Other Planned Permanent Living Arrangement Commitment Agreement

My name is _____ and I reside at (street address) _ _____ in (city) _____, (zip code) _____, in _ _____ County, Kansas.

I acknowledge and understand the following facts:

(1) An employee of (Child Welfare Case Management Provider)_ _____ discussed with me the opportunity to become the permanent placement for a child named _ _____ (the "Child"), who was born on _____; currently resides at (street address) _ _____ in (city) _____, (zip code) _ _____, in _ _____ County, Kansas.

(2) The Child's current permanency goal is Other Planned Permanent Living Arrangement (OPPLA).

(3) _____(Child Welfare Case Management Provider) discussed with me the opportunity to become a permanent placement for the child who has a permanency goal of "other planned permanent living arrangement" in an effort to provide permanency to the child throughout the reminder of his/her time in the custody of the Secretary of the Department for Children and Families (DCF) and be a lifelong connection for the child following his/her release of custody.

(4) I have considered the opportunity to become the Child's permanent placement while the child remains in custody of the Secretary of DCF and lifelong connection once released from custody and I have decided I wish to be a permanent placement option for the Child as a part of the Child's "other planned permanent living arrangement." It is my intent to open my home to this Child and provide the Child with emotional support, guidance, and a place to live while the Child remains in custody, continues their education, and learns to live and function as an independent adult.

(5) I have signed this Acknowledgment voluntarily.

COMMITMENT PARENT:

Signed: _____ Date: _____

Residential Address:
Street:_____

City:_____ State:_____ Zip Code: _____

COMMITMENT PARENT:

Signed: _____ Date: _____

Residential Address:
Street:_____
City:_____ State:_____ Zip Code: _____

YOUTH (IF AGE 10 OR OLDER):

Signed: _____ Date: _____

Residential Address:
Street:_____
City:_____ State:_____ Zip Code: _____

CHILD WELFARE CASE MANAGEMENT PROVIDER CASE MANAGER

Signed: _____ Date: _____

Kansas
Department for Children and Families
Prevention and Protection Services

Strong Families Make a Strong Kansas