

Sherwood & Myrtie

Foster's Home for Children

CHILD SUPPORT/FEDERAL INCOME AGREEMENT

THE STATE OF TEXAS)(

COUNTY OF ERATH)(

This agreement is made by and between _____ of _____, Texas, parent and/or managing conservator ("Placing Party"), and Sherwood and Myrtie Foster's Home for Children, Inc. ("Foster's Home"), P. O. Box 978, Stephenville, Texas, in regard to placement of _____ ("Child") with Foster's Home, on the following terms:

Placing Party agrees that any and all Federal Benefits (RSDI, SSI or Railroad Retirement) and/or child support payments for the care and support of the Child shall be paid over to Foster's Home for so long as said Child resides in Foster's Home. Placing Party hereby assigns and directs the US Treasury and/or the Clerk of the Court or other appropriate person that is receiving any Federal Benefits (RSDI, SSI or Railroad Retirement) and/or child support payments to send all payments to Foster's Home until notified otherwise in writing and signed by Foster's Home and Placing Party.

EXECUTED on date: _____.

SHERWOOD AND MYRTIE FOSTER'S HOME FOR CHILDREN, INC.
P. O. Box 978
Stephenville, Texas 76401
254.968.2143

By: _____
(Placing Party)

(Relationship)

BEFORE ME, a notary public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this date: _____

Notary Public in and for the State of Texas

"Providing Sanctuary and Healing to Children of Trauma"

Foster's Home for Children

MEDICAID AGREEMENT

THE STATE OF TEXAS)(

COUNTY OF ERATH)(

This agreement is made by and between _____ of _____, Texas, parent and/or managing conservator (Placing Party) and Sherwood and Myrtie Foster's Home for Children, Inc. ("Foster's Home"), P. O. Box 978, Stephenville, Texas, in regard to placement of _____ (youth) with Foster's Home, on the following terms:

Placing Party agrees that the anticipated stay for youth will be longer than twelve (12) months and Placing Party does not plan on removing the youth before that time. The Placing Party gives Foster's Home for Children permission to file for Medicaid on said youth.

Placing party will be responsible for all medical bills incurred and does not agree to youth being put on Medicaid.

EXECUTED on date: _____.

SHERWOOD AND MYRTIE FOSTER'S HOME FOR CHILDREN, INC.
P. O. Box 978
Stephenville, Texas 76401
254.968.2143

By: _____
(Placing Party)

(Relationship)

BEFORE ME, a notary public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this date: _____

Notary Public in and for the State of Texas

Foster's Home for Children

PRIVATE INSURANCE

THE STATE OF TEXAS)(

COUNTY OF ERATH)(

The Placing Party is responsible for all co-pays for private insurance coverage for any child placed in care by them. This includes but not limited to doctor visits, lab work, vision aids, counseling and medications.

I, _____, as parent/guardian of _____ do agree to pay all co-pays associated with our private medical insurance for the child/children placed in care at Sherwood & Myrtie Foster's Home for Children for the duration of their placement.

Placing Party Signature

Date

BEFORE ME, a notary public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this date: _____

Notary Public in and for the State of Texas

Foster's Home for Children

CLAIMS FOR FEDERAL INCOME TAX DEPENDENT

THE STATE OF TEXAS)(

COUNTY OF ERATH)(

The placing party understands and agrees a child in placement at Sherwood & Myrtie Foster's Home for Children cannot be claimed as a dependent of the Placing Party on the current year's Federal Income Tax Return, if the child is in placement for more than six months without monthly financial support.

I, _____, as parent/guardian of _____ do agree not to claim the child/children as a dependent/s on my Federal Income Tax Return for the time he/she resides at Sherwood & Myrtie Foster's Home for Children over six months, without monthly financial support.

Placing Party Signature

Date

BEFORE ME, a notary public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this date: _____

Notary Public in and for the State of Texas

Foster's Home for Children

LIMITED POWER OF ATTORNEY TO CONSENT TO MEDICAL CARE OF MINOR

THE STATE OF TEXAS KNOW ALL MEN BY THESE PRESENTS: COUNTY OF ERATH

THAT I, _____ of _____, Texas, as parent/managing conservator of _____, (name of child) do hereby name, appoint and constitute Sherwood and Myrtie Foster's Home for Children, a licensed child care and placement agency of Erath County, Texas, and/or the agents or employees of Sherwood and Myrtie Foster's Home for Children, as my true and lawful attorneys-in-fact with the authority and powers hereinafter stated:

I hereby authorize, empower and direct my attorneys-in-fact to exercise my power to consent to medical, surgical, dental, psychological, and psychiatric treatment for _____ (name of child) including without limitation, the power to admit voluntarily said child to a mental health facility pursuant to Chapters 571-578 of the Texas Health and Safety Code, and the power to exercise all rights and powers granted to a managing conservator in Sections 151.003, 153.132, and 153.073 of the Texas Family Code, with respect to medical, surgical, dental, psychological, and psychiatric treatment. My attorneys-in-fact shall have full power and authority to consent to any medical, surgical, dental, psychological, and psychiatric treatment of said child pursuant to Section 32.001 of the Texas Family Code.

Every person dealing with my attorneys-in-fact shall have the absolute right to accept every act and representation of my attorneys-in-fact as fully binding on me so long as I may live or until this Power of Attorney is revoked by me, in writing, with respect to the powers named above.

WITNESS MY HAND this date: _____

Parent/Managing Conservator

Relationship to Minor*

THE STATE OF TEXAS)(

COUNTY OF ERATH)(

BEFORE ME, a notary public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this date: _____

Notary Public in and for the State of Texas

Foster's Home for Children

School Record Release Form

In compliance with Federal General Education Provision Act, the Protection of the Rights and Privacy of Parents and Students, Public Law 93-380.

Be it hereby known to all school officials and special education departments who have dealt with _____ and have records thereof, that I, _____ do with this document authorize you to release to Sherwood & Myrtie Foster's Home for Children any and all records which they shall request as well as records of meetings that are held while the above named student is in placement with this agency. All records will be treated as confidential.

The types of records that may be requested include but are not restricted to any or all of the following: transcript and grade reports, withdrawal grades, health and medical records, test scores, appraisal reports and special education records.

Please mail information to: Education Director
Foster's Home for Children
P.O. Box 978
Stephenville, Texas 76401

Thank you for your prompt consideration of this request.

PARENT/GUARDIAN SIGNATURE

DATE

BEFORE ME, a notary public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this date: _____

Notary Public in and for the State of Texas