



Voluntary Out-of-home Placement Agreement Consent—Indian Child



Purpose: This form formalizes the agreement between the agency and the child’s parent(s) when a child is placed in out-of-home care. It gives agencies the authority to provide a child with appropriate medical and dental care.

Identifying information:

CHILD’S FULL NAME		BIRTH DATE	
CHILD’S TRIBAL MEMBERSHIP OR AFFILIATION			
Parent 1	PARENT OR INDIAN CUSTODIAN’S FULL NAME		BIRTH DATE
	PARENT OR INDIAN CUSTODIAN’S ADDRESS	CITY	STATE ZIP CODE
	PARENT OR INDIAN CUSTODIAN’S TRIBAL MEMBERSHIP OR AFFILIATION <i>(if tribal affiliation has not been determined include a statement to that effect)</i>		
Parent 2	PARENT OR INDIAN CUSTODIAN’S FULL NAME		BIRTH DATE
	PARENT OR INDIAN CUSTODIAN’S ADDRESS	CITY	STATE ZIP CODE
	PARENT OR INDIAN CUSTODIAN’S TRIBAL MEMBERSHIP OR AFFILIATION <i>(if tribal affiliation has not been determined include a statement to that effect)</i>		

Placement information:

NAME OF FOSTER CARE PROVIDER <i>(if known)</i>			
ADDRESS OF FOSTER CARE PROVIDER	CITY	STATE	ZIP CODE

Court hearing information:

NAME OF FOSTER CARE PROVIDER <i>(if known)</i>
DATE AND TIME OF THE HEARING TO OBTAIN THE COURT VALIDATION OF THE CONSENT <i>(if known)</i>
LOCATION / TELEPHONE NUMBER / NAME OF THE JUDGE OR REFEREE OF THE COURT WHO WILL HEAR THE CONSENT <i>(if known)</i>

THIS IS AN AGREEMENT BETWEEN, _____, an agency duly authorized by the state of Minnesota to place children in out-of-home care (hereinafter called the “agency”), and (parent 1) _____, (parent 2) _____, parent(s) or custodians of _____.

Conditions of this agreement:

- The child’s residence or domicile is is not on the reservation.
- The child is not a ward of tribal court.
- Consent was not given prior to or within 10 days after the child’s birth.
- The parents acknowledge that this agreement has been explained to them in detail and they understand the terms and consequences of this agreement.
- The parents have a right to services to prevent placement of the child.
- Active efforts to prevent placement have been made by the agency, including:

- To be valid, this consent must be approved at a court proceeding in which the parents or Indian custodian personally appears.
- The parents have been advised of the provisions of the Indian Child Welfare Act governing the provisions of out-of-home care, and understand that a copy of this consent will be provided to the tribe.

(Voluntary Out-of-home Placement Agreement Consent-Indian Child – continued)

The agency agrees to:

1. Provide or authorize supervision of your child who is placed in a licensed foster care home or in an authorized licensed child care agency.
2. Assume financial responsibility for board, room, clothing, medical care, dental care, and other expenses involved in the care of your child. When appropriate, we will bill your health insurance, Medical Assistance or you for these services. We will assist you in applying for Medical Assistance.
3. Develop a written Out-of-home Placement Plan with your family within 30 days as required by Minnesota Statutes, section 260C.212, subd. 1.
4. Arrange or provide casework services, medical and dental, or other necessary care for your child.
5. Obtain parents' written permission for major medical care, except in an emergency when neither parent can be reached.
6. Provide casework and other services according to the required service plan, while your child is living out of the home.
7. Upon demand by the parent or Indian custodian, return the child to the parent or guardian as soon as possible, and no later than 24 hours after receipt of a written and notarized demand from the parent or Indian custodian filed with the juvenile court, unless the request specifies a later date, or because of child protection concerns, this agency files a petition with the court alleging that return would not be in the best interests of the child.
8. Receive from the Minnesota Department of Human Services consumer credit reports for foster care youth, ages 14 to 17, and assist youth in interpreting the reports and resolving inaccuracies.

As a parent or Indian custodian, I agree to:

1. Follow through with my responsibilities written in the service plan.
2. Visit and keep in touch with my child as stated in the service plan.
3. Keep the agency informed of where I live and how to contact me at all times.
4. Inform the agency if I want to remove my child from out-of-home care before the specified date in this agreement. My request must be in the form of a written and notarized statement requesting the return of my child. The request must be filed with the juvenile court.
5. Provide the agency my income information and cooperate with a fee assessment.
6. Reimburse the agency for expenses it incurs in caring for my child in accordance with the plan agreed upon with the agency and as allowed by the Minnesota social services foster care rule.
7. Authorize the agency to:
 - a. Obtain medical and school information about my child.
 - b. Provide my child with necessary routine medical and dental care including all tests, immunizations and vaccinations.
 - c. Provide major medical care or surgery in an emergency situation when one or both parents cannot be reached.
8. Provide health insurance information to the agency. I agree to turn over to the agency any payments made to me by my insurance company when the agency paid the bill.
9. Apply for Medical Assistance, if required by the agency.

If you are on MFIP at the time your child is placed in foster care, it will affect your MFIP grant.

I agree to the provisions contained in this voluntary placement agreement.

SIGNATURE OF MOTHER/LEGAL CUSTODIAN	SIGNATURE OF AGENCY REPRESENTATIVE
SIGNATURE OF FATHER/LEGAL CUSTODIAN	TITLE OF AGENCY REPRESENTATIVE
SIGNATURE OF TRIBAL SOCIAL SERVICES REPRESENTATIVE	DATE OF AGREEMENT
SIGNATURE OF JUDGE OR COURT REFEREE	DATE OF SIGNATURE OF JUDGE OR COURT REFEREE

ADA5 (12-12)

This information is available in accessible formats for individuals with disabilities by contacting your county worker. For other information on disability rights and protections to access human services programs, contact the agency's ADA coordinator.