



# POSITIVE ALTERNATIVES, INC.

Wood County Group Home  
 110 24<sup>th</sup> Street S, Suite B, Wisconsin Rapids, WI 54494  
 Phone: (715) 712-1617 • Fax: (715) 712-1605  
 Email: [bfischer@positive-alternatives.org](mailto:bfischer@positive-alternatives.org)  
[www.positive-alternatives.org](http://www.positive-alternatives.org)

## Voluntary Respite/Placement Agreement

I/We understand that this respite agreement shall be for a short period of time. I also understand that this agreement can be terminated at any time by the parent who signed the consent, group home (PA), county personnel or by the child's consent to the agreement is required, and that withdrawal of consent needs to be submitted in writing to Positive Alternatives – Wood County within twenty-four hours prior to the child's return or discharge.

I/We agree to keep Positive Alternatives- Wood County informed of any changes in the child's circumstances (address, employment and earnings, marital status, health and plans relative to the child(ren)).

I/We agree that visitation with the child is to be regulated by Positive Alternatives-Wood County. If I am dissatisfied with the care given to the child(ren), it is understood that I shall bring forth my complaints to the home rather than to the foster parents.

I/We agree to arrange and transport my child(ren) to routine medical and dental appointments. I agree to allow the house to make these arrangements if I am unable to. I give permission for necessary inoculations, immunizations, or treatment that may be prescribed. I agree that the agency consent to the hospitalization or surgery for the child(ren) in the event of serious illness if I cannot be located to give consent.

I/We shall cooperate with Positive Alternatives- Wood County by submitting all information needed for the purpose to support the child(ren) from the beginning of respite through the duration of stay in Positive Alternatives- Wood County.

Signature of Parent _____ Date _____	Signature of County Personnel _____ Date _____
Signature of Child _____ Date _____	Signature of Group Home Employee _____ Date _____

Dates Effective: \_\_\_\_\_

<b>ADMINISTRATION OFFICE</b> 603 Terrill Road Menomonie, WI 54751 Phone: (715) 235-9552 Fax: (715) 235-1075	<b>AMERY GROUP HOME</b> 1370 60 <sup>th</sup> Ave. Amery, WI 54001 Phone: (715) 268-7997 Fax: (715) 268-7973	<b>INTERVENTION &amp; PREVENTION SERVICES</b> 603 Terrill Road Menomonie, WI 54751 Phone: (715) 235-9552 Fax: (715) 235-1075	<b>MARATHON COUNTY GROUP HOME</b> 5475 N. 28 <sup>th</sup> Ave. Wausau, WI 54401 Phone: (715) 298-3134 Fax: (715) 298-3864	<b>MENOMONIE GROUP HOME</b> 603 Terrill Road Menomonie, WI 54751 Phone: (715) 235-9552 Fax: (715) 235-1075	<b>RIVER FALLS GROUP HOME</b> 2860 Williams Ave. River Falls, WI 54022 Phone: (715) 426-2224 Fax: (715) 426-2225
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