



TEACHING FAMILY HOMES OF UPPER MICHIGAN

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www.teachingfamilyhomes.org

PLACEMENT AGREEMENT

The undersigned, being the custodial parent(s) of the legal guardian(s) of

(Child's Full Name)

(Date of Birth)

I/We agree and understand that placement of my/our child by the _____ in a Teaching-Family Group Home for treatment, care, and education is in the child's best interest and therefore, the following agreement is made: (or if placement is by the Court of Agency, please attach a copy of the Court Order or Agreement with the custodial parent(s) or legal guardian which authorizes the placement.)

I/We recognize that proper care and education cannot be given to the child if authority over him/her is divided, and therefore I consent to abide fully by the direction and judgement of the Family-Teachers and Teaching-Family Home personnel in whatever they feel is in the child's best interest so long as this Placement Agreement is in effect.

It is further understood with Teaching-Family Homes of Upper Michigan that unless this Placement Agreement is terminated as provided below, the child will not be placed in any program other than one administered or approved by Teaching-Family Homes of Upper Michigan.

Teaching-Family Homes of Upper Michigan staff, have my/our full and free consent to seek services, including hospital, dental, medical, psychiatric and surgical services as may, in the judgement of a licensed physician, dentist, or psychiatrist, be advisable for the health and general welfare of the child. I/We hereby release Teaching-Family Homes of Upper Michigan and staff, both jointly and severally from any and all liability, expressed or implied, which may result from such services.

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I/We promise, to the best of my/our ability or authorization, to pay expenses of hospital, medical, psychiatric, surgical and dental care given to the child. The child is insured by the following health or accident insurance policies:

Name of Company _____
Location of Branch Office _____
Contract or Policy Number or Medicaid Number _____

If the above coverage changes at any time, I/we will immediately inform Teaching-Family Homes of Upper Michigan.

This agreement is in effect beginning _____ 200____, until it is determined by Teaching-Family Homes and placement agency that care shall be terminated. Termination will be based upon completion of individual treatment plans unless otherwise recommended by Teaching-Family Homes of Upper Michigan and placement agency.

Mother/Guardian Date

Father/Guardian Date

Placement Agency Worker Date

Program Staff Date