Shared Responsibility Plan Agreement
The Shared Reasonability Plan and this template are voluntary. An agency may deem other shared responsibility plan or formats acceptable for use.

This agreement between	(name)	and
(name)		regarding the child(ren) listed
below was developed in the best interest	t of these children. V	We agree to adhere to the agreemen
and respect policies outlined for commur	nication and revisior	is.
Minor Parent Information:		
Name:		
Address:		
Phone Number.		
Email Address:		
Caregiver Information:		
Name:		
Address:		
Phone Number:		
Email Address:		
Non-Custodial Parent Information:		
Name:		
Address:		
Email Address:		
Child(ren) Included in Agreement:		
Name:	Age:	Date of Birth:
Namo:	Λαο:	
Name:	Age:	Date of Birth:
	, 190.	
Specific Considerations:		
Both parties agree to afford each other_	hours'	notice of any scheduling conflicts or
changes to the daily schedule.		
Both parties agree to share any medical,	educational, or oth	er information they receive about
the child(ren) withinhours	of receiving that inf	ormation.
Tanias wa will not discuss in front of the	abild/ram) in aluda.	
Topics we will not discuss in front of the	chila(ren) include:	

Parenting Decisions:

Responsibility of	Time/Day	Notes
Minor Parent	8:00pm/S-Th	Foster parent will cover
		Friday/Saturday

(Examples include playtime, middle of the night, naptime, changings, feedings, etc.)

- Acceptable Forms of Discipline:
- Unacceptable Forms of Discipline:
 Child Care: When the minor parent and/or caregiver are not available to be home with the child, the following guidelines should be followed regarding child care, daycare, or babysitters:

Transportation Needs	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Ex. Daycare		Caregiver: drop off at 8:00 am Minor Parent: Pick up at 3:30 pm		Caregiver: drop off at 8:00 am and pick up at 4:00 pm	Caregiver: drop off at 8:00 am Minor Parent: Pick up at 3:30 pm		

Educational Preferences foMinor's Parent School			
School Transportation			
 Child's Health Information: Medical Care: Insurance: Primary Care: Scheduling appointm 			
Financial Contributions			
Item	Minor Parent	Caregiver	Non-Custodial
Diapers			
Food			
Formula/Milk			
Medicine/Creams			
Hygiene (soaps)			
Clothes/Shoes			
Toys			
Bedding			
Car seats			
Accessories			
(stroller/highchair/bottles)			
Other:			
01.11.10			
Child Support:			
Shared Expenses:			
Payment Agreement:			
	_		
Living Arrangements and Cเ	ıstody:		
- Custody Type:			
- Child Primary Residence	e:		
- We will communicate pr			
vve viii oommanioate pi	y by		
- The child(ren)'s regular	visitation schedul	e with each pare	nt will be:
Extended Family Visited	ion Cohodula:		
 Extended Family Visitat 	ion Scheaule:		

Revision can be made between the provided at the next CFT. The SRP	•	
This agreement is valid from the minor parent, their caregiver, ar		, and copies will be provided to
Minor Parent Signature:	Print Name:	Date:
Caregiver Signature:	Print Name:	Date:
Caseworker/IL worker:	Print Name:	Date:
Dates plan was revised:		