

Parent Supplemental Form for Voluntary Placement Agreement (VPA)
To Be Attached to the VPA at the Time of Signing
This document is incorporated into the DCYF Voluntary Placement Agreement (VPA) as
part of the official record.

Parent's Name: _____

Child's Name: _____

Date of VPA Signing: _____

DCYF Caseworker: _____

1. Safety Concerns Leading to Placement (To Be Completed by DCYF)

(This section must outline the specific safety concerns identified by DCYF that led to the voluntary placement.)

- _____
- _____
- _____

2. Visitation Agreement

(Both parties must agree on and document a clear visitation schedule.)

✓ **Visitation Frequency:** _____ times per week for _____ hours per visit

✓ **Visitation Location:** _____

✓ **Supervised/Unsupervised (Circle One)**

✓ **Other Visitation Agreements:** _____

3. Parental Preferences for Placement

(Parents may express preferences for the child's temporary placement, including with relatives or close family friends.)

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- ✓ Preferred Placement: _____
 - ✓ Relatives or Suitable Persons Considered: _____
 - ✓ Reasons for Preference: _____
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4. Services DCYF Will Provide to Facilitate Reunification

(DCYF must list all services they are offering to address concerns and work toward reunification.)

- ✓ Parenting Classes: Yes No
 - ✓ Mental Health/Counseling: Yes No
 - ✓ Substance Use Treatment (if applicable): Yes No
 - ✓ Housing Assistance: Yes No
 - ✓ Other Services: _____
-

5. Expectations for Child's Return Home

(DCYF must provide clear expectations for reunification, listing what the parent needs to complete and what DCYF will support.)

✓ Specific Actions Required by Parent:

- _____
- _____

✓ Support DCYF Will Provide:

- _____
- _____

✓ Estimated Timeline for Reunification (if applicable): _____

Parent's Statement

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"I, _____, am signing this VPA with the understanding that the above terms, including visitation, placement preferences, services, and reunification expectations, are documented and agreed upon by both parties. I request that this addendum be attached to my VPA as part of the agreement and incorporated into the official DCYF VPA document."

Parent Signature: _____ **Date:** _____

DCYF Caseworker Signature: _____ **Date:** _____
