



Clear

VOLUNTARY PLACEMENT AGREEMENT

I, _____, and I, _____
(check one) ☐ parents ☐ legal guardians ☐ relatives of the child(ren) listed below:

NAME	BIRTHDAY

voluntarily request that the Department of Children and Families assume responsibility for the care and supervision of said child(ren) and place my child(ren) in the most family like setting available and as close as possible to my home. This setting must be approved by the Department and licensed in accordance with Section 409.175, F.S.

I believe this request is in the best interest of my child(ren). I agree to abide by all rules and regulations established by the Department for the protection and welfare of children under its care. I agree to notify the Department of any change in my address. I agree to participate in making permanent placement plans for my child(ren) by attending regular case conferences, keeping appointments and responding to calls and other communications from the Department.

I understand that I will be expected to join with the Department in developing a written performance agreement which will outline specific plans for having my child(ren) returned to me. I agree to maintain regular contact with my child(ren) in placement through visits and will abide by a written visitation plan to be developed between myself and the Department.

I agree to provide the Department with developmental information needed on my child(ren) including birth history, medical history, and social and educational information. I agree to assume financial responsibility to the extent of my ability to pay in accordance with Section 402.33, F.S.

I understand that this Agreement provides only for the temporary placement of my child(ren) for a period of time not to exceed three months. I agree to make every possible effort which may be required to enable my child(ren) to be reunited with me. If this is not possible, I will cooperate with the Department in making other permanent placement plans for my child(ren).

I understand that the Department may petition the court for custody of my child(ren) at any time it deems such action necessary. If placement should continue for a six month period, I understand that it will be necessary for the Department to file a petition with the court in accordance with Chapter 39, F.S. and request that the status of my child(ren) be reviewed as outlined in Section 409.168, F.S.

I understand that any request for the return of my child(ren) to my care must be made to the Department in writing at least five working days in advance of the day I would like to have my child(ren) returned home. Additionally, I understand that if the Department opposes my request, the Department must petition the court for an order preventing such return.

As a condition of this agreement, I hereby agree to meet with _____, a Departmental Representative on _____ at _____ to participate
(Date/Time) (Location)

in the development of a performance agreement in accordance with Section 409.168, F.S. At that time I will cooperate with the Department in finalizing my specific plans for having my child(ren) returned to me.

I consent to such transportation, medical care and treatment as the Department may consider necessary for the health and welfare of my child(ren). I agree for my child(ren) to be given periodic health examinations, tests, immunizing treatments, and hospitalization if needed. In the event of any serious illness or accident, I understand that the Department agrees to make every possible effort to communicate with me immediately, but if it is impossible to locate me, **I understand that the Department will obtain a court order unless the treatment is considered an emergency.**

This AGREEMENT is entered into on this _____ day of _____, _____ by and between

(Parent's Name) of _____ (Parent's Address)

and the Department of Children and Families.

Mother's Signature

Father's Signature

Guardian's Signature

Relative's Signature

Two copies of this form must be signed. The parent/guardian/relative retains one copy and the Department retains one copy.