

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 remainder 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: \_\_\_\_\_

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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: \_\_\_\_\_

