

House of New Hope

PLACEMENT AGREEMENT – UPDATE

Effective Date: _____

Client: _____

DOB: _____ **SSN:** _____ **Custodial Agency:** _____

Date of Admission: _____ **Clinician:** _____

House of New Hope (“HONH”) and Foster Caregiver (“Provider”) agree to amend the Placement Agreement (originally effective on _____ (date)) as follows:

1. HONH and Provider agree that for services rendered, the maintenance rate (per diem) shall change to \$ _____ per day for the following reason:
 - a. Change in Client’s level of care to LOC _____
 - b. Change in HONH’s maintenance rate to _____
 - c. Other reason: _____
2. HONH and Provider agree that all terms and conditions of the original Placement Agreement and any previous amendments that have not been subject to change herein remain in effect.

Agreed to by:

Foster Caregiver: _____ Date: _____

Foster Caregiver: _____ Date: _____

HONH Representative: _____ Date: _____