

## Voluntary Out-of-Home Placement Agreement Non-Indian Child

**Purpose:** This form formalizes the agreement between the agency and the child's parent(s) when a child is placed in out-of-home care. It gives the agency the authority to provide the child with appropriate medical and dental care.

THIS IS AN AGREEMENT BETWEEN, \_\_\_\_\_,  
(Agency name)  
 an agency duly authorized by the State of Minnesota to place children in out-of-home care, (hereinafter called the "agency") and \_\_\_\_\_ and  
(Parent 1)  
 \_\_\_\_\_, parent(s) of \_\_\_\_\_, residing at  
(Parent 2) (Child's name)  
 \_\_\_\_\_,  
(Child's Address) (City, State, Zip Code)  
 County of \_\_\_\_\_ State of Minnesota.

### The Agency agrees to:

1. Provide or authorize supervision of your child who is placed in a licensed foster care home or in an authorized licensed child care agency.
2. Assume financial responsibility for board, room, clothing, medical care, dental care, and other expenses involved in the care of your child. When appropriate, we will bill your health insurance, Medical Assistance or you for these services. We will assist you in applying for Medical Assistance.
3. Provide current child support information with an authorization for the release of information.
4. Develop a written Out-of-Home Placement Plan with your family within 30 days as required by Minnesota Statutes, section 260C.212, subd.1.
5. When the parent is unable to do so, arrange and provide necessary routine medical and dental care, which may include tests and immunizations.
6. Obtain parent's written permission for major medical care except in an emergency situation when neither parent can be reached.
7. Provide casework and other services according to the required service plan while our child is living out of the home.
8. Return the child to the parent or guardian as soon as possible and no later than 24 hours after receipt of a written and dated request from the parent or guardian unless the request specifies a later date, or, because of child protection concerns, this agency secures legal authority to continue placement outside the home of the parent or guardian.

### As a parent, I agree to:

1. Follow through with my responsibilities written in the service plan.
2. Visit and to keep in touch with my child as stated in my child's service plan.
3. Keep the agency informed of where I live and how to contact me at all times.
4. Inform the agency if I want to remove my child from out-of-home care before the specified date in the agreement. My request will be in the form of a written and dated statement.
5. Provide the agency with my income information and cooperate with a fee assessment.
6. Reimburse the agency for expenses it incurs in caring for my child in accordance with the plan agreed upon with the agency and as allowed by the Minnesota social services foster care rule.
7. Agree to assign to the agency monthly child support payments for the care of my child(ren) while they are in out-of-home care.
8. Authorize the agency to:
  - a. Obtain medical and school information about my child.
  - b. Provide my child with necessary routine medical and dental care including all tests, and immunizations when I am not able to do so.
  - c. Provide major medical care or surgery in an emergency situation when one or both parents cannot be reached.
9. Provide health insurance information to the agency and turn over to the agency any payments made to me by my insurance company when the agency paid the bill.
10. Apply for Medical Assistance if required by the agency.

\*Note: If you are on MFIP at the time your child is placed in foster care, it will affect your MFIP grant.

### I agree to the provisions contained in this voluntary placement agreement.

SIGNATURE OF MOTHER/LEGAL CUSTODIAN	SIGNATURE OF AGENCY REPRESENTATIVE
SIGNATURE OF FATHER/LEGAL CUSTODIAN	TITLE OF AGENCY REPRESENTATIVE
DATE OF AGREEMENT	