



Foster & Adoptive Care Coalition

FOR EVERY CHILD... A PLACE TO CALL HOME

Parent-to-Parent Network Participation Agreement

I agree to complete the training/orientation requirements of the Parent-to-Parent Network which includes the following:

- Attending a two hour training/orientation aimed preparing you to effectively utilize respite care providers.
Date of completion: _____
- Utilizing a Network Provider Handbook to help providers become more equipped to work with your child.
- Informing my licensing worker before placement and adherence to all licensing standards including overnight visits.
- Keeping the information and emergency forms included in the Network Provider Handbook complete and up-to-date.
- Communicating directly and honestly with families concerning all your personal and professional boundaries, guidelines and procedures.
- Maintaining confidentiality. No information learned as a result of your participation as a Network provider is to be shared outside of that professional service. Casual conversations about confidential information with friends, other parents, and others not involved with direct services to the client are prohibited.

Signature

Date

Signature

Date