



Voluntary Placement Agreement

I, _____, residing at (Address) _____
(City) _____ (State) _____ (Zip Code) _____
being the parent/legal guardian of _____, born on _____,
temporarily place my child in the care of _____ ("the Safe Family") for
period of time not to exceed 90 days from the date of this Voluntary Placement Agreement
("Agreement").

I understand that the Safe Family and I are expected to work cooperatively towards reuniting with my child and that BFC will offer whatever help is available to enable me to decide what is best for my child. I understand that it is my right and responsibility to plan with BFC and the Safe Family towards my child's return home or to actively participate in making alternate plans so that he or she can have the benefit of another permanent home.

I understand that I maintain full and complete custody of my child while this Agreement is in effect and that I can pick up my child from the Safe Family whenever I am ready. I understand that if I am unable to resume care for my child within 90 days of the date of this Agreement, this Agreement can be extended by executing another written Voluntary Placement Agreement with the Safe Family. If I am unable to be located in order to execute another written Agreement, upon the expiration of 90 days from the date of this Agreement, Building Families for Children ("BFC") will make a report to the local child protective services office ("CPS"). I understand that, should this become necessary, it is possible that the local CPS could request a court to award temporary custody of my child to the local office of the Department of Social Services in order to plan for my child.

Responsibilities of the Safe Family:

I understand that the Safe Family agrees to the following:

1. provide care, supervision, room, board and clothing for my child;
2. arrange for the provision of medical care, dental care and education for my child when appropriate;
3. inform me of the name, address and telephone number of those caring for my child;
4. allow me free visitation with my child;
5. keep me informed about my child's progress, development and health (other than routine health care); and
6. discipline my child in a firm and consistent manner, utilizing individual talks, removal of privileges, or any other non-physical punishment appropriate for his/her developmental level. Spanking or other forms of physical punishment are not allowed at any time.

Responsibilities of the Parent:

As the parent/legal guardian of this child, I agree to the following:

1. cooperate with BFCS representatives and the Safe Family;
2. visit and otherwise communicate with my child to the extent that I am able to;
3. keep the Safe Family informed about my plans for my child’s future care;
4. provide a 24-hour telephone number that BFC and/or the Safe Family can use to contact me in the event of an emergency;
5. keep the Safe Family informed of my address, telephone number, place of employment, income, health insurance and living arrangements;
6. the Safe Family administering any medications, medical immunizations, tests and treatments, including routine dental treatment, that is considered necessary for the well-being of my child; and
7. to use this time as a valuable resource to pursue personal growth, resolution of the circumstances and any personal factors leading to this time of crisis, and the attainment of goals I have set for providing a stable and healthy home to bring my child back into.

I understand that BFC and the Safe Family cannot guarantee the safety of my child. I agree to assume any risks associated with my child staying with this Safe Family because I see the benefits of the Safe Family program, and because I understand that BFC and the Safe Family are offering this service to me out of a spirit of generosity and compassion. I also agree, on behalf of myself and my child, that none of us will hold BFC or the Safe Family responsible for any injuries or losses of any kind that we may suffer or incur during or as a result of our participation in the Safe Family program or my child’s stay with the Safe Family.

You may take pictures of my child/children for publication purposes_____ (initials).

I have read and understand this Agreement which will be in effect during the time my child in the temporary care of the Safe Family for daytime hosting on September 20, 2018. I have received a copy of this Agreement.

Dated this _____ day of _____, 20__

(Signature of Parent/Legal Guardian)

(Signature of the Safe Family)

(Signature of BFC Representative)