



I understand that the Resource Family Agency approving my home, Extraordinary Families (EF), has entered into an Agreement with the County of Los Angeles Department of Children and Families Services (DCFS) to provide foster care services for the Department.

I understand that Extraordinary Families (EF) is my approving Resource Family Agency on which I rely for reimbursement of expenses for the services I provide and any and all other benefits I receive on my behalf as an EF resource parent.

I understand that as a resource parent, I provide a resource in the community to meet the needs of children in foster care. I acknowledge that any child placed in my home may be a dependent of the Court and is under the direct care and supervision of DCFS. I understand that the DCFS Children’s Services Worker (CSW) is the sole case manager responsible for the child(ren) and that, in conformity with EF policy, I shall comply with the CSW’s case plan for those children and agree to facilitate family reunification efforts, unless it is otherwise stated in the case plan or court order. Additionally, I acknowledge that EF, with DCFS approval, has the right to replace any child in accordance with the child’s best interests, needs, or case plan.

As an EF resource parent, I understand that my relationship with the Agency is on an “at will” basis, meaning that either party may terminate the relationship with or without cause. This “at will” policy cannot be altered by word or deed of any employee of the Agency.

I acknowledge and understand that I am not an employee of DCFS for any purpose. I do not have any and will not acquire any rights or benefits from DCFS pursuant to any agreement between EF and DCFS, unless I have obtained a signed written waiver to this prohibition from the DCFS Director or delegate for purposes of entering into a fost-adopt plan of action.

RESOURCE PARENT ACKNOWLEDGMENT

By signing below, I acknowledge that I have read this document in its entirety and understand its contents and my responsibility and role as a resource parent. I also acknowledge that I have been provided a copy of this document.

Signature of Resource Parent 1

Printed Name

Date

Signature of Resource Parent 2

Printed Name

Date