician or if unavailable, the hospital emergency room shall be used and substitute / Host Home Provider shall notify the Provider and Agency as soon as possible, and in compliance with the Ohio Administrative Code. At the time of treatment, please present the medical card. If there is no medical card, forward all billing information to: _____

Has the child experienced any of the following childhood illnesses?

- Rubella Yes No Unknown
- Rubeola Yes No Unknown
- Chicken Pox Yes No Unknown
- Whooping Cough Yes No Unknown
- Mumps Yes No Unknown
- Hepatitis Yes No Unknown

Medications (including birth control): _____

Name: _____ Dosage: _____
 Name: _____ Dosage: _____
 Name: _____ Dosage: _____

Family Doctor: _____ Name: _____ Last Visit: _____

Mental Health Provider: _____ Agency: _____

Name of Provider: _____ Name of Provider: _____

If the youth is no longer a state ward but was in the care of the juvenile justice system previously in his or her life, please enter the number of months or the codes describing the number of years the youth has previously been in the care of the State:

	NO	If the youth is no longer in the system but was in foster care previously in his or her life, please select YES to indicate the youth is a former ward of the state child welfare agency
	YES	

Number of months:

- Not applicable** (more than 11 months (enter years below) or never in child welfare or foster care)
 Number of Months (enter 1-11 for the number of months in child welfare or foster care)

Number of years (if over 12 months, check one):

- Not Applicable** (less than 1 year- enter months above or never in child welfare or foster care)
 (1 - 2)
 (3 - 5)
 (More than 5)

Living Situation At Entry

***Is Client Homeless?** (by HUD definition)

- Yes No

Housing Status:

- Literally Homeless Stably Housed
 Housed and at imminent risk of losing housing Don't Know
 Housed and at risk of losing housing Refused

Is Client Chronically Homeless?

- Yes No

An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. The individual must have been on the streets or in an emergency shelter (not transitional housing) during these episodes.

Extent of Homelessness

- First time homeless Chronic: 4 times in past 3 years
 1-2 times in the past Long term: 2 years or more

Prior Living Situation (Where was the client last night?)

- | | |
|--|---|
| <input type="checkbox"/> Adult Foster Care
<input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher

<input type="checkbox"/> Hospital (non-psychiatric)
<input type="checkbox"/> Jail, Prison or Juvenile Facility
<input type="checkbox"/> Owned by Client, no housing subsidy (Select if client was living with his/her parents and the family is not receiving housing subsidy)
<input type="checkbox"/> Permanent Housing for formerly homeless persons (such as SHP, S+C or SRO Mod Rehab)
<input type="checkbox"/> Psychiatric Hospital or other psychiatric facility
<input type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Rental by client, with VASH housing subsidy
<input type="checkbox"/> Staying or living in a family member's room, apartment or house (Select if client was living with extended family)
<input type="checkbox"/> Substance Abuse Treatment Center | <input type="checkbox"/> Don't Know

<input type="checkbox"/> Foster care home or foster care group home
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher
<input type="checkbox"/> Other
<input type="checkbox"/> Owned by client, with housing subsidy (Select if client was living with his/her parents and the family is receiving housing subsidy)
<input type="checkbox"/> Place not meant for habitation inclusive of 'non-housing service site (outreach programs only)
<input type="checkbox"/> Refused
<input type="checkbox"/> Rental by client, with other (non-VASH) housing subsidy
<input type="checkbox"/> Safe Haven

<input type="checkbox"/> Staying or living in a friend's room, apartment or house (Select if client was staying with non-related friends)
<input type="checkbox"/> Transitional Housing for Homeless inc. youth |
|--|---|

Length of Stay

- One week or less
- More than one week, but less than one month
- One to three months
- More than three months, but less than one year
- One year or longer
- Don't Know
- Refused

Living situation at entry: Choose one code to indicate the living situation in which the youth spent at least 6 of the 12 months prior to entrance. (If the youth did not spend more than 6 months at one residence during the 12 months prior to entrance, enter the code corresponding to the residence in which he or she spent the most time during that period.)

