

Placement Agreement Contract

Gemini Transitional Homes, LLC
Adolescents Form (Ages 13-17)



This Placement Agreement Contract ("Agreement") is entered into on the date of ____/____/2025, between **Gemini Transitional Homes, LLC** ("Facility") and the undersigned **Parent/Legal Guardian/Placing Agency Representative** ("Guardian"), _____, regarding the placement of:

Resident Name: _____

Date of Birth: _____

By signing this Agreement, the Guardian agrees to the terms and conditions outlined below:

1. Authorization of Placement

The "Guardian" authorizes the placement of the above-named resident at Gemini Transitional Homes, LLC. The Guardian affirms that they are the parent, legal guardian, or authorized placing agency representative responsible for this decision.

2. Consent for Medical Treatment

The "Guardian" grants GTH, LLC ("Facility") permission to obtain and consent to necessary medical, dental, psychiatric, or other healthcare treatments for the resident during their placement. This includes, but is not limited to:

- **Routine Medical Care:** General check-ups, immunizations, and screenings.
- **Dental Care:** Routine dental exams, cleanings, fillings, extractions, and emergency dental treatments.
- **Specialist Care:** Appointments with specialists as deemed necessary by a healthcare provider, including but not limited to:
 - Orthopedics
 - Neurology
 - Cardiology
 - Dermatology
 - Endocrinology
 - Gastroenterology
 - Ophthalmology (eye care)
 - Otolaryngology (ear, nose, and throat care)
 - Physical Therapy or Occupational Therapy

- **Speech and Language Therapy**
- **Any other specialty services as required.**
- **Psychiatric and Psychological Care:** Psychiatric evaluations, therapy sessions, medication management, and crisis intervention.
- **Emergency Treatment:** Immediate medical attention, including CPR/First Aid, and transport to an emergency facility for injury, illness, or life-threatening conditions.
- **Medication Administration:** Approval of trained GTH staff members to provide the required administration of prescribed and over-the-counter medications as recommended by licensed healthcare professionals.

Additionally, the Guardian grants permission for the Facility to transport the resident to and from any necessary medical, dental, or specialist appointments as needed. If there are any restrictions or limitations regarding medical treatment, they must be specified here:

3. Rights and Responsibilities

The Guardian acknowledges and agrees to the following responsibilities:

- **Guardian Responsibilities:**
 - Provide necessary documentation for the resident's care.
 - Collaborate with the Facility on treatment plans and goals.
 - Maintain communication with the Facility regarding the resident's progress and needs.
 - **Facility Responsibilities:**
 - Provide a safe and structured environment for the resident.
 - Communicate regularly with the Guardian about the resident's well-being and progress.
 - Respect the resident's rights and privacy in accordance with applicable laws and policies.
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4. Financial Responsibility

The placement agency will be held responsible for any additional financial obligations related to the residents' placement at Gemini Transitional Homes LLC. The Guardian agrees that per-diem rates for housing, which cover room and board, are separate from additional costs that may arise, including but not limited to schooling, medical invoices, travel, hygiene products, beautician/barber services and other financial obligations.

Furthermore, the Guardian agrees that any invoices occurring for the resident, for such expenses will be paid to avoid late fees by the GTH program but will ultimately be submitted to the placement agency for reimbursement. Gemini Transitional Homes, LLC, will only incur these additional expenses with prior consent from the case manager when possible. The Facility shall not grant authorization for any additional costs unless this has been expressly communicated and approved by the case manager in advance.

6. Education Plan

The “Guardian” grants **GTH, LLC** ("Facility") full authority to act in the best interest of the resident regarding their educational needs. This includes but is not limited to:

- **School Communication:** Permission to attend any behavioral, academic, or planning meetings with the school, including Individualized Education Plan (IEP) meetings, 504 Plan meetings, parent-teacher conferences, and disciplinary hearings.
- **School Check-In/Check-Out:** Authority to check the resident in or out of school when necessary, such as for medical appointments, illness, or other valid reasons requiring the resident to leave school.
- **Signing Forms:** Permission for applicable **GTH** staff member to sign all applicable school-related forms, including but not limited to:
 - Enrollment forms
 - Individualized Education Plans (IEPs)
 - Physical exam forms required for school
 - Permission slips for field trips, extracurricular activities, or other school events
 - Other school-related templates or documentation as necessary
- **Medication Drop-Off:** Permission to have **GTH** staff members to deliver medications prescribed by a licensed healthcare provider to the school as necessary and ensure compliance with the school’s medication policies.
- **Education Monitoring:** Provide collaboration with the school to monitor and support the resident’s academic progress, address behavioral or attendance concerns, and advocate for any necessary services or accommodations.

The Guardian acknowledges and agrees that *Gemini Transitional Homes, LLC* (the “facility”) will act in good faith to support the resident’s educational success and ensure compliance with school policies and procedures.

- If there are any restrictions or limitations regarding the Facility's authority related to the resident's education, they must be specified here:

7. Court Order (if applicable)

The Guardian acknowledges that, if the placement is court-ordered, a copy of the court order has been or will be provided to the Facility prior to admission.

Agreement and Acknowledgment

By signing below, the Guardian affirms that they have read, understood, and agreed to all sections of this Placement Agreement Contract. This Agreement is binding and enforceable upon signing.

Guardian/Placing Agency Representative Name: _____

Guardian/Representative Signature: _____

Date: _____

Facility Representative Name: _____

Facility Representative Signature: _____

Date: _____