

EMERGENCY CAREGIVER AGREEMENT

DOC 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	Evening phone number	Alternate phone number				
Emergency caregiver nan	ne Signat	ure	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.							
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