

Placement Agreement

The following agreement is made for payment for the child's care while at a YES residential program (Separate agreement may be attached, if applicable).

I hereby agree that _____(Client's Name), for whom I have legal custody, shall be placed with YES in the following facility: _____

This agreement shall be in effect until _____ or until terminated as stipulated in this agreement.

Both parties involved agree to the following terms of placement:

The Program shall:

1. In conjunction with the placing agency ensure that education is an integral part of the resident's total program by assessing, identifying and enrolling the client in an educational program specific to their educational needs prior to or no later than 72 hours from date of admission.
2. Provide therapeutic services, educational services, maintenance and guidance for this client according to his/her best interest and state guidelines;
3. Cooperate with the placing party in seeing that the client receives routine and emergency medical/dental care, notifying the placing party as soon as possible in emergency situations and obtaining permission for planned special medical/dental care and expenses.
4. Confer with a representative of the placing party concerning the client's development, educational needs and progress, activities and problems, while the client is in the care of the program, and provide written progress reports as requested.
5. Discharge the client at the time agreed upon or give the placing party at least 24 hours notice if the program believes that it is in the best interests of the client or the program for the client to be discharged prior to the agreed-upon time.
6. Not remit payment in the client's absence from the facility due to hospitalization or absconding from the facility for a period of greater than 24 hours.

The agency or person placing the child agrees to:

1. Give the program permission herewith to authorize necessary medical and dental care and consent to such emergency medical and surgical treatment and/or hospitalization where the legal guardian cannot be contacted prior to such an emergency medical or surgical treatment.
2. Bear or reimburse all expenses for medical and dental care, including prescriptions.
3. Continue to carry out the placing party's legal responsibility for the client by visiting the client at least quarterly.
4. Bear fiscal responsibility for services not covered or authorized by the client's insurance as outlined in the purchase order agreement, unless otherwise agreed by both parties.

By signing this document, I certify that I have received a copy of the applicable rate sheets for this fiscal year and agree to make payment therein as stated for the client's care while in a YES facility.

Placing Agency Representative _____ **Date:** _____

YES Staff: _____ **Date:** _____