

SERVICE AGREEMENT - PERMANENCY PLACEMENT SERVICES PROGRAM (PPSP)

DCF-2107

3/16 (Rev.)



Initial Amended

| | | | | | |
|--|--|----------------------------------|--|---------------------------------------|------------------|
| Child's Last Name: | | Child's First Name: | | LINK #: | Person ID #: |
| Child's DOB: | | Child's Race (as noted in LINK): | | Child's Ethnicity (as noted in LINK): | |
| DCF Social Worker: | | DCF Office: | | | |
| Child's legal status at onset of agreement: | | | Child's Permanency Plan at onset of Agreement: | | |
| Child's Placement Type at onset of Agreement | | | | | |
| Private Agency Name: | | | | Agency Phone Number: | |
| Address: (No. and Street): | | | City: | | State: Zip: |

The above-named child has been referred to the above-named private agency for inclusion in the Permanency Placement Services Program (PPSP). The Department of Children and Families agrees to purchase the PPSP services checked below, for the hours specified and at the rate of per service hour. Please note the **maximum** amount of hours available to a child is **132!**

Note: *The dollar amount is the maximum hourly amount to be paid if the private agency completes each service checked.*

PPSP Service Category

(Services may only be provided by child placing agencies licensed by the State of Connecticut)

| | Service Hours | Amount |
|--|----------------------|----------------------|
| <input type="checkbox"/> 1 - Recruitment and Screening | | |
| <input type="checkbox"/> 2 - Home study and Evaluation | | |
| <input type="checkbox"/> 3 - Placement Planning | | |
| <input type="checkbox"/> 4 - Post-Placement Supervision | | |
| <input type="checkbox"/> 5 - Post Finalization Services (AAP ONLY) | | |
| <input type="checkbox"/> 6 - Reunification Services | | |
| <input type="checkbox"/> 7 - Supervision After Reunification | | |
| TOTALS | <input type="text"/> | <input type="text"/> |

If Reunification, Subsidized Transfer of Guardianship (STOG) or Adoption is the goal, what is the projected date?:

The Private Agency agrees to do the following (list tasks):

The Department of Children and Families agrees to do the following (list tasks):

| | |
|-------------|--------------------|
| Start Date: | Expected End Date: |
|-------------|--------------------|

| | | |
|---|--|-------|
| Name of DCF Social Worker: | Signature of DCF Social Worker: | Date: |
| Name of DCF Social Work Supervisor: | Signature of DCF Social Work Supervisor: | Date: |
| Name of DCF Regional Administrator (or Designee): | Signature of DCF Regional Administrator (or Designee): | Date: |
| Name of Private Agency Social Worker: | Signature of Private Agency Social Worker: | Date: |
| Name of Private Agency Supervisor/Director: | Signature of Private Agency Supervisor/Director: | Date: |

PLEASE SEND COPY TO: DCF Office of Children and Youth in Placement (OChYP), 505 Hudson Street, Hartford, CT 06106