

**Commonwealth of Virginia  
Department of Social Services  
Entrustment Agreement**

\_\_\_\_\_ Board/Department of Social Services

Name: \_\_\_\_\_  
 PARENT     GUARDIAN

Name: \_\_\_\_\_  
 PARENT     GUARDIAN

CHILD: \_\_\_\_\_ CHILD'S BIRTHDAY: \_\_\_\_\_

I am the parent/legal guardian of the above named child and have the legal authority to plan for him/her.

I hereby entrust my child to the care and custody of the above named Board of Social Services under the following conditions:

- a. I understand that if placement is to exceed ninety days the Department of Social Services will petition the Juvenile and Domestic Relations Court within the next 30 days for approval of this agreement. Such action may modify the terms of this agreement.
- b. I understand the Department will attempt to reach me to give consent for hospitalization, surgery, emergency medical treatment and the administration of an anesthetic. However, if I am not available, the Juvenile and Domestic Relations Court or their designee will be asked to grant consent.
- c. I agree to pay the Department of Social Services the sum of \$ \_\_\_\_\_ per month for my child while he/she is in temporary custody.
- d. Visits with my child will be as follows:
- e. If I request the return of my child this agreement is revoked unless the Department opposes the request and obtains a judicial determination by the Juvenile and Domestic Relations Court that the return of my child would be contrary to his/her best interest. I understand that I will be notified before the Department requests this action.
- f. Other Conditions:

I hereby authorize the Board of Social Services to place him/her in a foster home or institution.

\_\_\_\_\_  
Date                      Notary or Witness                      Parent/Guardian

\_\_\_\_\_  
Date                      Notary or Witness                      Parent/Guardian

ACCEPTANCE ON BEHALF OF THE \_\_\_\_\_ BOARD OF SOCIAL SERVICES.  
This child is accepted under the conditions set forth above.

\_\_\_\_\_  
Date

Signed: \_\_\_\_\_  
\_\_\_\_ Director      \_\_\_\_ Designee  
If designee, state position \_\_\_\_\_