

FAMILY-LIFE HOME PLACEMENT AGREEMENT

The parties to this agreement are:

- 1. _____ herein called "the person."
(Person's Name)
- 2. _____ herein called "the family."
(Head of Family)
- 3. _____ herein called "the Department."
(County Department of Human Services)

It is agreed as follows:

- 1. The person will live in the household of the family, as a member of that household. The person will have the freedom of the home and responsibilities within it. The person will participate in family and community life, as would another relative of the family under similar circumstances.
- 2. The family will provide the person a private room in the household unless otherwise agreed. The room will be furnished at least with a comfortable bed, a chair, table or desk, dresser or chest of drawers, closet or closet space nearby and adequate lighting. The person may supply some or all furniture, accessories, and personal effects for the room. The person will clean and manage this private room, except when sick and unable to do so.
- 3. The person will pay the family \$_____ per month for maintenance (room, board, and laundry) and service, payable in advance by the 10th day of each month. The person will buy personal clothing, toiletries, and other items of personal use, but the family will purchase items in common family use and all food and household equipment and supplies. The person will assume personal medical and health expenses, using Medicare, Medicaid, or other personal resources.
- 4. The family will cooperate with plans for medical and health care of the person. The family will attend to the person's medical emergencies as they would for relatives in similar circumstances.
- 5. The family will encourage the person to telephone, visit, and otherwise maintain ties with relatives and friends and to develop new acquaintances and friendships. The person may entertain in the family-life home as reasonable.
- 6. The family will notify the Department in advance of an expected move and of plans for any overnight trips and vacations. The family will make appropriate plans for these with the Department and the person.
- 7. The family will accept no other person as a resident of the household, except for visits of less than ten days without the knowledge of the person and at no inconvenience to the person.

8. The person and family will discuss any problems arising in the living arrangement with the designated family-life home representative of the Department. A Department representative will be available at any and all times when needed for the duration of this living arrangement.
9. The family will notify the Department, in advance when possible, of changes that may affect the living arrangement or the quality of life in the household. This includes changes in household membership or employment and economic, health, or other problems of the person or of the household or its members.
10. The family will not accept guardianship, conservatorship, power-of-attorney, or representative payee status for the person. The person will not assign, deed, will, transfer, or give personal real property, financial savings, stocks, bonds, insurance, or other holdings of value to the family or members of the family. However, the person may offer gifts of reasonable and usual value to members of the family on holiday occasions when gifts are normally exchanged.
11. Any party may end the living arrangement with 30 days' notice. (Shorter notice may be given in an emergency.) The Department shall assume responsibility for helping the person find another living arrangement.
12. The Department and its representatives shall assume no legal liability for acts of destruction, negligence, or harm committed by the person on the family.
13. The following additional conditions will be observed (*only if there are special conditions*):

This agreement is made and entered into this _____ day of _____ 20_____.

Person's signature	
Family members' signatures	
Family address	
Department of Human Services worker name	Title
Address	Telephone