Acknowledgement of Out-of-Home Policies

By signing below, I acknowledge that I have read the policies listed below, understand the policies listed below, and agree to the terms of the policies listed below.

8.12 Developing the Visitation Plan
8.13 Implementing the Visitation Plan
8.16 Resource Parent(s) Role
8.17 Respite for Resource Families
8.18 Discipline In Resource Homes
8.19 Clothing, Personal Items, and Permitted Per Diem Expenses
8.20 Educational Services
8.21 Special Education Services
8.22 School Transfers and Legal Settlement
8.23 Extracurricular Activities
8.25 Health Care Services (Overview)
8.26 Authorization for Health Care Services
8.27 Maintaining Health Records - Medical Passport
8.28 Payment for Health Care Services
8.29 Routine Health Care
8.30 Psychotropic Medication
8.31 HIV-AIDS
8.32 Substance Abuse Assessments and Testing for Children in Out-of-Home Care

Tool 8.B: Separation and Loss

Resource Parent 1:

______________________________   _______________________
(Printed Name)       (Date)
______________________________
(Signature)

Resource Parent 2:

______________________________   _______________________
(Printed Name)       (Date)
______________________________
(Signature)

Current DCS policies are posted on the web, please visit http://www.in.gov/dcs/ for updates to policy.