

Voluntary Placement Agreement

(This agreement must be recorded with the Menominee Tribal Court)

Use of form: Completion of this form is voluntary. This form is required when a child is voluntarily placed in out-of-home care by a parent or legal guardian to comply with **Menominee Tribal Code, §§ 278-27 and 278-145.**

I hereby request Menominee Tribal Family Services Department to placement my child:

_____ born on _____ in a
(First, MI, Last) (mm/dd/yyyy)

<input type="checkbox"/> relative home <i>*may not exceed 180 days; choose any that apply</i>	<input type="checkbox"/> like-kin home <i>*may not exceed 180 days; choose any that apply</i>	<input type="checkbox"/> foster home <i>*may not exceed 180 days; choose any that apply</i>	<input type="checkbox"/> group home <i>*may not exceed 15 days</i>	<input type="checkbox"/> shelter care facility <i>*may not exceed 20 days</i>
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Placement dates are from _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

Name and address of placement provider, if known: _____

Name and address of parent or entity arranging placement: _____

I understand that by signing this document I grant placement and care responsibility of the child to the Department. I understand that this agreement may not be used to avoid child protection concerns, if child abuse or neglect allegations have been substantiated, or if the child has been removed by law enforcement or Menominee Tribal Family Services.

I understand that the child's placement may not exceed 180 days from the date of placement for relative, like-kin, and foster home, 15 days for group home, or 20 days for shelter care facility. I understand that this is a voluntary placement and that I may terminate this agreement at any time. I understand that I am required to enter into a case management plan with the Department that works towards reunification with the child.

I agree to keep the Department informed of any changes in my circumstances, including address, employment and earnings, marital status, health, access to health insurance and plans relative to the child.

I understand that I may be financially responsible for all, or a portion of, the placement costs that may incur during the child's stay in the above described placement. I agree to cooperate with the Department in determining my portion of the placement costs for the child. If determined to be financially responsible I agree to pay the Department for the care of the child in the amount of: \$ _____ per week month beginning on _____ (mm/dd/yyyy).

Payments are to be made to: _____

located at: _____
(Street, City, State, Zip Code)

I hereby agree that the Department may give consent for medical evaluations, necessary inoculations, immunizations or routine medical or health care or treatment for the child. I hereby agree that the Department may consent to other necessary medical or health care as prescribed, including but not limited to major medical, psychiatric and surgical treatment for the child if I cannot be located to give my consent.

I acknowledge my child is: a member or eligible for membership Menominee Indian Tribe; Other: _____;
 on the Menominee descendant roll.

SIGNATURE- Parent/Guardian/Custodian
(Print Name)

Date Signed

SIGNATURE- Parent/Guardian/Custodian
(Print Name)

Date Signed

SIGNATURE- Department Representative
(Print Name)

Date Signed