

SUPERIOR COURT OF WASHINGTON COUNTY OF: _____	
JUVENILE COURT	
IN THE MATTER OF: _____	LEGAL NO. _____
CHILD'S FULL NAME _____	<b>Consent to Foster Care Placement and Court Certification for an Indian Child</b>
BIRTH DATE _____	
TRIBES(S)/BAND(S) _____	

Pursuant to Chapter 13-34 RCW and the Indian Child Welfare Act, 25 U.S.C. 1901 et seq., I

parent/Indian custodian of the above named child, hereby declare as follows:

1. **Child's name:** \_\_\_\_\_ Sex:  Male  Female  
 Last known address: \_\_\_\_\_  
 Indian Tribe(s)/Band(s) of which child is a member or eligible for membership \_\_\_\_\_  
 Enrollment number: \_\_\_\_\_
  
2. **Parent(s)/Indian custodian(s)**  
**Mother's name:** \_\_\_\_\_  
 Last known address: \_\_\_\_\_  
 Tribe(s)/Band(s) affiliation(s) \_\_\_\_\_ Enrollment number: \_\_\_\_\_  
**Father's name:** \_\_\_\_\_  
 Last known address: \_\_\_\_\_  
 Tribe(s)/Band(s) affiliation(s) \_\_\_\_\_ Enrollment number: \_\_\_\_\_

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**Indian custodian's name:** \_\_\_\_\_

Last known address: \_\_\_\_\_

Tribe(s)/Band(s) affiliation(s) \_\_\_\_\_ Enrollment number: \_\_\_\_\_

**3. Department of Social and Health Services (DSHS) or other agency**

Agency:  DSHS  Other agency: \_\_\_\_\_

Name of social worker(s) who assisted the parent/Indian custodian to execute the consent:

\_\_\_\_\_

Address of social worker(s) office: \_\_\_\_\_

Social worker(s) telephone number (include area code): \_\_\_\_\_

**4. Consent to foster care placement**

**4.1** I am the \_\_\_\_\_ of the above identified child.

The child was born more than ten (10) days prior to the date on which I signed this agreement.

**4.2** I hereby request and consent to foster care placement of the child. The reasons for the placement are:

\_\_\_\_\_  
\_\_\_\_\_

**4.3** I understand that I have the right to obtain the advice and representation of an attorney regarding the foster care placement of the child.

**4.4** I hereby authorize the \_\_\_\_\_ agency to assume custody, control, and care of the child for purposes of foster care placement. I further grant to the agency the power and authority to authorize and provide all necessary medical, dental, or psychological care as recommended by the treating doctor or psychologist.

**4.5** I understand that if my child is placed in a licensed foster home or group home, payment for the child's care may come from public assistance funds. I also understand that under Washington State law, I am responsible for the support of my child. I understand that I will be required to make payment to help meet the cost of the child's care if public assistance funds are used to pay for my child's foster home or group care placement. Determination of the amount I am required to pay will be made by an order of the Superior Court or by the Division of Child Support, Department of Social and Health Services.

**4.6** I understand that this consent is not valid and has no force and effect unless I sign the consent in Court and the Court validates the consent. Under Court validation of the consent, the child may be placed in foster care.

**4.7** I understand that I have the right to withdraw and revoke this consent for any reason and at any time. I also understand that if I withdraw and revoke this consent, I have the right to have the child promptly returned to my custody unless the return of custody would likely cause imminent physical harm to the child or unless a court order to foster care placement of the child has been entered in accordance with the provisions of state law and Section 1912 of the Indian Child Welfare Act.

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- 4.8 I understand and agree that a copy of this consent will be sent to any Indian Tribe of which the child is a member or eligible for membership.
- 4.9 I agree to keep the placing agency informed of my current address.
- 4.10 I agree to participate with the placing agency in making decisions for the child.
- 4.11 I agree to work cooperatively with agency staff and the persons caring for the child.
- 4.12 I agree to maintain personal contacts with the child.
- 4.13 I agree to provide appropriate medical, social and school information to insure proper care of the child.

**5. Agency responsibilities**

- 5.1 The Department of Social and Health Services (DSHS) or \_\_\_\_\_ agency will place the child in the home of the child's relative or in a home of facility licensed or certified by the state which meets the child's special needs and in compliance with the Indian Child Welfare Act.
- 5.2 DSHS or \_\_\_\_\_ agency will develop with you an individual service plan for the child, and to offer appropriate and reasonably available services.
- 5.3 DSHS or \_\_\_\_\_ agency agrees to help you maintain your rights and responsibilities as a parent, and to work towards returning the child to your care.
- 5.4 DSHS or \_\_\_\_\_ agency agrees to have physical custody and control of the child.
- 5.5 DSHS or \_\_\_\_\_ agency agrees to keep you informed of the child's placement and health status.

**6. Limitations of this agreement**

- 6.1 DSHS or \_\_\_\_\_ agency may end this agreement at any time with written notice to the parent, or commencing of a court proceeding.

**6.2 Check one of the following:**

This agreement begins \_\_\_\_\_ and ends by \_\_\_\_\_  
BEGINNING DATE ENDING DATE

ENDING DATE MUST BE WITHIN 180 DAYS OF BEGINNING DATE

**OR**

The child has a developmental disability as defined in RCW 71A.10.020 (developmental disability means a disability attributable to mental retardation, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation, which disability originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial handicap to the individual) and services appropriate to the child's needs cannot be provided in the family home.

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CHILDREN'S ADMINISTRATION  
**Parent's/Indian Custodian's  
 In-Court Declaration and Signature**

**This section must be completed in Court in the presence of a Judge/Commissioner.**

I declare under penalty of perjury under the laws of the State of Washington that I wish to place my child in foster care as provided in the foregoing consent and that the information in the consent is true and correct.

Signed at \_\_\_\_\_, Washington

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

PARENT'S SIGNATURE

PARENT'S SIGNATURE

INDIAN CUSTODIAN'S SIGNATURE

**COURT CERTIFICATION**

Pursuant to RCW 13-34.245(1) and the Indian Child Welfare Act of 1978, 25 U.S.C. Section 1913(a), I hereby certify that this consent was executed by the parent/Indian custodian in writing and recorded before me; that the terms and consequences of the consent were fully explained in detail in the parent's/Indian custodian's primary language, and that the parent/Indian custodian fully understood the consequences of giving such consent.

CERTIFIED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

JUDGE/COMMISSIONER'S SIGNATURE

**NOTE: If the child's residence/domicile is located within the boundaries of a federally recognized Indian reservation, contact the Tribe to determine jurisdiction and placement authority.**

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