

Caregiver Authorization

DATE

This is to verify that _____, born _____, has been placed in foster care under the supervision of DCYF. The authority for this supervision is:

- Police Custody.
- Court Order # _____.
- Voluntary Placement Agreement, dated _____.

DCYF has authorized the placement of the above-named child in the home of

_____ effective _____. DCYF authorizes the above-named caregiver(s) to engage in the activities indicated below:

- Routine Medical and Dental Care**
Arrange for routine medical and dental care on behalf of the child by a licensed physician, nurse or dentist. Routine care includes an Early Periodic Screening, Diagnosis, and Treatment examination within 30 days of initial placement and immunizations as needed. The caregiver must discuss routine care needs with the assigned DCYF case worker who will incorporate routine care needs into the child's written service plan.
- Mental Health and Substance Abuse Services and Treatment**
Arrange for mental health and substance abuse evaluations and treatment as needed and directed.
- Dispensing Prescribed and Over-the-Counter Medications**
Dispense medications prescribed for this child as indicated by the health care provider on the prescription bottle. Use reasonable discretion to dispense "over the counter" medications listed in WAC 110-148-1575 (found at <http://app.leg.wa.gov/WAC/default.aspx?cite=110-148-1575>) and 110-145-1860 (found at <http://apps.leg.wa.gov/wac/default.aspx?cite=110-145-1860>).
- Emergent Medical or Dental Care**
Arrange and consent, without prior notice to the assigned worker, to such emergent medical care as is necessary to prevent death or serious injury to the child. In cases in which prior notice is not given, the caregiver will notify the assigned worker as soon as possible after the child's medical needs are met.
- Educational Decisions**
Enroll the child in school and make routine educational decisions on behalf of the child.
- Out-of-State Travel Over 72 Hours**
Transport the child outside the State of Washington during the period _____ to _____. Prior notice of this travel has been given to the child's assigned worker and the approval for such travel is documented in the child's case record. (*Per DCYF Practices and Procedures 6100*)

Please feel free to contact the assigned DCYF worker at _____ if you have further questions.

DCYF WORKER'S NAME (PRINTED)

DCYF SUPERVISOR'S NAME

DCYF SUPERVISOR'S PHONE NUMBER

It is appropriate for above named caregiver to receive and share information that is necessary to meet the emergent and routine health related needs of the child. This information is consistent with the requirements of HIPPA (Health Insurance Portability and Accountability Act).

If there are questions about the prescribed service or treatment, the medical provider or pharmacist should **contact the assigned DCYF worker at _____ immediately**. It is not appropriate to deny services or seek parental consent. Doing so compromises the child's safety and confidentiality.

The foster parent or relative caregiver for this child is **NOT** financially responsible for any medical or health related services. Children in out-of-home placement are eligible for Washington State's Medicaid Program. Washington State also has reciprocating agreements with many states for Medicaid coverage while the child is outside Washington State. To verify Medicaid eligibility, the child's ProviderOne number, or scope of coverage, please contact the Washington State Foster Care Medical Team at 1-800-562-3022 ext. 15480, Monday through Friday, 7:30 AM to 5:00 PM (Pacific Time) Medical Providers can verify eligibility by checking HCA's Provider One system <http://hrsa.dcyf.wa.gov/providerone/providers.htm>

Copy to case file



Washington State Department of
CHILDREN, YOUTH & FAMILIES

..... This certifies that

is a Caregiver with the State of Washington
Department of Children, Youth, and Families

Authorizing Signature

LIC_0014A (08-2020)

Expiration Date (One Year)