**Voluntary Placement Agreement for Shelter Care**

**Use of form:** This form is required for voluntary placements in a shelter care facility under s.48.63(1)(b) when a child is voluntarily placed in a shelter care facility by a parent, legal guardian, Indian custodian, the Department of Corrections, a county department under s. 46.215, 46.22, or 46.23 or a child welfare agency licensed to place children in shelter care facilities. Placement of an Indian child additionally requires the completion of form DCF-F-CFS-2425 Voluntary Placement Agreement for an Indian Child by the child parent or Indian custodian. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

I agree to place the child or negotiate or act as intermediary for the placement of the child, in a shelter care facility approved by the Department under s. 938.22(2)(c). I understand and acknowledge that this is a voluntary shelter care placement pursuant to s. 938.22(2) (c) and s. 48.63(1) (b) and may not exceed 20 days from the date of placement.

Children previously placed under a Voluntary Placement Agreement must have exited a Shelter Care Facility for at least 30 days before re-entering another Voluntary Placement Agreement into a Shelter Care Facility. Additionally, according to section 42 USC 672 (e) of the social security act, a child under a Voluntary Placement Agreement cannot reside in any out-of-home care setting under a Voluntary Placement Agreement for more than 180 days in a 6-month period.

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| Full Name of Child Placed      | Date of Birth (mm/dd/yyyy)      |
| Shelter Name      | Shelter Telephone Number      |
| Shelter Address      | Placement date (mm/dd/yyyy)      |
| I understand that this shelter placement is for a maximum of 20 days from the date on which the child is placed in the shelter care facility and may not be extended. |
| I agree that the agency shall have access at all times to the child and the facility, and that the child will be released to the agency whenever, in the opinion of the agency placing the child or the Department, the best interests of the child require release to the agency. |
| I understand that this agreement may terminate at any time. |
| If the child age is 12 years of age or older, they must consent to this agreement. |
| I hereby consent for routine medical, health care or treatment for the child. I hereby agree that the shelter care 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. |
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| **SIGNATURE** – Parent/Guardian |  | Date Signed |  |
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| **SIGNATURE** – Parent/Guardian |  | Date Signed |  |
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| **SIGNATURE** – Child (if age 12 or older) |  | Date Signed |  |
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| **SIGNATURE** – Department Representative or Child Placing Agency Representative |  | Date Signed |  |
|  |  |  |  |
| **SIGNATURE** – Shelter Care Facility |  | Date Signed |  |
|  |  |  |  |
| **SIGNATURE** – Indian Custodian |  | Date Signed |  |