

**PLACEMENT AGREEMENT: CHILD PLACING OR CHILD CARING AGENCY (PROVIDER)**

Child's Name	Birthdate	Date of Placement
Service Number	Program Code	Service Code

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 agency agrees that:
  1. As a licensed child placing or child caring agency, the agency 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 agency shall make periodic written reports covering the care and progress of the child every three months to the Department.
  3. The agency 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 agency shall give a minimum of ten days written notice, except in an emergency, before requesting the removal of this child from care.
  5. The agency 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 contractual agreement between the Department and the Provider as found in agreement number \_\_\_\_\_.
  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 Agency**

By	
Title	Date
Address	