

Connecticut Department of Children and Families  
**SERVICE AGREEMENT - PERMANENCY PLACEMENT SERVICES PROGRAM (PPSP)**

DCF-2107  
 2/17 (Rev.)

Initial

Child's Last Name:	Child's First Name:	LINK #:	Person ID #:
Child's DOB:	Child's Race (as noted in LINK):	Child's Ethnicity (as noted in LINK):	
DCF Social Worker:	DCF Office:		
Child's legal status at onset of agreement:		Child's Permanency Plan at onset of Agreement:	
Child's Placement Type at onset of Agreement			
Private Agency Name:		Provider #:	Agency Phone #:
Address: (No. and Street):	City:	State:	Zip:
The above-named child has been referred to the above-named private agency for inclusion in the Permanency Placement Services Program (PPSP). The Department of Children and Families agrees to purchase the PPSP services checked below, for the hours specified and at the rate of <input type="text"/> per service hour. Please note the maximum amount of hours available to a child is 132! <b>Note:</b> <i>The dollar amount is the maximum hourly amount to be paid if the private agency completes each service checked.</i>			

PPSP Service Category (Services may only be provided by child placing agencies licensed by the State of Connecticut)		
	Service Hours	Amount
<input type="checkbox"/> 1- Recruitment and Screening		
<input type="checkbox"/> 2- Home study and Evaluation		
<input type="checkbox"/> 3- Placement Planning		
<input type="checkbox"/> 4 - Post-Placement Supervision		
<input type="checkbox"/> 5-Post Finalization Services (AAP ONLY)		
<input type="checkbox"/> 6-Reunification Services		
<input type="checkbox"/> 7-Supervision After Reunification		
<b>TOTALS</b>	<input type="text"/>	<input type="text"/>

If Reunification, Subsidized Transfer of Guardianship (STOG) or Adoption is the goal, what is the projected date?:

The Private Agency agrees to do the following (list tasks):

The Department of Children and Families agrees to do the following (list tasks):

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Start Date:	Expected End Date:
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Name of DCF Social Worker:	Signature of DCF Social Worker:	Date:
Social Worker Phone #	Social Worker e-mail address:	
Name of DCF Social Work Supervisor:	Signature of DCF Social Work Supervisor:	Date:
Name of DCF Regional Administrator (or Designee):	Signature of DCF Regional Administrator (or Designee):	Date:
Name of Private Agency Social Worker:	Signature of Private Agency Social Worker:	Date:
Private Agency Social Worker Phone #	Private Agency Social Worker e-mail address:	
Name of Private Agency Supervisor/Director:	Signature of Private Agency Supervisor/Director:	Date:

**PLEASE SEND COPY TO: DCF Office of Children and Youth in Placement (OChYP), 505 Hudson Street, Hartford, CT 06106**