



TEMPORARY PLACEMENT AGREEMENT
Between Safe Family Parents(s) and Biological Parent(s)/Guardian(s)

Name of Minor Child(ren): _____

Child(ren)'s Date(s) of Birth: _____

Name of Parent(s)/Legal Guardian(s): _____

Date of Temporary Placement: _____

Name of Safe Family Parent(s): _____

Date of Termination (if applicable): _____

Case Coach: _____

- I/we hereby agree to temporarily place my/our child(ren) with the Safe Family Parent(s) named above (the "Safe Family Parent(s)"), or a substitute Safe Family Parent. This placement shall continue until the date of termination set forth above or may be terminated by Twin Cedars Youth and Family Services, Inc. ("TCYFS") or me/us at any time, either by providing written notice or by my/our picking up the child(ren) from the Safe Family Parent(s) and retaining custody of him/her/them. In the event that I/we do not pick up the child(ren) or retrieve custody of him/her/them for any reason, then this agreement shall continue to allow TCYFS, through its Safe Families program, to care for the child(ren) until a permanency plan can be executed. If mutually agreed upon, the placement may also be extended. Subsequent placements may be covered by this agreement, with additional dates included above.
- I/we am/are voluntarily participating in the Safe Families for Children – West Georgia program operated by TCYFS. I/we understand that the Safe Family Parent(s) will act in *loco parentis* (as parent(s) to the children), including, without limitation, providing for the child(ren)'s food, lodging and recreation during the term of this agreement. The child(ren) will live with the Safe Family Parent(s) and any other child(ren) they may have and will be a part of their family during the term of this agreement.
- I/we hereby authorize the Safe Family Parent(s) to administer prescription and non-prescription medications to the child(ren) as medically indicated and 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 me/us (or my/our designated emergency contact) before any action will be taken, although I/we understand that medical care may be authorized and rendered even in my/our absence and without my/our permission, all as more fully set forth in the separate "Power of Attorney for Health Care of a Minor Dependent"

executed herewith. I/we agree to take full responsibility for all medical costs incurred by or on behalf of the child(ren) and to reimburse the Safe Family Parent(s) for any out of pocket costs they may incur in conjunction therewith.

- I/we hereby give the Safe Family Parent(s) permission to discipline the child(ren) in a firm and consistent manner, using individual talks, removal of privileges, or any other non-physical punishment appropriate for their/his/her developmental level. I/we understand that spanking or any other forms of physical punishment are not allowed at any time.
- I/we understand that I/we maintain legal custody of the child(ren) and that I/we can pick the child(ren) from the Safe Family Parent(s) whenever I/we am/are ready.
- I/we pledge to use this time as a valuable resource to pursue personal growth, resolution of the circumstances and any personal factors leading to the time of crisis, and the attainment of the goals I/we have set for providing a stable and healthy home for the child(ren).

Biological Parent/Legal Guardian: _____
(Initial)

Biological Parent/Legal Guardian: _____
(Initial)

- I/we agree to contact the above named case coach at least once weekly unless a different arrangement is agreed upon.

Biological Parent/Legal Guardian: _____
(Initial)

Biological Parent/Legal Guardian: _____
(Initial)

- I/we agree to contact the Safe Families Parent(s) daily to check-in on the child(ren) unless a different arrangement is agreed upon.

Biological Parent/Legal Guardian: _____
(Initial)

Biological Parent/Legal Guardian: _____
(Initial)

