



**SELF PLACEMENT AGREEMENT BETWEEN
Safe Family Parent and Minor 17 years of age or older**

Name of minor _____ Date of Birth _____

Parent or Legal Guardian _____

I, _____, hereby agree to accept temporary placement with
_____ (the "Safe Family Parent(s)") for _____ (the "Term").

I hereby authorize the Safe Family Parent to administer prescriptions and non-prescriptions medications to me as medically indicated. I also give my permission to contact a doctor for medical attention in the event of an emergency. It is understood that a conscientious effort will be made to locate my parent(s) or designated emergency contact before any action will be taken.

I authorize Twin Cedars Youth and Family Services, Inc. ("TCYFS"), any one or more of its officers, and any one or more of its Safe Families for Children ("SFFC") staff, to communicate to or with the Safe Family Parent(s) named above and any service providers with whom or which I am involved any confidential information respecting me for the purpose of coordinating and optimizing the services provided to me and to any children of mine.

I hereby give the Safe Family Parent(s) permission to discipline me in a firm and consistent manner, using individual talks, removal of privileges, or any other non-physical punishment appropriate for my developmental level. Neither spanking nor any other form of physical punishment is allowed at any time.

I pledge to live in a cooperative way in the home of the Safe Family Parent(s), abiding by the Household Expectations and Guidelines. I agree that I will address any disagreements in a mature and constructive manner.

I understand that none of TCYFS, its officers or employees, the SFFC staff, and/or the Safe Family Parent(s) can guarantee my safety, and I assume all risks associated with my staying with the Safe Family Parent(s) because I see the benefits of the Safe Family program, and because I understand that TCYFS, the SFFC staff, and/or the Safe Family Parent(s) are offering this service to me out of a spirit of generosity and compassion. I agree that I will hold neither the Safe Family Parent(s) nor any other persons residing in their home responsible for any accidental injuries/losses of any kind that I may suffer or incur during or as a result of my participation or involvement in the Safe Family program of TCYFS.

Print Name _____ Date _____

Signature _____ Date _____

Witness _____ Date _____