

[This is only a sample. Projects are encouraged to customize as appropriate]

Letter of Agreement
_____ **FOSTER GRANDPARENT PROJECT**
Letter of Agreement for In-Home Assignment with
Volunteer Station _____

PERSONAL INFO:

- A. Child's Name _____
- B. Parent or Guardian's Name _____
- C. Address: _____
- D. City: _____ State: _____ Zip Code: _____
- E. Phone: _____ Birth date: _____
- F. Gender: Male Female

EXCEPTIONAL NEEDS (Verified by an appropriate professional)

- | | |
|--|---|
| <input type="checkbox"/> Autistic | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Specific learning disability |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Emotionally disturbed or language disorder |
| <input type="checkbox"/> Speech Impaired | <input type="checkbox"/> Other health impairment |
| <input type="checkbox"/> Literacy needs | <input type="checkbox"/> Other (Describe) _____ |

SPECIAL NEEDS (Verified by an appropriate professional)

- | | |
|---|---|
| <input type="checkbox"/> Abused or neglected | <input type="checkbox"/> In need of foster care |
| <input type="checkbox"/> Adjudicated youth | <input type="checkbox"/> Homeless youth |
| <input type="checkbox"/> Teen-age parent | <input type="checkbox"/> In need of protective intervention |
| <input type="checkbox"/> Other (Describe) _____ | |

IMPACT STATEMENT

What will change as a result of Foster Grandparent involvement/services? Develop and append an Assignment Plan that describes the activities of the Foster Grandparent and identifies the specific outcomes for the child served.

ARRANGEMENTS FOR SUPERVISION

Summarize specific arrangements for supervision of the Foster Grandparent.

AUTHORIZED SIGNATURES

A. Signature of Foster Grandparent_____

Printed Name:

B. Signature of Parent or Legal Guardian _____

Printed Name:

C. Signature of Volunteer Station Representative _____

Printed Name:

D. Signature of FGP Sponsor Representative_____

Printed Name:

E. Date _____

(Foster Grandparent services may be terminated by the Sponsor at any time when services rendered fall out of the scope of the Program or when the parent/legal guardian or the Volunteer Station so requests.)