



**PLACEMENT FAMILY AGREEMENT
TO RECEIVE, USE, AND SUPERVISE ELECTRONIC DEVICE**

Information necessary to complete this form can be obtained over the phone by the CASA or GAL if there is not a way for it to be completed and returned by the placement family.

Placement Family Name:		
Your Relation to Child		
Address		
Phone Number		Email
Child's Initials	Child's CINA Case Number:	
CASA or GAL, (name): _____ represents the child in my custody and is applying for funding for the purchase of the following electronic device to fulfill therapeutic, educational, and/or OCS approved family contact needs:		
Device Name/Make/Model:		Approximate Cost:
1.	The CASA or GAL has explained the plan to purchase a device to me and I agree to accept the device on behalf of the child in my custody.	Initial:
2.	I further agree to supervise use of the device for the purposes for which it is purchased and that use is to be limited to therapy, education, and/or OCS approved family contact.	Initial:
3.	I confirm that I have internet access available which allows the use of the device for its intended purpose. I understand that Friends of Alaska's Children in Care is not funding internet or other services and hardware beyond the purchase of the device.	Initial:
4.	I agree that, should the child leave my custody, he/she will retain possession of the device or, if this is not possible, that I will contact the CASA or GAL to return the device.	Initial:
5.	I agree to accept all liability for use of the device and release Friends of Alaska's Children in Care, the CASA volunteer, and the Office of Public Advocacy from any and all liability arising out of the device.	Initial:
Parent/Guardian Printed Name:		Date:
Signature		
IF PLACEMENT FAMILY CANNOT COMPLETE THIS FORM:		
CASA/GAL Affidavit: By my signature, I certify that I have read each provision of this agreement to the placement family and have accurately indicated their response to each item above.		
CASA/GAL Printed Name		Date:
Signature		