



Placement Agreement and Service Authorization for Supervised Apartment Living (SAL)

Placement Agreement			
Contractor Name		Child's Name	
Address Line		Date of Birth	
City	Zip Code	State ID	FACS ID

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

- A. The Contractor agrees that:
 1. As a licensed child placing agency, the contractor assumes responsibility for the care and treatment of this child in accordance with the service plan developed in consultation with the child, the child's family (unless a reason for noninvolvement is documented in the case record) and referring agent worker and shall be signed by all involved.
 2. The contractor shall make periodic written reports covering the care and progress of the child every three months to the Department.
 3. The contractor 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 contractor shall give a minimum of ten days written notices, except in an emergency, before requesting the removal of this child from care.

- B. The Department agrees that:
 1. The Department shall provide a maintenance payment to the child (or their payee).
 2. The Department shall provide payment for services authorized below.
 3. The Department shall be actively involved in the provision of the child's service plan.

Service Authorization							
Service Code	Number of Units	Effective Date	End Date	Service Code	Number of Units	Effective Date	End Date

Special Provisions

Iowa Department of Human Services		Contractor	
Signature of Worker		Signature	
Approved by:		Title	
Title	Date	Date	