



## Voluntary Placement Agreement

This is an agreement between the \_\_\_\_\_

Department of Children, Youth, and Families and the parent/custodians regarding:

CHILD/YOUTH'S NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
Voluntary Placement Agreement – Will not exceed 90 calendar days	EFFECTIVE DATE From: _____ To: _____	

Is there reason to know the child/youth may be an Indian child, defined as any unmarried and unemancipated Indian person who is under age 18 and is, as determined by the Indian child's tribe or tribes, one of the following:

- (1) A member of an Indian tribe; or
- (2) Is eligible for membership in an Indian tribe.  Yes  No

**If yes**, use the **Consent to Foster Care Placement by Indian Child's Parent or Indian Custodian form JU 03.0920**, located at <http://www.courts.wa.gov/forms/?fa=forms.contribute&formID=7> instead of this form. Voluntary consents to foster care placements for Indian children/youth must be signed by the parent before a Juvenile court judge.

### Parent/Guardian Agrees to:

I voluntarily agree that the above-named child/youth be placed in the care and temporary legal custody of DCYF, for the following reasons:

### DCYF Agrees to:

- End this agreement with parent/guardian revocation to DCYF or commencement of a court proceeding.
- If ended, return your child/youth to you within a reasonable time after DCYF receives the request unless a court order authorizing out-of-home placement is entered, or unless the child/youth has been placed in protective custody by law enforcement. For purposes of this agreement, "reasonable time" means one business day, excluding holidays and weekends.

I authorize DCYF to consent to routine and emergency medical care for my child/youth; however, I retain the authority to authorize non-emergency surgery and non-routine medical care. I also authorize DCYF to make education decisions, and to have the authority over the child/youth that I, as a parent, would have.

I agree to:

1. Keep DCYF informed of my current address;
2. Cooperate with any Safety Plan or transition planning with the department;
3. Provide information about relatives or other suitable persons known to the child/youth who may be possible placements;
4. Provide appropriate medical, social and school information to ensure proper care of the child/youth.

### Parent Rights

You have the right to:

1. Be kept informed of your child/youth's care, placement and health status.
2. Safe Family Time (visits) between you and your child/youth, as appropriate.
3. End this agreement at any time.

### Child/Youth Rights

Your child/youth has the right to:

1. Routine medical, dental, psychiatric, and psychological care,
2. Emergency care when their safety requires it,
3. Be protected from abuse and neglect,
4. Have their basic needs met (food, clothing, shelter, health care and education),
5. The confidentiality of their case file and personal information.

**DISTRIBUTION:** White - Record Yellow – Parents

**Opportunity for Free Attorney Consultation**

- 1. You can get free legal advice from an attorney prior to signing a Voluntary Placement Agreement. The legal consultation line can be accessed at 1-833-240-9746.

**Limitations of this Agreement:**

- 1. The agreement will automatically end in \_\_\_\_\_ hours if the child runs away from placement.
- 2. If the issues, which resulted in this agreement, are not resolved within 90 calendar days, DCYF reserves the right to file a dependency petition regarding the above named child.
- 3. If a fit parent is able to accept physical custody the department will terminate this agreement and send the child home with that parent.

Failure to comply with the above terms may result in DCYF's termination of the agreement.

SIGNATURE OF PARENT/GUARDIAN	DATE
SIGNATURE OF PARENT/GUARDIAN	DATE
SIGNATURE OF DCYF CASE WORKER	DATE
SIGNATURE OF DCYF SUPERVISOR	DATE

I, \_\_\_\_\_ (*PRINT PARENT'S NAME*), certify under penalty of perjury that the following is true and correct that I have legal custody of the child/youth, or the child/youth resides with me a majority of the time as specified in a parenting plan, or I have the authority pursuant to a parenting plan to consent to this agreement.

\_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN                      DATE                      LOCATION