1. In a shelter
2. On the street
3. In a Private Residence
4. In a Residential Program
5. In a Correctional Institute or Detention Center: Secure facility operated in conjunction with the juvenile justice system.
6. In a Mental Hospital: Facility providing treatment for psychiatric illness.
7. In the Military: In a facility operated by a military organization or a residence approved for military personnel.
8. In Another Living Situation: Other living situation not described above.
9. Do Not Know: The staff does not have enough information on the youth's living situation to correctly choose a response.

Zip Code of Last Permanent Address _____

Education Summary

Currently in School or working on any Degree?

- Yes
- No

School Status: Choose the code describing the youth's school status. If school was not in session at the time of the youth's entrance, this question should pertain to the school year just completed.

1	Attending School Regularly	The youth is enrolled in an educational program (includes GED) and attends classes regularly, without extended absenteeism.
2	Attending School Irregularly	The youth is enrolled in an educational program (includes GED) and attends classes 1-3 days per week on average.
3	Graduated High School	The youth has earned a high school diploma.
4	Obtained GED	The youth has earned a General Equivalency Diploma.
5	Dropped Out	The youth has formally withdrawn from school prior to completing the course of study.
6	Suspended	The youth has been temporarily removed from school through official school action.
7	Expelled	The youth has been permanently removed from school through official school action.
8	Do Not Know	No information is available on the youth's school status.

School Name: _____ School Grade: _____

Reason for not attending: _____

School Transportation: Bus System Host Home Provider Other: _____

Monthly Non-Cash Income Sources — (check all that apply and complete income detail below)

- | | |
|--|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (Food Stamps) | <input type="checkbox"/> TANF Child Care Services |
| <input type="checkbox"/> MEDICAID | <input type="checkbox"/> TANF Transportation Services |
| <input type="checkbox"/> MEDICARE | <input type="checkbox"/> Other TANF-Funded Services |
| <input type="checkbox"/> SCHIP | <input type="checkbox"/> Section 8, Public Housing or rental assistance |
| <input type="checkbox"/> Special Supplemental Nutrition Program for WIC | <input type="checkbox"/> Other Source |
| <input type="checkbox"/> Veteran's Administration (VA) Medical Services | |

Source _____ Monthly Amount: _____

Referral Information

Who referred the youth to the BCP? Choose one code for the individual or organization through which the youth was advised about, sent, or directed to the Basic Center Program.

1. _____ **Self-Referral:** *The youth came to the agency without any direction from another person or organization.*
2. _____ **Individual**
3. _____ **Street Outreach Program**
4. _____ **Temporary Shelter**
5. _____ **Residential Program** (Operated by Your Agency or Another Agency)
6. _____ **Hotline**
7. _____ **Other Agency or Program** (Operated by Your Agency or Another Agency)
8. _____ **Juvenile Justice:** *Agencies such as juvenile courts, correctional institutions, and detention facilities, or probation and parole workers*
9. _____ **Law Enforcement/Police:** *A legally recognized law enforcement body for a town, city, or county, such as a sheriff's department.*
10. _____ **Religious Organization:** *Church, temple, or other organized group espousing the tenets of a spiritual or religious teaching.*
11. _____ **Mental Hospital:** *Facility providing treatment for psychiatric illness.*
12. _____ **School:** *A school.*
13. _____ **Other Organization:** *Another organization not described above.*
14. _____ **Do Not Know:** *Insufficient information is available to determine how the youth was referred to the agency.*

Reporting Requirements:

For a child in the custody of an agency, the _____ and provider assure that all applicable data enable the agency to report to ODJFS all information required by Section 479 of the Social Security Act (42 USC Section 679) and 45 CFR Parts 1355, 1356, and 1357 for the Adoption and Foster Care Analysis and Reporting 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 the parties with respect to all matters herein. This ICCA may be amended only by a writing signed by the two parties. However, it is agreed by the parties that any amendments to laws or regulations cited herein will result in correlative modification of the ICCA, without the necessity for executing written amendments. The impact of any applicable law, statute, or regulation 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

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 statute 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: _____