

Voluntary Placement Agreement

I, _____, the parent/guardian of _____ request that the _____ County Department of Social Services(DSS) place my child in foster care. This placement is necessary and in my child s best interest at the present time because _

Before asking for this placement I have tried to provide for this child by _____

Efforts made by the DSS to prevent this placement, or reasons why no efforts were possible: _____

I am requesting that this placement last for ____ days. I understand that I can terminate this agreement at any time that I wish to do so. I also understand that the _____ DSS can terminate this agreement if I fail to follow the plan we have developed together. [Attach copy of Case Plan-Service Agreement]. This agreement may be terminated by either party with 24 hours prior notice. In no case can a VPA continue for more than 90 days without a court review of the placement. This placement will end on _____.

I further understand that if, any time, there are concerns about the abuse or neglect of my child, a protective services investigation will be done. If abuse or neglect is found, I also understand that a petition may be filed requesting that custody of my child be given to the _____ DSS.

A visitation agreement has been discussed and agreed upon. [Attach copy]

I understand that this is not a legal transfer of custody, but is a time limited transfer of some parental rights. Specifically, I authorize the DSS to consent to any routine or emergency medical treatment, mental health treatment and educational evaluations for the above named child.

I retain my parental rights and continue to be responsible for the care and support of my child in the following ways: _____

I have/have not discussed this request for placement with the child s other parent(s). _____

The DSS will be responsible for the following in order to expedite and support the child's return home: _____

This agreement is to provide placement for:
Child's Name _____ DOB _____
The child's special health, educational or emotional needs are: _____

Parent/Guardian asking for placement is:
Name _____ Telephone number _____
Address _____
Place of Employment _____ Telephone _____

Child's other Parent(s):
Name _____ Telephone _____
Address _____
Place of Employment _____

Name _____ Telephone _____
Address _____
Place of Employment _____

By signing this agreement I acknowledge that the agreement has been discussed thoroughly with me. I agree to this placement with a full understanding of the issues as outlined above and those covered in the Service and Visitation Agreements. The DSS agrees to provide placement and services to the family and child as outlined above and in the Case Plan Service Agreement.

The undersigned parties to this VPA also hereby acknowledge and stipulate that proof of their agreement may be evinced by a copy of this document signed by the parties, including one that has been produced by a facsimile machine.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Social Worker _____ Date _____

Director of DSS _____ Date _____