

HIV General Agreement

Foster or Adoptive Parent Names

I agree to accept a foster or adoptive child who is known to:

- Yes No have AIDS.
 Yes No have tested HIV positive.
 Yes No be at risk for HIV infection.

If yes to the above:

We have will soon receive training in the care of children or youth who are HIV-infected.

We understand that although we have agreed to care for HIV-infected children, we can refuse the placement of a specific child for reasons other than the child's HIV status.

We understand that we may withdraw this agreement at any time by notifying the Department in writing of the decision to withdraw this agreement.

Foster or Adoptive Parent Signature	Date
Foster or Adoptive Parent Signature	Date
Contractor Home Study Worker Signature	Date