

**BOYS AND GIRLS HOME AND FAMILY SERVICES, INC. AND ITS SUBSIDIARIES**  
**Placement Agreement/Statement of Disclosure/Consent to Treat**

This agreement, entered into on this \_\_\_\_ day of \_\_\_\_\_ by and between Boys and Girls Home and

\_\_\_\_\_ for and in consideration of the following promises, Boys and Girls Home placement of  
 Foster Parent/Provider Name

\_\_\_\_\_ [with the understanding that the State of Nebraska is holding custody of this client]  
 Client Name

with the Provider for admission to the type/level of care checked below:

**Please initial appropriate service reflecting agreement to provide that service.**

- Non Custodial Parent (\$0.00 per day)
- 7933C-Crisis Respite by ASFC Provider (\$80.00 per day) for 72 hours (CMC approval if extended 72 hours to 10 days)  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- 7395-Crisis Respite by Licensed Foster Home (\$62.00 per day) for 72 hours (CMC approval if extended 72 hours to 10 days)  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- \*4880R-Respite Care (\$20.00 per day for traditional/child specific homes)  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- \*4880S-Respite as a Safety Plan Participant (\$20.00 per day)  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- 7933E- Emergency Specialized Enhanced Resource Family Care and Support (ASFC) (\$69.00 per day -30 days max)  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- \*1950- Traditional Emergency Resource Family Support (\$20.00 per day)  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- \*4880S- Licensed Resource Family Care and Support Emergency Shelter Home (\$62.00 per day)  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- \*4880- Licensed Resource Family Care and Support (Based on FC Pay Scale) \$\_\_\_\_per month \$\_\_\_\_respite
- \*4880K- Client Specific Resource Family Care and Support (Based on FC Pay Scale) \$\_\_\_\_per month \$\_\_\_\_respite
- 7933-Specialized Enhanced Resource Family Care and Support (ASFC)
  - Low
  - Intermediate
  - High
- \*4880P- Pre-placement visit-max. 3 days (\$20.00 per day)  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- 5352 Home Supported Safety (23:59) (\$100.00 per day)
- 3015-Residential Safety Services (\$137.00 per day)
- 9795-Group Home (24 hr. awake staff) (\$97.00 per day)

\*W-9 and Direct Deposit Authorization must be signed and returned with the Placement Agreement.

Other \_\_\_\_\_ Rate: \$\_\_\_\_ per \_\_\_\_

Check this box if there is another payment source than BGH, such as Medicaid or Private Insurance that is paying for placement and include alternative payment contact information.

\_\_\_\_\_  
 Payor/Insurance Name Payor /Insurance

\_\_\_\_\_  
 Payor Address

Payor/Insurance Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**The Provider hereby agrees:**

1. To abide by all applicable client care/foster care licensing regulation of the State of Nebraska.
2. To adhere to all pre-service and ongoing training required for the respective type of provider.
3. To maintain up-to date records as required by placing agency.
4. To serve this client in the designated program/placement (marked above). Type of care is not to be changed without prior approval of B&G. For youth requiring less/more structure within the same organization, B&G must approve and a new provider placement agreement must be signed prior to the move.
5. To participate as a team member with family, B&G and DHHS in developing the case plan.
6. To provide required progress note at specified intervals as per the case plan, which includes records regarding school and medical care.
7. To provide daily living services, situational counseling and life skills training; transportation to and from school and medical appointments; obtain medical, vision and dental care for the client; supervise visits with the family/siblings, when appropriate; to coordinate mental health services through a provider approved by DHHS or a B&G approved area provider.
8. To enroll and maintain the client in school unless otherwise notified by DHHS, CFS Specialist or B&G Services Coordinator.
9. To notify B&G Call Center with in 30 minutes verbally, 2 hours in writing of a "Critical Incident" as defined by the DHHS contract.
10. To obtain prior permission from B&G before a) taking a client outside the State of Nebraska; b) moving the client to another address and/or family.
11. The daily rate includes food, shelter, personal allowance, the first 100 miles per month for traditional foster care youth, and incidental expenditures, unless otherwise arranged and included in the client's case plan.
12. To provide transportation for the client to enable the utilizations of the professional services when necessary. To ensure that safety restraints are available and used for each client transported, in compliance with Neb. Rev. Stat. Sections 60-6,267, 60.6,268 and 71-1907.
13. To obtain from B&G prior authorization for daycare.
14. To assist B&G in planning for transition to another placement or return to family.
15. To provide at least 14 business days' notice to B&G in asking for removal of the client.
16. To document supervised visitation or parent/client contacts and submit to B&G on a regular basis.
17. To preserve and relinquish upon termination of the placement all records and possessions of the client.
18. To cooperate with B&G and other service providers, team member or family in scheduling parental and sibling visitation.
19. To hold B&G harmless from all claims, demands, and actions brought by a third part which arise out of, or failure to perform, any of the provider's duties or obligations under this agreement.
20. To notify B&G immediately if any issues, problems, or changes arise with regards to any provider's foster care license and to notify verbally and in writing to the DHHS CFS Specialist and B&G Call Center within 24 hours.
21. If at any point during the placement of the aforementioned client in your home you begin to receive an additional payment, beyond what B&G is paying, you must immediately disclose this information to the B&G Services Coordinator. Examples of additional payment might include, but are not limited to Supplemental Social Security or Relative ADC. Failure to disclose this information may lead to funds being recovered.

