



Placement Agreement: Child-Placing Provider

Child's Name	Birthdate
Date of Placement	State ID

The parties to this agreement are _____ and the Iowa Department of Human Services. We, _____, for and in consideration of the Iowa Department of Human Services placing _____ in our care and paying therefore, do hereby agree to the following:

- A. The Provider agrees that:
 1. As a licensed child-placing provider, the provider assumes responsibility for the care and treatment of this child in accordance with the service plan developed jointly by the agency and the Department.
 2. The Provider shall make periodic written reports covering the care and progress of the child every three months to the Department.
 3. The Provider shall report promptly any illness of the child and will cooperate with the Department's plans for medical care through the use of Medicaid.
 4. The Provider shall give a minimum of ten days written notice, except in an emergency, before requesting the removal of this child from care.
 5. The Provider shall provide clothing and personal allowance to the child which will be included in computing their unit cost.

- B. The Department agrees that:
 1. The Department shall provide payment for services and maintenance as agreed upon in the contract between the Department and the Provider.
 2. The Department shall be actively involved in carrying out the responsibilities of the service plan.

- C. Special provisions:

Iowa Department of Human Services

Signature of Worker	
Approved by: Name	
Title	Date

Provider

By	
Title	Date
Address	