



VOLUNTARY PROTECTIVE SUPERVISION AGREEMENT

Case Name: _____

Comment [d1]: Pre-fills with the Case Name.

Parent/Caregiver's Name(s): _____

Comment [d2]: User entered

We understand and agree to participate, on a voluntary basis, in receiving protective supervision services. As a part of our participation in receiving these services, we agree to the following conditions:

1. A services counselor will work with us in our home to help resolve family issues and build family strengths.
2. We agree to actively participate in the development of and the carrying out of the family case plan to the best of our ability.
3. We understand that services may be discontinued by the agency at any time, by notification to us orally or in writing. If we disagree with the discontinuation of services we may request a staffing or administrative review by agency staff to determine our continued eligibility for services.
4. We understand that we may request the discontinuation of services at any time, by notification to the agency orally or in writing. The agency will assess the situation and, if it disagrees with this request, a petition may be filed for court ordered protective supervision.
5. We understand that if we do not cooperate with the recommended services, do not substantially comply with the case plan, or do not make sufficient progress toward improving the conditions that resulted in the abuse or neglect report, the agency may petition the court for court ordered protective supervision.
6. We understand that by law the services counselor is required to report any subsequent abuse/neglect allegations to the Florida Abuse Hotline for investigation and further action as deemed necessary.
7. We agree to notify the services counselor in advance of any change in address or of any additional people moving into our home. We also agree to notify the services counselor of any people who are currently frequent visitors in our home or later become frequent visitors.
8. We agree to immediately notify law enforcement (local police or sheriff) if a child in our home runs away or otherwise is missing.
9. We also agree to the release of information such as medical, psychological, psychiatric and educational information as may be necessary in order to complete a family assessment and formulate and complete the family case plan.

 Date Counselor's or Investigator's Signature Supervisor's Signature
 Name: _____
 Phone Number: _____ (____) _____
 (____) _____

 Date Parent/Caretaker's Signature Parent/Caretaker's Signature
 Other Signatures: _____
 (as appropriate) Signature & Relationship/Role Signature & Relationship/Role

 Signature & Relationship/Role Signature & Relationship/Role

CF-FSP 5264