- I/we hereby give TCYFS, its officers, and the Safe Family staff, permission to discuss my case, release information and coordinate case management services with other agencies involved with the care of the child(ren) and my/our personal goals when it will benefit the child(ren) or my/our progress.
- I understand that none of TCYFS, the staff of Safe Families- West Georgia, and the Safe Family Parent(s) can guarantee the safety of the child(ren), myself/ourselves, or anyone in my/our family. I/we hereby assume any and all risks associated with the child(ren) staying with the Safe Family Parent(s) and/or otherwise participating in the Safe Families program because I/we see the benefits of the Safe Families program and because I/we understand that TCYFS/Safe Families for Children-West Georgia and the Safe Family Parent(s) are offering this service to me out of a spirit of generosity and compassion.
- I/we, on behalf of myself/ourselves, the child(ren), and the rest of my/our family, agree that none of us will hold the Safe Family Parent(s) and any members of their family, TCYFS and its successors, assigns, officers, agents, affiliates, directors and employees (including without limitation employees

involved in Safe Families for Children-West Georgia), and any other person (s) providing temporary care to the child(ren) (collectively the “Released Parties”), responsible for any injuries or losses of any kind that any of us, including without limitation the child(ren), may suffer or incur during the placement or as a result of my/our family’s participation or involvement in the Safe Families program or the stay of the child(ren) with the Safe Family Parent(s) pursuant to this agreement. I/we hereby release and forever discharge the Released Parties and each of them from any and all claims, damages, injuries, actions or causes of action that may arise in connection with this agreement or the placement of the children with the Safe Family Parent(s) pursuant hereto. This provision shall survive the termination of this agreement.

- I/we, on behalf of myself/ourselves, the child(ren), and the rest of my/our family, hereby agree(s) to indemnify and hold harmless the Released Parties from and against any and all liabilities, claims, civil actions and/or demands which may at any time be asserted against the Released Parties or any of them by me/us and/or by any other person or entity (including any governmental agency), in connection with or arising out of this agreement or the placement of the children with the Safe Family Parent(s) pursuant hereto, and any and all losses, damages, fines, penalties and expenses (including attorney's fees) the Released Parties or any of them may incur as a result of any such asserted liabilities, claims, civil actions and/or demands. Provided, however, such indemnification shall not cover any liabilities, claims, civil actions and/or demands arising out of the gross negligence or intentional misconduct of any of the Released Parties. This provision shall survive the termination of this agreement.
- I/we acknowledge that I/we am not being charged any fee(s) for the services provided to me/us by TCYFS/Safe Families for Children-West Georgia and the Safe Family Parent(s). The consideration for the release of claims and indemnification provided herein is the willingness of TCYFS and the Safe Family Parent(s) to accept the placement of the child(ren) pursuant to this agreement.
- I/we, the biological parent(s)/legal guardian(s) of the child(ren), hereby appoint TCYFS and the Safe Family Parent(s) as my/our attorney-in-fact (the “Agent”) to act on my/our behalf in any way I/we could act in person to make any and all decisions for me/us concerning the child(ren)’s education, and to enroll the child(ren) in school and extracurricular activities. The Agent shall have the same access to educational school records as I/we have, including the right to disclose the contents to others.
- I/we will allow for photos of the child(ren) to be taken by TCYFS, its employees, and the Safe Family Parent(s) host families, for the purpose of furthering the cause of Safe Families. I understand that the child(ren)’s names or detail about our family or situation will not be released or publicized without an additional optional consent.
- In the event that I/we am not able or available to receive my children I/we give permission for them to be released to _____ who can be reached at _____ or found at _____.
- I/we certify that the child(ren) is/are not emancipated.

I/WE UNDERSTAND THIS IS A LEGAL DOCUMENT. I/WE AM/ARE FULLY INFORMED AS TO THE CONTENTS OF THIS DOCUMENT AND AM/ARE SIGNING THIS FORM VOLUNTARILY.

Notice: All parents/legal guardians must sign below and initial above as noted.

Signed _____ / _____
(Biological Parent/Legal Guardian) (Date)

Signed _____ / _____
(Biological Parent/Legal Guardian) (Date)

WITNESS this the _____ day of _____, _____.
(Date) (Month) (Year)

Witness

(Printed Signature)

NOTARY:

Signed and sealed in the presence of:

Notary Public

Copy of document provided to Biological Parent(s)/Legal Guardian(s) and Safe Family Parent(s), with original placed into TCYFS/Safe Family Parent file.