Kinship Care Agreement

I, _____, give _____,
(Parent's Name) (Caregiver's Name)

the child's _____, this family care
(Relationship to Child—Ex: grandparent, uncle, friend, etc)

agreement to care for my child, _____, until I can care for him/her
(Child's Name)

again. If you have any questions, please feel free to call me at _____.
(Parent's Phone Number)

Parent Name (Please print.): _____

Parent Signature: _____ Date: _____

Caregiver Name (Please print.): _____

Caregiver Signature: _____ Date: _____