



Illinois Department of Children & Family Services

To:

CONFIRMATION OF FAMILY MEETING

Dear

This is to confirm the date, time, and place of the family meeting agreed upon by you and your caseworker. The meeting will be held:

Date: _____

Time: _____

Place: _____

Caseworker: _____

Caseworker's Telephone Number: _____

In addition to you, your caseworker, and the casework supervisor, others who, with your consent, will attend the meeting are:

Person and relationship to you: _____

As we discussed, you will need: Transportation? Yes No Day Care? Yes No

Transportation will be provided by: _____

Day Care will be provided by: _____

Your attendance and cooperation at the family meeting is very important in planning for your child's future. Failure to attend the meeting may be considered a lack of concern for your child. If you have any questions, please contact your caseworker at the telephone number listed above.

Sincerely,