**Boys and Girls Home hereby agrees:**

1. To make payment at the established rate of pay, per type of provider, effective the date of placement up to the last day of placement. There is no reimbursement of the day the youth leaves the placement. This rate covers all "daily living services" as defined within the DHHS Handbook of Services (Appendix XIV). The rate of payment will not be changed without prior notice and renegotiations in accordance with B&G administrative policies for purchase of services.
2. To provide a Medicaid card issued by DHHS to pay for all health care as provided by Title XIX, not covered by private insurance (Third Party Liability). Mental health services approved by DHHS or B&G will be paid by B&G or the ASO/Nebraska Medicaid.
3. To share plans, goals and other information concerning the client, needed to provide appropriate care.

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- 4. To participate in treatment and transition plans with the provider.
- 5. To provide 48 hour notice before removing the client. No notice is required if said removal is court ordered or is done for the protection of the client.
- 6. To provide regular progress reports on the family and plans for the client as defined in the case plan.
- 7. To provide permanency planning on behalf of the client and family.
- 8. To notify the provider of all pending court actions and court determinations.
- 9. To pick up personal possessions of discharged youth within 30 days. Items not picked up within this time frame may be disposed of by the provider.
- 10. To pay the provider up to 5 days if a client is hospitalized and up to 3 days of a client runs away only if the client returns to the home (Note: This does not apply to Residential Safety as a client is automatically discharged from Residential Safety upon elopement).

Boys and Girls Home will strive to resolve differences regarding action taken related to placement, care, or removal of client from a foster home. If you have a complaint that you feel is not being addressed and you do not have a copy of the complaint policy, please contact your local Resource Coordinator to receive a copy.

Client's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Safeguards of Client Information. The use or disclosure by any party of any information concerning a client for any purpose not directly connected with the administrative responsibilities of B&G or the Provider with respect to services in this agreement are prohibited except on written consent of B&G/DHHS or upon the order of an appropriate court. The Parties agree that this agreement is supplemental and in addition to any other written agreement or contracts between parties that may exist or may hereafter be entered into and further agree to:

**Statement of Disclosure for \_\_\_\_\_:**

**Client Name**

The Service Coordinator has discussed the following with me prior to placement by phone or in person:  
(Please initial by each topic)

- \_\_\_\_\_ Visitation \_\_\_\_\_
- \_\_\_\_\_ Payment Process \_\_\_\_\_
- \_\_\_\_\_ Medical Needs \_\_\_\_\_
- \_\_\_\_\_ Out-of-State Travel \_\_\_\_\_
- \_\_\_\_\_ Phone Conversations \_\_\_\_\_
- \_\_\_\_\_ Education Needs \_\_\_\_\_
- \_\_\_\_\_ Problem behaviors known to worker \_\_\_\_\_
- \_\_\_\_\_ Sexually Assaultive behaviors \_\_\_\_\_
- \_\_\_\_\_ Sexual Acting Out \_\_\_\_\_
- \_\_\_\_\_ Physically Aggressive \_\_\_\_\_
- \_\_\_\_\_ Runaway \_\_\_\_\_
- \_\_\_\_\_ Chemical Dependency \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

