



State of Rhode Island

Family Court

Contract

I do voluntarily agree to participate in the Safe and Secure Baby Calendar (SSBC) with the following conditions.

1. I acknowledge that I need the assistance of the state and I will admit dependency. I understand that the SSBC affords me the opportunity for a safe and secure maintenance or reunification with my baby within one (1) year from the time the case is opened by the Department of Children, Youth, and Families (DCYF). The requirements of the Adoption and Safe Families Act still control.
2. I understand that if I am terminated from the SSBC or I have not been able to safely reunify with my baby within one (1) year, the pending petition(s) may be placed on the court's regular DCYF calendar and the reasonable efforts to reunify made in the SSBC will be considered in all further proceedings.
3. I understand that information disclosed by me in the SSBC regarding substance use and mental health treatment may not be used against me in a criminal investigation or prosecution. However, federal law does not protect information relating to crimes committed on the premises of a program, crimes against program personnel, or the abuse or neglect of a child.
4. I agree to allow the judicial officer to engage in discussions with the SSBC team members and others involved with my SSBC participation, regardless of the presence of an attorney, for the purpose of monitoring my progress.
5. I agree to sign any releases necessary to enable the SSBC team to assess my circumstances, evaluate my progress, and discuss options for case planning.
6. I agree to waive the confidentiality of the SSBC proceedings to permit other SSBC participants and their families to be present. I also understand that I must not disclose information about other program participants that may become known at the SSBC proceedings as such information is confidential.
7. I agree to participate in an infant-parent evaluation and follow the recommendations made by the professional conducting the evaluation. I understand that by participating in the SSBC, I can expect:
 - a. Increased visitation/parenting time with my baby weekly;
 - b. Expedited delivery of services necessary to facilitate a safe reunification with my baby and/or maintenance of my baby with me;
 - c. Frequent court reviews, as determined by the judicial officer presiding; and
 - d. Assistance with transportation, if necessary.



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8. I understand that the following is expected of me:
- a. I will not use illegal drugs;
 - b. I will not abuse alcohol or prescription drugs;
 - c. I will appear in court as ordered by the judicial officer;
 - d. I will be honest, truthful, and complete in all my communications with the court;
 - e. I will appear at all scheduled parenting time with my baby or cancel at least twenty-four (24) hours prior;
 - f. If my baby is home with me, I will be present for all scheduled home visiting appointments and parent coaching time at home;
 - g. I will attend all medical treatments afforded to my baby;
 - h. I will cooperate with the service providers, including DCYF;
 - i. I will follow the reunification plan as developed by DCYF and my service provider(s) in consultation with me and attend all service sessions;
 - j. I will avoid associations with people who abuse me or encourage me to miss appointments, abuse alcohol, or use illegal drugs;
 - k. I will attempt to further my education or get a job or vocational training so that I can support my baby;
 - l. If employed, I will provide verification of employment to the judicial officer; and
 - m. I understand that if I fail to follow the terms of this Contract and/or any court orders, the judicial officer may:
 - i. Increase court appearances;
 - ii. Add treatment sessions to the reunification plan;
 - iii. Increase level of treatment;
 - iv. Add support group meetings;
 - v. Order whatever the judicial officer deems necessary to further the case plan goal; and/or
 - vi. Terminate me from the SSBC;
9. I have discussed this Contract with my attorney and fully understand the terms and conditions. I freely and voluntarily agree to the terms and conditions herein.

Signature of the Participant _____	Date
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Signature of the Attorney for the Participant _____	Date
	Bar Number