



ACK090901FRM

Child's Name: \_\_\_\_\_

FCM Name: \_\_\_\_\_

FCM Signature: \_\_\_\_\_

Date \_\_\_\_\_

### 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.



*Protecting our children, families and future*