**It is important that the provider understands there is a risk that any client can act out sexually, and this can include sexually acting out with other minor client in the home.**

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I received the following:

\_\_\_\_\_ Emergency after hours contact number: BGH NE Call Center (888)624-1950

\_\_\_\_\_ Respite is available to foster parents. The amount of respite received is based on the foster care payment amount per month per client. (enter n/a if placement other than foster care)

- Prior to agreeing to accept placement, the provider has reviewed the statement of disclosure for \_\_\_\_\_  
Client Name
- The provider acknowledges receipt of the background and current information as indicated. I understand that the Boys and Girls Home and Family Services, Inc. does not have knowledge of everything which has happened to this client or of every behavior of the client. The completed checklist reflects the client's background and behaviors to the best of the Boys and Girls Home and Family Services, Inc. employee's knowledge. I was given the opportunity to ask questions and believe they were answered to my satisfaction. I will share behaviors on this list or any others which I believe are relevant with the Case Manager.
- The Service Coordinator has shared all background information, behaviors and needs reflected in the statement of disclosure which is known to the Service Coordinator with the foster parent(s). This sharing includes any behaviors or tendency known or suspected which could be dangerous or detrimental to the client or a foster or adoptive family member or others, including but not limited to sexual acting out, molestation, or violence. Boys and Girls Home and Family Services, Inc. cannot know everything that has happened to this client or every behavior of the client. Therefore, it is recommended that careful consideration be given prior to leaving this client alone with other client. I agree to provide any additional information concerning this client's background and behavior as it becomes known to me.
- The DHHS worker has shared all background information, behaviors and needs reflected in the statement of disclosure which is known to the DHHS worker with the foster parent(s). This sharing includes any behaviors or tendency known or suspected which could be dangerous or detrimental to the client or a foster or adoptive family member or others, including but not limited to sexual acting out, molestation, or violence. Boys and Girls Home and Family Services, Inc. cannot know everything that has happened to this client or every behavior of the client. Therefore, it is recommended that careful consideration be given prior to leaving this client alone with other client. I agree to provide any additional information concerning this client's background and behavior as it becomes known to me.

\_\_\_\_\_  
Foster Parent/Provider Date

\_\_\_\_\_  
Foster Parent/Provider Date

Address: \_\_\_\_\_  
Foster Parent /Provider Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Fax (If available) \_\_\_\_\_ Emergency Contact number: \_\_\_\_\_

\_\_\_\_\_  
Boys and Girls Home Service Coordinator/Representative Date

\_\_\_\_\_  
Provider /Agency Representative (if other than Traditional Foster Care) Date

Provider/Agency Address: \_\_\_\_\_  
Provider Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Fax (If available) \_\_\_\_\_ Emergency Contact number: \_\_\_\_\_

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**Parent /Guardian Consent to Treatment/Approval for Placement**

The undersigned parent or guardian, or authorized person, having jurisdiction of \_\_\_\_\_ authorizes Boys and Girls Home to secure treatment in

Client Name

the event of emergency resulting from illness or injury. For emergency treatment, fax or photocopy of medical/surgical authorization is acceptable.

In providing this authorization for emergency treatment, we understand that every reasonable effort will be made to contact us should an emergency arise, but we realize that it may be necessary to initiate treatment before we have been notified.

The undersigned further authorizes routine medical care such as examinations, immunizations, treatment of routine health problems, dental, vision and other treatment deemed advisable by your medical consultants. The undersigned consent(s) to the administration of medication and drugs, as well as psychiatric counseling.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatment or examination.

\_\_\_\_\_  
Parent or Guardian or Responsible Party (PRINT) Relationship

\_\_\_\_\_  
Signature of parent or Guardian or Responsible Party Date

( \_ ) \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_

Day Telephone Number

Evening/Emergency Telephone Number