

# Acknowledgement of Understanding Regarding Placement Acceptance



I, \_\_\_\_\_, do hereby understand that home approval is through a mutual selection process and as an approved foster parent I have met specific approval requirements to promote DCS Standards of Professional Practice. Additionally, I understand Policy [16.16, Denial, Closure or Suspended Admissions of Foster Homes](#) identifies a reason for home closure is "failure to accept placement of a child for six (6) months". Though the department will make every effort to offer placement options that meet preferred characteristics, as foster parents, we will make every effort to assist in meeting regional placement needs.

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.  
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