

**ADMINISTRATIVE MEMO  
PROTECTION AND SAFETY  
# 1 - 2006**

Date: 2-16-06

To: Protection and Safety Staff  
Resource Development Staff

From: Todd Reckling, Administrator  
Office of Protection and Safety

**RE: Attachment to Foster Care Placement Agreement**

**Effective Date: 3/01/06**

**Purpose of Form:** Foster care placements are intended to be short-term, as a necessary service while efforts are being made to reach the permanency objective established for a child. The attached form has been developed to help assure that our own staff and foster parents are in agreement about that purpose, beginning at the time of placement.

**When Form Is Signed:** The form, "Attachment to Foster Care Placement Agreement," must be signed for each child by the Department and the foster parent(s) at the time of placement, along with the Child Placement Agreement and the Child Disclosure Form. If Law Enforcement made the initial placement, this form must be signed at the time the Child Placement Agreement and Child Disclosure Form are done.

The only exception to this requirement is placement of a child specifically for purposes of adoption, in which case the Adoptive Placement Agreement must be signed by the Department and the intended adoptive parent(s), along with the Child Placement Agreement and the Child Disclosure Form.

**Routing of Form:** One signed copy is to be given to the foster parent(s) and the other copy is to be filed in the child's file, in the Placement Section.

In the future, the contents of this form will be added to the Child Placement Agreement. Until that time, please make copies of the form as needed.

If there are questions, please contact Margaret Bitz at (402)471-9457 or by e-mail at [margaret.bitz@hss.ne.gov](mailto:margaret.bitz@hss.ne.gov).

**ATTACHMENT TO CHILD  
PLACEMENT AGREEMENT**

I (We) understand that placement of \_\_\_\_\_ (child) is made for purposes of foster care, which is temporary care. I (We) also understand that if adoption should become the permanency objective or concurrent permanency objective for \_\_\_\_\_ (child), the Department will make a determination of the best placement for this child, based on this child's individual circumstances and needs, which could mean that the child will be moved to a different family for adoption or adoptive planning.

\_\_\_\_\_  
(Foster Parent)  
Date \_\_\_\_\_

\_\_\_\_\_  
(Foster Parent)  
Date \_\_\_\_\_

\_\_\_\_\_  
(Health and Human Services Department  
Representative and Title)

\_\_\_\_\_  
Date \_\_\_\_\_