

REQUEST FOR VOLUNTARY PLACEMENT

DCF-526

12/18 (Rev.)



This Is An Agreement Between The Department Of Children And Families And The Parent(s) Or Guardian(s) Of:

Child LAST Name:	Child First Name:	DOB:	Social Security #:	Gender:
AFDC Number:	Title XIX Or Name Of Private Insurance:			

As legal guardian of the above child, I request and agree to his/her voluntary placement under the care and supervision of the department of children and families.

I give the department of children and families permission to carry out the duties and responsibilities described below.

I retain all of **my parental rights**, which include the right to authorize medical care, educational placements as recommended by school authorities, consent to marriage, enlistment into the armed forces, baptism, and to make any other important legal decision for my child.

However, I have agreed that the department, in my absence, after making reasonable, but unsuccessful attempts to contact me, may authorize routine medical, dental and optical care, not to include any procedures requiring anesthesia.

I also agree that my child may accompany his/her foster parent(s) on day trips out-of-state.

I agree to do the following:

- Visit my child at the times and places arranged by the department and myself;
- Help the department plan for my child by participating in the development of my child's service plan and to do those things which I agree to do as part of my child's service plan;
- Keep the department informed of my current address and telephone number;
- Notify the department should i plan to remove my child from the department's care;
- Provide the department with information related to my child's health including HIV status, substance abuse and psychiatric conditions;
- Allow the department to share information related to my child's health, including HIV status, substance abuse and psychiatric conditions, with those providing health, education or other services for the welfare of my child;
- Allow the department to share information about my family and those providing health, education or other services for the welfare of my child;
- Delegate to the department the authority to receive counseling related to HIV testing for the child and to provide informed consent for and HIV test;
- Disclose to the department the name, location and availability of the non-placing parent, and advise the department of that person's ability to provide temporary care for the child;
- Provide the department with any custody orders concerning the child;
- Provide the department with any paternity orders, if applicable;
- Provide the department with my child's birth certificate.

The Department of Children and Families will:

- Upon your request, return your child to you within twenty-four (24) hours, unless the department goes to court and the judge gives the department legal custody;
- Provide care for your child in the most family-like setting available and notify you immediately by telephone, followed by a letter, if your child's placement changes;
- Place your child with people who are able to meet your child's specific needs;
- Protect your legal rights and obligations;
- Arrange for you to visit your child;
- Provide your child with necessary food, clothing, shelter and education;
- Develop and review your child's service plan with you on a regular basis;
- Make arrangements with you for the medical, dental and optical care of your child;
- Obtain your written permission for your child to travel out-of-state on each day trip or overnight trip with an organization (e.g., school, church, scouts); and each out-of-state overnight trip with the foster parent(s);
- Notify you when the department decides to return your child to you;
- Maintain physical custody of your child;
- File appropriate petitions in superior court – juvenile matters, if the department has reason to believe that your child was abused or neglected;
- Notify the state department responsible for collecting money from parents whose children are in placement. You may be asked to cover the cost of your child's care from the first day of his or her voluntary placement.

LIMITATIONS OF THE AGREEMENT:

- This agreement will be effective from to a period not to exceed ninety (90) days;
- This agreement may be ended by either party at any time. A non-placing parent, who has established a legal, custodial relationship with the child, may also request a termination of this agreement. Before such termination, the department will assess the appropriateness of the non-placing parent to provide care for the child, and will consider the wishes of the placing parent or guardian; and
- This agreement may be extended for one thirty (30)-day period only, after approval of the regional administrator and the parent(s).

I, the parent/guardian, give the department of children and families permission to take physical custody of the above named child and placed with:

Name of Placement:	Phone:	E-mail:
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Placement Address (No. and Street):	City:	State:	Zip:
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I have read this agreement (or it was read to me) before I signed it. I was given the opportunity to ask questions regarding this agreement and those questions were fully answered to my satisfaction. My signature below signifies that I understand, authorize and agree to the terms of this agreement. I am signing this agreement voluntarily.

Name of Parent 1/Guardian 1:	Signature of Parent 1/Guardian 1:	Date:	Work #:	Home/Cell #:
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Placement Address (No. and Street):	Apt #:	City:	State:	Zip:
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Name of Parent 2/Guardian 2:	Signature of Parent 2/Guardian 2:	Date:	Work #:	Home/Cell #:
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Placement Address (No. and Street - <i>if different from address above</i>):	Apt #:	City:	State:	Zip:
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I, The Department Representative, Accept Physical Custody Of The Above-Mentioned Child According To The Terms Of This Agreement.

Name of Social Worker	Signature of Social Worker	Date	Work #:	Cell #:
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Name of Social Work Supervisor	Signature of Social Work Supervisor:	Date:	Work #:	Cell #:
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Name of Regional Administrator	Signature of Regional Administrator	Date:	Work #:	Cell #:
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DCF Office and Address:

<input type="checkbox"/> EXTENSION REQUEST: From <input type="text"/> to <input type="text"/>
This Agreement Is Being Extended At The Parent(s) Request - Not To Exceed Thirty (30) Days, For The Following Reasons:

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Signature of Parent 1/Guardian 1:	Date:	Signature of Parent 2/Guardian 2:	Date:
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Signature of Social Worker	Date:	Signature of Social Work Supervisor (If needed):	Date:
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<input type="checkbox"/> TERMINATION: This Agreement Is Hereby Terminated as of <input type="text"/>	For The Following Reasons:

Signature of Parent 1/Guardian 1:	Date:	Signature of Parent 2/Guardian 2:	Date:
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Signature of Social Worker	Date:	Signature of Social Work Supervisor (If needed):	Date:
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