



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Voluntary Placement Agreement (VPA)
For Child or Youth With Developmental Disabilities

This is an agreement between the Developmental Disabilities Administration (DDA) and the parent / legal representative for Voluntary Placement Services (VPS) regarding:

CHILD'S NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	DDA ID NUMBER
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By signing this agreement, **DSHS / DDA and the parent(s) / legal representative(s) of the child agree that:**

- a. The child is under 18 and has a developmental disability as defined in RCW 71A.10.020 ("Developmental disability" means a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, which disability originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual.) *and*
- b. The parent / legal representative has custody of the child and there are no unresolved issues of abuse and neglect pending with Children's Administration *and*
- c. Out-of-home placement is in the child's best interest and is solely due to the child's developmental disability.

Is there a reason to believe the child may be of Indian heritage? Yes No

If yes, follow the instructions in the Indian Child Welfare Manual. Do not use this form if there is reason to believe the child is: 1) a member of a federally recognized Indian tribe; or 2) eligible for membership in a federally recognized Indian tribe and the child's birth parent is a tribal member. Voluntary consents to foster care placements are not valid for these Indian children unless the consent is signed by the parent before a tribal or juvenile superior court judge more than ten (10) days after the child's birth and the consent is approved by the judge. Use Consent to Foster Care Placement by Indian Child's Parent or Indian Custodian.

Parent / legal representative agrees:

I voluntarily agree that the above-named child be placed in the care and under the supervision of DSHS/DDA. **I retain custody of my child.** I retain the authority to authorize non-emergency surgery and routine medical care, consent to marriage, enlist in the armed forces, and to make other important legal decisions for my child. I authorize the approved representative payee to manage any benefits my child is eligible to receive and to use those funds to cover the cost of care and services provided to my child (see Statement of Claimant or Other Person). I understand this agreement will end upon my written request. I also agree and understand that my child shall be returned to me within 72 hours after DDA receives written request unless my child has been taken into custody pursuant to RCW 13.34.050 or 26.44.050, placed in shelter care pursuant to RCW 13.34.060 or placed in foster care pursuant to RCW 13.34.130. **I also understand that because I retain custody of my child, should my child's placement disrupt and another appropriate placement is not available, I must take my child back into my home until an appropriate placement can be developed.** I authorize DDA and agree to carry out the following duties and responsibilities as described below:

1. To keep DDA informed of my current address and telephone number;
2. To participate and work cooperatively with DDA staff and the persons caring for my child in making decisions;
3. To maintain personal contact with my child and participate in jointly developing and following a "shared parenting plan" with the licensed provider;
4. To provide DDA with medical, social, physical, behavioral, criminal, and educational information to ensure necessary supports for my child;
5. To cooperate with DDA in obtaining my child's full benefits through the Social Security Administration. I understand and agree these funds (which may also include child and/or adoption support) are used to pay for my child's basic room and board expenses;
6. To continue to reside in the state of Washington or one of the recognized out of state bordering cities as cited in WAC 182-501-0175;
7. To maintain my child's enrollment in private health and dental insurance (if applicable); and
8. To provide DDA with a copy of the court ordered shared parenting plan and/or divorce decree when applicable.

DDA agrees when placement occurs:

1. To place the child in a licensed home or facility which meets the child's individual and cultural needs as possible;
2. To develop with the parent / legal representative an individual support plan for the child and to offer appropriate available services;
3. To help you maintain your rights and responsibilities as a parent;
4. To obtain annual judicial determination that the out-of-home placement is in the child's best interest and is based solely upon the child's developmental disability; and
5. To keep the parent / legal representative informed of the child's care, placement and health status.

Limitations of this agreement:

1. DSHS may end this agreement at any time with written notice to the parent, or by commencing a court proceeding;
2. This agreement begins on _____.
3. The child may not remain in placement beyond 180 days unless, prior to that time, the Juvenile Court reviews the placement to determine if continuation is in the child's best interests. You will be notified of all hearing dates. If the Court determines that continued placement is not in the best interests of the child, the placement agreement will be terminated.
4. This agreement supersedes any prior VPA signed by the parties.

SIGNATURE OF PARENT / LEGAL REPRESENTATIVE	DATE
SIGNATURE OF PARENT / LEGAL REPRESENTATIVE	DATE
SIGNATURE OF DDA SOCIAL WORKER / SOCIAL SERVICE SPECIALIST	DATE

I, _____, (PRINT PARENT'S NAME) certify under penalty of perjury that the following is true and correct, that I have legal custody of the child, or the child resides with me a majority of the time as specified in a parenting plan, or I have the authority pursuant to a parenting plan to consent to this agreement.

_____ on _____ at _____
SIGNATURE OF PARENT / LEGAL REPRESENTATIVE DATE LOCATION (CITY, STATE)


Statement of Claimant or Other Person

NAME OF WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT	SOCIAL SECURITY NUMBER
NAME OF PERSON MAKING STATEMENT (IF OTHER THAN ABOVE WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT)	RELATIONSHIP TO WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that:


I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature of Person Making Statement. Write in ink.

SIGNATURE OF PARENT / GUARDIAN (FIRST NAME, MIDDLE INITIAL, LAST NAME)	DATE (MONTH, DAY, YEAR)
SIGN HERE 	TELEPHONE NUMBER (INCLUDE AREA CODE)

MAILING ADDRESS (NUMBER AND STREET, APARTMENT NUMBER, PO BOX, RURAL ROUTE)

CITY AND STATE	ZIP CODE
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SIGNATURE OF PARENT / GUARDIAN (FIRST NAME, MIDDLE INITIAL, LAST NAME)	DATE (MONTH, DAY, YEAR)
SIGN HERE 	TELEPHONE NUMBER (INCLUDE AREA CODE)

MAILING ADDRESS (NUMBER AND STREET, APARTMENT NUMBER, PO BOX, RURAL ROUTE)

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Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the individual must sign below, giving their full addresses.

1. SIGNATURE OF WITNESS	2. SIGNATURE OF WITNESS
ADDRESS (NUMBER AND STREET, CITY, STATE, AND ZIP CODE)	ADDRESS (NUMBER AND STREET, CITY, STATE, AND ZIP CODE)