

AGREEMENT FOR PURCHASE OF FAMILY FINDING SEARCHES

Please sign and return to the Family Finding Coordinator, familyfinding@senecacenter.org

Seneca Family of Agencies, a non-profit agency, and _____ (hereafter referred to as the customer) agree that the following terms and conditions apply to the purchase of a subscription to Seneca Family of Agencies' annual Family Finding Search Services on behalf of clients served by the customer.

1. CONTRACT PERIOD

This agreement shall be effective on _____ and remain in effect for a period of one year unless terminated as set forth in Section 5 of this agreement.

2. REQUEST FOR FAMILY FINDING SEARCHES

- A. The customer shall initiate requests for Family Finding searches through a secure link on the Seneca Search Service page on the National Institute for Permanent Family Connectedness (NIPFC) website, www.familyfinding.org/search-services.html, and provide information regarding the client for whom family members are being sought.
- B. The customer shall submit search requests strictly and solely for legitimate child welfare purposes in the course of its duties to serve children and families in accordance with federal and state law as well as the by-laws of the customer's organization.
- C. Seneca Family of Agencies shall have an experienced search agent conduct a manual search of public records and provide a report that will include: addresses and listed phone numbers for the subject, possible relatives and associates of the subject with their addresses and listed phone numbers, any neighbors with listed phone numbers for the subject's most recent address, and a social network search on up to two of the possible relatives.

3. PRICE AND PAYMENT

Customer shall purchase a one year subscription for _____ (minimum of 25) Family Finding searches inclusive of social network searches, as described above, payable in advance, at the rate of \$20.00 per search, totaling \$_____. All payments shall be submitted with a signed contract to Seneca Family of Agencies, 6925 Chabot Rd, Oakland, CA 94618, attention Family Finding Coordinator.

4. CERTIFICATE OF INSURANCE

If Customer requires a Certificate of Insurance from Seneca Family of Agencies, please fill out Attachment A on page 3 and submit to the Family Finding Coordinator along with the signed contract.

5. EARLY TERMINATION OF CONTRACT

- A. If Customer terminates the contract prior to one year of family finding search services, Customer shall not be entitled to any refund on the yearly payment.
- B. If Seneca Family of Agencies terminates the contract prior to one year of family finding search services, Seneca Family of Agencies shall reimburse Customer for any unused searches.
- C. At the end of the yearly contract, any unused searches will be lost, however they may be transferred over to a new contract at the sole discretion of Seneca Family of Agencies.
- D. If all searches are used before the end of the contract, the customer has the option of purchasing additional searches at the regular per search rate or initiating a new yearly contract.

6. CONFIDENTIALITY

Seneca Family of Agencies and its employees shall at all times strictly comply with the Standards for Privacy of Individually Identifiable Health Information published by the Secretary of the U.S. Department of Health and Human Services under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

CUSTOMER	SENECA FAMILY OF AGENCIES
_____	_____
(Authorized Signature)	(Authorized Signature)
_____	Katherine West
(Typed or Printed Name)	_____
_____	Chief Operating Officer
(Title)	_____
_____	2275 Arlington Drive
(Address)	San Leandro, California 94578

ATTACHMENT A

CERTIFICATE OF LIABILITY INSURANCE

For your reference, page 4 is a generic copy of Seneca Family of Agencies Certificate of Liability Insurance. Please fill out the following and return to Family Finding Coordinator at familyfinding@senecacenter.org.

Agency Name to be Listed as Certificate Holder:

Address:

Please check the following items needed to be included on certificate:

- | | |
|--|---|
| <input type="checkbox"/> Automobile Liability | <input type="checkbox"/> Worker's Compensation Policies |
| <input type="checkbox"/> Professional Liability | <input type="checkbox"/> Other* |
| <input type="checkbox"/> Waiver of Subrogation Endorsement | |

If you checked Other, please list your additional requests in the space provided below.

