

**State of Vermont
Department of Mental Health
Child, Adolescent and Family Unit**

Child Placement Agreement

Child Information:

Child's Name: First	Middle	Last
Date of Birth:	Social Security Number:	CMHC:
Placement Name:	Address:	Type of Placement: <input type="checkbox"/> Treatment Foster Care <input type="checkbox"/> Micro-Residential <input type="checkbox"/> Assessment Program <input type="checkbox"/> Residential Program

Parent(s)/Legal Guardian Agrees:

I am the parent with legal custody or the legal guardian of the above-named child and voluntarily agree to place the child in an out-of-home placement supported by the Vermont Department of Mental Health (DMH), and/or their Designated Agency (DA).

I understand that I retain the authority as the legal guardian of the above-named child and as such I am obligated to continue to exercise and perform all my parental duties and legal responsibilities except those specifically granted to DMH/DA by this agreement.

I agree that the purpose of placing my child in an out-of-home placement is to access a more intensive level of treatment in order to return the above-named child to my care as soon as the child and my family have made sufficient progress for the child to be maintained in a home-based program.

Parent/Legal Guardian Responsibilities:

In order to fulfill my responsibilities to this child, I agree:

1. To delegate to DMH/DA the following duties and responsibilities;
 - a. To supply this child with food and shelter;
 - b. To supply this child with care, supervision, and access to education;
 - c. If efforts to consult with me have been unsuccessful, to authorize emergency medical care;
2. To schedule, facilitate and authorize (in collaboration with DMH/DA staff) ordinary medical, dental, psychological, psychiatric, hygiene or other remedial care and treatment for this child;
3. To live within the State of Vermont and to tell my DMH/DA representative whenever my address changes;
4. To work with DMH/DA in making decisions about my child;

5. To work cooperatively with DMH/DA staff and those responsible for the care of this child and to take an active part in the planning for this child;
6. To actively participate in any recommended individual, family or group treatment that will assist in this child's treatment and/or return to my care;
7. To maintain regular (as recommended by the treatment team) contact, by phone and in person, with the child in his/her placement;
8. To participate in any home visits recommended by the treatment team to maintain the child's connection to his/her home and community, and to support the generalization of the child's behavioral changes and increase and adapt the family's intervention strategies;
9. To complete an information form to advise DMH/DA of any insurance or other financial resources to meet the medical, dental and mental health needs of this child;
10. To inform any appropriate agencies of this child's change of address and placement (e.g. Social Security, DCF Adoption Unit, Office of Child Support, etc)
11. To work with DMH/DA to negotiate a possible contribution from any such child support payments to help offset the cost of placement (as long as doing so would not have a detrimental impact on my ability to participate in the child's treatment or the child's ability to return to my care).

The Department of Mental Health and/or their Designated Agency Agrees:

1. To financially support the care and placement of this child;
2. To perform the duties and responsibilities you have given to DMH/DA as listed in this agreement;
3. To place this child in a home or facility that is certified or licensed* to care for children;
4. To develop with you and the child (if appropriate) an individualized plan to meet the needs of this child and family;
5. To provide and participate in effective treatment for your child and family;
6. To attend treatment team meetings at this child's placement, to obtain and review periodic reports and to monitor and contribute to the implementation of the treatment plan;
7. To continually work toward returning this child to your care;

Both the parent/legal guardian and DMH agree:

If the above-named child is not able to return home within 6-12 months of their initial out-of-home placement, then all parties agree to create a permanency plan as outlined in DMH policies. If the child is not able to return home within 18-24 months, then the case will be referred to SIT to review the child and family's treatment progress and the permanency plan for the child. The case will be further reviewed every year after that date.

This agreement can be voided by the parent/legal guardian at any time. Payment for the child's placement space will be stopped immediately upon written notice of the parent or upon the child's removal from the placement.

This agreement can be voided by DMH after providing 30 days written notice to the parent/legal guardian.

* The facility must be licensed by the State of Vermont, DCF or their designee.

Signature Page:

Parent/Legal Guardian Name: (Print)	SS#:
Signature:	Date
Address:	Relationship to child:

Parent/Legal Guardian Name: (Print)	SS#:
Signature:	Date
Address:	Relationship to child:

DMH/DA Representative Name: (Print)	Signature:
Title/Position:	Date:
Children's Director Signature:	CMHC: