

## **EMERGENCY CAREGIVER AGREEMENT**

Name: DC	OC number:	Date:
Each participant must identify an emergency caregiver in the event of an arrest or removal from the alternative. The emergency caregiver must agree to pick up and care for the child(ren) in the event that the participant cannot. Once an emergency caregiver has been identified, they must complete this form and return to the case manager within five days of transfer/sentencing.		
In the event that the emergency caregiver is not responsive, or is unable to care for the child(ren), Child Protective Services (CPS) will be contacted.		
Emergency caregiver name:	Relationship	:
CHILD INFORMATION Use back of paper for additional children		
Name (Last, First, Middle)	Date of birth (MM/DD/YYYY)	Gender
EMERGENCY CAREGIVER COMPLETES		
I understand that the Department of Corrections will not be responsible for any costs associated with my travel or for the ongoing care of the child.  I authorize the Department of Corrections and the Department of Children, Youth, and Families to run a criminal history and background check on me and any other adult who resides in my home. Listed below are all adults or other residents in my home who agree to participate in Child Protective Services and law enforcement background checks.		
Name (Last, First, Middle)	Date of birth (MM/DD/YYYY	Gender
Use back of paper for additional residents.		
I can be reached at:		
Daytime phone number Mobile/cell phone number E	vening phone number Alt	ernate phone number
Emergency caregiver name Signatur	<u> </u>	 Date
The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.  Distribution: ORIGINAL - Case manager file COPY - Participant		