



# Positive Alternatives- Alpha House

## Voluntary Respite Agreement

603 Terrill Rd  
Menomonie, WI 54751

773 Mains Crossing Ave  
Amery, WI 54001

2860 Williams Ave  
River Falls, WI 54022

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I/We hereby consent to the respite agreement of the child(ren) in a licensed alternate care home.

I/We understand that the child's signed consent to this respite agreement is required if the child is twelve years or older. Signed consent of at least one parent/guardian is necessary.

I/We understand that alternate care is, in most cases, for a temporary period of time. During this time, I agree to work with the agency by complying with the recommendations of my caseworker to overcome the problems in which stand in the way of achieving a secure, permanent home for the child(ren).

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, 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 – Alpha House within twenty-four hours to the prior to the child's return or discharge.

I/We agree to keep Positive Alternatives – Alpha House 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 – Alpha House. 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 having the house make these arrangements if I am unable to. I give permission for necessary inoculations, immunizations, or treatment that maybe prescribed. I agree that the agency consent to the hospitalization or surgery for the child(ren) in the event of serious illness if I can not be located to give consent.

I/We shall cooperate with Positive Alternatives – Alpha House 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 – Alpha House.

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Signature of Parent                      Date

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Signature of County Personnel                      Date

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Signature of Child                      Date

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Signature of Alpha House Employee Date

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