



**State of Florida
Department of Children and Families**

Ron DeSantis
Governor

Shevaun L. Harris
Secretary

Dennis Miles
Regional Managing
Director

In Home Services Agreement

Case Name: _____

FSFN Case # : _____

We understand and agree to participate in receiving case management and safety services. As a part of our participation in receiving these services, we agree to the following conditions:

1. A case manager will work with us in our home to help resolve family issues and build family strengths. This may include weekly unannounced visits to monitor safety.
2. We agree to actively participate in the development of and the carrying out of the family case plan to the best of our ability as well as following the safety plans put in place.
3. We understand that services may be discontinued by the agency at any time, by notification to us orally or in writing. If we disagree with the discontinuation of services we may request a staffing or administrative review by agency staff to determine our continued eligibility for services.
4. We understand that we may request the discontinuation of services at any time, by notification to the agency orally or in writing. The agency will assess the situation and, if it disagrees with this request, a petition may be filed for court ordered protective supervision.
5. We understand that if we do not cooperate with the recommended services, do not substantially comply with the case plan, violate the safety plan, or do not make sufficient progress toward improving the conditions that resulted in the abuse or neglect report, the agency may petition the court for court ordered protective supervision.
6. We understand that by law the case manager is required to report any subsequent abuse/neglect allegations to the Florida Abuse Hotline for investigation and further action as deemed necessary.
7. We agree to notify the case manager in advance of any change in address or of any additional people moving into our home. We also agree to notify the case manager of any people who are currently frequent visitors in our home or later become frequent visitors.
8. We agree to immediately notify law enforcement (local police or sheriff) if a child in our home runs away or otherwise is missing.
9. We also agree to sign the releases of information for records such as medical, psychological, psychiatric and educational information as may be necessary in order to complete a family assessment and formulate and complete the family case plan.

Investigator/Case Manager Name: _____ CPI/CM Signature _____ Date: _____

Parent Name: _____ Parent Signature: _____ Date: _____

Parent Name: _____ Parent Signature: _____ Date: _____

Others: _____ Other Signatures: _____ Date: _____

Southeast Region

Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency