

**EMERGENCY ASSISTANCE BABYSITTING AGREEMENT AND REQUEST FORM**

(This form should be submitted at least two weekdays before the babysitting will take place)

Name of adult whose children will be cared for ("Parent"): \_\_\_\_\_

Parent's contact telephone number: \_\_\_\_\_

Name of Babysitter or Child Providing Self-Care: \_\_\_\_\_

Child(ren) Name(s) and ages: \_\_\_\_\_

Date of this request: \_\_\_\_\_

The Babysitter agrees to be responsible for the child or children.

The Babysitter is responsible for finding out any needed information such as needed medication, nap times, bed times, special needs, etc. before the Parent leaves.

The Babysitter will care for the child or children assigned to his/her care and abide by the program rules regarding babysitting to the best of the Babysitter's ability.

The Babysitter and Parent will complete their sections of the standard form EA Child Information Sheet and give copies to shelter staff for a shelter placement or DHCD staff or hotel staff for a hotel placement before the babysitting assignment (top portion only) and after the babysitting assignment (completed form). Hotel staff will forward all received forms to DHCD.

The Babysitter and the Parent will have a conversation before the babysitting session about babysitting plans and a conversation after the babysitting session about how the session went.

If the Babysitter is having a problem while providing babysitting, the Babysitter can go to shelter staff for support and help. In hotels, the babysitter should try to reach the child's Parent, transitional homeless coordinator, FOR Families visitor, EA hotel support staff, or a HomeBASE liaison, if needed. Hotel staff cannot be relied on for support. The Parent will also provide emergency contact information.

If the Babysitter needs to cancel a babysitting appointment, the Babysitter will let the Parent know as soon as possible.

The Babysitter understands that babysitting is a very important responsibility and acknowledges familiarity with the DHCD Regulations, Rules, and Babysitting Guidelines.

The Parent hereby gives permission to the Babysitter to provide babysitting services for his/her child or children in accordance with the DHCD Regulations, Rules, and Babysitting Guidelines.

The Parent understands that he or she is ultimately responsible for the health, safety, and welfare of his/her child or children. To the full extent permissible by law, the Parent waives on his/her behalf and that of any minor children any right to sue the Department of Housing & Community Development, its contractors, and hotels receiving EA placements for any actions, conduct or omissions by a Babysitter or during the course of, or arising out of, an approved Babysitting arrangement.

All babysitting agreements should be approved in advance regardless of the length of time the Parent will be away. If you request a babysitter less than 2 business days beforehand, you need to explain why you did not make your request sooner. If you leave your child with a babysitter after submitting a late request and do not have approval before you leave, DHCD may deny your request after you have left and find that the babysitting was a violation of the rules. This could lead to a termination of your shelter benefits. A babysitting request may be denied in writing for a good reason.

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Date(s) on which babysitting will occur: \_\_\_\_\_  
(for example, "September 4th" or "every Tuesday and Wednesday" or "every day before or after school")

From: \_\_\_\_\_ AM/PM to: \_\_\_\_\_ AM/PM

Name and Age of Babysitter: \_\_\_\_\_

Name and age(s) of child or children to be cared for: \_\_\_\_\_

Agreed to location for babysitting: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_

Emergency Contact telephone: \_\_\_\_\_  
(This is the person the babysitter will contact in case there is a problem, so please make sure it is a person who will be available).

Special Message (allergies to food, medications, or environment; reasons for requested overnight babysitting must be stated if applicable; reasons for requesting babysitting with less than 2 days' notice must be stated if applicable)

\_\_\_\_\_  
\_\_\_\_\_

**Parent Signature**

I agree that I will provide the babysitter with diapers, extra clothing, special food, or any other necessary items. I agree that I will also provide the babysitter with instructions regarding feeding schedules, nap and bedtime schedules, and any other necessary instructions to care for my child(ren).

I understand that by signing this form, I am trusting my child(ren)'s safety and welfare to the above named babysitter, and that I am holding the shelter, hotel or other EA placement and DHCD harmless if my child(ren) is(are) injured or not cared for as I would like.

Parent Signature: \_\_\_\_\_

**Babysitter Signature**

I, \_\_\_\_\_, agree to babysit for the above named children. I also agree that I am qualified to babysit for this child (these children) and that I understand the rules and regulations of the shelter or hotel about babysitting.

Babysitter signature: \_\_\_\_\_

**Shelter Staff or DHCD Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_  
(as to approval of babysitter and time and location of babysitting services only)

Print name of shelter staff or DHCD staff signing this form: \_\_\_\_\_

**EMERGENCY ASSISTANCE CHILD INFORMATION SHEET**

**Top part to be completed before babysitting starts, with a copy to the babysitter and a copy to shelter staff for shelter placements or a copy to DHCD staff and hotel staff for hotel placements.**

For Adult in Family Whose Child(ren) will be babysat ("parent") to fill in and EA Staff to approve:

Child(ren) Name(s): \_\_\_\_\_ Date(s): \_\_\_\_\_

Time Child(ren) left with Babysitter (or self-care began): \_\_\_\_\_

Scheduled Pick-Up/End Time \_\_\_\_\_

Emergency Contact Name & Telephone: \_\_\_\_\_

Agreed to location for babysitting: \_\_\_\_\_

Last time child(ren) was/were fed: \_\_\_\_\_

Last time child(ren) was/were changed or went to bathroom: \_\_\_\_\_

Meal Plans: \_\_\_\_\_

3 diapers per child provided (if applicable)? \_\_\_\_\_ Change of clothes provided? \_\_\_\_\_

Special Message (allergies to food, medications, or environment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Bottom part to be completed after babysitting is finished, with a copy to the parent or guardian and a copy to shelter staff for shelter placements or a copy to DHCD staff or hotel staff for hotel placements. Hotel staff will forward copies received to DHCD.**

For Babysitter to fill in:

Diaper changed at: \_\_\_\_\_

Medical/health comments: \_\_\_\_\_

\_\_\_\_\_

Feeding/snack: \_\_\_\_\_

Time Parent returned: \_\_\_\_\_ Was this after the agreed to time?  Yes  No

Any problems? (i.e., enough diapers, not enough diapers, child fell, etc.): \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Babysitter Signature: \_\_\_\_\_ Date: \_\_\_\_\_