

Voluntary Crisis Stabilization Admissions Agreement

This agreement is entered into by and between a Crisis Services for Children Network Provider (licensed-group home, foster home, treatment foster home or residential care center) and the parent(s) and/or guardian(s) of the Youth (hereinafter referred to as the "Guardian") regarding _____ (client name, hereinafter referred to as "Youth").

I (we) hereby request the _____ County Emergency Mental Health Services Program/County Department of Human Services/Social Services/Community Programs to provide care/services to my child, _____ born on _____ in a
(First Name, Middle Initial, Last Name) (mm/dd/yyyy)
foster home, treatment foster home, group home (pursuant to s. 48.63 (1), WI Statutes) or RCC (pursuant to DCF 52) for the purpose of crisis stabilization.

Service dates will begin on: _____ Provider : _____

I understand that this stay is for purpose of crisis stabilization services only and does not constitute an "out-of-home placement" for purposes of child protective services or juvenile justice services. I retain all parental rights and responsibilities. The county child welfare agency does not have placement and care responsibility for my child. I understand that I may terminate this agreement at any time and that a child 12 years of age or older must consent to the agreement and cannot be held by the care provider against his/her will.

I understand that crisis stabilization services under this voluntary agreement shall not exceed 5 days. In the event that these timeframes need to be extended and my child is still not able to return home, the county child welfare agency will be notified, and other types of agreements or temporary physical custody action may become necessary.

Financial Responsibility: I understand that I may be held financially responsible for all or a portion of the costs that may incur during my child's stay in crisis stabilization. I agree to cooperate with the county department in determining my portion of costs for my child. If determined to be financially responsible, I consent to communication with any and all insurers. At the time of admission, the county providing service authorization shall fund the placement at the agreed upon daily rate. The county will bill the Guardian based upon that county's specific billing protocols and systems. Daily rate \$_____.

Client Signature (client must sign if 12 years of age or older) Date

Parent/Legal Guardian Signature Date