CFS 613 Rev 6/2011

State of Illinois Department of Children and Family Services Family Assessment Consent Form

On (DATE), I was and Family Services' Child Abuse Hotling I have also been advised that this report Family Program. As part of the Pathwa understand that the Department will not investigation that would result in an indicate Department will conduct a comprehence and my family. I understand that the participate in the Pathways to Strengthen specific information about myself and my	meets the criteria for the Pathways vays to the Strengthening and Supper, as part of this Program, conduct acated or unfounded finding of child ansive assessment of me and my families are voluntary and that by sing and Supporting Families Program	(name of Child). to Strengthening and Supporting Porting Family (SSF) Program, I a formal child abuse and neglect abuse. Instead, I understand that ily in order to provide services to igning this form, I am agreeing to
I/we have discussed the Family Assessme program and that it is voluntary.	ent/Differential Response Program w	ith the worker, we understand the
I/we agree to participate in the Family As	sessment/Differential Response Prog	ram.
I/we understand that nothing will be report Assessment/Differential Response Progra		to my participation in the Family
I/we understand that DCFS reserves the reason to believe that substantial child about	•	•
I/we understand that information gather DCP/Investigations and other branches of	<u> </u>	may be shared with the Courts,
I/we understand that I may withdraw my Response Program in writing, submitted t	• • •	e Family Assessment/Differential
Parent/Caregiver:		Date:
Parent/Caregiver:		Date:
I have discussed the Family Assessment/be participating in the assessment. I have Response Program.	1 1 0	•
SSF Worker:	Phone Number:	Date:
Supervisor:	Phone Number:	Date:

Original to file Copy to parent