**Hamilton County Job & Family Services**

**Kinship Caregiver Vendor Agreement – Provider ID**

This agreement is entered into on between the Hamilton County Job & Family Services (HCJFS) and , (Kinship Caregiver), atthe following address **.**

**I. TERMS**

This agreement will be effective from time of Kinship caregiver placement and agency custody to end of caregiver placement or agency custody, unless otherwise terminated or extended by formal amendment.

The total amount of the agreement cannot exceed **$350** per month, per child over the life of this agreement.

This agreement will be in effect while **«CHILDREN»** is(are) placed in the home of the Kinship Caregiver identified above, and in the custody of HCJFS, and is available until the child(ren) reach(es) the age of 18, or is(are) no longer in the Kinship Caregivers’(s)’ care.

**II. SCOPE OF SERVICE**

Subject to terms and conditions set forth in this agreement, the Kinship Caregiver is intended to assist the guardianship and to promote permanency for children in kinship placement.

**A. HCJFS RESPONSIBILITY**

1. The caseworker confirms that an initial assessment of the Kinship caregiver was completed.

2. The caseworker arranges:

1. Fingerprint checks via BCII (Bureau of Criminal Identification and Investigation) and central registry clearance for each adult household member;
2. Juvenile Court records check for all children in the household age 8 and older.

3. The placing caseworker ensures that the vendor registration packet, and this Kinship Caregiver Vendor Agreement has been completed by the Kinship Caregiver, and delivers it to the correct department.

4. The placing caseworker confirms and updates the Kinship Caregiver’s mailing address, and makes sure a Change of Address form is completed if need be.

**B. KINSHIP CAREGIVER RESPONSIBILITY**

1. The Kinship Caregiver signs a Kinship Care agreement with HCJFS stipulating that the Kinship Caregiver will:

1. Apply for all benefits to which the child(ren) may be entitled, such as social security, SSI, TANF, Medicaid, child support, SNAP, etc.;
2. Maintain compliance with the benefit programs noted above for as long as the child(ren) remains in their custody; and
3. Inform the agency of any change in physical custody.

2. Kinship Caregiver will complete the attached Vendor Registration form and the Direct Deposit form (instructions printed on the back). The Vendor Registration form, Direct Deposit form and this agreement (HCJFS 4121) must be returned to your case worker or mailed to:

**Fiscal, 3rd floor,**

**Hamilton County Job & Family Services**

**222 E. Central Pkwy**

**Cincinnati, OH 45202**

All forms must be completed and returned within 30 days of receipt.

**III. BILLING AND PAYMENT**

1. Rates of Payment ‑ HCJFS agrees to compensate the Kinship Caregiver in the amount of **$350.00 per month** for each child in kinship placement in the Kinship Caregiver’s home.
2. Billing and Payment – Payments will begin when placement is made. Kinship Caregiver shall receive payments automatically, and the **1st payment shall be received within 30 days** of the child(ren) being placed with the Kinship Caregiver when the Kinship Caregiver submits all required forms. HCJFS will only pay for children authorized to reside in the Kinship Caregiver’s home.

C. HCJFS will not pay for any placement month if the Kinship Caregiver Agreement is submitted to HCJFS more than sixty (60) calendar days from the end of the placement with the Kinship Caregiver.

**IV. ELIGIBILITY FOR SERVICES**

Kinship Caregiver placements will be considered if both of the following criteria are met:

1. The child(ren) must be in HCJFS legal custody.
2. The child(ren) is continuously living with the Kinship Caregiver during period covered by the agreement.

**V. CONFIDENTIALITY**

The Kinship Caregiver agrees to comply with all federal and state laws applicable to HCJFS and/or consumers of HCJFS concerning the confidentiality of HCJFS consumers. The Kinship Caregiver understands that any access to the identities of any HCJFS consumers shall only be as necessary for the purpose of performing their responsibilities under this agreement. The Kinship Caregiver agrees that the use or disclosure of information concerning HCJFS consumers for any purpose not directly related to the administration of this agreement is prohibited.

**VI. AVAILABILITY OF FUNDS**

This agreement is conditioned upon the availability of federal, state, or local funds which are appropriated or allocated for payment of this agreement. If funds are not allocated and available for the continuance of the function performed by the Kinship Caregiver, the products or services directly involved in the performance of that function may be terminated by HCJFS at the end of the period for which funds are available. HCJFS will notify the Kinship Caregiver at the earliest possible time of any products or services which will or may be affected by a shortage of funds. No penalty shall accrue to HCJFS in the event this provision is exercised, and HCJFS shall not be obligated or liable for any future payments due or for any damages as a result of termination under this section.

**VII. PUBLIC RECORDS**

This agreement is a matter of public record under the laws of the State of Ohio. Kinship Caregiver agrees to make copies of this agreement promptly available to any requesting party. Upon request made pursuant to Ohio law, HCJFS shall make available the agreement and all public records generated as a result of this agreement.

By entering into this agreement, Kinship Caregiver acknowledges and understands that records maintained by Kinship Caregiver pursuant to this agreement may be deemed public record and subject to disclosure under Ohio law. Kinship Caregiver shall comply with the Ohio public records law.

The terms of this agreement are hereby agreed to by both parties, as shown by the signatures of representatives of each.

**SIGNATURES**

Authorized HCJFS Representative Title Date

Kinship Caregiver Date

NO

YES

I am a resident of Hamilton County?