

**Developmental Disability
Child Placement Agreement
Department of Human Services
Office of Developmental Disabilities Services**

This is a placement agreement between Office of Developmental Disabilities Services (ODDS) and the parent(s), legal custodian(s) or legal guardian(s) of the following child when the reason for voluntary placement is to obtain, at the family's request, disability related support services beyond what is available or feasible within the child's home.

Child's name (first, middle, last)	date of birth	Social Security Number
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I am the parent(s), legal custodian(s) or guardian(s) of the above-named child and request to voluntarily place my child in a developmental disability residential group home, host home or foster home funded by ODDS. By this agreement I am delegating certain duties and responsibilities regarding my child's care as later described in this agreement.

I understand that I retain such authority as I had prior to executing this agreement and I agree to continue to perform all my duties and legal responsibilities except those specifically delegated to ODDS by this agreement.

I understand that the purpose of child placement services through ODDS is to provide teaching, training and support specific to my child's developmental disability and that I will be part of a team which develops an Individual Support Plan for my child. I also understand that as parent(s), legal guardian(s), or legal custodian(s), I am expected to maintain connection and personal contact with my child while in placement and to work in partnership with ODDS staff to develop a plan and description of support services to enable my child's return home. **I further understand that any Social Security benefits due to or received by my child will be utilized by ODDS towards the cost of my child's care.**

As my child's parent(s), legal guardian(s), or legal custodian(s), I agree:

1. To grant ODDS full responsibility for provision of daily care and placement of my child as agreed to with the family.
2. To delegate to ODDS or its contracted service providers the following duties and responsibilities:
 - a) To provide for the daily physical care of my child and carry out the provisions of my child's Individual Support Plan (ISP);
 - b) To supply my child with food, shelter and incidental necessities;
 - c) To access, as authorized by me in writing at the time of my child's placement in an ODDS residential group home, host home or foster home, ordinary medical, dental, psychiatric, psychological, hygiene and treatment as defined by the ISP;

- d) To obtain **medically necessary surgery or other extraordinary medical care when a qualified physician determines that the health and welfare of my child warrants such extraordinary treatment;**
 - e) To authorize my child's residential group home, host home or foster home provider to take emergency steps for behavioral intervention to maintain my child's health and safety if reasonable efforts to convene the ISP Team or consult with me have been unsuccessful;
 - f) To authorize school activities and programs such as community outings requiring permission not covered by my child's IEP if reasonable efforts to get in touch with me to consult with me have been unsuccessful.
3. To keep my child's ODDS case manager or county case manager advised of my current address and phone number at all times.
 4. To participate with ODDS staff, county case managers and service providers in my child's ISP Team in making decisions on behalf of my child.
 5. To maintain personal contact and connection with my child.
 6. To provided adequate clothing for my child while in placement through ODDS.
 7. To complete Medical Resource Report Form (AFS 415-H) and to advise ODDS of the medical insurance or other financial resources I have available to meet the medical, surgical, hospital, mental health and dental needs of my child.
 8. **To authorize ODDS to apply as the Representative Payee for my child's Social Security benefits for the period of time my child is in placement through ODDS. If my child is currently eligible to receive or is receiving Social Security benefits, I hereby decline my payee status and agree that ODDS become the Representative Payee for my child while placed in an ODDS funded residential group home, host home or foster home.**
 9. I am not currently receiving any other support payments for my child, or if I am receiving such payments, I shall forward those payments to DHS for my child's care and support while placed in an ODDS funded residential group home, host home or foster home.

ODDS agrees:

1. To accept the responsibility for the care and placement of your child in a residential group home, host home or foster home.
2. To perform the duties and responsibilities relegated to ODDS as listed in number 2 (*above*) of this agreement.
3. To place your child in a home or facility that is certified or licensed by the State.
4. To develop with you and your child's Team an Individual Support Plan specific to your child's disability related needs for teaching, training and support services.
5. To involve you in decisions regarding a planned change of placement or provider or to notify you the same day if an emergency move is required.
6. To work in partnership with you to develop a plan and description of support services to enable your child to return home.

7. To assist you in carrying out your rights and responsibilities as your child’s guardian and in maintaining contact with your child while in placement.
8. **To perform the duties and responsibilities of Representative Payee for your child’s Social Security benefits and to apply those benefits and any other support payments directly to the state’s payments for your child’s room, board, personal incidentals and cost of care and supports while your child is in placement through ODDS.**

Limitations of Agreement:

1. This agreement may be terminated by either party upon 48 hours written notice in the event that the above-named child returns home, moves to a non ODDS paid resource or is found to be ineligible for DD services, or if any party fails to comply with a material obligation under this agreement.
2. This agreement is in effect while the above-named child is in placement paid by ODDS.
3. This agreement does not guarantee the above-named child will remain in the same placement or the same type of placement service while this agreement is in effect.
4. This agreement does not guarantee the above-named child a placement in the adult DD system should the child reach age 18 while placed in an ODDS paid child residential group home, host home or foster home.
5. The content of this agreement cannot be altered in any manner.

Signature: legal parent/guardian/custodian (<i>first, middle, last</i>)	Date	Social Security number
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Address (<i>bld/street, city, state, ZIP</i>)	Relationship to child
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Signature: legal parent/guardian/custodian (<i>first, middle, last</i>)	Date	Social Security number
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Address (<i>bld/street, city, state, ZIP</i>)	Relationship to child
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ODDS:

Signature: ODDS representative	Date
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This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact Office of Developmental Disability Services (ODDS) at ODDS.INFO@state.or.us or call 503-945-5811 (TTY 800-282-8096).