



Red Mountain Family Services, Inc. ♦ PO Box 67197 ♦
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TREATMENT FOSTER PARENT SMOKING AGREEMENT FORM

Name: _____ **Date:** _____

I certify that a smoking plan is not relevant as no adult in the home smokes.

TFP Initials: _____

TFP Initials: _____

I certify a smoking plan is necessary as there is adult(s) in the home that smoke. All adults in the home that smoke understand the current CYFD regulation 8.26.4.13 paragraph L item #12 which states "Smoking shall be prohibited in the house and in any vehicle used for transporting foster children". This does include the use of electronic cigarettes.

TFP Initials: _____

TFP Initials: _____

The following smoking plan has been developed and includes which adults smoke, where adults will smoke, how often adults smoke, and how supervision for TFC client(s) will be handled when a TFC parent is smoking. Please list plan here: _____

TFC Parent Signature

RMFS Staff Signature

TFC Parent Signature