

**Osage Nation  
Social Services**

**Voluntary Foster Care Placement Agreement**

This is a mutual agreement between Osage Nation Social Services (hereinafter referred to as ONSS) and \_\_\_\_\_ (hereinafter referred to as the parent/guardian) for the temporary foster care placement of \_\_\_\_\_, D.O.B. \_\_\_\_\_.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ request ONSS place my child in temporary foster care. This placement is necessary and in my child's best interest at the present time because \_\_\_\_\_

I am requesting that this placement last for \_\_\_\_\_ days, beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.

- I have discussed this request for placement with my child's other parent/guardian.
- I have not discussed this request for placement with my child's other parent/guardian.

**By signing this agreement, I understand and agree to the following:**

- ONSS has authority to select the foster care placement for my child and, except in emergency situations, will not move my child to another placement without giving me prior notice.
- ONSS has responsibility for the care and supervision of my child while this agreement is in effect.
- I will provide a physical examination for my child before placement or within 72 hours after placement, if placement is made in an emergency situation.
- I will continue to take an active role in decision-making for my child.
- I will continue to be responsible for my child in the following ways:  
\_\_\_\_\_  
\_\_\_\_\_

- I will participate in developing a mutually agreed-upon case permanency plan and visitation agreement before placement and when necessary thereafter and agree to comply with the provisions of the permanency plan and visitation agreement.
- I will maintain regular contact with my assigned worker and I will notify my worker or the worker's supervisor of any changes in family composition, phone number, address, employment, or income.
- This agreement will not continue for more than 90 days without a court review of the placement.
- This agreement does not represent a legal transfer of custody, but is a time limited transfer of some of my parental rights.
- I authorize ONSS to consent to any routine or emergency medical and mental health treatment and educational evaluations for my child.
- Either I or ONSS can terminate this agreement at any time with 10 days written notice. I may terminate this agreement for any reason. ONSS may terminate this agreement if I fail to follow the agreement's provisions. This agreement will be terminated if I move out of state.
- ONSS will inform me of any changes in assigned worker or in my child's circumstances/progress.
- If, at any time, there are concerns about the abuse or neglect of my child, a Child Protective Services investigation will be done and, if abuse or neglect is found, a petition may be filed requesting that legal custody of my child be given to ONSS.
- **Failure to comply with the conditions of the case permanency plan and/or visitation agreement could lead to juvenile court action, including legal transfer of custody of my child and termination of my parental rights.**

**ONSS Responsibilities**

To expedite and support my child’s return home, I understand and agree that ONSS will be responsible for the following:

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**Acknowledgement**

By signing this agreement I acknowledge the following:

- This agreement has been discussed thoroughly with me.
- I agree to this placement with a full understanding of the provisions and consequences as outlined above and those covered in the Case Permanency Plan and Visitation Agreement.
- ONSS agrees to provide placement and services to my family as outlined above and in the Case Permanency Plan and/or Visitation Agreement.

**The undersigned parties to this Voluntary Placement Agreement also hereby acknowledge and stipulate that proof of their agreement may be evinced by a copy of this document signed by the parties, including one that has been produced by a facsimile machine.**

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Parent/Guardian Signature Date

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Parent/Guardian Signature Date

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ONSS Caseworker Signature Date

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ONSS Supervisor Signature Date

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ONSS Director Signature Date